

OREGON HEALTH & SCIENCE UNIVERSITY

ORAL HISTORY PROGRAM

INTERVIEW

WITH

*Cecille O. (Sunderland) Beyl, M.D.*

Interview conducted February 26, 2009

by

Sima Desai, M.D.

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DESAI: This interview of Dr. Cecille Beyl was conducted for the Oregon Health & Science University Oral History Program on February 26, 2009, in the BICC building on the Marquam Hill campus. The interviewer is Dr. Sima Desai. This is tape one.

Cecille, thank you for being here. Maybe we could start with telling us where you were born and raised.

BEYL: Okay. I was born in New York City, March 9, 1935, so you can quickly calculate that in a few weeks, I will be seventy-four years old. And interestingly, Elvis Presley and I were born the same year. So Elvis, too, will be seventy-four. And then a few other notable people, also, were born the same year. But I prefer to associate myself with Elvis. Okay, and this was in New York City. What else would you like to know?

DESAI: Maybe you could tell me a little bit about growing up. Who your influences were during your childhood.

BEYL: Okay. Right. I would be delighted. Okay. My mother, interestingly, I'm not sure exactly when she was born, but my mother was a doctor. And what's phenomenal about that was that my mother was the middle child of thirteen children in an immigrant Jewish family. My grandparents emigrated from Russia. They were very poor.

My mother, when she was finishing high school, wanted to go to college. And when she approached her father for some help, he made it pretty clear that any help he'd be able to give would be reserved for the boys. So, to hear my mother tell it, she gave piano lessons and bar mitzvah lessons, and went to college. And then, when she wanted to go to medical school, it was the same. I don't honestly know how my mother did it. But I do know that she graduated from medical school, University of Illinois, in 1929. And then hitchhiked to New York. And she actually was in a family practice, and then became a health officer for the City of New York. She had boards in preventive medicine.

I had a sister who was one year younger than I, and then my brother, who is still alive. He's two years younger than I. My father was a translator for an exporting and importing company. He spoke, I don't remember exactly how many languages: English, Hebrew, Spanish, French, Portuguese, and I think he spoke German, also. But interestingly, he left us when I was about nine years old, and I never saw him again. Basically my mother was, it wasn't called this in those days, a single parent raising three children all by herself.

And it was very interesting. For a while we lived in a tenement house on the lower east side. And interestingly, in one of the classes that I'm currently taking at Portland State, we've been reading about the tenement houses. And I thought hey, I lived in one of those things. [laughter] And of course, it was a community of immigrants.

And my mother worked very hard. I think my mother was an absolutely phenomenal person. I think the most amazing thing, or the most important gift that my mother gave me was that at a time when women were not taught to feel they were capable, my mother made me feel that I was capable of doing whatever it was that I wanted to do. And at the time, I didn't appreciate what an important gift that was. It was only as I met, meet other women who were from my era, that I began to appreciate this wonderful gift.

Of course, I had issues with my mother. I mean, if you don't have baggage with your mother, you didn't have a relationship with your mother. I tell my daughters that all the time. So really, it was my mother who I think was the greatest influence on me. My mother raised three kids all by herself. My sister subsequently became a lawyer. And my brother is a professor at MIT who's had three or four endowed chairs of electrical engineering. And he writes all these books and things. And once, I think it was last year, actually, I was leading a hike, and a young man who was in the group said that he was an engineer at Intel. I said, "Oh, what kind of engineer?"

He said, "Electrical engineer.

And I said, "Oh, my brother writes books about that."

He said, "What's his name?" And when I said his name, he said, "Wow! He writes the bible" of whatever it is that they study. So I'm very proud of my brother.

DESAI: How was it that your mom specifically helped you to understand? You said she made you feel capable. How did she do that? Or what did she do?

BEYL: I think it mostly had to do with academic subjects. And also imparting responsibility. She was a single parent with the three kids. And I remember when we were living on the lower eastside in a tenement house, my brother went to a yeshiva. My sister went to a yeshiva for girls in Brooklyn. And I went to public school on the corner. My mother worked three jobs, so she was working at night. And basically, I had to take care of my sister and brother. I was, what? Ten years old? You know, I wouldn't let my granddaughter go down and do some of these things. [laughs] But I used to take my brother and sister by the hand, and we'd go on the subway to meet my mother at work. There's a sense of responsibility. There was no question of, am I capable of it? There was the sense that, these are my responsibilities. And whatever else I do, these are my responsibilities. And one faces one's responsibilities, however else he might feel about it.

