

OREGON HEALTH SCIENCES UNIVERSITY HISTORY PROGRAM

ORAL HISTORY PROJECT

INTERVIEW

WITH

John A. Benson, Jr., M.D.

Interview conducted April 27, 1999

by

Joan Ash

SUMMARY

Dr. John A. Benson, Jr., was born and raised in Connecticut, where he attended the exclusive Loomis School before matriculating at Wesleyan University in 1939. Graduating with a B.A. from Wesleyan in 1943, he attended Harvard Medical School where he participated in the Navy V-12 Program, a wartime effort to accelerate officer training at American colleges and universities. Because of the war, academic years were collapsed into four uninterrupted nine-month terms, and Benson graduated from Harvard with his medical degree in 1946.

After interning at Case Western Reserve University, Dr. Benson received further training at Peter Bent Brigham Hospital, Massachusetts General Hospital, and the Mayo Clinic, before returning to Mass General to work with Dr. Chester Jones. Dr. Jones had a major influence on the young doctor Benson, encouraging his interest in gastroenterology and providing an excellent role model of the clinician-educator. From Dr. Jones, Dr. Benson learned the importance of medical-surgical conferences, which forged a close relationship between internists and surgeons. Dr. Jones was also instrumental in engineering Dr. Benson's move to Oregon in 1959, where he joined the University of Oregon Medical School as a professor and head of the Division of Gastroenterology.

With other new faculty, Dr. Benson began regular interdisciplinary meetings and a journal club to stimulate faculty development. He discusses the growth of departments and divisions within the School of Medicine, and his own involvement in curriculum reform. He also discusses his role in establishing the first internship advisory committee in the medical school, which, along with his work on various national boards, helped increase the school's visibility on the national stage.

Originally appointed to the American Board of Internal Medicine's Subspecialty Board on Gastroenterology in 1961, Benson rose through the ranks to become the first President of the ABIM in 1975. While he did continue his involvement with UOMS as a part-time professor, Benson worked full-time for the ABIM until 1991. He discusses the interplay of clinical practice, teaching, and administration on his own philosophy and on medical education.

In 1991, Benson retired from the ABIM and was invited to serve as Interim Dean of the School of Medicine at OHSU. Under his deanship, graduate medical education was brought into the Dean's office. He continued work on the development of a new curriculum, seeking to integrate more clinical training into the basic sciences coursework. During this time, he also dealt with the financial impact of Oregon's Measure 5 on the university budget. He organized monthly dinners at which department heads and campus leaders could discuss budget cuts and other divisive issues.

Since stepping down as Interim Dean in 1993, Dr. Benson has remained very active, both at OHSU and nationally, working on committees and pursuing his personal interests in physician-patient communications, leadership, and physician advocacy. From 1997 to 1999, he served as co-principal investigator for the Institute of Medicine report

on the medical use of marijuana. Looking back on a long and fruitful relationship with OHSU, he is most proud of his efforts to reform the curriculum, to strengthen the office of the Dean, and to foster the growing reputation of the university.

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Interviewed by Joan Ash
April 27, 1999
Site: Joan Ash's office in the BICC
Begin Tape 1, Side 1

ASH: This is Joan Ash, interviewing John Benson. It's April 27, 1999, and we're in my office in the BICC.

So the first question I'm going to ask is where you were born and raised.

BENSON: I was born in Manchester, Connecticut, but mostly raised in a town just north of Hartford, called Windsor, the oldest town in Connecticut. I can remember as perhaps an eight or nine year old—I would have been a nine year old—getting all dressed up as a Pilgrim boy to celebrate the tercentenary of the town's founding.

That's always been of interest to me, because the year I spent at the Mayo Clinic in '53-4 was the hundredth anniversary for the town of Rochester, Minnesota; and I moved to Portland in 1959, which was the hundredth anniversary of Oregon's founding as a state, not as a territory, but as a state. I always felt somewhat superior in these places because I had been raised in a place three hundred years old when I was only a youngster.

ASH: Your roots were way back.

BENSON: My father came from a family of immigrants, basically. His father was from Ireland and his mother from Scotland, so he was a first generation American. He had to leave high school about the middle of his sophomore year to help his dad in the business, so education was terribly important to him.

My mother could trace her roots back to, in fact, the Mayflower and even the founding fathers of the town, Windsor, and that helped me in one way, that I was able to go to a prep school, a boys prep school, called Loomis School, in Windsor with no tuition. In fact, none of the students had to pay tuition then because of the endowment of the Loomis family. What was called the "harvest of their lives" because they had no children was money to found this school, which was set up on the model of Harrow School in England. So I would walk to school six days a week as a high school student at this private school, but all it cost was for books, and I had to wear a jacket and a tie and shirt, but there were few other expenses. And that was important, because this was during the thirties. That would have been '35 to '39, so I'm a Depression kid.

I have fairly vivid memories of my family feeding indigent people, particularly veterans of World War I. My father was such, and he had a strong allegiance to the American Legion and its veterans and those who were down and out during the Depression.

I can remember the ice man delivering blocks of ice to an ice box out on the porch, rather than an electric refrigerator, and fairly simple meals, and every year getting a new pair of corduroys that had to last all winter to go to, in this case, grade school.

So I was influenced by the value of education. My mother's family were teachers. Her father was a principal of a school, and I can remember pulling a cord to unveil a bas-relief plaque when they named the school after him. I was then maybe twelve, or something like that.

ASH: Where was that?

BENSON: That was in Bristol, Connecticut.

My mother and her sister taught; my uncle on that side of the family was a professor of physics at Rensselaer Polytechnic Institute. He was Yale-trained and later was the sort of chief operating officer of the Brookhaven National Lab out on Long Island, one of the early Atomic Energy Commission research labs. So I came into education with a familial heritage and interest. My father was also very keen that we get a good education, and he worked very hard for us to do that.

It helped to have this very fine education at prep school. For example, I had about the equivalent of maybe five years of Latin and five years of French. But science interested me more and got me started toward thinking about being a doctor.

The family's physician was a Harvard-trained general practitioner. I remember him as always having a vest with a watch chain in front, a very dignified fellow, who had a black Buick and a nice house down on the town green. He was also the physician for Loomis School, and I can remember saying to him that I liked—this is perhaps when I was a sophomore in what would be the equivalent of high school—that I was interested in science and liked chemistry, and so forth, and thought I might like to be a doctor.

He took a big interest in me for that reason and would show me his lab, which, in essence, was a room behind his office where he kept his books. And if he repaired to the lab, it was often to surreptitiously look up something, which in those days you didn't display before your patient. Nowadays the patient, I think, is reassured if you go to your computer and look up some answer right in front of him. But he had gone to Harvard; he had had an internship at the Hartford Hospital, which was a very good rotating internship. It was a teaching hospital, but not a medical school hospital. And so I probably thought I should go into medicine since about age fourteen.

ASH: It sounds like he was a big influence on your life. And, then, what about the selection of colleges? How did you make that determination?

BENSON: Well, I suppose I was happier not going too far away from home. I only applied to two: one was Yale and one was Wesleyan. I decided I didn't like the size, the largeness, of Yale. I'd been in a school of perhaps three hundred, 340, maybe, students, all boys—which I think, in retrospect, wasn't a particularly good idea in terms of developing social skills—but the smaller size of Wesleyan prevailed. Some friends, a neighbor actually, who was a couple or three years ahead of me was influential in that. And so I ended up going there. It was only about forty miles from home.

ASH: But you lived on campus?

BENSON: Yes. I lived in a dorm the first year, year and a half, and then moved into a fraternity house. Wesleyan was very strongly Greek, as they say. Perhaps ninety percent of students were fraternity members then, and it was where you lived and where you ate. I earned my keep by waiting on table and washing dishes in the fraternity dining room, which gave me room and board. I happened to have a scholarship at Wesleyan to pay for tuition, so that relieved a great burden on my parents.

ASH: They have a lovely cafeteria now. I remember eating in it when I visited it.

What was your major in college?

BENSON: It was called biochemistry. It was a premed decision that I made, and the major was sort of half and half chemistry and biology.

