

OREGON HEALTH SCIENCES UNIVERSITY HISTORY PROGRAM

ORAL HISTORY PROJECT

INTERVIEW

WITH

J. Peter Bentley, PhD

Interview conducted December 10, 1998

by

Linda Weimer

SUMMARY

Born and raised in Oldham, Lancashire, England, J. Peter Bentley arrived in the United States in 1957 to work with Dr. John Englebert Dunphy at Harvard. When Dunphy decided to make the move to the University of Oregon Medical School, Bentley came with him. After the completion of his biochemistry doctorate and a brief post-doctoral sojourn in Sweden, Bentley returned to UOMS as a researcher and professor in the new Division of Experimental Biology.

Under the direction of Dr. William Montagna, the Division of Experimental Biology set up shop at the newly opened Oregon Regional Primate Research Center in Beaverton. Dr. Bentley describes the efforts of Edward West and Donald Pickering in securing a suitable, and affordable, site for the new Center. He also recounts what he calls “the Pickering debacle,” which led to expulsion of Don Pickering and the decampment of a group of biochemistry researchers from Primate back to Marquam Hill.

Dr. Bentley was very active in the formation of the first elected Faculty Council at UOMS. He was one of the small group of faculty who started a local chapter of the American Association of University Professors, and also one of the early drafters of the constitution for the Interinstitutional Faculty Senate of the Oregon University System. Bentley recalls the struggle with Dean Charles Holman, who was dead set against allowing the faculty to vote on the proposed Council; the timely intervention of Chancellor Roy Lieuallen changed Holman’s mind, and the Faculty Council was born.

When UOMS finally became a university, changing its name to University of Oregon Health Sciences Center in 1974, the dynamics on campus changed. Bentley describes the interaction, or lack thereof, between the three Schools, and the relationship between the new President and the Dean of the Medical School. In particular, he sheds light on the rocky relations between President Leonard Laster and Dean Arthur Ransom, and his own small role in Chancellor Lieuallen’s deliberations about which man had to go.

The discussion moves on to the university’s teaching mission, and Bentley talks about various efforts to reform the Medical School curriculum in response to ever-expanding medical knowledge. He discusses the tension between the clinical and basic science aspects of medical education. He also responds to a query about women and minority students at OHSU, and notes that state demographics and regulatory constraints have both played a role in student body composition.

As a researcher as well as teacher and faculty activist, Bentley has an interesting perspective on the image of the university on the national stage. He explains the researcher’s mentality, describing himself as an “entrepreneur,” with a duty to granting agencies and fellow researchers before duty to university. He attributes the growth of the university’s reputation largely to the establishment of OHSU as a public corporation; the political and financial ramifications of the move allowed greater flexibility for new research and other developments. Bentley also credits the staff of News and Publications for drawing media attention to the university.

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Interviewed by Linda Weimer
December 10, 1998
Site: History of Medicine Room
Begin Tape 1, Side 1

WEIMER: This is an oral history interview with J. Peter Bentley. It's December 10, 1998, and we're in the History of Medicine Room.

For all our interviewees we ask first a little bit of biographical information, and I would like to ask you where you were born and raised.

BENTLEY: Well, I was born in Oldham, Lancashire, England, which is a town near Manchester, which is a big city about like Chicago. I went to school there, did my undergraduate work there, and came to this country by a rather curious set of circumstances. Because the chairman of surgery at Harvard had been in the Army during World War II with a British physician, and he knew him, and they visited, and he, Dr. Dunphy, was recruiting for researchers to come to work with his unit at Harvard. So my boss and I came over in 1957, and we were there for a couple of years.

And then the chairman of Surgery, who rejoiced under the name of John Englebert Dunphy and insisted on using the Englebert instead of the John—so Bert took most of the research staff and many of the clinical staff, two of whom are still on faculty here. There was myself and David Jackson, who is now retired from the University of Manchester; Bill Fletcher, who is a professor of surgery, came with him; and Stanley Jacob, who is also a professor of surgery, came at that time. That was in 1959 Dunphy took the chair here, and we set up a wound-healing laboratory, and I've been working on wound healing since that time.

WEIMER: I have to ask about Dunphy. He was a professor at Harvard, probably considered the most prestigious institution in the United States. What made him come out here to Oregon?

BENTLEY: You've got to realize that at Harvard there are about five different surgical services, one at Boston City Hospital, which is rather an undesirable place in a slum. That was Dunphy's service. Then there's the chair—the Harvard service at Mass General; Peter Bent Brigham; Beth Israel. So there are several professors of surgery who are chairmen of surgery of their own divisions.

I don't know why he came out here. He originally accepted a job as chair at Michigan, and we were all packed to go to Michigan, and I got a phone call in the middle of the night that the state of Michigan had gone broke, and so he changed his mind about going to Michigan.