Oh, I'll tell you an interesting thing my mother used to do. I used to spend a lot of time in the public library. And so I would bring books home. And my mother would read the same books so we could talk about them. I remember reading an old biography of Brahms. You know, it didn't matter what the subject was. My mother was interested in what I was doing, what my brother and sister were doing.

DESAI: What was it like for you in your early education? Sort of sixth grade on through high school? What was that like for you?

BEYL: Okay. Well actually, when we, when I was getting ready to, right, when I was in eighth grade, we moved to Staten Island, which, I don't know if you're familiar with New York City, but Staten Island is about as different from the lower eastside as you can imagine. So I was going to the eighth grade at a public school there. And we were supposed to make our own graduation dresses, to graduate from eighth grade. So I remember going and getting the material, and my mother and I working on it together. This dress ended up being atrocious, but we were very proud of it.

And you know, we used to have to walk, I mean, my mother went to work early, so I think I would have had to walk three miles to school every day. But you know, we had everything we needed. And the thing about, even living on the lower eastside, we were poor, but everybody was poor. So nobody ever felt "Poor me, I don't have what other people have."

DESAI: What were your favorite subjects in high school?

BEYL: Oh. That's a good question. I think it was that I was in the drama club. Oh, yes, interestingly, yeah, it's interesting that I was picked to play the Virgin Mary in Christmas play. It was those days. We didn't think there was anything wrong with it. We're all in this game together.

I had another interesting incident. Some years ago, I can't remember what year it was that the Nixon tapes, the Watergate tapes were going on. And I was actually at the time, volunteering as a doctor at a local camp, because my daughter was at this camp. And they kept bringing up this name, Jeb Stuart Magruder, I don't know if you remember that, but he was one of the participants in the Watergate. And I kept thinking gosh, that name sounds so familiar. I couldn't figure out why. And then my mother sent me this clipping from the Staten Island *Advance*, that was the newspaper in Staten Island. And it lists the honor roll for whatever year it was that I graduated from high school. And so there's my name. But right above it is the name Jeb Stuart Magruder. And then I remembered, hey, this guy, he was in my class, and he was what we used to call in those days BMOC, Big Man on Campus. You know, he was good looking, he was popular with everyone, I mean, he was everything that I wasn't. Well, that's where I remember the name. I wouldn't recognize the name of anybody else in my high school class. But that was— [laughs] I'm not sure I'm answering your question.

DESAI: You're doing perfectly well. Tell me what it was like in high school for girls at that time.

BEYL: Okay. Well I think mostly girls were not expected to go on to professional lives, but that wasn't my perception, because of the home in which I grew up. Yeah, interestingly, my mother, because she was going to have three kids going to

college, and we were just a year apart. I went to summer school in high school. And then actually graduated from high school in three years. So I was sixteen when I graduated. But that was so I would get out a little earlier than my sister who would be a year behind me.

So I had actually applied to Cornell. I was accepted, but I graduated in January. So I went to this college up in northern New York State, Champlain College, that I was just going to go for a short time, but then I decided to stay there. And that place closed, so I transferred to a little college in Springfield, Massachusetts, called American International College. Meanwhile, I actually got married at nineteen. I was going to make a statement here which might or might not be appropriate for recording. Okay, my husband says I shouldn't say it. [Desai laughs] I'll tell you it afterwards.

Okay, so I actually was married a month after my nineteenth birthday. And a few months later, I graduated from American International College in Springfield, Massachusetts, and went to Syracuse. My husband, my ex-husband, was in medical school at the time in Syracuse, New York. And actually, I started as a graduate student in forest zoology at Syracuse University. I was twenty, I think, and I was pregnant. So I was actually going to summer school taking physics and some of the subjects that I might still need if I decided to apply to medical school.

My oldest daughter was born in January, 1956. And I applied to medical school in Syracuse. At the time I was working as a caseworker for the welfare department. So I don't remember exactly when I had my interview. I do remember that it was one of these group interviews. You know, I interview for the medical school now, but those are individual interviews. And one of the questions they asked me was what would I be doing in ten years if I went to medical school. I said, "Practicing medicine." What else would I do? Interestingly, after I was in medical school, I realized that most of the women who had gone to medical school at that time didn't actually practice medicine.

And so I was accepted. The interesting thing is, I've moved around a bit. And one day I was going through a box in the basement and found the typewritten letter—my letter of acceptance to medical school, which was kind of interesting. So I started medical school in September of 1957. My oldest daughter was a year and a half. The interesting thing, there were several interesting things to me. I was in a class of a hundred. There were two women in the class.