My primary adviser was a man named Edward Schneider. Dr. Schneider, a Ph.D., was very well known in those days for aviation and high-altitude physiology, and did experiments in Peru and on Pikes Peak and places like that, and his work was seminal in the development of aviation medicine. He was retained on the faculty, I guess is one way you could say it, in his sixties because of World War II. My Wesleyan experience was '39 to '43.

Wesleyan had a phenomenon called Honors College, and you would, given good grades, be admitted into this separate program, do a thesis, perhaps some research, spend a fair amount of time in self-directed learning under the mentorship of an individual, and for me it was Edward Schneider. And there were some equally important people in chemistry, a fellow named Hoover, another, Dr. Burford. But physiology was probably my favorite course, and that was because of Schneider's teaching.

ASH: It sounds like you worked very hard and you were a very serious student. Did you have other activities that you were involved in?

BENSON: I always ran track. I did that both at Loomis and at Wesleyan and lettered all three years. I was a hurdler. Not very good, but good enough to be on their teams. I ran indoor track in the winter, and had some experience in the falls—I didn't pursue it very long—in cross-country. That was a little longer than I thought was interesting, and I wasn't very good at that, either. But there were sports, and I worked on the yearbook in each place.

One of the things at Wesleyan that I'm proud of is having been elected to, not only the Honors College, but the honors system council. We had an honors code there, which was to say that exams weren't proctored, and you'd sign a pledge that you'd neither given nor received aid during each exam on the exam book. And if you saw somebody cheating or cheated yourself and were reported, you were subject to some sort of review by this student council. That was a powerful experience, because we had the power, the authority to, in fact, dismiss students if the evidence was strong. That was an awesome responsibility for a young person. I've often wished that we had such a phenomenon here at medical school.

ASH: I think they still may at Wesleyan. They certainly did at Mount Holyoke.

BENSON: They may eventually here, I know, because Dr. Osborn, the dean of students, is contemplating that, and she herself, I think, has had that personal background.

But that was a great teacher of integrity and accountability to a system and to your peers in a group, and I think it was a maturing kind of experience. I'm very grateful for that, and particularly for the recognition to serve on that kind of responsibility.

ASH: Now, I noticed that you graduated from Wesleyan in '43 and you finished medical school in '46, so was medical school three years then?

BENSON: It was. College for me was during the beginning of World War II. I can remember the interruption of a New York Philharmonic broadcast by President Roosevelt's announcement of "this day of infamy," December 7, 1941. Because I was premed I was 4-F, or I was deferred. I guess maybe I wasn't 4-F. Whatever the Selective Service code was for that.

I went to a summer school during 1942 at the Woods Hole Marine Biology Laboratory and took a course, on the advice of Dr. Schneider again, in marine zoology. It was a fascinating experience. Among other things, it was right next to Buzzards Bay, and this bay, in sort of the armpit of Cape Cod, if you will, is where freighters would rendezvous before they would be convoyed over to England during World War II. So there was a good deal of secrecy about this.

And there also was the coastal blackout—a phenomenon of dark shades in the windows. You couldn't show any light toward the ocean for fear it would silhouette these

ships for German submarines. So you couldn't use headlights on your car, and you'd drive around with—at night, if you did at all, with tape over the headlights and just a slit.

But in any case, that enabled me to finish a full four years' credits at Wesleyan by the end of March 1943, and I graduated from college, actually without any ceremony, and started medical school about April 1. And we went nine months, nine months, nine months, and nine months, so the thirty-six amounted to four years of medical school without summer vacations. We would have a week off, maybe, at Christmas and springtime, and maybe some time in the summer.

As medical students we were assigned to active duty in either the Navy or the Army, if we were physically fit, and I was in the V-12 Navy program. We wore uniforms like officers'. We didn't have much of any military activities, in contrast to the Army fellows who had to drill a little bit and wore less prestigious-looking privates' uniforms (laughter).

So, yes, it was three calendar years of medical school, and we graduated from Harvard, in this case, on March 26th, or something like that, of 1946, months after the war ended—by that time we were out of active duty—and on April 1st started an internship. Then, to get everyone back into the July-July academic cycle, our internship lasted fifteen months. So I went from April 1, '46, till July 1, '47, and then had to pay back the Navy with a couple of years of active duty as a lieutenant junior grade in the reserve. They sent me to the naval hospital in Charleston, South Carolina. At the time, I thought it was the other side of the world, but another valuable experience in another, segregated culture.

It happened to be the time when the States' Rights Party put up Mr. Wright from Mississippi and Strom Thurmond as president, the current senator from South Carolina, who's now, you know, ninety-six, or whatever he is. But in any case, this New England Yankee went through that kind of states' rights campaign during that period of time.

ASH: Had the Navy paid for your medical school education, then?

BENSON: A good bit of it. I had a scholarship which paid the rest of the tuition at medical school, and I was very fortunate at both Wesleyan and Harvard for that reason. But the Navy was a godsend because it did pay for, basically, room and board and uniforms and tuition at medical school, books, things like that. I'm not sure how I ever could have paid for that on my own. Friends had worked in labs or taken night call at various hospitals to earn some part of their education—this was before the war—and I pictured myself having to do that. But the Navy made that unnecessary. So in most respects, I had a pretty comfortable time despite the war.

That reminds me of another phenomenon. My class went through, in particular, the struggles of hearing that fraternity brothers, for example, died in the war. The pledge master of our fraternity class was a naval aviator who went down in the battle of Midway, quite a

blow to us. And not a few students in medical school tried to flunk out. They just couldn't tolerate not being part of this action and living this protected life. That was somewhat of a strain, although a lot of people would have loved to have suffered that strain, I'm sure, rather than landing on Iwo Jima or some other Pacific island. But the Army and the Navy officers there knew what the students were doing, and simply told them, "You're not going to flunk out of here. You're going to become a Harvard-graduate doctor and serve the Army or the Navy in due course, so cut this stuff out. We know you're smart enough to meet the requirements for graduation."

So we used to fight a kind of sarcastic battle, the Battle of Tugo Circle. The dormitory at Harvard was on the *T*-shaped corner of Longwood Avenue and Avenue Louis Pasteur, and in the center of this juncture was a little circle with a memorial tablet to somebody named Victor Tugo, so we fought "the Battle of Tugo Circle." And we all graduated.

ASH: Were there any faculty who were particularly influential at Harvard in your selection, for example, of an internship and residency?

BENSON: There was one in particular, a man named Chester Jones, and I'll come back to him later. He was a gastroenterologist at the Massachusetts General Hospital and a fine lecturer, and, while mostly a practitioner, very skilled at drawing in the relevant physiology again, the pathophysiology that undergirded digestive disease and liver disease. And he became later a mentor and the person that's probably largely responsible for my coming to Oregon.

There were many. There was a man named Robert Williams; my class had one lecture that was not assigned, and we were offered the opportunity to select anyone on the faculty we wanted to give this lecture so there wouldn't be a gap on the schedule, and we picked diabetes by Robert Williams. Within a year or two he was the chairman of the brand new medical school at the University of Washington. A brilliant teacher.

And there were others. There was a Bobby Green I remember who taught us anatomy and always had a rose in his white coat lapel. He would march through the swinging doors at exactly eight or nine o'clock, depending on the year, and start on the blackboard and cover it from one extreme of a very long blackboard to the other—you know, perhaps thirty feet—and then come back and start over again. He was unusual because he played an instrument in the Boston Symphony, he was an artist, he taught classics at Radcliffe College for women, as well, and a striking figure.

Again, I enjoyed people on faculties who were older, or who were in some ways disabled or couldn't meet physical requirements for active duty in the armed forces. So while the faculty was small, it was seasoned, and it was very experienced.

I was always interested in James Hilton's book, *Goodbye, Mr. Chips*, and I'd had Mr. Chips-types through prep school, college and medical school because of the times, as much as anything—the Depression, then the war—that kept them in active teaching.

ASH: You stayed in Boston for your internship at...

