

OREGON HEALTH SCIENCES UNIVERSITY HISTORY PROGRAM

ORAL HISTORY PROJECT

INTERVIEW

WITH

*Wendell C. Stevens, M.D.*

Interview conducted August 14, 2002

by

Linda Weimer, Roger Klein, M.D., and Angela Kendrick, M.D.

## SUMMARY

In this interview, anesthesiologist Dr. Wendell C. Stevens talks about his childhood in Iowa, his career in anesthesiology, and his affiliations with the University of Iowa, University of California-San Francisco, and Oregon Health Sciences University.

Dr. Stevens begins by describing life on his family's farm in Mason City, Iowa. He talks briefly about the Depression and World War II, about the advent of running water and electricity at the farm, and about advances in milking and plowing. He notes that his father encouraged all the children to pursue educational opportunities that would take them off the farm. Stevens goes on to talk about his early educational experiences at two small colleges in the Midwest before his matriculation at the University of Iowa College of Medicine.

Dr. Stevens reminisces about his years at medical school, describing the curriculum, remembering the women in his class, and noting the names of some of his mentors. After graduating, he went on to an internship in Cleveland before returning to Iowa for residency. He talks at length about the two years of military service that interrupted his surgical residency, and about the Naval icebreaker to which he was assigned. Upon his return from the Navy, he switched to a residency in anesthesiology, largely because of his excellent relationship with department chair Dr. William Hamilton.

Dr. Stevens was asked to join the faculty at Iowa, and so embarked there on his long career in academic medicine. He talks about the department at Iowa and about the teaching philosophy he developed. When his mentor and former chair of the department at Iowa moved to UC San Francisco, Stevens joined him on the faculty there. He compares the two programs and the two cities, and talks about why he then returned once again to Iowa in 1977.

After serving as chair of the department at Iowa for five years, Dr. Stevens was recruited to chair the department here at OHSU. He talks about why he made the move, about the activities of the department here, and about the overall growth of the University during the 1980s. He summarizes changes in anesthesia education and reflects on the relationships between surgeons and anesthesiologists. He also talks about women in medicine and instances of discrimination or bias of which he was aware.

Finally, Dr. Stevens describes his missionary work in countries in Africa, Southeast Asia, and South America. Working through the Christian Medical & Dental Associations, he trained anesthesiologists around the world. He notes that the greatest satisfaction he has derived from his career has been his ability to recruit outstanding men and women to anesthesiology, and to motivate others to contribute to medicine as a whole.

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Interview with Wendell C. Stevens, M.D.

Interviewed by Linda Weimer, Roger Klein, M.D., and Angela Kendrick, M.D.

August 14, 2002

Site: Anesthesiology Conference Room, OHSU

Begin Tape 1, Side 1

WEIMER: This is an oral history with Dr. Wendell Stevens. The date is August 14<sup>th</sup>, 2002 and we are in the conference room in the Anesthesiology Department. My name is Linda Weimer and I am the oral historian at the University, and with us today is Roger Klein, who is a retired associate professor of the department, and Angela Kendrick, who is currently an assistant professor. And we'd like to welcome you, Dr. Stevens, and to get you started we would like to know where you were born and raised.

STEVENS: I was born in Mason City, Iowa and lived there through the first year and a half of college, living on a farm.

WEIMER: I was going to ask if this was a farm family.

STEVENS: Yes it was.

WEIMER: Were your parents also from Iowa?

STEVENS: Yes, they were born and raised in the same area. My mother was from some distance away, but nevertheless in the general area.

WEIMER: Was it a large family?

STEVENS: We had four children in our family. My mother came from a family of nine children and my father came from a family of five.

WEIMER: You grew up in Iowa and this was—you were young, of course—but there were the effects of the Depression. How did that influence the family?

STEVENS: Well, to tell you the truth, it didn't affect me very much that I recall. Most of our living came off of the farm and I certainly never felt deprived nor did my parents complain about things to any great extent; and so I suppose in the context of having all the food we need and being self-sufficient on the farm we were affected minimally. Probably had a big impact, but I didn't feel it.

KLEIN: Do you have brothers or sisters?

STEVENS: I had two brothers. I have one brother and one has died, almost forty years ago I suppose now, and I have a living sister who's older than me.

KLEIN: Did you—you talked last night about chores and things of this nature. How big a farm was this?

STEVENS: About three hundred and fifty acres, which seemed moderately large at that time—although small compared to what's large now. By and large the farm supplied food for cattle and pigs and sheep and other livestock. We milked a lot of cows; and taking care of them—that is, particularly the milking part—was one of the things that fell to me much of the time.

KLEIN: Did you have milk machines from an early age or did you hand milk?

STEVENS: Well, it's interesting that you should even ask that, but we milked by hand when I first started. Of course as a child I could hardly wait to start to help, but then once started I couldn't stop because now that I knew how to do it I was one more hand to get the job done [laughter]. But we went through a whole range of milking processes up to the more modern dairy—what do I want to call it? Where the cows come to you rather than you go to the cow.

KLEIN: [Laughter] Parlors they call them.

STEVENS: Parlors. The milk is carried away to a tank and that sort of thing.

KLEIN: Did you work with horses at all?

STEVENS: Well, my parents did, when we started farming, and when I was growing up, they worked with horses a lot. They had one of the early models of tractors, but then switched entirely from horses to tractors right about the war years or just before World War II.

WEIMER: With all the farm chores you had, how did you fit in school?

STEVENS: Well, one of the privileges I had, which I think was not unique to me in our family, but I took advantage of it more than my brothers—my parents were anxious that we do whatever we needed to do to get educated. And I think that my father would be quite content if none of us farmed. It wasn't his first love even though he felt that was what he had to do. And so there was never any question about being able to participate in other things. The school we went to was about a mile and a half from home so getting back and forth even if we had to ride our bikes wasn't a big problem.

KENDRICK: Had your parents gone to college? Had they been able to do that?