But there were several things that kind of took me by surprise that I wasn't prepared for. I'm not even going to use the word "expecting," I wasn't prepared for them. First of all, there would be people who would say to me, "You're taking the place of a man." And I thought, I'm not taking a man's place; I'm taking my own place. I didn't even understand what they were talking about. And the other interesting thing to me was how often it was women who said that to me.

Some years ago I read a write up, I don't even remember the reason for it, but somebody pointed out that perhaps in a situation like that, they weren't really talking

about me. But, people who haven't been able to rise above certain restrictions feel intimidated and threatened by somebody who has done it. But at the time, I don't think I was so gracious in my thinking. [laughs] I'm not taking anybody's place, I'm taking my own place.

The other interesting thing to me was that when I was a sophomore medical student, the dean called me into his office. And he said that because I had done well, they had decided to accept another woman with children. And I thought, wow, what if I hadn't done well? I mean, the fact that I do or don't do well doesn't mean that all women will or won't do well, just as with men. And if somebody in that position made a statement like that these days, you'd probably lose your federal funding. But it was interesting.

And then, actually, I think by the end of my sophomore year is the year I was pregnant again. So I took a year off. And actually, the people at the medical school were very cooperative about that. I had a fellowship where I was working in a microbiology lab. And then had my second daughter, and then came back as a junior medical student. And then as a senior medical student. And one of the questions that I was asked is why I went into pediatric cardiology. Okay, so here I am in Syracuse, and there were several interesting things. You know, this was the mid 1950s to the end of the '50s. As a junior medical student, I came back and joined a class of a hundred with one woman. So now there are two women in my new class, and one woman in my old class, whom I still get in touch with occasionally. And there were very, very few women in medicine, as you can imagine. And the interesting thing, whenever I'd go to the VA Hospital on rotation, these old GIs from World War Two, you know, they'd make fun of the women. And so when I was finishing medical school, I actually didn't like clinical medicine. What I did like was pathology.

So I applied for a pathology residency, and actually I was granted one. But in those days, you had to do a clinical year first before you started the pathology residency. I don't know if that's changed. So I applied for a straight peds residency, internship, so I would not have to go to the VA Hospital anymore. And after I started in pediatrics, I decided wow, I really like this. So that's why I went into pediatrics.

And you know, I had a couple of interesting realizations, you know, as a third year medical student, I now had two children. Two normal, healthy children. And I remember my first clinical rotation as a junior medical student was pediatrics. And I went onto the pediatric floor. And it was my first introduction to all these things that happen to children that I hadn't really been aware of before. I had a sense of awe that people deal with such difficulties, and a profound gratefulness that I had been so fortunate as to have two healthy children. It's a blessing that, and a gift, I hadn't really appreciated before. So there are many experiences that a person has in life.

So I did my three years of pediatrics. I practiced for a little while, this was in Syracuse. And then my husband and I decided we'd like to come out to Oregon, which we did. That was in 1967. When we first came here, he was going to do a peds residency,

which he did. And my plan, really, was to go into private practice. And the reason I'm going into these details is because this is a women's history thing. [laughs]

Interestingly, my plan was to go into private practice in pediatrics. And after I got my Oregon license, I went to work for the Red Cross, just because in those days, they needed a doctor on duty when they did their blood drawings, and I was looking for positions in pediatrics. And I went to an interview, actually with a business manager of a medical group, and he said, "Well, we really need another pediatrician. And our pediatrician will call you when he gets back into town."

So he called one day and he asked for Dr. Sunderland, that was my name at the time. And I said, "Oh, this is Dr. Sunderland."

And he said, now this is 1967, he said, "Oh, they didn't tell me it was a woman. I'll call you back." So, let's see, that's forty-two years ago. He hasn't called back yet. [Desai laughs] Isn't that interesting? [laughs]

So I thought, okay. And so I continued working with the Red Cross. But you know, when I had done my peds residency, I had really enjoyed pediatric cardiology. So I spoke to Martin Lees, who was the director of pediatric cardiology here, and who said I could come up and volunteer, just attend the pediatric cardiology clinic that Dr. Menashe, who is still here, was running. So I started coming to the pediatric cardiology clinic, and then I applied for a fellowship, which I received. And I started my pediatric cardiology training.

And you know, it's amazing how life works out the way it's supposed to. The day I started in pediatric cardiology, I just loved it. It was interesting, it was challenging. There was so much to think about. I was always learning, and this is actually part of what I tell medical students whom I interview, and so I was always learning, always enthused about things, and even helped people. And that's, I'm sincere when I say this, because I also apply all of that to the whole profession of medicine. I know there are unpleasant things you have to deal with. But you know, whatever you go into, there's stuff you have to deal with. So certainly, especially at a time when you're just starting out, focus on the idealistic part of it, because that's the thing that will keep you going. Anyway, I loved pediatric cardiology. I just loved it.