One of the funny things about Dunphy coming here—a bit of quirky history. The department of surgery was moribund here. The downtown surgeons picked another guy to head it—coincidentally, his name was also Bentley. He was English—and they brought him from Britain to be chairman of surgery here. The dean, Dave Baird, said, “Wait a minute. I’m the dean of this Medical School, not the downtown surgeons.” So Bentley went into practice, and I think he’s still living at the coast somewhere, practicing surgery down there.

Anyway, I came here, I enrolled in graduate school here and did a master’s degree and a Ph.D. in biochemistry, and after that I went on a post-doc to Sweden for a year and came back and was appointed to the faculty in a division called Experimental Biology. Curious thing. Bill Montagna had been appointed director of the Oregon Regional Primate Research Center, and he was a skin biologist from Brown University. And the dean wanted him to be head of a free-standing division which reported to the dean. It wasn’t a division of any of the departments; it was very like Edwin Osgood’s division of Experimental Medicine. So Bill was made chairman of the division of Experimental Biology, and there were only three of us in that division to start with. All of my academic work was done in the Biochemistry department, so I taught biochemistry courses and had biochemistry graduate students. And I wasn’t fully absorbed or co-opted into the department of Biochemistry for probably five years.

WEIMER: Talking about Dr. Montagna, he became director of the Primate Center after Pickering...

BENTLEY: The Pickering debacle.

WEIMER: Yes. Can you shed some information on that?

BENTLEY: Well, sure. Don Pickering and Ed West—Ed West was chairman of Biochemistry at the time, Edward S. West—knew they were applying for a grant from the Division of Research Resources for one of the to-be-established, brand new regional primate centers, so they went out to where this place is now, on Northwest 185th, pure farmland, and they went around—and Ed West was a cigar-smoking, Southern gentleman—went around and told these farmers he was looking for a place to keep his donkeys. And so they got an option on a piece of farmland. It was way out in the country in those days. They got a very good deal for a piece of farmland. Of course, if they’d told the farmers the University of Oregon Medical School wanted to buy their farmland, the price would have gone up. Then they got the grant from the feds, and they got a very good deal on the farmland out there.

Pickering was the first director, and he was a pediatrician. About, oh, six faculty members, largely from Biochemistry Department, moved out to the Primate Center. I was a student at the time, and I moved out there. That was in 1960. And two or three of the faculty members couldn’t get along with Pickering’s management style. It was abrasive and—that’s

enough said. So they—and I was a student of one of them—came back here to the Medical School full-time. So that was a brief sojourn out at the Primate Center.

Pickering didn't seem to realize that even though he was the director of the Center, the principal investigator on the Primate Center grant was the dean of the Medical School, Dave Baird. So when there were so many personnel problems, Dave Baird just fired Don Pickering, and they had a search for a new guy, who was a real sweetheart, Bill Montagna, who came from Brown. And he brought about three or four people with him, of course.

WEIMER: Before we go on, you just mentioned some names of people that have their pictures, portraits, downstairs in the Fireside Room, and we have some pictures here in our historical image collection. You've already talked about Edward West, but how about Osgood? Can you tell me about him?

BENTLEY: I knew Ed. He was a bit before my—well, quite a bit before my time. I mean, I think he came here before World War II. He probably was one of the best scientific thinkers we've had in this institution. He started the division of Experimental Medicine. He was the scientific godfather, if you will, of Demetrios Rigas, Bob Koler, Dick Jones. All came through that department. And I think he was at the forefront of turning medicine into an experimental science, as opposed to just an art.

There are many stories about him. He had false teeth, which he clicked in lectures (laughter). He had a very dry sense of humor and told somewhat racy jokes at lunchtime.

WEIMER: One personality that a visitor even on campus cannot escape, and that's Baird, Dean David Baird, because we have a building named after him. Tell me about him.

BENTLEY: Well, Dave Baird is rumored to have run this place, built it completely up from the ground. I think he was a physician at the Portland Clinic, and they, a bunch of downtown docs, decided to grow this Medical School from what it was. Baird ran the place basically out of his hip pocket. He and his business manager, Bill Zimmerman, just ran the place.

He had the strange privilege of testifying before the legislature for his own budget, which irritated a lot of the presidents of the universities because here he was, a mere dean of a medical school that was affiliated with the University of Oregon, and he could go and testify for his own budgets.

He was very much—very open. You could always get into his office. There are rumors that people would go and ask for budget increases and he would pull a packet of money out of a bottom drawer. I suspect that's not quite true. He ate lunch with whatever faculty members wanted to go down to this long table in the "faculty dining room," which is now the mailroom in the basement of Mackenzie Hall, and he was there every day.

WEIMER: Would you consider his management style hands-on?

BENTLEY: Oh, absolutely, because, you see, there were so few people here then. It was a very, very small—relatively small institution. He knew everybody. He managed it through the department chairs, whom he personally appointed. Rarely a search committee; he just appointed who he felt like appointing. But he was very instrumental in building this place to what it is.