BENSON: I went to Cleveland, actually. I went to the University Hospitals of Cleveland. My goal there was to taste some different approaches to medicine. I applied to four places. We didn't have the matching program for getting into internships then, and so you would apply. I applied to Columbia, Cornell, Rochester, and Cleveland, Case Western University in Cleveland. I was turned down at Rochester, which happened to pick twelve, and gave only one position to an outsider. The eleven came from their own graduates. I was admitted to Cleveland, and I thought to myself, I've got a bird in the hand, I'd better select it, because I had to make a decision, possibly sacrificing that position waiting on what might happen in New York City, and I wasn't willing to take that chance. It's a little different today where the computer sorts choices all out and you know pretty surely how you've matched.

So I went there for those fifteen months, and that was a good experience, because you did learn that strategies used by people that were most illustrious on the Harvard faculty weren't necessarily gospel, so you learned to challenge ideas. That was a wake-up call for me, and I liked that. But I didn't really like Cleveland.

ASH: Was this before or after you had been in Georgia, was it?

BENSON: No, South Carolina. It was before. We had to have had the internship year to be of any use to the Navy. Mine was a straight-medicine internship, and the Navy, in its wisdom, assigned me all over the specialties. I spent almost a year delivering babies and taking care of children, mostly outpatient care of children, spent about four months on the psychiatry service, and did a little, in fact, surgery during the dependent's service, helping do appendectomies and cesarean sections, that kind of thing.

I hadn't had any of that during the straight internal medicine internship, which was mostly an eastern phenomenon in those days. Boston and New York hospitals, Hopkins, Pennsylvania, Rochester, of course, and some others did not have rotating internships and instead had these straight programs, which were all surgery, medicine, pediatrics, or whatever. And so I was not very well prepared for that Navy duty, but I had good, responsible senior officers who took care of me, so to speak. Along with peers from other schools.

Another wake-up call was that two of our lieutenant jgs in the Navy at this hospital in Charleston were graduates of the Medical College of South Carolina, which we Ivy-League types thought was probably second-rate, you know, in terms of medical schools. But these two were number one and two in their class, and they could have been one or two in anybody's medical school. That lesson was important to me when I moved to Oregon, not

knowing much about the quality of the students, to know that top students anywhere are top students. And these two also bailed me out when I needed to order relatively simple management plans.

ASH: How to deliver a baby.

BENSON: Yeah, about obstetrics or pediatrics, or even simple medications for hospitalized patients (laughing).

ASH: But then you went back to Boston.

BENSON: Right. In '49 I went back into the medicine residency at the Brigham, the Peter Bent Brigham Hospital at that time, and Dr. George Thorn, the chairman of medicine, was one of those teachers who had impressed me as a student. He was unable to be in the service because of a medical condition, and was a wonderful teacher. He did wonderful research on adrenal and pituitary disease. And so I was very happy to get a position on his service back there.

I only had the one year of residency before going into a gastroenterology fellowship, again at the Brigham. That year was not particularly happy, but it was a useful year. The preceptor, a man named Seymour Gray, was a bit taken with himself, and his were not a very happy group of fellows in training. And that kind of negative environment—I got along fine with him—was not a very pleasant one to learn in, and so I sought relief, in a sense, by moving to the Massachusetts General Hospital in 1951 to work with this Chester Jones, whose name I mentioned before. He welcomed me into a fellowship, and I spent two years with him.

ASH: Why gastroenterology?

BENSON: Besides Dr. Jones as a role model, I'm not sure how to answer that. I've wondered a little bit. My father had an ulcer and gallstones, and that was an influence on me, his difficulties with those conditions, and their influence on the family, diet and his not being well at times. But I can't explain it much beyond that.

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I thought of it as being a bit broader than some of the other specialties, and I liked the concurrent activity one had with surgeons.

One of the influences that Dr. Jones had on me was to develop a close relationship with surgeons, because a lot of ulcer disease, gallstones, of course, cancer, colitis, and so forth, had to be handled in those days by operations. Medical therapy was less successful and the diseases less well understood than today.

One of his practices was always to go to the operating room when his patients were operated on, and so as trainees we got into that custom as well, and we would learn a good deal from the surgeons: anatomy, approaches to the disease, the problems they faced.

We also learned that they often had to make decisions with incomplete information. Take appendicitis, for example; we didn't have ultrasound and scans and such things that today pretty much, with great certainty, define whether or not a person has appendicitis, or certainly whether it's ruptured. And so surgeons were quite content with only finding appendicitis seventy percent of the time they operated for appendicitis. That was a valuable lesson for me, to understand the surgeon's mind and to understand that they had to make decisions in such circumstances. And the sort of quasi-surgical interest that one got out of digestive diseases and gastroenterology I think was an influence on my choice. I never really did operations, but I was always in gown and with gloves on, so I was sterile, behind the surgeon and looking over shoulders. And I brought that habit to my practice here, actually, which they found somewhat strange for an internist, but they accommodated to it. I learned a great deal from Bert Dunphy, Bill Krippaehne, and Clare Peterson.

So I was back at the General, and that was a very happy experience. It had a larger team, very good people in training, and very good clinicians. Some research, not powerful. Dr. Jones encouraged me to take a third year at the Mayo Clinic with a man named Jesse Bollman, who was an M.D./Ph.D., and largely a physiologist. And he welcomed me into his lab. Dr. Jones had sent another person to Dr. Bollman a year or two earlier. That person ended up as the first gastroenterologist at the University of Washington in its original faculty picked by Dr. Williams. Dr. Bollman taught me a good deal about animal research and how to plan and write up a good physiology study, and so forth, and we published three or four papers out of that one year's work.

Then I went back to the General and had research grants, but not a whole lot of success as a basic scientist. I had not had enough real background in chemistry and research to do that kind of work. I did some clinical research, did some publishing on malabsorption, and became a member of the junior faculty at Harvard.

One didn't get a *sou* from Harvard or from the Mass General for this. You were on soft money, fellowships or grants, and to some extent stipends for helping the faculty practitioners. We used to make night call for them on their hospitalized patients, and we'd go around and see all of twenty or thirty patients who were in the hospital, see that they were doing okay in the evening, reporting the next morning on what we had found. That was another marvelous tutorial with Dr. Jones late each afternoon, because when I'd go to his office, like yours here, he'd go over each patient, what they had told him, what he had found during the day, the x-rays that were to be done, and what he wanted me to do in each one. So it was a very close relationship with this mentor, who taught me a huge amount about gastrointestinal disease and handling patients. He was a marvelous teacher as well as clinician.

So I owe him a great deal in terms of framing my own career.

ASH: You said that he helped you make your decision to come here. You were an instructor at Harvard, and then opportunities opened for you?

BENSON: What happened was there was a national meeting of the American College of Physicians, the leading professional specialty society for internists, a meeting in Boston. At that time, Dr. Jones and Dr. Howard Lewis, who was the chairman here, were both going through the ranks, so to speak, to become officers in the American College of Physicians. They also were active on the American Board of Internal Medicine, the certifying specialty board, so they saw each other often and admired each other and were good friends.

I gave a talk or two at that meeting in Boston, perhaps around 1957—I've forgotten the year—while I was at Harvard, basically because Dr. Jones arranged it, I'm sure, and Dr. Lewis heard me. At the time he was building a full-time faculty. The University Hospital here had been finished about '56 or '57, and gradually the part-time volunteer faculty that had done most of the clinical teaching until then, the part-time faculty were being replaced. They would teach in the morning on the hill and practice downtown in the afternoon. Dr. Lewis heard me and said to Dr. Jones, "You know, maybe he'd be good out here." Dr. Jones said I ought to go see this job. And he said, "I've got this little grant, and I'll send you out." He actually paid for the airfare for me to come out in the summer of '58.

I'll never forget that trip. It was the first time I'd been to Oregon, the second time I'd made a trip out west. One of my friends and partners, almost, at the Mayo Clinic was a physician-resident named Philip Lee, whose father was one of the founders of the Palo Alto Medical Clinic. Phil finished his fellowship and his research at the Mayo Clinic and went to work for his dad at the clinic, and he thought I ought to join them. I came out in the winter of '58 to look at a job there, and they took me to Carmel, and I went to a meeting of Stanford faculty people from all kinds of disciplines one evening in one of their homes as a guest of Dr. Lee. But I decided the relationship then between the Clinic and Stanford was a little loose and not quite as academic an experience as I wanted, so I decided I didn't want to take that job.