Interestingly, when I started as a fellow in pediatric cardiology, there was a fellow from Australia. And we became very good friends. But he kept emphasizing to me that well, in his country, women doctors are called "hen medics." [laughs] So for a while there, I called myself a hen medic.

So, I don't know if I'm telling you what you're interested in.

DESAI: Absolutely. Every bit of it.

BEYL: Okay. Right. So after I finished my fellowship, and by this time, I loved Portland. I just loved Portland. And my kids, by this time I had three kids. We loved

living here. So Dr. Olmsted was chief of pediatrics at that time. He still comes to pediatric grand rounds, offered me a position to be on the faculty here, which I accepted.

Okay, so I started on the faculty here, I think in 1970. And I loved it. And actually, the truth is, I would never have retired. Never. I just loved my work. But I also wanted to go back to school and study languages, literature and history. And actually, before I retired, I started going back to school at night. And then I decided I wanted to be a serious student. So I actually retired in 1970. I continued working part time for a year. Since I've retired, I've also been volunteering with the admissions committee here, and I'm still doing that. But I've been a full time student at Portland State. I completed a bachelor's degree in French, did a minor in Spanish, I don't remember what year. And then actually completed a master's degree in French a few years ago. I am now working on two master's degrees: one in Spanish and one in history. And I still volunteer with the admissions committee. I screen applications and I interview applicants, as you know.

I'm also now volunteering at a pediatric clinic for poor children that's across town. And that, I can tell you, is a challenge, because I practiced pediatric cardiology for thirty-some years. And general peds is not something I've done since I was a pediatric resident. So I'm now spending a lot of time in the pediatric outpatient clinic with Dr. Jaffe and Dr. Farrell. And the pediatric residents are very patient with me. But you know, I have to learn all these new things in general peds. So, anyway, that's what I'm doing now.

DESAI: Wonderful. I'm going to take you back a little bit–

BEYL: Okay.

DESAI: –to high school.

BEYL: Oh, high school. Okay.

DESAI: You knew that you were going to go to college.

BEYL: Right.

DESAI: There was no debate in your mind.

BEYL: That is correct. I had a really good friend who was going to summer school as well. And we used to walk to her house afterwards. And I remember, I mean, I was going to summer school so I could get out of high school early, so I could start college early. And I remember one day we were having this discussion, and she wasn't going to go to college, just because girls didn't go to college. And that shocked me. I mean, I was surprised that here was this intelligent, smart girl who wasn't going to go to college because girls don't go to college. I had never heard such a thing, which was kind of interesting. Yes, there was never any doubt in my mind that I was going to go to college.



DESAI: Sounds like your mother was such a large influence in your life.

BEYL: Yes.

DESAI: Were there teachers or other people who also encouraged you along those lines?

BEYL: You know, it was mostly my mother. And perhaps my sister and brother.

DESAI: Did you feel any, I'm sure there were many challenges, but did you feel sort of some looming challenges when you were in high school? High school, obviously those years are some of the most difficult years when you're growing up.

BEYL: Yes.

DESAI: And you were in a family in which, obviously having a single parent—

BEYL: Right.

DESAI: —was not the norm then. The idea of going to college, of course, was not the norm, either.

BEYL: Right. You know, I didn't feel that, the truth is that I never felt deprived. I also felt that I wasn't considered inappropriate because I was planning to go to college. I never felt, I mean, the teachers that I had in high school were encouraging, but not super encouraging. It wasn't, it wasn't a negative experience. I think most of the inspiration really came from my mother. I didn't appreciate it at the time.

DESAI: As most of us find out. It's not till we're older.

BEYL: Right. You know, and it's interesting. I was talking to somebody once about I wish my mother was still alive so I could make peace with her. And I realized that my mother knows that I've made peace with her.

DESAI: That's wonderful.

BEYL: Yeah.

DESAI: When you went to the first two years, was it Champlain College?

BEYL: Right.

DESAI: What were you studying at that time?

BEYL: Oh, biology. And let's see. I was taking biology and Spanish. That kind of thing. I wasn't really serious. I was in the drama club, so we were— [laughs] When I was in high school, I was voted the class actress.

DESAI: Really.

BEYL: For whatever that's worth. And I think I was in the chorus or something, because I used to like to play the piano and sing songs when I was supposed to be practicing Chopin or something like that, I would just play the piano and sing songs. And the whole time my kids were growing up, that's what we did. We played the piano and sang songs.

DESAI: That's great.