WEIMER: One of our themes is becoming a university in the seventies, but before we talk about that, I'd like to talk to you about—as I understand it, it was the Faculty Council that became before the Faculty Senate. Could you talk about the Faculty Council?

BENTLEY: Okay. Under Baird and his successor, Charlie Holman, as dean, this Medical School, as most medical schools, was run in a very autocratic manner. The department heads were known as the Executive Faculty, and the dean met with the department heads and made all the decisions about everything. The faculty had no voice whatsoever. To the extent that some departments or enlightened chairmen would hold faculty meetings and get the opinion of their faculty, that was fine, but then they were expected to pass that opinion on.

During the sixties, as with all the rest of the rebellion in the sixties, it became clear that many younger faculty members couldn't tolerate this type of activity. There were, in fact, in the administrative rules of the Oregon State System of Higher Education, many references to "the faculty senate or other elective faculty body." We had no such thing. The president, and thus, I presume, the dean, was instructed to confer with his elected faculty body on all matters to do with academic standards, and so forth. We didn't have such a thing.

A few of us started a chapter of the American Association of University Professors, which was, I suppose, in the view of many faculty members in the Medical School only a little to the right of the Communist party (laughter). Several of us would meet in one another's homes. Notably, there was myself; a fellow called James Metcalfe, M.D., who was a professor of cardiology; Richard Dobson, M.D., who was a professor of dermatology; Dick Grant, who I think was a psychologist in the public health department. And in the mid- to late sixties we put together a document which we considered to be a framework for the development of an elective body. Of course, it was more sweeping than what eventually occurred, because we would have had it an entirely elective body and that wouldn't fly.

The state system universities were putting together a thing called the Interinstitutional Faculty Senate, IFS. It was a broad faculty representation, and they had elected members from each of the faculty senates. Since we didn't have one, that group allowed Jim Metcalfe and I to be ad hoc representatives of the University of Oregon Medical School, and we went to formulate the constitution for the Interinstitutional Faculty Senate. We had meetings all

over the state to that end. It was obvious to the dean and the department chairs that we were doing something along these lines, writing a document, and were proposing to have some sort of referendum on it.

Dr. Holman decided to hold a faculty meeting, the first that had ever been held, and it was in the library auditorium. I asked him whether we would be allowed to vote on the adoption of this document that we had been creating. We'd given him a copy, and they knew about it. We'd sent the document to the Executive Faculty, and they didn't like what they saw. So they appointed another committee—or, Holman appointed another committee under the head of anesthesiology department, Fred Haugen, and this group of department heads wrote another document, which, of course, was an extremely conservative document, tending to maintain the status quo as they had it. I asked Dr. Holman if we would be allowed to vote on the adoption of this, and he said, "No. No vote will be permitted." So Jim Metcalfe and I had breakfast with Chancellor Lieuallen, Roy Lieuallen, who had an office at that time in Portland near Portland State, and we told him that we were upset that Holman wasn't going to permit the faculty to vote, the faculty had never voted on anything, and he suggested that he would take it up with Charlie.

Remember, we weren't a university. There was the School of Medicine, quite separate from the School of Dentistry, and the School of Nursing was just a department within the School of Medicine. Well, later on that morning I had to go to talk to Charlie Holman—I was an untenured assistant professor—and as I was sitting in his office, the phone rang, and the secretary came in—Gwynn Brice was her name; you've no doubt heard that before—and she said, "Dr. Holman, Chancellor Lieuallen is on the phone. Could you take it out here?" And I sat there quivering, thinking, oh, I'm just going to get fired as soon as he comes back. (laughter)

So Lieuallen apparently told Charlie Holman that he had to let the faculty vote, so we had to—of course, the faculty temporized. They wouldn't adopt our document, they wouldn't adopt the establishment's document, so we set up another group halfway between the two, and we came up with a compromise which basically gave the faculty forty percent of the seats on the Faculty Council as an elected group. It retained all the chairs as well.

We came up with an idea of dividing the departments into so-called voting blocs, and I think—I'd say of approximately equal number, because the Department of Medicine was one voting bloc in itself, because it had so many members. We'd have two or three basic science departments as one voting bloc. And that carried over into the Faculty Senate structure. So we elected something like twelve faculty members to the Faculty Council. There were no big fights. Everybody got along perfectly well. The Faculty Council made relatively few decisions, the dean still made all the decisions (laughter), as had been the situation before, but at least we had a vote for something.

WEIMER: This was in the sixties. Did this continue for a while, being genteel and...

BENTLEY: I can't remember any "them-versus-us" fights. There were, of course, individual scuffles between people, verbal scuffles of course, and it continues now. But the faculty still has a minority voice on the Faculty Council, which is basically an administrative group, and, added to which, the dean also meets separately with the department chairs. Since I was an acting department chair for a year or so, I know what goes on there, and it's more or less drifted back into the old way where the dean and the department chairs make the decisions on administrative matters and academic issues are taken up at Faculty Council, which is as it should be.