Subsequently, Dr. Lee became assistant secretary for health in both the Johnson and later the Clinton administrations, and has headed the Institute for Health Policy Studies at the University of California in San Francisco. He had a very illustrious career himself.

My second trip west was one where I was met at the tiny old Portland airport by Dr. Lewis, the chairman of the department, and a professor of medicine, Daniel Labby, who took me to the hotel, the old Heathman, I remember, which subsequently closed. Then they picked me up and took me up to Hillvilla, a restaurant which is the current Chart House, overlooking the Willamette River, Mount Hood, and the lights of the city.

ASH: How was the weather?

BENSON: It was gorgeous. It was August. There was no humidity; I was used to that in Connecticut and Massachusetts. I can remember to this day the sailboats on the river, the lights coming on in the city, dusk coming over the city, Mount Hood's alpenglow. It was like a magnificent production as we sat there and ate salmon (laughter)...

ASH: Just for you.

BENSON: ...having been met by these two senior professors.

And, then, here was this brand new hospital, an opportunity to start something of my own. I met some people that I admired in Dr. Labby, for one, and Dr. George Long, who was one of those volunteer clinician faculty who had done the major bit of clinical teaching in gastroenterology. He took me to the Multnomah Athletic Club, and we sat and had dinner overlooking a Pacific Coast League baseball game at the Civic Stadium. And there was Edwin Osgood, a true genius, the father of molecular genetics in hematology, and very hard to understand. The whole thing was a marvelous experience with nice people and this opportunity to create. I can remember going back and being met at the Boston airport by my wife, saying I thought we ought to move out there. And she, of course, had never been. And within about a month I made the decision to come the following July, in '59.

So Dr. Jones had a lot to do with that. I didn't realize at the time that the foundation that paid for that airline ticket was his checkbook. He was a real friend and mentor, obviously. He sent us off with a staff party, "the Jones boys," at which the featured entertainment was the MGH cardiologist, Paul White, showing Kodachromes of a trip to Egypt.

ASH: I saw that you came here as an associate professor.

BENSON: Yeah. That was a big jump. And not with tenure at that point, but within a very short time. And most important, a hard-money salary. I'd agreed to come here in the fall of '58 for \$10,000 a year, and when I arrived and met Dean Baird, as I was introduced to people that July in '59, he said, "Well, I think we ought to give you \$12,000." And I thought, I really made a good decision (laughter).

And at that time, you know, I was able to buy a nice house over on the other side of Council Crest. We had old cars, but two of them, and three kids, and it was a good life. And the new hospital was pleasant. I had an office right there on the ninth floor of University Hospital, near Dr. Charles Holman, who was the hospital director and associate dean. And Dr. Griswold's cardiology was there, Dr. Labby and his endocrinology metabolic group; Dr. Greer was here then, and other heads of subspecialty divisions that Dr. Lewis had appointed.

That year was a good year in other ways. Three of us, and soon a fourth, came

from the East. Dr. Engelbert Dunphy, who had operated on my father's gallstones in 1950 and taught me some gastroenterology at the Brigham as a surgeon, came to head the department of surgery, and Dr. Wally Lobitz came from Dartmouth at that time to head the division of dermatology, then a division within the department of medicine. The fourth person was Dr. James Metcalfe from Harvard, who was a roommate of mine at medical school and a close friend. I helped him at his wedding, and so forth. He has a James Benson Metcalfe, and I have a Peter Metcalfe Benson. Jim Metcalfe was, in '59 and '60, doing a sabbatical over in Tubingen in Germany, and he came here the following summer and started research on the heart in pregnancy.

Dr. Dunphy was a particularly formative influence for me, because I was used, at the Mass General, to a medical-surgical GI conference, which Dr. Jones ran. His fellows got the cases together and the surgeons and the radiologists attended each week. So we started one up here. One Tuesday afternoon it was in 8B-60, and the next over at the VA hospital, where at that time Dr. Marvin Goldman and, later, Dr. Fred Smith, ran its GI services. So we saw a lot of good cases, had a lot of exchange among four specialties, radiology, pathology, surgery, and medicine, and continued to use that as a device to keep the interest of the downtown gastroenterologists in teaching.

I was alone and could not have done it without the strong support of people like George Long and Norbert Medved, and Goldman and Smith at the VA and others who practiced in Portland, Vancouver and Corvallis. For them it was the opportunity to teach students in our GI clinic the first part of Tuesday afternoons, and then they could come to this conference. Our goal was to keep them up to scratch and to learn from them as well. We also set up a journal club, so one night a month we would come to one or another of our homes and go through the gastroenterology literature together. So I was able to keep them very active in teaching and support myself as an educator. They gave lectures to various levels of students, and, of course, helped with the teaching of, at that time, fourth-year students in the clinic. So '59 was a busy year getting started.

ASH: You were a division head. Does that mean that it was a division in the department of medicine...

BENSON: Yes.

ASH: ...or were you a freestanding...

BENSON: No, it was, and still is, an integral part of the department of medicine, like cardiology or endocrinology or rheumatology. Dermatology and neurology were both divisions at the time I came. The Division Heads would meet every Monday with Dr. Lewis, an executive committee to go over things like the progress of residents' training, student curriculum, recruitment of faculty, and interviewing and selection of residents as a committee. Later on dermatology became a department, as did neurology very much about the same

time, I would guess the late sixties or 1970, sometime like that.

Dr. George Saslow, the chair of the department of psychiatry, had also come from the Mass General two or three years ahead of me, and he always attended these meetings of the department of medicine executive committee. He was a powerful influence on our thinking and skills as educators. He set up a reading group, and Thursday noons we would lunch together and read chapters of books that had to do with education. I remember in particular an authority named George Miller from the University of Illinois, who wrote a book called *Teaching and Learning in Medical School*, and we'd read chapters one at a time. Saslow basically motivated us to do that, and it was very valuable, teaching us about curriculum, expectations, evaluation, feedback, things like that. That went on all through the sixties pretty much. I can't remember it stopping. I think it did, but I can't quite remember. Dr. Lewis went, Dr. Saslow, Dr. Matarazzo was there, and Dr. Labby and others—the forerunner of today's more formal faculty development.

Gastroenterology was a division of the department of medicine, to get back to your question.

ASH: I noticed in your resume that you seemed to have had a long-standing interest in curriculum, curriculum development, and the teaching side of things. To what do you attribute that?

BENSON: I don't know. I think maybe in part this influence of Saslow. He made me think more about constructing a curriculum that would generate student-directed learning, not so much preaching and lecturing, but getting the learner involved in his or her learning.

I was on the curriculum committee early on, in about 1968 under Dick Sleeter as chairman. He was the head of CDRC, a pediatrician. A marvelous man. We were divided into two committees for reforming the clinical curriculum and basic science curriculum, and he had me head the clinical side of things. We pretty much revamped the curriculum then. Reduced lectures, had a lot more electives and things of that nature.

One of the courses that began then was pathophysiology, the whole idea of integrating clinicians into teaching systems basic science so that the student would see some relevance to the basic science that he or she was learning. I had had that experience at Harvard, where we had a pathophysiology course, and we were very active there as clinicians in teaching that.

The second-year gastrointestinal pathophysiology course here I pretty much designed. It so happened that Alfred Rampone, who was the digestive disease physiologist at the time, and on the curriculum committee, was on sabbatical, I think abroad. So I volunteered to draft a model schedule for the GI pathophysiology course, which would meld together the people in pathology, the physiologists, the biochemists, microbiologists who had

to do with infectious and parasitic disease in the GI tract, and ourselves as clinicians and radiologists and surgeons. For example, we set up integrated laboratories that would attempt to show the relevance of circulation to function, show x-rays of the arteries serving the intestine and the liver and what the circulation of the portal blood flow through the liver was, and so forth, which was not such dry anatomy or physiology as it might have been.

ASH: And this was what year in the curriculum?

BENSON: I would think we started that around '68, '69, in there. But it took a fairly long period of time, maybe three years, developing this new curriculum at the time. And it lasted quite a long time, I think too long. When I came here in '91, there were still too many elements of it left, in my view.