BEYL: So interestingly, this is after I retired, we actually went to Laval University in Quebec City, where I was in this intensive French program. So they had a chorus for the people who were in this program. And so I showed up for it, because I like to sing songs. And they kicked me out. [laughter] They didn't like how I sang. So I guess being a professional singer is not going to be in the works for me.

DESAI: Not quite in the cards. Yeah.

BEYL: Right. Right. You know, I have a granddaughter who, she doesn't understand how I can go to school if I don't have to. And so I said well, you know, now I'll be seventy-four, so I'll go to school for the next twenty-six years, and then take a year off and decide what to do when I grow up. So she asks me, "Bubby, when will you be grown up? Will you be grown up at 115?"

I say, "Yeah, probably."

DESAI: So after you, so Champlain College closed.

BEYL: Right. It closed. Because it had actually been opened for GIs returning from World War Two. So then it closed and I transferred to this American International College in Springfield, Massachusetts. And the reason I chose that college was because I wasn't required to do P.E. That was the sole reason I decided to. Well, anyway.

DESAI: There are always good reasons for everything, right?

BEYL: Right. There are always good reasons for everything.

DESAI: So then what were you focusing on when you were there?

BEYL: Biology, botany. Because I was thinking I probably would go into some kind of science. I kind of liked the forest zoology idea. So when I moved to Syracuse to join my husband, I applied to the forest zoology program at Syracuse University. And I

was accepted. So I started there, but then I decided, hey, I want to go to medical school and be a doctor like my mother.

DESAI: So that's what I was going to ask you. So where did that desire—so you started, obviously, thinking about forest zoology.

BEYL: Yeah. Actually my mother, my mother wanted me to be a doctor. She kept talking to me about that. So my pursuing and considering other things was more a rebellion against that. And then I realized, I think that's probably what I want to do. It's hard to know exactly why we make these decisions.

DESAI: Sure. Sure.

BEYL: And that's why I feel very fortunate that I did make that decision. Because, and even though this sounds rather emotional, I'm really sincere when I say I feel so fortunate that I have had the opportunity to be a doctor, with a life of constant learning, constant challenges, constant thinking. And also make a difference in the world and help people. And you know, when I started in this, I wasn't thinking in terms of being in an academic position all my life. But in reality, I feel very fortunate that that is the way that my professional life was directed, because in an academic position, one, I'm constantly interacting with my colleagues. And there is a certain amount of peer review that goes on with that. And I'm not saying that in a negative way. We were constantly challenging each other to stimulate thinking, and encourage new ideas in ourselves and in our colleagues. And it's this constant interaction, so that I've been constantly teaching, constantly doing research, presenting papers at meetings. I feel very fortunate that that is how my life direction went.

DESAI: When you married your first husband, you also said that he was in medical school at the time.

BEYL: That's correct.

DESAI: How was his support of you at that time?

BEYL: Okay. Let's see. I started medical school the year he graduated. So then he did a family practice residency. And I think when I was either a freshman or a sophomore medical student, you know, it wasn't easy. And I remember him saying to me, "You can do whatever you want, as long as you do all the things a wife is supposed to do." There was something else that came to my mind. Oh, yes. You know what's interesting, I go to Portland State, and I don't know if you've had much to do with Portland State. But in my classes, there are many people. And Portland State is a very unique environment. In my classes there are actually many women, and men, too, who have children, who also work, and they go to school. And I look at them and I say to myself, how do they do it? And then I think, well how did I do it? Well, you know what I came up with? I was fifty years younger. [laughter] That's all I can come up with.

DESAI: So after you got into medical school, describe some challenges that you experienced—

BEYL: Okay.

DESAI: —as one of two women in your initial class.

BEYL: That's right. Right. Right. Well, there was a certain amount of, interestingly, there was a woman on the faculty. Her name was Ellen Cook. I think that was her name. And so with the two, since there were the two of us, the two women medical students, she actually was very nurturing to the two of us. And I think most of the challenges as a woman, especially, oh, yeah, as a woman with children, came from some of the wives of medical students, who said, "Well how can you go off and leave your children?" I mean, what does that have to do with anything? And of course, my mother had been a professional woman. And then in places like the VA Hospital, of course, we were ridiculed sometimes. And you know, the challenges of being a medical student that everybody faces.

And there were a couple of things, you know, with little kids, one of the things I learned was when I wasn't studying or when I wasn't—any free time I had was for my kids. I did not spend time cleaning house. If you clean the house today, it's going to be dirty tomorrow, so why waste your time on it. So I spent whatever time I had, and even, with my children. And I remember, and I always worried about whether I was spending enough time with my children. By this time, we were in Syracuse. And one day my oldest daughter came home and she said, "You know, Mom, my friend" so and so, I don't remember, "she said that she really envied me," (my daughter) because my daughter's mother spent so much time with her. And I thought, wow. Anyway, whatever. I'm not sure I've answered your question.