STEVENS: Well, my father went to college for part of a semester, but he got so homesick and his mother was so dependent upon him, just for emotional support of some kind, I guess, that she kind of kept begging him to come back home. And so, even though he had a dream, I think, of being an attorney, it never happened. I think that was a bit behind his

not wanting us to get stuck on the farm, if you will. And he encouraged extracurricular activities.

KENDRICK: So was your parents' farm then the farm he had grown up on?

STEVENS: Yes.

KENDRICK: So it was really your grandparent's generation.

STEVENS: Yes, my grandfather owned it and my father eventually purchased it.

[Coughs.]

WEIMER: In high school, what were your main interests in studies?

STEVENS: Well, in the first place, the choices were limited at a high school with seventy-five kids. And so, it was a pretty standard curriculum for everyone, except that we took shop and the gals took home ec. Those were kind of the choices that were available. Another advantage of being in a small town like that is that one could participate in everything: you didn't have to be very good to play basketball; you didn't have to be very tall. So, more important to me! I played in the band and baseball; we didn't have football. So, not answering your question specifically, but I think I was interested in doing those things that assured I could go to college.

WEIMER: So you always in the back of your mind knew you were going to go to college?

STEVENS: Yes, no question about that.

WEIMER: Did you have a major in mind, or—?

STEVENS: I think from an early time, and what the genesis of it is, I don't really know, I wanted to be a physician. I was always intrigued by the hospitals and the stories of the doctors there and what they did.

KLEIN: Was there a hometown physician that you—?

STEVENS: There was, but I was afraid of him [laughter]. Afraid he'd use a needle or something. Wasn't certain how sharp they'd be. He wouldn't have been an inspiration for me, I would say; no.

WEIMER: Was anyone in the family in a healthcare profession?

STEVENS: Yes, I had an uncle on my mother's side who was a dentist. That would be the closest.

WEIMER: After high school—well, we have World War II in this era, in this time period. How did that affect your life, your family's life?

STEVENS: Well, there was rationing. My brothers were just a little bit too young to go to the war, although by the end of World War II my older brother was then eligible for the draft and for service for a period of time; and then still later my younger brother, older than me, but younger than my other brother, went into the Air Force.

As far as us at home were concerned, you know, the farmers received adequate allotments of gasoline so that they could farm. And we were not deprived as far as meat and milk and butter were concerned. We had that ourselves, even though we were expected to be thrifty as far as our use of those things because of the war effort.

But I can remember one incident: I was intrigued with the way you can put a little gasoline in a water puddle and it would burn. I don't know why, but I was. My uncle would come from out of town and, of course, they were under such stiff restrictions as far as gas is considered, he couldn't believe that I would waste some gas [laughing] on a silly little demonstration like that. But it does give you an idea, I guess, whether it was right or not, we did have some liberties that many city folks didn't have, I suspect, our being on a large farm.

WEIMER: I'm curious, on the West Coast and East Coast there were blackouts, of course, but how about in the Midwest?

STEVENS: I don't remember that it was an important issue. I do know that we had electricity at about the beginning of the war. Up to that point we had a Delco plant of our own and manufactured our own electricity. Whether that was still in place in World War II, I don't quite remember.

KLEIN: Did you have indoor plumbing?

STEVENS: We got that about, oh, I suppose about 1940, '42, or something. By indoor, I mean, water was brought into the house.

KLEIN: What about a toilet?

STEVENS: Exactly when we got a toilet, I'm not quite sure. I don't think it was until a little later. I remember one day my father said that "We're going to have a great surprise for you tomorrow." And the guys came to start digging in the water system. And that didn't impress me. I thought maybe we were getting a new car [laughter] or something important. I didn't have any understanding, really, of the impact of running water.

KLEIN: Did you have a windmill water pump?

STEVENS: We did.

KLEIN: Got water that way?

STEVENS: Yes.

KLEIN: Did you have a cistern?

STEVENS: We did. Sure did.

WEIMER: Well, you went to junior college.

STEVENS: Yes.

WEIMER: Did you have a liberal arts, or a science background?

STEVENS: Just premed.

WEIMER: Just premed.

STEVENS: Yes, whatever was required to satisfy those requirements is what I took.

WEIMER: And why did you choose a junior college?

STEVENS: Expense. You know, I think it was something like fifty, seventy-five dollars a semester. Live at home. Continue to work at home. And again, I could continue to do the musical activities that I was doing. And again, being in a little, small school like that I could play basketball or baseball or whatever they played at junior college, even football.

WEIMER: Then after two years you applied to a regular college.

STEVENS: A year and half actually. I went a semester to a Bible college in Minneapolis called The Northwestern Schools. That was after the first year and one half of junior college. I went there for a semester. But I had done enough in a year and a half to be able to graduate from the junior college with an AA degree.

KENDRICK: Were you thinking of pursuing the ministry at that time?

STEVENS: Well, you know, I became enthusiastic about Christianity, especially enthusiastic at that time, and thought that I might; but very shortly after going to Bible college it was clear enough to me, at least in my thinking, that it wasn't what I wanted to do. I wanted to—

WEIMER: Continue on with your dream of being a physician.

STEVENS: Yes.

KLEIN: As you were telling me again last night you were—during this period of time you continued your music to the point you were playing in bands and things of this nature.

STEVENS: Yes. Mason City had a municipal band, and I played in that. And then when I went to Luther College, played in the band there. But the municipal band was fun in part because I got paid for doing it. That was always pleasant.

WEIMER: What instrument did you play?

STEVENS: I played the cornet.

WEIMER: Was there a special reason that you took up that particular instrument?

STEVENS: I don't know. It was kind of a noisy, blary thing and [laughs] attractive to listen to. So I guess that was it. I'm not sure what the reason for it was other than that. I couldn't imagine playing bassoon or something like that [laughter].

KLEIN: You could have played the bass.

STEVENS: Yes, yes.

KLEIN: Or something like that.

WEIMER: After junior college and then Northwestern you went to Luther College. Is that where you graduated and got your B.A.?

STEVENS: I didn't get a B.A.

WEIMER: Oh, at that time you could after three years immediately go to medical school?