ASH: But it sounds like it was part way to problem-based learning approaches.

BENSON: Yes. Certainly part way to student-directed learning and to integration. Problem-based learning is a newer name for things. But we would set up problems for students to think about, a clinical situation in the laboratory, for example, and show them pathology that really answered it, or what blood tests, radiographs or biochemical testing, might help toward a diagnosis, and then it was a kind of problem to be solved with the laboratory materials or demonstrations we presented.

ASH: Even first- or second-year in medical school?

BENSON: Second, in this case. The first year in 1969 was still pretty much categorical courses in anatomy and physiology and biochemistry, that kind of thing.

One of the other things that I did early on, which I'm pretty proud of, actually, was another influence of Chester Jones. Students were interning in places that I thought were second-rate. They weren't getting advice. There wasn't any stimulation to shoot high. I knew the students, some of whom were very good—like the example I gave of our colleagues from South Carolina during the Navy years—who were going to county hospitals in rural California and Army hospitals and places that were not university academic health centers for the most part. Some were staying here, which we thought was good.

So I complained to the hospital director, and he said, "Well, you ought to talk to the Dean." And I complained to him that no one was doing this, and that Chester Jones had chaired a group at Harvard that picked up students during the third year and advised them about residencies and hospitals, about career selection, specialty selection and so forth, and then wrote letters of recommendation for them to the hospitals. And Dean Baird, of course, (laughing) very smartly said, "Well, you do it."

And so we developed, with Bob Koler and Bill Fletcher, the surgeon, the first

internship advisory committee—about '61, maybe, maybe even '60, but I think that '61 was perhaps the first class where we really did it all the way through. A year or two later we added Mike Miller, the pediatrician, to the team. And that committee continues now under the dean for students, which Mike Miller was for many years. We started getting graduates into the Brigham and Yale and California, who would report back, “Well, send us more. They were terrific.”

From a follow-up questionnaire that went to the program directors at the end of the internship year, we learned that our students were doing well. They were getting into better places than before. And, part of my vanity, they were good advertisements for the University of Oregon Medical School.

I've always thought that was important, to put our school more into the national consciousness. I've done that in other ways, too, Joan. I got into the American Gastroenterological Association early on, and Dr. Lewis and Dr. Jones became the chairs and heads of the American Board of Internal Medicine, and I'm sure Dr. Lewis got me on the ABIM's gastroenterology subspecialty board in 1961. I was a real pup. Here only two years, my colleagues on the board were four or five others from illustrious places and much more senior. And the vanity was that on the letterhead my address would say University of Oregon Medical School. I became the secretary, in '69, of the American Gastroenterological Association and later its president, and again the letterhead identified Oregon.

So all along I thought this was a school that in some ways hid its light under a bushel basket and was much better than people recognized, and it was worth saying something about that. And our students proved something about it as they went into these better internships.

So that experience, which was a Jones-stimulated experience once again, I'm quite proud of. I think it works well today still, and our graduates are going to some really fine competitive residencies in 1999. In internal medicine almost all of them are going to academic health centers, one place or another.

ASH: Do you have a photographic memory? Because I had “image of OHSU on the outside” on my list here, and it seems like you're answering all of my questions without my asking.

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

BENSON: Well, I used the word “vanity” although I hesitate to push Benson in this way, but it was a very conscious willingness to spend time at this, to promote, if you will, the University of Oregon Medical School and, later, OHSU. I don't think it was all false pride or personal vanity, because there really are some very fine people here, as we all learn. And it's marvelous today to see the acceleration in the curve of improvement. I mean, it's this sort

of gradual, now geometric increase in national recognition, in ability to recruit.

ASH: Why is that? How did that happen?

BENSON: I think it's people. I'm very proud of the work that Dr. Kohler has done. I think it has particularly accelerated since he's been here: grants, NIH support, ability to recruit senior faculty. He recognizes the value of research, and I think that's the core value that he sees here. If you get people who can do good research, they get grants; that brings in more good people to help them because the money can support them. The publications call attention to this. Other people say, "Gee, that's interesting. This must be quite a decent place."

And, then, he also got the support of Senator Hatfield to build buildings that house research and other activities. So I think it's one of those progressions that's pretty logical, given the people with the vision that he has, and, then, the purposefulness of getting it done.

I hand it to Dr. Laster for that reason in terms of funding excellence through the Vollum. I was not here then, and I'm digressing a bit, perhaps, but I was working for the Board of Internal Medicine, and, while I lived in Portland, really had no active work up here on the Hill. Laster took a great deal of flack from the faculty for not funding needy departments those lean years with the Vollum gift.

ASH: What was that time period when you were working away from the Hill?

BENSON: I was an elected member of the American Board of Internal Medicine, first its gastroenterology subspecialty board in the early sixties, then after a gap of three years, maybe, I was elected to the parent Board of Internal Medicine in 1969. Members serve two, three-year terms, and I was its secretary and on its executive committee the last three years.

We revamped a good deal of the organization of the Board in those times, brought the subspecialty board members in, increased the numbers of subspecialty certificates—there had been four, soon there were nine—and set up a presidency. The executive committee started to recruit, as a search committee, for the first president of the American Board of Internal Medicine, and we tried to get a couple of prominent internists. Jack Myers, who had been a chairman of the board and was the chairman of medicine at Pittsburgh, didn't want to do it; he was more interested in computerized diagnosis. We tried to get Penn's Arnold Relman, Bud Relman, who was asked to be the editor of *The New England Journal of Medicine* and wanted to do that. Then the chairman of the Board, a fellow named Saul Farber from NYU, came to me and said, "Would you be interested in being a candidate?" And I thought it over a few weeks, and thought, yes, I would, and he said, "Well, you're off the search committee." (laughing) The long and short of it was I got appointed to be the president, a sort of CEO, of this large certifying board.

ASH: That meant resigning your position here and doing it full-time?

BENSON: It was full-time, but OHSU was gracious enough to let me continue to be called a professor of medicine. I received no salary, but I was not called emeritus or clinical professor, I was called professor of medicine. I think to some extent that was something the department could boast about a little bit, because the goal of most residents is to become certified in medicine and then, perhaps later, in a subspecialty.

I actually continued to do some teaching. I served as an attending physician the month of December for five or six years, but I didn't think I was good enough. I wasn't seeing patients, so I wasn't using medicine particularly, and it became a matter of the residents entertaining me rather than my teaching them. Disuse atrophy set in, so I stopped doing that about 1981.

But the period as ABIM President full-time lasted from '75 to '91. I'm kind of proud that I helped engineer Peter Kohler's election to the Board of Internal Medicine, and later to the Institute of Medicine. The ABIM part was an interesting story. We had a fellow named Peter F. Kohler, an immunologist at the University of Colorado. Each year a group of about twenty-five people would look at every question on every subspecialty exam for accuracy and relevance, and there were about five or six exams, and so you would call in impartial specialists to help do this. Through some clerical error in our office, the letter was sent to Peter O. Kohler in Little Rock, Arkansas, and he appeared at the Sonoma Mission Inn. We'd go to some nice getaway spot where we weren't distracted.

I remember him coming to the lobby of the hotel about the same time I registered, and saying to me, "John, I don't think they expect me here. They expect a doctor from Denver." And I said, "You got invited?" He had received all the questions and had done his homework for this particular process. And he asked, "What should I do? Should I go back home?" And I said, "No, you stay. We can use you. You're all prepared to do this."

And he and Holly Smith, at the time the eminent chairman of the department at University of California, San Francisco, were the outside experts who helped our endocrinologists with the validity of that year's endocrinology test. Peter did a wonderful job and impressed everybody, and the rest is history. (laughing) That was serendipity. I think he would have been called eventually anyway, but that surely sped things up.

I've forgotten how we got into this, Joan, but I did have the benefit of being listed as faculty in the catalog and continued in the department as a professor of medicine all those years, even though I wasn't expected to do any work.

ASH: It must have been such a big decision for you, though. It was such a big move from being an educator in the Medical School here to taking on an administrator position. What made you make that decision?