DESAI: You've answered it wonderfully. Medical students even today, though, will say the same thing if they have children, that it's very hard to balance the two.

BEYL: Right. And this is true for men and women. I think the greatest thing about the women's movement this last bunch of years is how liberating it's been for men. Because before that, men were deprived of the joy and the fulfillment that comes from a relationship with their family. Now men can share in that, and feel good about themselves. I think that's important that men feel liberated. It's been as liberating for men, maybe more so, than for women. And I think that's important.

DESAI: Did you feel like you achieved the balance that was right for you in medical school?

BEYL: I was always worried about it, so I can't say that I felt like I had achieved the balance that was right. I was always working towards it.

DESAI: What did you worry about most with that balance?

BEYL: Oh, I worried about spending enough time with my kids. Worried about, I mean, I had all the same concerns that any parent does. When my kids grow up, what will they think about me? Will they resent the time I spent with this?

DESAI: And now that you look back, you can sort of see what happened. How do you think it all came out for you in the end?

BEYL: I feel very fortunate. You know, there are some things I'm sure I didn't do right. You know, as I tell my kids, I have no control over what I've done in the past. The only thing I have any control over is what I'm doing right now. And hopefully learn from my past experiences.

And of course that applies to the practice of medicine. You know, the practice of medicine, it's not cut and dried. And what I say today might be different tomorrow. And medicine is judgment. You know, I do a lot of mountain climbing, and they make a big deal about your first aid kit. Well I keep trying to tell them the most important first aid kit isn't that box down there; it's right here [points to her head]. I'm not sure why I brought that up.

But, and you know, and of course that's what the practice of medicine is. And the same thing with life. It's judgment.

DESAI: What would you say was a positive event or events in medical school?

BEYL: Oh.

DESAI: For you.

BEYL: Huh. Well, well, I think perhaps one was the pediatric cardiologist in Syracuse. Because he was always very encouraging. And it could have been because his wife was a doctor. I don't know. But he was always very encouraging. And I think that had a big influence on the fact that when I came out here, I then ended up in pediatric cardiology.

DESAI: So this person did have some potential influence for you.

BEYL: Yes. Yes. Oh, I'm sure he did. George Hussein was his name. And that was interesting.

DESAI: Were there other faculty members you can remember in medical school that had a similar influence for you?

BEYL: Okay. I'm trying to remember. You know, once I was accepted to medical school, the professors were very encouraging. You know, the professors were very encouraging.

DESAI: That's nice to hear.

BEYL: Yeah. I don't know if that's true everywhere, which then leads me to here at OHSU. And this is also what I tell medical students whom I interview who are applying to medical school here. One of the things that all of us medical students felt in Syracuse at that time, was that teaching was not a high priority. And in many ways, we felt that we were in the way. And it wasn't just I as a woman medical student; it was all of us. And that the professors really were focused on their teaching efforts and so forth on the subspecialty fellows, and so forth.

And when I started here in 1967, and of course I was in pediatric cardiology, what impressed me was the concern for teaching, the focus on teaching, that everybody was important. And this included medical students, nursing students. I mean, even the public. So that the medical students and the faculty were in a collegial relationship. And what that did, that collegial relationship meant medical students didn't have to compete with each other. You know when I was going to medical school, there was this old tradition of you have to see who's going to fail so that the others will remain. That wasn't the philosophy here. It was a collegial relationship, which makes for a more positive learning environment. And this is part of also what I tell medical students, you know, the applicants to medical school, that we have a collegial relationship.

And actually I and others of my colleagues became good friends with medical students when I was pediatric attending. At the end of the rotation, I would take my team on a hike. [laughs] Somebody was talking about that the other day, whom I met someplace, I don't remember where. But it's a collegial relationship. And I think that's very special to OHSU. And I think, it wasn't called OHSU in those days. But I think that dedication to teaching continues.

DESAI: When you got into your pediatric residency and then made the decision to continue on and complete that, what would you say during that time were both challenges of being a woman in a pediatric residency program, as well as, potentially, advantages or growth things that you experienced?