STEVENS: Yes. And if you'd gone to the University of Iowa, for example, you could get the B.A. after the first year of medical school, but couldn't necessarily do that if you'd transferred in. So I didn't get a B.A.

WEIMER: But you made up for it.

STEVENS: [Laughs] Yes.

WEIMER: What was medical school like?

STEVENS: Well, it was, I suspect, not so terribly different than now. The first two years, heavy accent on lectures and on basic sciences, didactic information; and in the second year, some introduction to clinical medicine. But we wouldn't personally have seen patients until the third year. So lots of lectures the first two years with tests and the last two years of clinical medicine. I think most people, virtually everybody, took everything at the school those four years. Very few people, I would say, took rotations elsewhere or exhibited the freedom to go here and there that exists at the present time. We thought that the college was

very strong. One of the things it had was an immense amount of loyalty among faculty for the institution; many had been there for many years.

KLEIN: Did you feel like the attitude of the professors was to encourage you and support you, or did you think that they acted as if this was a very important vocation and you had to measure up and so they would perhaps not have necessarily a totally benevolent approach to how they taught you? What do you think? I mean, this is what I felt in South Dakota, but there was a special reason for that; so was that also there at Iowa or were they very supportive, do you think, by and large?

STEVENS: I think they were very supportive. I think they expected everybody that came to be able to pass. So I don't think that that was ever a question. It wasn't as though they were going to pass people at any cost, but nonetheless they were not discouraging in any way.

KENDRICK: Did you have any scholarship money to support your medical education at all?

STEVENS: No, my parents supported me for the first two years completely and the last two years I worked at a local hospital as an extern and was able to pay a fair amount of the cost. Mind you, tuition at Iowa as a state-run school was \$128 a semester at that time, so even given inflation, it still was a pretty cheap run at that time. For example, as an extern, I think we earned fifty or sixty dollars a month.

KLEIN: Did you work at any specific department in that hospital?

STEVENS: No, just as an extern in the hospital, seeing patients, doing workups.

KLEIN: General?

STEVENS: We got our meals there. Finances were not an issue.

WEIMER: This class was in the '50s, mid '50s; it's after World War II. You must have had quite a few students on the G.I. Bill.

STEVENS: There were. You know, it wasn't a conversation piece, though I saw the question, Linda, and there certainly was a number with families on the bill. The hospital had a ring of Quonset huts and those tin shacks that they got from the military. Many students lived in them with their families, as did residents and interns.

WEIMER: How about women? Were there women in your class?

STEVENS: We had three. And they all went into specialties, I believe, afterwards. There were only three of them that I recall.

WEIMER: Three. How large was your class?

STEVENS: One hundred and twenty.

WEIMER: Oh, that's a large class.

STEVENS: It was. Nearly all students were Iowans. They gave a preference to Iowa students. In the clinical years, some students came from South Dakota or other schools after the first two years.

KLEIN: Do you think that there was chauvinism exhibited, by some of your classmates anyway, toward the women or do you think that they were pretty well accepted?

STEVENS: I don't think chauvinism was an issue.

KENDRICK: They would have grown up on farms and known that women could do the work [laughter].

KLEIN: They well better, if they wanted to eat.

STEVENS: I don't think it was an issue.

WEIMER: After medical school you went to Cleveland, Ohio.

STEVENS: Yes.

WEIMER: Cleveland City Hospital as an intern. What made you decide on that hospital?

STEVENS: Well, Iowa City University Hospital is unique. It was the largest university-owned hospital in the country at that time. It still may be right up there. It had something like a thousand beds which were full. They were full because there was a statewide ambulance system that brought patients in. The indigent patient load was about eighty percent; about twenty percent were private patients. But there was very little emergency work and not so much acute care medicine there as compared with metropolitan hospitals. And so having spent all my life basically in a small town—Iowa City was a town of maybe less than 50,000 people—I wanted to go to a bigger city and wanted a larger, active city hospital, and so I chose Cleveland. I had also applied to Minneapolis General Hospital. I was matched at that time—there was a matching program—to Cleveland.

WEIMER: What were your hours like?

STEVENS: At the internship?

WEIMER: Yes.

STEVENS: Well, we were on call, I think, about every third night and would spend a good deal of that up depending on the service you were on. You know, it seems to me

hearing stories of what goes on in the larger city hospitals now, the pace and the load were really quite different than they are now. The ambulances weren't coming in constantly as they are now and the trauma was nowhere near as significant an issue as it is now. So it wasn't quite the same.

KLEIN: Did you have an anesthesia rotation during internship?

STEVENS: No.

KLEIN: Or did you have any anesthesia experience during medical school?

STEVENS: We did during medical school. We thought at that time the anesthesia department at Iowa was one of the best in the country. It had a good reputation. And so we had not only lectures in pharmacology, but also a clinical rotation when we were juniors or seniors. I forget which now.

KLEIN: Dr. Cullen was there at this time?

STEVENS: Yes.

KLEIN: A person that you, I know, always admired greatly.

STEVENS: Yes.

KLEIN: One of your mentors.

STEVENS: The second most memorable in anesthesia I suppose.

Back to the internship: one of the more interesting rotations there was pediatrics, because the head of that section was Fredrick Robbins who earned a Nobel Prize for his work with polio vaccines. It is such a privilege to be around and work with that sort of quality person. There were others in his department who were very, very strong too.

The workload was busy, but not impressive. We lived right there in the hospital compound.

KLEIN: Had you met your wife at this point?

STEVENS: We met in Cleveland. We went to the same church and that's where I met her and eventually we got married.

WEIMER: While you were an intern?

STEVENS: No. A couple of years later.

WEIMER: I was going to ask how you were going to squeeze a marriage in with all this work you were doing. After you were an intern, I see that you went back to University of Iowa, as a resident in surgery. Explain that decision.