BENSON: The service as an elected member of the Board and in its executive committee and leadership during those first six years, '69 to '75, convinced me of the importance of standard-setting. It's a little like making the career decision to teach rather than to practice medicine. If you're in an office and see patients, you see however many patients you see, two or three thousand, over a period of time in a career. If you teach, you have, you know, sixty-five to a hundred students per class. I always had the sense that you multiplied your utility toward patients in general through your students, so you had a greater, broader influence as a teacher. I'm sure I got some of that from my mother's side of the family and their role as teachers and their example, and so it was a natural for me to get into education and to become a professor.

When it came to the Board, you multiplied that for internal medicine by all the residencies in the country. You set standards of what good internal medicine should be for all the graduates of the 400-plus residencies in the United States. There are now some ten to twelve thousand a year taking these exams in internal medicine. So it was a matter of having an important role or influence on behalf of the patients of all internists. Again, spreading one's own sense of what's quality, what's excellence.

But it was a tug to give up seeing patients and being active with students. Those were very hard for me to give up, and it took a while to make that decision. I took the job with the proviso that I could continue to live here and have an office in Portland, even though the staff and much of the work of the Board were in Philadelphia, and had been since, oh, the early sixties. The executive committee, I think, thought that I'd move that staff out to Portland and do it that way. I soon found that I couldn't move children in high school, spouses with important work, family obligations to parents, that sort of thing. I couldn't move key people. So I kept my office here, and most of them stayed in Philadelphia, and I spent a lot of time in the friendly skies. I still have frequent flyer miles to show for it.

One reason for staying here was I could continue to teach, and I continued to do the attending physician activities for a small group of students, two or three residents, and two or three students each December. But it satisfied that need that I had. Besides, we still had two kids at home.

I retained only one patient. I told all my patients that I was going to be away so much that I really couldn't see them through. Many digestive diseases are chronic and recurrent so that there is a kind of continuity of care that's important. Most of them went to Dr. Melnyk and others, but one insisted, his wife insisted, that I continue to see him. He happened to be a cardiologist in town. He had dreadful immunologic liver disease, and ultimately I advised him to have a liver transplant—this was 1980 or '81—and we set it up through a surgeon—actually, there was none being done out on the West Coast at the time—in Dallas who had been trained by the team at Pittsburgh, Dr. Starzl's team. This fellow is doing beautifully with his transplant, working hard today as a practicing physician. That was

the single patient that I kept up with, and that was gratifying. I'd actually go to his office and use his equipment, and so forth (laughter), to see him as a patient periodically before this decision.

ASH: Then you were called back to become acting dean.

BENSON: Well, I was going to turn seventy in '91, and I told the chairman of the Board, a fellow named Sheldon Wolff, who was the chairman of medicine at Tufts, a very good investigator, and an experienced chairman who had done a lot of recruiting, that I should retire. I knew his successor as chairman of the Board had less experience. He had been brought on the Board because he was a bona fide practitioner, a practice which we helped influence in those years as a president. It gave credibility to certification and to the exam, and relevance to what we were doing, particularly recertifying practitioners.

So in '88 I said to Shelley that I thought he ought to set up a search committee for my successor. I decided that I would step down on the basis that I would have been served sixteen years, the Board deserved a change, and I was thinking it was about time to retire. I really didn't feel like retiring in the sense of health or mental capacity or things like that, but it seemed to me wise to have turnover. I've always believed in that, and tried to help organizations to set up turnover mechanisms, including on ABIM's committees and its own subspecialty boards. So it was all arranged and a search committee appointed my successor, and as President-designate he overlapped that last year with me. He was in Philadelphia learning the ropes, and I stayed here. And he's done a very good job since.

Peter Kohler at the time was a member of the Board and its executive committee, and he came to me one day—I suppose it was spring '91—I'm not quite sure when that was—and he said, "You know, John Kendall wants to take a sabbatical, and I need an interim dean, and I think you might be interested in that or might like to do that." I'd always had a warm spot in my heart for this school. They'd kept me as a professor, they made my career, with Dr. Lewis' and Dr. Jones' support, and I felt like I owed it to them and agreed to do it.

Deaning was a marvelous way to cap a career. I had been dealing with internists, with residents rather than medical students, residents in training who were the substrate for certification, and with people nationally. At ABIM I hadn't had any particular exposure to basic scientists or nursing or to the other specialties, and here was an opportunity to be thrust into being the academic leader of all the departments, all the basic scientists and researchers, and all four years of medical students and residents in other specialties.

I also had certain goals, it seemed, for deaning. One was to bring graduate medical education into the dean's office. It had been, largely because of funding, the purview of the hospital directors. That's a national phenomenon, and it was true here. Dr. Holman had done it through his career as the associate dean and as hospital director had kept it within his purview, and Tim Goldfarb was doing it at the time I came back.

I needed help for that, and I knew that Walter McDonald at the Portland VA, a fellow whom I'd known as an intern from the University of Michigan when he first came here, was stepping down as head of the medical service at the VA. I had been having luncheons with him about his career before I knew about this deaning business. As soon as I learned about that, I said, "I'm going to need an associate dean for medical education. Would you be interested in that? And I want to bring graduate medical education into the dean's office." Well, the long and short of it was, that happened, and Dr. McDonald did that very well, and Tim Goldfarb was marvelous. He had control of the dollars, because the Medicare dollars for graduate medical education come to the hospital, but he saw the value of this and probably was relieved to shed some of the work, so there was a very amicable kind of arrangement. Continuing medical education was already in the dean's office through Dean Reinschmidt, so we had the continuum of education from medical student through the practicing physician getting continuing medical education, and that oversight is a proper role of the dean's office.

John Kendall had so much fun doing research during his sabbatical leave, he didn't want to come back, so there was a second year, which was fine. But I thought that interiming was not a good long-term proposition for the school, and I was kind of old to take on a longer term to try and settle other needs—we needed a practice plan for the faculty clinicians, and so forth—so I told Peter that I really should stop after these two years, and in fact told him how highly I regarded Joe Bloom.

As a chairman, Joe Bloom would come to the dean's office with both a succinct description of a problem, but also the solutions. He had a way out of things, and they were practical, and I thought that was marvelous. He wasn't just crying for some kind of help, usually money, or complaining, he had solutions. So Joe was willing to give it a trial. He wasn't too sure about this so for the first year he was an interim dean, but both he and Peter decided this was a good solution, and he's done a marvelous job since. He's been kind enough to give me an office and the kind of support that is good for me, as I said originally, both physically and mentally to keep active.

ASH: What were your biggest challenges when you were the interim dean?

BENSON: I think two. One was good and one was tough. One was the new curriculum.

ASH: Something with which you were very intimately familiar.

BENSON: Well, the new curriculum was pretty well developed. I can't take credit for its development. Dr. Reinschmidt and the curriculum committee under Karen Deveney, others, had done a marvelous job changing the culture of the faculty, thinking through how curricular reform should go.

And they'd already developed themes like integration of clinical medicine into the basic science years in greater proportion. Teaching would be framed around systems rather than disciplines. First-year students, for example, going to offices of preceptors, having people like me teach, in the first year, physical diagnosis and history taking. They developed the principle that two lectures was all we should give a day. We didn't want to put students to sleep with five successive hours of lecture. They wanted more primary care and they wanted the clerkship out in the various towns and cities of the rest of the state, and so forth. And they tightened up the fourth year, which for twenty years had been kind of loose with not terribly well monitored electives.

So the good ideas and the change in culture had been accomplished before I came in, under Dean Kendall and particularly Dutch Reinschmidt. But the faculty hadn't quite yet bought it, and I thought it was wonderful, said so at a Faculty Council meeting, and surprised people that I was endorsing something so strongly. Walter McDonald, who knew the pulse of the faculty better than I at the time, said, "Do you know what you've done? You've publicly said that you endorse this curriculum."

ASH: Why was that surprising?

BENSON: I think chairs, particularly in the basic sciences, were still harboring the desire to have identifiable courses for pharmacology, for biochemistry, and all that had been combined and integrated into systems courses taught with the clinicians. Anatomy would now be taught as much by surgeons and radiologists as by anatomists.