BEYL: Yeah. I think, I remember my first night on call as a pediatric resident. We had a kid in who, the interesting thing, you know, he was comatose. And this is, you know, this is, okay, let's see, I graduated from medical school in 1962, so it's the early '60s. And we went through all kinds of things. The child died. And then it turned out that he had a very high salicylate level, so he really died of salicylate poisoning. Well, the kid had been sick. And his family had given him baby aspirins. But anyway, it was sort of my first experience with death as the doctor. And this is an experience that isn't just peculiar to a woman doctor. I think all of us have been through this. And you know, the difficulty, the challenges of facing these things, the challenge of facing responsibility for people's lives. And that's part of the challenge of being a doctor. Doesn't make it any easier to know that, but it's true.

Interestingly, today, because I continued, I go to the pediatric morning report. And then today I went, to the pediatric grand rounds. I do that, and then I walk down to Portland State, because I have class. But there was this difficult case that they presented, patient that they presented, with a disease that isn't in my spectrum of care. And I think to myself, wow, you know, the challenges, the difficulty of knowing that you can't cure somebody, persist. And how do we, how do we as doctors deal with that? It's an ongoing issue that we have to deal with. It's never resolved.

DESAI: How many women were in your residency program?

BEYL: Okay. Probably three.

DESAI: Which is still a small number.

BEYL: Yeah. You know, there were fields that were closed, sort of closed to women. And actually this is after I was here and on the faculty. And I used to write LORs, you know, I used to write dean's letters for medical students applying to programs. And so one young woman medical student, she was an outstanding medical student, she was interested in going into OB/GYN, which at the time was only men. And she went to the chief of OB/GYN here, I'm not going to say his name, because she was applying. And she came to me afterwards, and she said, "Yeah, he called me a ball breaker." [laughs] Because she was applying to a program that was, hey, women don't go into surgical specialties.

DESAI: Did she get in?

BEYL: Not here. She got in someplace else.

DESAI: Good for her. Actually, this reminds me, have you kept in touch with the woman colleagues from your residency program, and the woman that was in your medical school?

BEYL: Actually, I have been in touch with the woman who was in the class that I started with. And she's actually in California. And she is married to somebody who was the head of some department. Interestingly, when, before we actually started medical school, and I was living in this apartment, you know, when I had one baby. And one day somebody came knocking on the door. This was in August, just before school started. Anyway, it was this young woman with her mother saying, "Cecille," she said, "we're going to be in the same class. Could we live together?"

So I explained, "Well, actually I have a husband and a baby. I don't know that that would work out." [laughs]

DESAI: And how about folks from your residency program?

BEYL: Okay, I haven't really, oh, yeah, there was one guy whom I did see from time to time because he became very prominent in pediatric, sort of behavioral pediatrics.

DESAI: When you came to Oregon, there was a gentleman that you mentioned, Martin Lees.

BEYL: Martin Lees, yes. He was the chief of pediatric cardiology.

DESAI: How did you know him? Because at the time, if I recall correctly, you were working with the Red Cross.

BEYL: Yes, I was working with the Red Cross. But my husband was in the peds residency program here. So he mentioned Martin Lees' name, so I got in touch with him. That's how I knew about him.

DESAI: So I'm curious, because you know, it's no small feat to call somebody and say, "This is who I am, and this is what I'm interested in."

BEYL: Right.

DESAI: I'm interested in how that all came to be.

BEYL: Oh. Well, I called him and explained that I was interested in pediatric cardiology, so could I come up and go to some of the clinics. So actually Dr. Lees spoke to Dr. Menashe, who ran the pediatric cardiology clinic and asked if I could come to the Friday afternoon clinic, which I did. Victor is still here. We're still good friends. And Victor was also very accommodating and kind to me.

DESAI: Because I'm imagining at that time across the country there were probably many instances where women physicians did not have necessarily the mentorship one would imagine.

BEYL: That's, I'm sure that's true. I feel fortunate.

DESAI: It sounds like he was quite inviting.

BEYL: Oh, Martin Lees? Yes, he was. He was. And interestingly, when I started the fellowship, there were a couple of things that came up. I hadn't, I don't know how long I'd been in the fellowship, maybe a few months, and a baby came in. and at this time I had three healthy kids who, one was eleven, one was whatever, seven, and the other one, four, or something on that order. And a baby was admitted with severe congestive heart failure, the kid was maybe six weeks old, or something like that. And absolutely purple, intensely cyanosed. The baby actually had transposition of the great arteries. And the baby had severe congestive heart failure, very sick. And the mother explained that she spent all her time just taking care of this baby. And I thought wow, if I'd had a sick baby, I wouldn't have been able to do what I did.



And then the other thing is, Dr. Lees had gone to a meeting where a procedure, a catheter procedure for helping a baby with transposition, called a balloon septostomy, he suggested that. So actually, I got to do the first balloon septostomy on this baby. It saved the baby's life. Yeah. And I thought, wow.