STEVENS: Well, I'd always been enamored with surgery; the operating room environment, and the technical aspects of surgery were great, great fun. And I made a decision to switch to anesthesia over a short period of time. And it related, I think pretty much, to encountering Dr. Hamilton who was the chair of Anesthesia at that time, and some of his colleagues, who I felt were outstanding physicians and excellent models. And secondly, it provided an opportunity to preserve the operating room environment as a practice setting which I enjoyed very much right up until the last day I was doing it here. There was a good opportunity for clinical research there and it looked like fun to me. The residents they had were outstanding and loved to teach. And so I made the switch after two-thirds of that second year of surgery.

WEIMER: And there was no problem switching?

STEVENS: No. They were just kind to me. There was no "don't do it, stay here or else" or "finish the year." "Whatever is best for you." It was never really an issue.

KLEIN: And you did go into the military then.

STEVENS: Right after that second year of training. No, after the first year of surgical training. I had an internship, a year of surgery, then Navy two years, then back for some more surgical training for two-thirds of a year and then switched to anesthesia in May of that year.

WEIMER: Did you get called into the Navy?

STEVENS: There was a so-called Berry Plan at that time, which was a program whereby people can be deferred for various amounts of training depending on the needs of the service. So I was deferred until I had a year of surgery and then chose the Navy. The Navy experience was a fun experience for me. Again, as a farmer to be put on an icebreaker, go to the South Pole, then up to the North Pole—not quite, but close. It was such a dramatically different lifestyle than what I grew up with.

KLEIN: Did you get seasick?

STEVENS: Just sometimes for the first half a day. They put surgeons—surgeons; I had had a year of surgery training—on icebreakers because it was such isolated experience that they wanted people to be able to do something if absolutely necessary. We did the requisite appendectomy.

KENDRICK: I was going to ask you that. So, did you?

STEVENS: We thought we had to! Just kidding! [Laughter.]

KLEIN: [Laughing] Whether he needed it or not?

STEVENS: Whether he needed it or not!

KENDRICK: “Your turn.”

WEIMER: How many men were on this ship?

STEVENS: About two hundred and fifty.

KLEIN: How big a ship was it? How long?

STEVENS: It was about one hundred seventy-five feet long and it was sixty feet wide. It was kind of a tub. That was one of the problems with it.

KLEIN: Must have rolled a fair amount.

STEVENS: Luckily it never rolled over.

KLEIN: And you only got seasick for half a day?

STEVENS: Yes.

KLEIN: Wow.

STEVENS: In the worst rolling it was just never a problem. Just hang on tightly. I think we had rolls of fifty-five degrees.

KLEIN: Did you get in any big storms?

STEVENS: We did.

KLEIN: Hurricanes? Iced-up?

STEVENS: No, not that.

KLEIN: Never iced-up, huh?

STEVENS: You know, I don't know if you guys heard in the news about two weeks ago that there was a ship being evacuated out of the ice down in Antarctica. We were caught for two weeks in ice flows down there, but we did get out.

KLEIN: Were you always there during their summer?

STEVENS: Yes.

KLEIN: You never went in the wintertime.

STEVENS: Not in the wintertime. Didn't winter over. It was too challenging.

KLEIN: The ship, the reason it was there was research or for—?

STEVENS: Well, taking researchers down and taking others back.

KENDRICK: There and back?

STEVENS: Yes, we rescued a ship or two while we were down there too which were caught in the ice.

WEIMER: How long were you at sea for?

STEVENS: Six months.

WEIMER: Six months. That's a long time.

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

WEIMER: This is side two of tape one with Dr. Wendell Stevens and we got interrupted because we got so interested in your story, but I'm going to ask again how long you were at sea for.

STEVENS: About six months. Almost exactly six months. We crossed the Equator Christmas Day on that trip. When we went north we were up that direction four months or so, up to Greenland.

I was starting to say that my wife and I were married right after my first year of surgical training and just as I went into the Navy; and then I got on the icebreaker and we—

WEIMER: Went away.

STEVENS: Went away, yes. So—

WEIMER: That must have been difficult, for the first—

STEVENS: It seemed that was the way that it needed to be at the time. It wasn't much question that we wanted to be married to one another and, you know, being separated—in terms of loyalty it wasn't going to be an issue, but nonetheless it was not the best planning.

KLEIN: Did she have a career?

STEVENS: Not a career. She worked at Ohio Bell on their management side. And I don't know what she would have done in the long run. She's capable enough to do whatever she wanted to do, that's for sure.

WEIMER: How often did you get letters if you were at sea for six months at a time?

STEVENS: Well, not so very often. We got some mail as we passed Brazil and some more in Argentina and then we went down and came back to Argentina and went down again and got some more mail there. Kind of a fascinating little thing: there was a couple from Cleveland, or four people from Cleveland who were in Buenos Aires on vacation, and wouldn't you know, we went to the same restaurant where they were; and they were so proud of these American boys, you know, with our white coats and stuff. And so we had a conversation with them and finding out that they were from Cleveland, they called Lola when they got back to Cleveland [laughs]. It's one of those coincidences. Kind of fun, fun to reminisce about.

WEIMER: You spent about two years in the service.

STEVENS: Yes.

WEIMER: You went back to finish your training.

STEVENS: Yes.

WEIMER: You went back just a little bit for surgical residency and then you switched to anesthesia?

STEVENS: It was about eight months. Eight or nine months of surgical training.

WEIMER: And I notice your first appointment was at University of Iowa.

STEVENS: Yes.

WEIMER: You had decided you wanted to stay there?

STEVENS: Well, the issue then as now was staying in academic medicine versus private practice. And I inquired about a private practice or two, but Dr. Hamilton asked me if I'd considered staying in the department and I thought, "Oh gosh, if he really wants me to stay, I better stay," because I could hardly imagine that I could have a role there. So I did stay and I'm glad I did. I stayed in an academic position for the rest of my career. I've never done private practice, except as a small, short locums once or twice. That's it.

WEIMER: How did you feel the difference between being a student in residency and then becoming a part of the faculty? What was that transition like?

STEVENS: Well, I suppose I felt a little uneasy about being responsible for and being able to teach people who were basically, initially as I started, the same level as I was. But I think—I didn't recognize it then maybe, but I think ever since my philosophy, if you will, of teaching has been just to pitch in and help out and try to do this case together and make things easier for the resident if possible, or if challenging them with things that aren't so easy, keeping a watchful eye.