And when we became a university, the first president was a guy called Lewis W. Bluemle, Bill Bluemle, and, again, we didn't have any sort of elective body. So the chairman of the AAUP executive committee was a man by the name of Robert Quinton Cox, Ph.D., again another Englishman. We've been very prominent in radicalizing this place (laughter). Bob was chairman and I was vice chairman of the AAUP chapter, and we met with Bluemle and said we thought it would be a good idea, and in fact it was required, that there be some sort of elective faculty body, and he agreed immediately. In fact, I believe he had been thinking along those lines himself, and he so stated. So he was wondering how to do it, and we didn't realize that. We just went to prompt him to do it, and it was a meeting of minds.

So a committee was set up, I think by asking the deans of the schools—by this time School of Nursing was a school—by asking the deans of the schools for a couple of representatives. The committee then consisted of, from the Dental School David Mahler, who is still there, chairman of Biomaterials, or until recently; Bob Quinton Cox, who was an anatomist and is now deceased; myself; Frank Kloster, who was a cardiologist; and Florence Hardesty and Wilma Peterson from the School of Nursing. I don't think either of them are still here. And then the president appointed his own representative, which was Bob Peterson. Bob was the—he was the Jim Walker of the day, the money man. That committee met. It was very friendly. Peterson was not, as we thought at first, going to drag his heels. He was more willing to start some sort of elective body than many of the faculty members.

We have the complete minutes of the deliberations, but just a little background on it. One of the problems that we faced for a long time was the fear on the part of the Nursing School faculty that the School of Medicine would completely overpower whatever debate or decisions were being made. You know, the School of Medicine is eighty-five percent of the money in this place and of the faculty, and they had a fear that that would occur. We spent a long time trying to figure out a way to ensure some sort of proportional representation. You can call it gerrymandering, but the way we worked it out was that there would be four units: medicine, dentistry, nursing, and a catchall group of people who were not part of any of those. That would be the CCD people and the librarians. At that time the librarians were all, or, many of them were, tenured faculty members, and I think it's only recently—well, in the last ten years or so, that the librarians foolishly gave up their tenure-track positions. But there was a lot of arm-twisting to get them to do that. I don't know if you were here then.

WEIMER: No.

BENTLEY: There's only one librarian now that's still tenured, and that's Heather Rosenwinkel.

Well, so we decided that a fair way to do it would be to combine the U.S. senate and house type of function. We'd give each of the units, the school of nursing, dentistry, affiliated academic units, and medicine two representatives each, and then we'd have proportional representation based on the number of FTE faculty members, and that's the way the voting went. The voting in the School of Medicine was done on the old voting blocs that we'd set up for the Faculty Council. So that ensured that the School of Medicine never had a majority. It turned out to be quite irrelevant because the many people that were elected from the School of Medicine didn't show up at the meetings, whereas the people from the School of Nursing attended en bloc so that they frequently had a majority (laughter).

By the time the group was—the document was finished, Bluemle had gone to Jefferson Medical College and Dick Jones was acting president, so it was he who actually—oh—we had to send the document out for a written vote of the faculty all over the Hill, and, of course, it was approved by a large margin. Jones then convened the first meeting of the senators who had been elected, and the first chairman of the group to be elected was Robert Quinton Cox from the School of Dentistry.

WEIMER: Well, during this time when the three schools became a university, how did the meshing of the three units work, or did it work? We mentioned before that the Department of Nursing became its own school, and obviously it was worried about its representation up here, but what were the dynamics like at that time?

BENTLEY: There were few people in the School of Medicine that were very interested in this type of democratic activity. To the vast majority of them it was a yawn. The School of Nursing people were more active, I believe. They were more active because they were trying to develop their own school, their own entity. There was virtually no interaction outside the Faculty Senate structure, so that the School of Medicine and the School of Nursing and School of Dentistry went their own separate ways, as they do today.

Every time we've been accredited, or visited by an accrediting body—and I've handled about four of those in the last many years—the visitors urge us to try to be more like a university, to have more interaction. I don't know what that means, because I've done those accrediting site visits myself, and the agriculture school at the University of Nevada has nothing to do with the business school, and so forth. So it's only at the debate levels, like Faculty Senate, that you get any interaction at all, or when we're having—when we're trying to put together a document to support our reaccreditation. Then we have representatives from all schools, and we all get together.

For a long time the people at the School of Dentistry were actually discouraged from coming up here. The dental students—until last year they were discouraged from coming up here to use the library. The then dean wanted to insist upon autonomy as much as possible. With the new dean I think there's a ray of light shining through that building.

The Nursing School, they've gone off into their own building. You've got to get wet to go over there. They don't come over here very much, and so there's not much interaction, as you've probably observed.

WEIMER: I need to ask, because we've talked about the deans, first Baird and then Holman, this was certainly a change of pace, a transition phase for the dean of the School of Medicine, who was the head person up here, and now all of a sudden we're a university and we have a president. How did that work out?