ASH: Do you think it was a personal boundary-keeping, turf thing?

BENSON: To some extent, but also a sense of the importance of their content. I think chairs graciously have given that up, but change was difficult, and reform was a threat to control over their faculty. For example, can my decisions for my departmental faculty be preempted by somebody running a systems course, when I need this person to do research or to teach graduate students? I don't want to pick on the basic science faculty in particular over that, and I can understand the perception that somebody else was saying how their faculty's time should be spent and yet not contributing toward their career development, their financial well-being.

On the other hand, the dean was paying them to teach. I knew that, and I knew how much money was going to the department, ostensibly because it was a teaching role as well as a research role that they had to perform. The dean's money was supposedly paying for the teaching. So you had that kind of leverage.

The Robert Wood Johnson Foundation grant came through during my time. It, again, was something that had been largely engineered by Dr. Reinschmidt and Dr. Kendall.

And we began in the summer of 1992 with the new curriculum, implementing it in two stages. So I was very proud of that and as an article of faith, taught, as a dean, in the first-year classes.

Another thing, there hadn't been good communication between the faculty chairs, one another, the dean's office, and each other, so I started some monthly dinners. I actually paid for them out of my own pocket at first. We would hold them at the Casey [Eye Institute]. A big, square table; I wanted everybody to see everybody's face. All the chairs or a delegate; some of the administration; and we invited Drs. Kohler, Hallick, Tim Goldfarb, I think Jim Walker from the dean's office, the associate deans, and so forth, and we would meet over there and provide them some wine and dinner and talk about some topic: the new curriculum...

ASH: One topic per dinner?

BENSON: Maybe a couple. I had the practice on the ABIM, which was not original with me, of developing the agenda for Board meetings and then writing a commentary on those items of greatest importance in the agenda. It was a narrative that would bring the Board members up to speed, because they had not thought about Board activities, maybe for three or four months. So I would explain a little bit of the history and what the decision question was for them at this meeting, trying always to be impartial and not to tip my own hand or influence their vote.

So I did that sort of thing with this agenda here and would send out a little memo to the chairs, and those I'd invited, beforehand to prep them for the discussion. And we talked about a number of things. One of the things that was tough—it was during the time when we twice had to cut the budget. Dr. Kendall cut it once by ten or fifteen percent, the state dollars coming to the School of Medicine. I had to cut it by twenty-five percent...

ASH: Was that Measure 5 time?

BENSON: Yep...and then again by ten percent more.

Those were very hard decisions. I did not have good data to work on. The financial records of departments and, in fact, the dean's office, were not terrific, and so you couldn't base cuts on a certain amount of logic. So I had to make decisions that were based pretty intuitively, and they were mine. And so, for example, if a department were thriving, like Radiology or Surgery, I cut them hard. If it were having a tougher time because it didn't have very much in the way of grants, like a basic science department or two, I cut them less. Everybody had to take some cut, but it would range between five and twenty-five percent, that kind of thing. And it was hard to explain that. I did that to some extent at these dinners, and I also went around to each department to meet with the whole faculty, if they wanted to,

to try and explain what we were doing to defend it.

I didn't like that part of it, both because it's hard to take money away from hard-working people who deserved it...

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

ASH: ...data available?

BENSON: That's one of the things that Dr. Bloom has done very well. Just before I left we hired a man named Jim Epifanio, who has both an MBA and a JD, to be, basically, the associate dean for finance, business administration. Byron Backlar, the associate dean for finance at the time, hired him. Jim has gradually—because he computerized things, and before it had been almost a green eyeshade-pencil phenomenon, began to get the information the dean's office needed from Jim Walker in central administration. He also got it from departments. And Joe Bloom now has a very good idea of the flow of money, whether it's from grants or the state, revenues from clinical care or whatever, on the faculty and in his departments. And so, yeah, I think he can make better decisions about allocating money for teaching, for example.

With transition into the new curriculum in 1992, things were in such flux that I couldn't say how many hours a given faculty person was teaching. At least, it might have applied that year, but it wasn't going to work a year from then because we were transforming the curriculum. And there was this interim phase when people were teaching the old curriculum plus teaching the new one. And so the data weren't there, and, hence, I had to be arbitrary. Today, he has better figures on teaching effort. Those were lessons that were very bitter for me, and Dean Bloom has corrected the issues, with the help of Jim Walker, and Joe's own savvy about financial matters. He's much better at that kind of thing than I.

ASH: Then, when the time came for you to leave the deanship, you took on other roles, is that correct?

BENSON: Well, they were kind enough to, one, let me continue to teach in the first year, and, two, to chair various search committees. I don't know how many I've done. About half the chairs now were either appointed during my deanship or through search committees that I have chaired. And I've done a couple more recently for Dr. Loriaux in the department of medicine.

Joe has asked me to develop, with others, procedures for periodic departmental reviews and sabbatical leaves. I've tried to be useful to Susan Tolle and the Center for Ethics in Health Care.

I have taken on a couple of hobbies that basically came out of the work for the

ABIM. We decided, for example, that an essential component of certifiable clinical competence is humanistic qualities in these resident doctors, and now, I notice, practitioner diplomates that are being recertified, along with the demonstration of professional behavior. These are as important as being able to take a good history or pick the right medication, and you had to demonstrate those qualities during your residency to be admitted to the exam.

That got me into relationships with a couple of organizations that have to do with doctor-patient communication, and I've served on their boards. One, the national American Academy on Physician and Patient, and regionally, the Northwest Center for Physician-Patient Communication.

ASH: What is that?

BENSON: Well, it's an arm of a local foundation called The Foundation for Medical Excellence, which was generated in the mid-eighties, basically out of the needs of the Oregon Board of Medical Examiners, the licensing board. They wanted to teach physicians how to avoid getting into trouble with drugs, overprescribing, self-abuse with alcohol and chemical abuse, developed courses, and ultimately got into the need for improved communication between doctor and patient, which had perhaps been sacrificed some by technology. You know, get a test, have an endoscopy, get a scan, whatever it is, rather than talk a good deal between doctor and patient and make the most out of that rather now short interlude that a patient has with a physician. And so this Northwest Center developed courses for better communication.

Now there are subsequent ones for physician leadership, how to lead teams, how to lead a hospital staff. Another one—it's called TFME's Institute of Physician Well-Being—times when doctors are disenchanted and unhappy and quitting and sour about things and taking it out on their patients or their families, a way of getting around that; courses that help with behavioral modification, basically. And I've become a member of that Foundation's board of directors.

So these kinds of activities, including a certain amount of work, still, for the American Board of Internal Medicine. Every five years or so the Board goes to present a face, basically, at each of the four-hundred-odd residencies. I was over in Denver and looked at a couple of residencies, the University's and St. Joseph's, recently, as much as anything to show the residents and the faculty that the Board is not an abstraction in Philadelphia and to see how they're evaluating these humanistic qualities and documenting them for each resident, things of that nature. They do that sort of evaluation during the three years of the residency.

So I keep fairly busy. I don't work much nights or weekends anymore, but I come in every day.

ASH: You come in every day?

BENSON: Um-hmm.

ASH: And where is your office?

BENSON: It's in the Dean's suite, bless his heart.

More recently, some work for the Institute of Medicine, which—I didn't quite realize I've worked on three other committees for the institute—was on the scientific basis for the medical use of marijuana.

ASH: I noticed that on your CV, yes.

BENSON: The study team delivered a report in March which brought a lot of notoriety, and continues to. It took about eighteen months of fairly intensive work, gathering information, looking at drafts of the report, working through the computer. We had a setup for so-called "net" meetings, where we could look at a draft and talk with each other—and, in fact, even look at videos of each other. We didn't do that much—as we edited together, chapter by chapter, this report.

ASH: Did you do that in your own offices, then?

BENSON: Yes, pretty much. We had some meetings together; we had three workshops where patients and scientists both came, by invitation, to talk to us, both patients who were very pro use of marijuana for themselves and people who were very anti-legalization or -decriminalization, opposed to letting the camel's nose under the tent by in some ways approving medical use. People were fearful that that would be the beginning of disaster. We've taken a lot of knocks over that because either we've been too soft or we've cuddled up to those folks who were anxious to make marijuana just free and easy.