There was another aspect at that time and that was in contrast to the intensive coverage of residents which is required now—not more than one faculty for two sites and in many instances one site—we would have one person covering four or five anesthetizing locations, up to six even. So, there wasn't a lot of time spent educating people. We concentrated on just getting the job done. Working at an ear, nose, and throat and eye suite, as you can imagine, there were a lot of case turnovers and just running. But it was, that transition was never difficult, I guess.

KLEIN: Did you start your research or get interested in research then at Iowa right off the bat?

STEVENS: Primarily, it was respiratory at that time, because Dr. Hamilton's interest was in breathing, it was one of his strong interests at least. He was interested in atelectasis. And this was at the time when Bendixen was talking about sighs and what surgery and anesthesia do to lungs, prevention of postoperative atelectasis, measurement of it. That's what we got into at that time. He was highly encouraging to me. He saw to it that I had at least one day for research and then I think he wanted to give me more days. I think he would be disappointed if I didn't take it and use it because he recognized that if you don't have time you can't do research. And that's been proven over and over again.

WEIMER: You obviously were very involved with teaching and the supervision and the research. How did you balance that with family life?

STEVENS: Well, I would have to say overall, not very well. The career is very demanding, it seems to me. Unless you are an unusual person. But there was one advantage that Iowa City had and that was that you were only ten minutes away from home. So I could have breakfast home early. Lola got up early and made breakfast and I could be in the hospital by seven or so. And then when we finished at five or so we'd be able to get home again in another ten minutes or so. So that was quite the time.

In addition to that, the schedules were so different at that time. Now, perhaps you know this, Linda, but if a case gets on the schedule it gets done, for practical purposes. Whereas in those days, it cut down at three to four o'clock and we just would delay cases until the next day. And so, it wasn't as though we were staying there on into the night, night after night, to get the caseload done. That was the advantage of being primarily an indigent patient institution, it didn't cost the patients to stay and be kept for the next day or whenever.

But, it's an age-old conflict, of careers versus family.

KLEIN: What was your recompense during those early years? Were you working for relatively little money or did Iowa pay well compared to, say, some of the other academic places?

STEVENS: Well, I think they were always on the low-ish side. For those first two months as an associate I was paid at a pay rate of \$10,000 a year. My resident salary had been, I think maybe, \$250 a month or something like that. And then when I became an assistant professor it jumped up to \$20,000. That's pretty much where it stayed until I got to California.

WEIMER: On your CV it says that you went to University of California San Francisco in 1967. Why the change? Why the move?

STEVENS: Well, Dr. Hamilton was recruited to be Chair of the department out there from the University of Iowa. His Chair before him, Dr. Cullen, had gone out there as Chair and he was elevated to Dean, and then recruited Dr. Hamilton to come. Dr. Hamilton asked a couple of us to go along. To tell you the truth, it decimated the department at Iowa because we had a faculty of four or five people. So if two or three of us left, it was a big hole. But he asked me to go and it was a great opportunity.

KLEIN: One final question about Iowa, your initial experience there: the relationship between the surgical department and Anesthesia, was it cordial or was it somewhat confrontational?

STEVENS: I wouldn't say it was confrontational and in terms of interpersonal stuff, it was very cordial. I think again with primarily being an institution caring for indigent patients, that there wasn't quite the competition, if you will, to get "my" patient done or to impose a surgeon's will because "It's my patient and I'll tell you what we're going to do." We certainly had free choice of anesthesia management and that was never an issue, but I think the interaction with the surgeons was cordial. It was quite good.

WEIMER: Can you give me your first impressions of San Francisco?

STEVENS: Well I felt that I wasn't sure why anyone would want to live there [laughter] because we lived in Marin County up on the side of the hill and it seemed nothing would grow up there. It was dry, whereas in Iowa it was pretty lush, I thought. But I got over that in a hurry because San Francisco is a beautiful city and commuting over the Golden Gate everyday was—can you imagine a more wonderful site to commute over? Compared to Cleveland it was quite a different city and quite a different setting and much more attractive than Cleveland. That was the Cleveland where the Cuyahoga River was burning because there was trash in it, and oil, and slag, and such. San Francisco was a fresh and beautiful city, and just a lot of fun. But initially, I wasn't quite so sure, just being a farmer at heart.

WEIMER: How was working at the new university, the new hospital? You came from a hospital that was primarily working with indigent people to the one in San Francisco. What was the difference?

STEVENS: Well, it still had a large indigent population, but not anywhere near as big as Iowa. One of its units was San Francisco General Hospital which was primarily an indigent care hospital.

I didn't think the quality of surgery there was any better than Iowa. I sensed initially, and I think it still is true, that there is a pride in the University of California that I don't know was quite all that warranted. They were pretty sure they were the very best. And in some areas they were very, very good. The attraction of going there, as I look back on it now, is the University of California was anxious to see itself as one of the premiere research institutions in the country, and in anesthesia it has maintained its premiere status. I think its science exceeded its skill as a clinical unit at that time. I think the strength of the anesthesia department initially was its research expertise. Dr. Hamilton changed that a lot as far as anesthesia care is concerned, I think strengthened its clinical side; and the surgical departments continued to get larger and stronger too, I think, as the years went on.

It was intimidating in a way, Linda, to work in anesthesia with some of the big names in anesthesia and physiology: Julius Comroe, for example, in respiratory physiology headed the Cardiovascular Research Institute. In our department, Dr. Severinghaus, who developed this CO<sub>2</sub> electrode and did so much to foster our understanding of cerebral blood flow and its regulation and control of breathing. Bob Mitchell outlined what goes on in the brain stem as far as breathing is concerned. Sol Shnider in OB anesthesia. Quality begets quality it seems. So it was kind of intimidating in a way to try and fit in there, but they made it easy. I think also, it was kind of my philosophy, I guess too, of teaching and clinical work, if you just pitch in and try and be as helpful as you possibly can—why, who can turn that down? [Laughter.] That was always well received. So, they were very kind to me, that's for sure.