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

WEIMER: We're on side two of tape one with our interview with Dr. Bentley, and we were just talking about the role of the dean in all of this, when the University became a university and we now had a president.

BENTLEY: The driving force behind setting up the University is always assumed to have been Roy Lieuallen, who was at that time the chancellor of the state system. I think he felt it would ease his lot in life if he could deal with a single president rather than having to deal with two and then three deans in budget requests and matters such as that.

It was clear to many faculty, particularly in the Medical School, which, again, as I said, is the majority shareholder in this operation, that to put a president over the dean would develop the weak-dean model versus the strong-dean model. And many universities were in that situation. If you look at the University of Pennsylvania or Nevada or Washington, the president has a great deal to occupy his time. In our situation, however, the president would basically be running the medical school with an assistant. So that's the way it essentially worked out.

I think the dean that we got after Holman was Robert Stone. I was on the selection committee for Stone and was amazed that the director of NIH would apply for a job here. In fact, I asked him, "What's a girl like you doing in a place like this?" He was a pathologist by training. And I think, basically, Stone wanted to retire to the West Coast—he was a Californian—and he wanted to get out of the politics of running NIH. That's my opinion. So he took that job on round about the same time that we became a university.

But it was clear that the dean was going to be a weak dean, it was clear to many department chairs that there would be another level of decision making placed between them and the power structure, and so they didn't like the idea. I don't think the vast majority of

people taking care of patients or doing research cared much one way or the other.

WEIMER: One of the observations some people make is that the University of Oregon Medical School at that time was too insular to Oregon, didn't look outwards—there was no vision. Could you comment about that?

BENTLEY: Certainly, in comparison to what goes on today, becoming a health care provider for the entire state, I think that's true. I don't have much to say about that.

WEIMER: I think sometimes it's *The Oregonian* who has more to say about that than people who came from other areas.

At this time, from the seventies and on, there was a great growth period for the university, and I don't know how much you had to do with the growth of research on campus. It's often been said that we were not research oriented for too long of a period.

BENTLEY: Well, you've got to remember that research funding as we know it today didn't really start until about 1955, when NIH really got off the ground and started pouring a lot of money into research. So not only was this place, in the forties, not particularly research-oriented, there was no money for it anywhere and no medical schools were really research-oriented unless they had great endowments.

I was chairman of the Faculty Senate from, I think, '81 through '83. At that time Len Laster was the president, and he dragged me to many PR sessions with people—you know, dinner meetings in the City Club and places like that, where he was trying to talk this place up, and he did a remarkable job of that. And I was there as sort of the tame faculty member, I think.

The growth of this place, I think, could very largely be ascribed to Laster, who made the first overtures to Mark Hatfield. And so we've grown on the basis of pork barrel money over the years. If you have a new institute, then you can recruit new people to fill it, and that's been the growth of the institution.

WEIMER: Speaking about Leonard Laster, people have strong feelings about him. Tell me about his management style.

BENTLEY: Pretty abrasive. His interaction with individuals changed dependent on whether they were people who "worked for him" or people who "could do something for him." He was pleasant in the extreme to members of the Faculty Senate because—you see, he came in here and was sort of opposed by most people as coming in to take over the job of "our deans." They were hesitant about him. So about the only constituency he had for quite a while was the Faculty Senate, and he nurtured that group as his constituency.

He alienated many people on the Hill. He himself was an ex-dean of a medical school, and his personality didn't sit well with the other martinets. Department chairs in medical schools are, by definition, martinets, (laughter) and so there are very few of them who do not behave in that way. So he wasn't able to build bridges, I think, very well. He had a very hard time with the dean of the Medical School, who's name I'm blocking on. Thick glasses, bad arthritis, psychiatrist. Do you know his name?

WEIMER: We're talking about Ransom Arthur?

BENTLEY: Ransom Arthur. He had a very hard time with him. And Ransom was a very different person. He was a very slow talker, and would spend a lot of time with people, positive strokes and coming to reasoned decisions, and Leonard wasn't like that. So they didn't get along well. And we arrived at a time when they could not—they had an office right across the hall from one another. Laster lived in the place where Pete Kohler now lives, and Ransom Arthur's office was the place where Tim Goldfarb's office is, right across the hall, and they didn't speak to one another for a while. When they did have meetings, the chairman of Psychiatry had to sit in as mediator between the two of them even though they were doing the day-to-day business of the University and the School of Medicine.

When Leonard was being reviewed for his, I think, five-year—after they've been here for five years, or any president's been here for five years, the chancellor of the state system has to do a review, a performance review. And Roy Lieuallen had a broken foot, so I had to take him around and drive him back to his hotel at the Mallory. And as we were driving back—I was chairman of the Faculty Senate—he said, “Peter, one of those two's got to go. Which one is it, Arthur or Laster?” (laughter) Of course, I was diplomatic enough not to say anything at all other than “mumble, mumble,” but it became clear to him that they couldn't work together. I think it was damaging Ransom's health, and he eventually left and went to southern California.