ASH: So you were brave enough to take on a controversial issue, but your group was evaluating it objectively to make a recommendation?

BENSON: Yes. The so-called statement of task, the charge to the two of us and the staff—we were co-principal investigators as a strategy—was to look at the scientific basis. We were not asked, fortunately, to get into things like the social, legislative, regulatory aspects of this. We've created a lot of work for those folks, and I really think there ought to be a follow-up study by somebody, police, licensing boards, the Drug Enforcement Administration, the FDA, people like that, to figure out how to encourage research and the development, not of smoked marijuana but of inhaled components of it that probably have some beneficial effects.

ASH: I'm going back to my list to make sure that I've covered what I was supposed to cover.

When we became a university, did you have any role with OHSU at the time? That was in '74.

BENSON: Yes, to the extent that Bill Bluemle, the first President of the University—it had a little different name then—came from Philadelphia, was very well known in Philadelphia, in academic nephrology in particular. He pretty promptly got in touch with me and with David Bristow, the chairman of medicine, and I think we were helpful to him, both in coming here as being recruited, but also as he got to learn a little bit about the culture here. He was very good, and it was a tough job for him. He was a new boy. I had had that experience in '59. They really size up outsiders here and make sure you're going to be okay. And he was powerful because he was president of the whole university, and he had ideas that were eastern, quite academic, et cetera.

He became pretty unhappy with, actually, three of us in medicine. In 1975 I went to work for the American Board of Internal Medicine; David Bristow stepped down as chairman of medicine, took a terminal sabbatical, working at the Kaiser Center for Health Research with Dr. Greenlick, and then subsequently moved down to the University of California in San Francisco and the VA there; and Don Kassebaum, who had been an active teacher, went into hospital administration. So all of a sudden, he complained, we were abandoning him.

He soon got called to be the president of Thomas Jefferson University in Philadelphia, which he served very well, and there's a...

ASH: Building. I interviewed him back there.

BENSON: Did you? I liked him and thought he was very good for us, that we weren't going to keep him very long, that he had that tough assignment in an interval position. He didn't have a very receptive dean. I think at that time—I think it was Charles Holman, and they didn't get along too well. They brought in Dr. [Robert] Stone, whom I barely knew, who many of us think was a mistake. He was not an experienced, decisive administrator, and that was his history at the NIH before he came to us.

And so Bluemle had those crosses to bear, I believe. And I'm not quite sure in my memory as to his overlap with Stone. In any case, I admired Bluemle very much.

I actually knew Laster as a gastroenterologist. I knew him in the '50s as an intern at the Mass General. And his training was largely at the NIH in gastroenterology, and he stayed on there to run the so-called intramural program for digestive diseases as a full-time federal employee before he, I guess, went from there to Downstate. Len called up and asked about the job here and what did I think of this place and so forth, and I encouraged him to look at it.

His personality didn't click at all here, but he had the wisdom and vision to use the Vollum money to build this little "diamond in the crown," as he put it, and that did not go down well during a recession time in the early eighties with chairs who were going in the red. I know Dr. Jones and Dr. Krippaehne were very unhappy that their departments weren't bailed out by these monies and that he put it all into this "extravagance," the marbled Vollum Institute. But it's certainly proven to be a gem and has attracted very good scientists, research dollars, and national acclaim to Oregon. It was a wise move.

But he was much too egocentric to please people here at many levels, and he had the same trouble later at the University of Massachusetts, I understand.

ASH: And he's retired now to Woods Hole?

BENSON: Pretty much, yeah.

ASH: I did interview him also.

BENSON: Good. He's a charming guy. I reviewed his book for *The New England Journal of Medicine*.

ASH: I read your review.

BENSON: But in any case, he was wrong for this place and the personalities at that time; and I gather similarly in Worcester. My son-in-law went to the University of Massachusetts Medical School, I guess after Len had left, because he never really saw him, even though Len had an office there and did his writing as a distinguished professor.

ASH: I hadn't realized before I interviewed him that he had never been a faculty member; he went from the Washington, D.C., position to Downstate and here, and had never actually come up through the ranks.

BENSON: Not in the usual way. He may have done some teaching at one of the schools in Washington, Georgetown or GWU. I'm not sure of that. But you're right, he didn't go through the same progression that most of us have.

ASH: So I sort of hypothesized that perhaps that was part of his—what was missing from his background that might have helped him understand the people he was dealing with.

BENSON: May have been. We were so lucky to get Peter Kohler at the end of all of this. I knew both Peter and Bill Kelley quite well from Board work. Kelley had been chairman of the Board, and therefore my boss as its CEO, about '85 or '86, and he was a dynamic chair

at the department of medicine at Michigan, and was very helpful to me in setting up what we called a standing advisory board of lay people.

I thought we should have, as a board of doctors, somebody looking over our shoulder, and pushed from the very beginning of my work there having this kind of an activity. They said, “Well, try an ad hoc thing first.” We started off with a so-called advisory committee on standards of excellence. So we did that and had some very prominent people: Gerard Piel from the *Scientific American*, the publisher; and Jodie Bernstein, who was then general counsel for the EPA and HEW and still active, I think, for the FTC—and Senator Rogers’ legislative aide, a lawyer; and some others who were very prominent people; Maggie Mahoney, who was president of The Commonwealth Fund. But that group later turned in, many of them, to the advisory board, and Bill Kelley and Sam Thier encouraged that.

I bring that up because Kelley almost became the president here. He came from Michigan, he looked at the books, and he brought along his financial man. He always did that when he was interviewed for any new job. He lived down at the River Place for a while. Peter saw that he was delaying his decision—Bill was number one in their choice—so Peter went home to San Antonio. Bill finally decided that the money wasn’t right, in terms of the books, and said no, and immediately the search committee people, a couple of them, flew down to San Antonio and nailed Peter, which, of course, has been terrific for OHSU. Kelley subsequently went to Penn and has had a brilliant, if not so successful career there. A lot of financial problems for a big university like Penn.

So I’m very pleased that Peter has done this, and he was kind to give me the chance to come back to the School in a meaningful way.

ASH: I told you that I would let you go by twelve o’clock, but I would like to ask you...

BENSON: I’ve got time.

ASH: ...what you’re proudest of. I don’t know whether we should focus on the faculty and deanship part or on the Board part, but maybe I’ll ask you in both ways. What are you most proud of in the faculty-dean activities that you did?

BENSON: I think perhaps three things. One is the new curriculum, fostering that, supporting it, paying for it to some extent, and seeing that it was successful and still evolving. It shouldn’t be a static thing, lest there may be some disruptive, cataclysmic review and change again in ten years. I think it should constantly be reviewed and upgraded and changed according to the times. So that was very important.

I’m very pleased that we added to the dean’s staff, particularly Walt McDonald. He brought in Ed Keenan and got a very good educational thrust going, particularly in graduate

medical education that I referred to earlier.

And the third thing is the general sense that the School is on a roll, and promoting that nationally, telling my friends across the country, you know, we've really got something going here. Peter Kohler has quadrupled NIH funding, and Senator Hatfield, who is his best friend, has enabled these buildings, and we're able to recruit senior faculty that bring their own grants, et cetera. And that desire for broad notice started way back, as I mentioned, getting Oregon on letterheads.

I was very proud last week to see quite a few of our faculty teaching in various ways at the American College of Physicians' annual session down in New Orleans. Donald Girard, who's the associate dean for CME and GME, was the program director for that huge meeting, and he obviously recruited a number of OHSU people to give this panel or that update or this meet-the-professor session, whatever it was. I think we showed pretty well, again, a faculty that's first-rate.

It impresses people nationally that Mike Geheb is coming here next July to be vice president of clinical affairs. And we're trying like anything to recruit Bill Hazzard to run geriatrics and general internal medicine. People generally know about this. As I said earlier, my vanity is that Oregon deserves a reputation now. And it gets OHSU into *U.S. News and World Report* ratings, as artificial as they may be. So I'm proud of whatever might have happened in my career to potentiate that in some small way.

ASH: Well, I'm going to thank you so much. This has been lots of fun.

[End of interview]

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