WEIMER: Did you find your workload increased there in California?

STEVENS: Yes, a lot. And it increased because I tied in closely—again because of his kindness to me—with the clinician-scientist Dr. E.I. Eger. He took me under his wing if you will. And we got started testing new anesthetic drugs; and so although I had two days a week free for research it wasn't enough [laughs], and so there was lots to do at night and had to come back in on weekends. And I think that is where the imposition on the family was the greatest. I think the problem is that it's just so much fun. It was really fun to be a part of all that, to participate.

WEIMER: I know today OHSU is driven by grant money. How was it back then and how did you get your money for research?

STEVENS: We were largely driven by grant money at UC and competed quite well for NIH funding. But we also got into funding by industry, as they were developing the anesthetics. Most of the funding I had, and Dr. Eger had, came from industry because it wouldn't have been considered, you know, basic research. It was more rated towards the specific drugs. We tried to do research with the drugs that we thought enhanced anesthesia knowledge. But the research was not supported, by and large, by the NIH. Some of it was

supported out of the department, but mostly it was just time and not direct funding, I would say.

WEIMER: After San Francisco—and you became a full professor there—you decided to return to Iowa. Can you tell me about that?

STEVENS: Yes. I think mostly loyalty took me back there because it certainly wasn't a desire of Lola's to go back to Iowa. She wouldn't have chosen to do that. But the department had fallen apart in Iowa City. After several years of strife in its leadership, the department was at loggerheads with the Dean and leadership of the institution. The chairman was let go. But it was down to recruiting no residents and its faculty was decimated at the same time. So they called for help and I would say that it was loyalty that took me back. I didn't stay very long [laughs].

But that was also a time—as far as residents were concerned, there were very few residents entering anesthesia, but at that time it just declined very rapidly. Beginning about 1979, 1980, the recruitment increased dramatically of anesthesia residents. So we survived because of taking advantage of that, but the first year, or even two, we didn't have any recruits of anesthesia and just kind of struggled to get by.

KENDRICK: It also represented you leaving Dr. Hamilton and Dr. Eger, kind of the mentors that you had had and taking an independent post of leadership. Was that a difficult transition?

STEVENS: Well, it was in a sense because, just because a person is successful in being part of a research team doesn't mean that you'll be a success on your own. It's a whole different ball game of trying to organize a laboratory or whatever program you have. It's not hard to do a project. I mean you can have a question and try and answer that; but to develop a program with a long-range goal to it is another issue, to develop the funding and space and what have you to do it. So yes, that was challenging. Angela, I would say it became pretty clear there and I think in my years here too that I was not an Eger, I was not a Severinghaus, you know, I was not of that caliber a person to maintain a research program of my own of a programmatic nature.

KLEIN: And yet you maintained significant productivity during those years.

STEVENS: Yes, but it would have been more in the line of experiments than programs, Roger, I would say.

KLEIN: You're making a distinction there?

STEVENS: I think it's an important distinction.

KENDRICK: And do you think that's also because of, you know, a true interest in patient care and in being a clinician?

STEVENS: Yes, one of the problems I had, if you will, at San Francisco was if there was a request to help take care of patients, to fill in for somebody who was sick, or what have you, I would just, you know, virtually always say yes. And even though he was so kind to me always, I think this would make Dr. Eger upset, for example. “You can’t do that!” You know. “When are you going to do this?” I would always find it easy to give patient care the preference. That’s what I enjoyed the most, I would say, without too much question, yes.

WEIMER: Were you able to help turn the program around at Iowa, to get those residents?

STEVENS: Yes, I think it was well on its way when I left in 1982. I recruited a lot of faculty. I think when I went there we had six or seven; when I left we had eighteen or twenty and some were people, I think, of great promise as far as academia is concerned. My successor was John Tinker, who came from Mayo Clinic, and I think he’s a good example of the difference resulting from someone able to organize research programs and make the whole thing go. The department took off with him, no question about it. It’s just outstanding ability to establish a full-fledged research program, high quality, and a skill beyond which I could do.

WEIMER: You mentioned that you left University of Iowa and I know it was to go to Oregon, to Oregon Health Sciences University. Why the change?

STEVENS: One reason is we were anxious to return to the West Coast; I think, no question that was one of the motivations. I think also that I thought the department here would be one that I could manage somewhat better than at the University of Iowa. At the University of Iowa there were huge research units, outstanding in their quality. I just didn’t think I’d be able to compete in that atmosphere or come up to their expectations in that regard. In looking out here, it seemed to me that this college didn’t have quite the full scope of things that existed at the University of Iowa. On the other hand, it had pockets of strength. I think every department had some people within it who were very, very good and I didn’t see any reason a smaller department like ours—not so small anymore as you can see—there was no reason that it couldn’t be good. I think Dr. Bergman had shown that you could do credible research. Dr. Hirshman was here at the time. And so it looked like a manageable job, something that I could contribute to.

WEIMER: Did you know someone here? Were you recruited?

STEVENS: Recruited. I didn’t know anyone here. I don’t even know if we’d even met, Roger. I don’t recall.

KLEIN: That first time at dinner, I think, was the first time I met you.

STEVENS: Dr. Fraunfelder was the chairman of the committee at that time.

WEIMER: What did you think of Oregon as compared to California and Iowa?

STEVENS: Well, as a place to live, it was just as nice as—well, I don't know if it was just as nice as California. We lived in Marin County where the weather was very predictable; it was green—except on the hillside where we started to live when I first moved there. As far as the institutions are concerned, I think that the institution was a good deal smaller and did not have the breadth of research or the clinical programs that either of those institutions had. Both of those institutions were very heavily NIH-funded in their research. And in terms of facilities too, both of them were superior to Oregon.

WEIMER: I know in the '80s, and also before and after that, the institution has had problems with financing. Did you have firsthand experience with that?

STEVENS: Well, both at Iowa and then out here the department earned the vast percentage of the money that it had to spend. Even what money we seemed to get back from the University for our departmental support we had paid to the University in the first place. And so it was just a give and take in that regard.