WEIMER: You mentioned that Laster was the one that approached Hatfield, and at this time he was, I believe, chairman of—if not chairman of the Appropriations Committee, high up so that he actually had power to give money, whereas perhaps he didn't before. But what was Laster's vision for the Hill, for the University?

BENTLEY: I really don't know. Hatfield was either, for all that time, the ranking Republican or the chairman. It depends on whether they had the majority or not. So for a couple of periods, until just recently, he was chairman, and he was ranking Republican and Byrd was chairman.

WEIMER: You've been a teacher. Biochemistry. Tell me about the curriculum changes from when you first started teaching and through the years.

BENTLEY: Well, when I came back from my post-doc, we were just beginning—this

would be in 1964. We had a committee composed of one member or so from each of the basic science departments, and we met in one another's homes at night to try to put together a course called Cell Organization and Function to try and bridge the discipline teaching. At that time it used to be biochemistry, physiology, and so on, the basic science departments. Bacteriology, it was called then. And we put together a course called Cell Organization and Function and got it through the faculty—not the Faculty Council, it would be the Executive Faculty then—and we put this on as a team-taught course. It was seen at that time as an experiment to find out whether we can do team teaching, and we did it for a few years, three years—two years.

And, then, in '67 there was a committee developed—I think Bill Krippaehne was chairman of the curriculum committee. He was head of Surgery. And they tried to introduce—or proposed to introduce this sort of model into across-the-board teaching, particularly the first two years. That was fine-tuned through the grand old committee structure, and in 1969 we started a new curriculum—quote, “the new curriculum”—in which the first year was largely the basic science discipline-oriented plus the Cell Organization and Function. The COF committee people were very largely those people who were very active in research in the basic science departments. The others who were less active in research preferred to stay with their old discipline-oriented thing.

The second year was completely revamped, and we developed a set of courses called the pathophysiology courses, and what was radical about that is that each subject matter—for example, there was the cardiovascular system, neurology system or neuroscience system—I was invited to be chairman of a group called the Skin, Bone, and Connective Tissue System. Dependent upon the importance of the subject matter, each of those groups was given a block of curriculum time, and it was a vertical curriculum so that one did the cardiology section for four weeks, let's say, all day, every day. We were doubtful or nervous at first about this because that meant the students had relatively little time to bone up on a subject as the exam came close. They'd be in class until five o'clock one day, and the next morning it was the test for three hours on the whole—everything they learned. But then again, you know, it was only four weeks, so then they could forget everything that they'd learned in that four weeks (laughter).

This process, instead of having the second year taught by microbiology, pharmacology, and whatever second-year courses were in there, brought a lot of clinical people into the teaching of second-year medical students. The medical students loved it. It was supposed to be the basic science of the clinical discipline.

It was hard to find, other than myself, basic scientists who were working in connective tissue, so that we had dermatologists and orthopedists teaching in that course. Charlie Bird, our newly-appointed head of orthopedics, was a young, eager orthopedist at that time, who was into the biomechanics of bone and taught a good deal of that.

What happened, however, is that the basic scientists tended to teach less and less over the years, spend more of the time in their laboratory, and the courses were taken over by clinicians. Not altogether a bad thing, but many of the basic scientists began to wonder what was happening to their courses. They'd just been taken away from them, you see, even though each of the chairmen of the pathophysiology blocks was a member of a basic science department, usually physiology or pathology department.

That model lasted until, oh, probably '88. The students were demanding more access to clinical material in the very early parts of the curriculum, the first year of the curriculum, and they were getting it, basically because they had clinical faculty teaching the course. It was still very heavily lecture oriented, but that was variable. Many courses had small group discussions. And in about the mid-eighties or late eighties, a move was instigated by Dutch Reinschmidt, who was the associate dean of the School of Medicine, to get much more clinical medicine and far less of the minutiae of biochemistry and physiology taught. Let's bring it back to patient care. And there was a great deal of minutiae. I plead guilty to teaching an awful lot of minutiae in biochemistry myself that they forgot.

So, again, we went through a series of committee structures. The School of Medicine got a big grant from the Robert Wood Johnson Foundation to put this together. It was fought by several largely basic science faculty members who thought that it was, quote, "good for the soul" of medical students to be exposed to what some people classified as minutiae and which they classified as absolutely essential. And so we had battles in the Faculty Council, and, in fact, the inception of the curriculum was delayed by two biochemistry faculty members who were very, very demanding that we should not take so much time away from the basic science subjects. And eventually we put the curriculum in, but it was delayed for a year by doing that.

I don't know whether it's any better or any worse. I mean, the students seem to do just as well on national boards as they did before. They seem to get just as good jobs. It's all a matter of style, I think, and whether the students are happy. But as Laster used to say—when the first of the students came in, he would give a speech to them the very first day. He said something like, "Seventy percent of the stuff we tell you during the next year will not be true by the time you graduate. Unfortunately, we don't know which seventy percent it will be" (laughter).