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

WEIMER: We're on tape two, side one of the interview with Dr. Stevens. So I'll let him continue.

STEVENS: I think that one just has to accept the idea that unless you have some kind of endowment, the department has to go after its own research support. I suppose you can get some initial concessions when one is recruited, but for an ongoing program, again you have to earn it or you'll have to go after it yourself.

WEIMER: Did you have to vie, compete with other departments just for space within the buildings?

STEVENS: Yes, we did. There's a little bit of a catch-22 there and that is if you're not doing much research, you can't have space; if you don't have space you can't get a program started either. So the amount of space available was always pretty small. Aside from Dr. Hirshman, we didn't really have any reason to command more space, either. It's that kind of a—I guess catch-22 isn't a bad word for it.

WEIMER: Since you were here in the '80s, there has been, in the last twenty years, a big growth of campus facilities and research; and you were in on the beginning of that. Was that always—I know President Kohler now has the plan of being one of the top twenty, or whatever it is, research institutions. Was that a plan that you noticed in the early '80s?

STEVENS: Well, Doctor—who was the president?

KLEIN: Laster, who's name suddenly popped into mind.

STEVENS: He was the president at that time and I think he had that kind of a vision. He was the one who got the neurosciences institute started and that, it seems to me, has been

a catalyst for a lot of development. It brought a group of scientists focused in one area and, I think, was the impetus to allow the University to—well, perhaps just gave it some enthusiasm to continue to develop.

But mind you, there were at the same time some other great strengths here. Grover Bagby was here at the time, and you see how he's developed the Cancer Research Institute in a dramatic way. Soon Trunkey came and developed the trauma program and a research program in trauma.

WEIMER: With the growth of the trauma, and other buildings, how did that affect your department?

STEVENS: Well it certainly increased the workload. I think we often in Anesthesia—and maybe sometimes it's to our credit and sometimes probably it's not to our credit—have had the feeling that they do not take us into account when they're planning this or that program. They don't realize that they're going to have to invest some resources in Anesthesia as well. When I say it's to our credit, well, I think—to think in those terms and try to be positive and ready for the workload makes sense. We think that often they don't take that into account and that's always been a complaint at each of the institutions I've been at: that they would find this as a *fait accompli* and now how are you going to deal with it. That continues to be the case, I believe.

On the other hand, I think if this happens long enough [laughing] you probably ought to recognize that this is going to be the way it's going to be and try to cope with it the best you can. It would certainly seem to me at times that plans were made without giving adequate account to all the services that are going to be needed. That was true of the liver transplant program. You know, they finally—I don't know if you remember, but the first liver transplants that were done were done on a lady who ate some bad mushrooms, and suddenly we're doing liver transplants. You know, we were still gearing up to do them, but suddenly—

KENDRICK: “Here's one.”

STEVENS: Here's one. And then once done—

KENDRICK: It's there.

STEVENS: Off and running and, so now who's going to do all the anesthesia? Who's going to be sure there's blood? Who's going to be—? So, yes, it had an impact and it continues to do.

KENDRICK: One of the other things that one of the other faculty members, Steve Robinson, spoke to me about, talking about the changes during the '80s that Dr. Stevens was instrumental in, is during the '80s—that was certainly a time of increased monitoring. That's when pulse oximetry becomes more of a standard; it has become a standard, as well as capnography. And he explained that Dr. Stevens was very adamant about not pursuing these

new locations unless the anesthesia equipment was, you know, proper for each of these new locations. And again, this is thousands of dollars that the hospital needs to invest, you know, in an operating room before it's really ready—in the 1980s, certainly, to really begin to do the kind of care that we wanted to be able to do. I think that you were obviously very forceful in explaining to the hospital, that this or that needs to be done before we are able to provide this service.

STEVENS: I think that the hospital, or the specific surgical group, just doesn't understand. It's not they don't want to understand; they just don't. The implications of an eye hospital being by itself over there, or this over here, what have you, it's not just a few people that have to go, it's a whole scheme of not only equipment, but people, another call schedule, or another something.

KENDRICK: Also certainly during this time you were very active, I think, at the national level with the American Board of Anesthesiology and served your tenure as the president. What kind of changes do you think were going on at the national level in terms of resident education during the '80s?

STEVENS: One thing that was done was a third year of training was added to anesthesia; and then, stricter standards as far as educational programs and supervision in residencies was brought about. The Residency Review Committee increased in its intensity and the feedback to programs and their expectations of them increased. It was a time of great increase in numbers of residents in anesthesia. In contrast to the '60s and '70s when programs like California would fill, but others would get just a few trainees, programs all over the country were filling with adequate numbers of residents. I think the biggest change at the time though was, one, the addition of the third year of training—which was difficult for some programs to give; there was a great risk that what was being done in two years before is just now being stretched into three rather than making it a three-year program.

Another thing was that some specialties in anesthesia began to become much more important, beginning with cardiovascular anesthesia; pediatric anesthesia, of course, had been a subspecialty for a long time, but in terms of its having special requirements and such, came into its own about that time as well. And now there are seven or eight, at least, different subspecialties which are considered—maybe it's a dozen by now, I'm not quite sure, Angela, quite a few, but that was developing at that time as well.

WEIMER: When you talked about the increase in residencies, the very big growth, what was the cause behind that?

STEVENS: Well, I suppose jobs and money was one thing, and a lifestyle that people enjoyed. Programs all over the country though, I think, were trying to do a better job with medical students. I don't know if that was with the goal of recruiting residents, although it certainly had a spin-off of making anesthesia much more attractive. I think it was those things.

WEIMER: With everything happening in the '80s, and taking up your new post here, how did you balance everything: your family life, the teaching, the research, being chairman?

STEVENS: Perfectly, I guess [laughter]. Well, [pauses] I would say that I was never much of a joiner. I didn't participate in much that wasn't—as far as the hospital is concerned, much that wasn't business. You know, Linda, I guess I don't have much more to say about it than that.

WEIMER: With the growth of practice up here with the surgery and the trauma division, how were the relationships between the anesthesiologists, the surgeons here and the physicians in private practice in town?

STEVENS: Well, we really didn't have much to do with the physicians in town. There were some interactions through the OSA and, fortunately, there were those in the department who had a greater interest in that the others and did participate consistently.

In retrospect, that would certainly be one area where I could have done a much better job. We had those in the state, for example Dick Johnston and others with the Oregon Society of Anesthesiologists—and Dick became President of the OMA, for example, and was very active in national affairs in the American Society of Anesthesiologists. There were excellent spokesmen within this state in some of those areas and I could certainly been much more supportive in that regard.

It was never convenient for the people in the community to come up here for conferences. In answer your earlier question, I set a pretty firm goal of trying not to occupy people's time on the weekend if they weren't needed for clinical care. And I wanted that for myself. That meant that we wouldn't have Saturday or Sunday meetings which would be at a time when the people from the community could come up here. And they couldn't come early in the morning and we didn't want to stay late in the evening, so we really didn't have much interaction with the community.

WEIMER: Well, one of the themes that we've been asking, for many of the people we've interviewed for the oral history project, is about minorities and women in medicine. If you can just address that for your department—it could be throughout your career—if there were harassment or discrimination? Or, when do women really, and minorities, come into equal representation in the field?

STEVENS: It would be difficult for me to give a coordinated answer in that regard, Linda. I would say that I don't remember that there were problems at UC San Francisco, but I didn't have any leadership roles either and, I was never one that was in on the scuttlebutt very much. It didn't settle to me.

At Iowa, as here, I think there were complaints from women, but also I think from some of what we would call the weaker residents. I am in no way equating that by—don't intend to in any sense at all—but of certain faculty people in that they would, thinking of the weaker residents, they would not want to work with them. And as far as women, it didn't

have to do with their quality or their caliber it just, I think, had to do with what we sensed perhaps was some bias in that regard. But with one or two, or faculty at each institution, I would say, that would be an issue.

I can remember a conversation—I don't remember the details of it all—one or two conversations Angela and I had in that regard, trying to explore, did she feel it or did she sense it; and to tell you the truth, I don't remember any details, Angela, but we did talk a little bit, I do remember once or twice about that. I think I talked with one or two other of the women—female residents in that regard. I think it existed, that is, some bias; and I don't know that I dealt with it in any prospective way. One or two of them came to a Medical School, or a Dean's level, because the Dean was also the chairman of the resident committee at the hospital, and so everything went to the Dean. We did have some sessions or two about complaints from one or two female residents.

WEIMER: How was that dealt with, when there was a complaint?

STEVENS: Well, I think, I think there was a, I have forgotten the name of it now, but there was either a residency—the Dean's committee dealing with residents, or something of that sort, that it came before.

WEIMER: So there was a formalized process for that to go through?

STEVENS: Yes.

WEIMER: Well, I know that Roger wanted to ask you some questions about your missionary work in Africa.

KLEIN: Yes, I was going to say that I know that religion has been a very important part of your life, probably all your life, and certainly you've been able to do a considerable amount of activity in Kenya, I think primarily—or is it only Kenya?

STEVENS: Not only, no.

KLEIN: Tanzania, too?

STEVENS: Swaziland and Nigeria; and I've been to Ecuador and Belize, Jamaica and Dominican Republic. That's it.

KLEIN: And during this time you were teaching and doing clinical anesthesia, both?

STEVENS: Yes, there were a couple of things. One is, the Christian Medical and Dental Associations has a postgraduate education course for missionary physicians every year, one year in Kenya and the other year in Southeast Asia. They've been doing this for about thirty years now. So I've helped teach these courses. And the other places I've gone and provided clinical care and sometimes had courses for the nurse anesthetists.

KLEIN: So it wouldn't be much different than it was here or seventy-five, hundred, hundred and twenty-five years ago, I mean, basically. The equipment that you used varied somewhat?

STEVENS: Yes, I would say it would be somewhat more primitive, but just would be something closer to the mid-'60s and early '70s rather than '95s, but that's changing too, in the hospitals I went to, at least.

KLEIN: And was the caliber of the trainees and the care, et cetera, improving? You said you've been doing it for thirty years, so have you seen progress in this area?

STEVENS: In Nigeria they have training programs for nurses. In Kenya, in the program I helped with, they chose nurses from the wards and gave them six months of training in anesthesia. A succession of people like myself would come through a month or so at a time and help them. The trainees would do an amazingly good job of anesthesia, and certainly better than if they didn't have any training. It was a very gratifying program.

The demands on those people are just as great as we put on a resident or a faculty person here. They might have a *matadu* accident with twenty-five people stuffed into a VW van hit by a truck, coming into the hospital at once. Or severely toxemic patients getting C-sections, or what have you. The same sorts of sick patients that you have here. They just have to do it, ill-equipped as they are to cope with such severe problems. Yes, it is gratifying to help them. One of my thoughts in retirement was to free up time to do more overseas work.

KLEIN: Would like to speak to your illness or comment on it at all or rather you not?

STEVENS: I don't have much to say about it. I've been being treated since about 1997. It causes a progressive loss of lung volume and increasing oxygen dependence. It's certainly restricted our activities, that's for sure.

WEIMER: Well, I wanted to ask if Roger or Angela had any more questions. I have one.

KLEIN: Go ahead. I don't have any.

WEIMER: Ok. We like to end our interview with asking what you are most proud of in your career.

STEVENS: I think it would be the people that I've been able to motivate to contribute to our specialty and to medicine in general. By recruitment of anesthesia people, one casts kind of a broad net. Some recruits are stronger than others and among them are some who are anxious to contribute something rather than just fill a spot. It's such fun to work with them and see that happen. So gratification would center around people, certainly, Linda. I've been really grateful for the mentors I've had and what they did for me, it just seems so selflessly. It's wonderful.

WEIMER: Well, I should allow if you, if there's anything else you'd like to add, please feel free.

STEVENS: Thank you, nothing comes to mind at the moment.

WEIMER: Well, on that note I'd like to say thank you from all of us.

STEVENS: Sure.

[End of interview.]

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