And at one time, you know, we did a little bit of cross-fertilization. I would give occasional lectures in the Dental School because teeth are made out of connective tissue and that happened to be my bag. And for a long time the basic science departments were paid a piece of their budget from the School of Nursing budget to teach biochemistry, physiology, pharmacology, and microbiology to the nurses, and that went on until, oh, probably about ten years ago. Even though the school was separate, they didn't have that expertise. And I think what they're doing now is requiring that the students come from undergraduate institutions with the basics before they get on this campus.

WEIMER: It's been alluded to in your remarks this explosion of information that is coming at us and the increase in technology we have, exponential growth lately. How has that influenced the teaching of medical students?

BENTLEY: As a teacher you have to be far more selective in what material you think is essential, and a lot of stuff that was at the forefront—back in the forties everything was vitamins. People were just discovering vitamins, and nobody knew anything about DNA. A great deal of time was spent on teaching what vitamins do and how vitamins change chemical reactions in the liver. Now the explosion of knowledge is all towards molecular biology, and there's a great deal more of that in the curriculum and very much less of the detailed chemical reactions of intermediary metabolism. Again, you've got to be much more selective.

I think the people that do well as teachers of medical students probably have a broader view. Perhaps their research has been involved with specific human diseases, as opposed to some rather esoteric technique for cloning sheep, for example. If that's the type of work you do, then I think you can bring a lot more rationale for the teaching that you're doing.

WEIMER: I have to ask you about minorities and women. Talking to Dan Labby in his interview, he said at one time it was an unspoken rule that the quota was ten percent women. And, of course, now it's over fifty percent, I was told. How has that changed through the years? What brought about that change?

BENTLEY: Dan was on the admissions committee, so he would know if there was an unwritten quota. But when I went through the first year of medical school—as a biochemistry graduate student you did the same courses as the medical students for the first year—there were no women at all. This would be in 1959. Howard P. Lewis, “Hod” Lewis as he was known affectionately, gave the first lecture, and he would say, “Gentlemen,” because there were no women, “You will show up to lectures wearing black pants, black socks, and black shoes, and a short, white clinic coat with a black tie.”

I don't know that there was any distinct affirmative action to increase the number of women. I think that just happened. The number of women going into higher education as a whole increased. It's held fairly constant, in my observation of the freshmen class over the last ten years, somewhere between 39 and 52 percent women. And I think that's going to continue. The number of females at undergraduate colleges now is about 60-40. It's not known why males are not going into higher education at the same rate that females are. Maybe it's a good job market without a degree.

As far as minorities are concerned, that's always been a problem because of the demographics of this state. And we were for many years under a requirement from the State Board of Higher Education to take primarily Oregon residents, which we did. The only non-Oregon residents that we could take were those from the so-called Western Interstate

Commission on Higher Education, the WICHE states like Wyoming and Montana.

About 1981 I applied for a grant to NIH, so-called Minority High School Apprenticeship Program. And we were funded, and still are funded; Chris Cunningham's the PI now. And the purpose of that was to bring minority high school students onto campus, pair them with a researcher, pay them a stipend, and expose them to biomedical research and/or the practice of medicine. It was successful, I believe. We had probably, oh, ten stipends a year, and I know of several students who were part of this program who subsequently went to medical school. Not necessarily here, but somewhere. I think it was very successful.

Coming at that time, '81, relatively shortly after the Vietnam War, we had a very large influx of Southeast Asian people living in this country. A lot of high school kids were Southeast Asians who could barely speak English yet had superb grades, and we had many of those in our programs, and they did very, very well. The federal government subsequently changed its definition of underrepresented minority because very rapidly the Vietnamese immigrant population moved through the educational pool into professional jobs and were no longer, quote, "underrepresented," so they were no longer eligible for this type of program.

We also developed at that time—what was it called? It's now called—the name keeps changing. Multicultural Affairs, I think it's called now. It used to be called the Office of Minority Student Affairs, or something. A woman called Beth Britten ran that, and she did a lot of recruiting. She was a professional nurse, and she would go out to high schools throughout the state, drumming up interest in this place. She, I think, was very successful in getting a lot of ethnic minority students to apply to nursing school. We never did that in the School of Medicine. We didn't go out and recruit on campuses.

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

WEIMER: We are on side one of our tape two, and we just finished talking about women and minorities.

I only have a couple more questions. One is image. How do you perceive, as a long-term faculty member here, the image of OHSU from within? And then I'm going to ask how is OHSU perceived from without.

BENTLEY: That's an interesting point, because—and it differs dependent upon the involvement that you choose to have. There are some faculty members here who are extremely interested in their research, totally focused on it, see the university structure, an infrastructure, as quite unimportant to them, provided lab stores have supplies that they want and provided they can get their grant applications out, that's fine.

For years I saw myself as an entrepreneur, and my research was basically between

me, NIH, and my peers throughout the world, not in this institution. And I think a lot of people exist that way, too. They may see their own little research group, or wider research group, as their world, and that's a microcosm. If the library works and the lights stay on and the sewage system works, fine, they never come out of their lab. And I think that's the same with many clinical faculty members. It's not myopia, it's just that this is what you're drawn up in. And it's a relatively rare bird who has a wider vision of this place. And probably they'll say, you know, "That's Peter Kohler's job. Let him get on with it, so long as he doesn't interfere with my research, and let him get on with doing with what he wants to do." That's a fairly common view of administration.

I think a concept such as joining the basic science departments of dentistry and medicine, which was been proposed numerous times, goes over like a lead balloon. But most of our faculty members here would never have heard of it, and they wouldn't conceive of why we would ever want to do that.

See, what I'm saying is we're all off in our own little world. This is a big business, first and foremost. Its major function is making money in the hospital; its secondary function is making money by doing research; its tertiary function is teaching people (laughter).

Now, the image of the place outside I think has grown tremendously, very largely due to the Public Corporation, Peter Kohler's drive to push that through. Marlys Levin and her department of PR people are doing a superb job. There's hardly a day goes by that there isn't something in the daily paper about OHSU. There's usually a half-page ad about OHSU in the daily paper. They are very successful in getting the television people up here.

I was working on a method of cross linking collagen, which would lead to a type of artificial skin, and constantly they were bringing the television people up to my lab to get the word out. It was at times a little annoying, but, you know, you're encouraged to do it for the image of the place. And I think it's grown tremendously. You don't have to say Oregon Health Sciences University anymore. Everybody knows OHSU, or what it is.

The image outside the state is also very good. You'll find, if you go to national conferences, this place is really recognized as being a place where very good research is going on. We are in—you know, we're in the top three percentile nationally for funding from NIH in this institution, and there's no problem in recruiting the very best researchers to come and work here, or the very best department chairs for clinical departments. We can always get the best. There's a tremendous reputation to the place. And that's occurred since—oh, in the last fifteen years, I would say. Public Corporation has done an enormous amount to change that.

WEIMER: I was going to ask that—most of us know that it is a public corporation now, but what is the reason that a public corporation is better? I guess I don't understand that part of it.

BENTLEY: Well, there are lots of papers written. Peter Kohler's written a paper in, I think, the *Journal of Higher Education* explaining what happens, but most researchers wouldn't know. It goes over like a lead balloon because it has not impacted them at all, it has not impacted educational programs. Any change in our educational program still has to go through the State Board of Higher Education, and we cannot make changes without their permission. But what has happened is that the ability to, one, put ads in the paper, go out and compete with the downtown docs by putting these Gabriel Park Clinic and things like that around town; a very specific thing, we had funding for a women's health center—I think it's called that, or a mother-child unit, something like that—that Paul Kirk in obstetrics and gynecology had got, and its approval was held up in the state system for, I've heard, eight years. It seems incredible. And that's just gone through. We don't need the state's system to do that anymore.

WEIMER: So it's streamlined a lot.

BENTLEY: It's streamlined a lot.

WEIMER: We just briefly talked, alluded to it, the organizational culture. Perhaps you can tell me a little about it. When you started here the dean of the School of Medicine ran everything, and I assume most people knew who he was, and today the institution has over eight thousand people. How has the dynamics of that changed?

BENTLEY: Well, unless you're involved in some wider group, you tend to know the people that you work with, I think, in your department; the researchers over in the basic science building all know one another; probably wouldn't know too many people if they wandered around Mackenzie Hall. It's got to the state that we need name badges, you know. I never wear mine (laughing). Arrogance, I suppose. I assume people know who I am.

WEIMER: Has there been a detriment, of a high number of people up here, to the growth?

BENTLEY: I'd say the only downside is that there's not the same esprit that you now find in the Dental School. The Dental School people are very closely knit. There are few of them, they don't have much research going on, they don't have much patient care that brings in the big bucks, so they've remained more or less the way they were. They don't go out on expensive searches for hotshot department chairs, they promote from within. So they're just a little enclave, and they're friendly and they all know one another, and that's the way it used to be here.

I think the downside to our growth is like the downside to the growth of the metropolitan area. We seem to be embracing growth for the sake of growth. The people that we are hiring are those that are going to bring in a lot of money, as far as clinical earnings, or people that have a lot of grants are being brought in. There's a de-emphasis on whether those

people can teach anything or are interested in teaching anything. So I think the loss, if anything, would be to the teaching, the educational function. We're a big, money-making corporation, and people can get lost in it, I think.

WEIMER: I think that's all the questions I have, but I wanted to give you the opportunity if you wanted to add something that we haven't discussed or I haven't asked.

BENTLEY: Oh, I think you've covered all of the things that I can think of. I think that's about it. I don't have anymore that I want to dredge up.

WEIMER: All right. Well, then, I thank you very much.

BENTLEY: Okay.

[End of Interview]

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