DESAI: You'll have to remind me again how, your interest in pediatric cardiology, did it start in your pediatric residency?

BEYL: Yes. Right. When I would rotate, when I rotated through pediatric cardiology with George Hussein. Marie Blackman was his associate. She's a woman, obviously.

DESAI: And they were large influences in that decision for you?

BEYL: Yeah. Yes. I think so. One, I thought it was interesting. I liked their personalities. They were very encouraging to me. And the fact that I was there didn't seem to be anything terribly unusual that needed to be focused on, or even the fact that I had children. I mean, there were men in my class who had children.

DESAI: When you were finished with your pediatric cardiology fellowship, do you have a sense of how many women were in that field at the time?

BEYL: Okay. I couldn't honestly say a percentage. Interestingly, I'm trying to remember her name. I can't think of her name. The woman who actually, oh, Helen Taussig, Helen Taussig actually is quite famous. And there was a documentary about Helen Taussig, who suggested to Blalock, you know, this blue baby operation, and then the African American gentleman who actually perfected the operation. Anyway, Helen Taussig, who basically started the field of pediatric cardiology in Boston, I remember going to an American Heart Association meeting, the pediatric cardiology section. And I'm sitting there listening, and this gray-haired, tall woman got up and asked a question. And I realized, oh my goodness, that's Helen Taussig! You know, I felt I was in the presence of history.

DESAI: Yes.

BEYL: I felt really fortunate. And there have actually been a few people after, I think I was still a fellow, actually, when I went to California, at UC San Diego, where, I can't think of his name right now, who was the director of pediatric cardiology. But I went down there to learn some things. And you know, he was very encouraging. There have been many people who have been very encouraging along the way.

DESAI: That's great.

[tape change]

DESAI: This interview of Dr. Cecille Beyl was conducted for the Oregon Health & Science University Oral History Program on February 26, 2009, in the BICC Building on the Marquam Hill campus. The interviewer is Dr. Sima Desai, and this is tape two. So I am actually going to ask you this question that we were talking about off tape, which is you in fact do seem to have this very distinct love of learning. And so I'm going to start with the question of, is that in fact why you stayed in academic medicine?

BEYL: Oh. Well, that's a good question. I mean, as far as academic medicine, that's a big part of it. But you know, I loved my work. I loved the patient care. I was doing research, which was exciting. I was doing teaching, and teaching is exciting. And interacting with my colleagues. And then the patient care, the relationship, you know, that I had this long term relationship with my patients, and felt like I was making a difference in the world. I feel like I had everything.

And, but, the other side of it is a physician who is out in private practice is also having a lifetime of learning. And an interesting thing that I bring up frequently when I'm interviewing applicants, medical students, is the idea of what we have here, what is it called, rural health rotation. The rural health rotation started before I retired. And in pediatric cardiology, and I know this is true of other things, areas as well, we have clinics all around the state in different physicians' offices. And the thing, and so, frequently when I was in Coos Bay, for example, doing a pediatric cardiology clinic, we'd have some of our medical students who were down there. And the thing that a medical student, those of us who spent our life here in an academic center feel that we're the only ones who practice this quality of medicine, who become very arrogant and narrow-minded. And what you learn from spending time with a rural health group is to realize wow, these guys, they practice high quality medicine, also, and they are constantly learning. And I think that's an important lesson. And actually, I tell this to the medical school applicants who I interview. I think that's very exciting.

So I'm not sure that I answered your question exactly, but we're not the only ones who spend a lifetime learning. Isn't that, yeah, that's a little surprising, isn't it? [laughs]

DESAI: Yes. Yes. When you completed your pediatric cardiology fellowship, you mentioned a Dr. Olmsted.

BEYL: Dr. Olmsted, Dick Olmsted, was the chief of pediatrics. Interestingly, Dr. Olmsted is still alive. I go to pediatric grand rounds every Thursday, and Dr. Olmsted comes to the pediatric grand rounds. And the pediatric supportive personnel are very kind to him, and we're all very respectful. There have been a number of chiefs of pediatrics since Dr. Olmsted, but Dr. Olmsted is still there, and he still comes.

DESAI: So did he approach you about staying on, or did you approach him?

BEYL: No, he approached me. I was actually looking for positions as a pediatric cardiologist, and he approached me.

DESAI: What do you think it was about you that he said, “I want her to be on the faculty”?

BEYL: Oh. Well, I don’t know. I’m a hard worker. I don’t know. I mean, if I were looking for somebody, I would want somebody who enjoys teaching, who enjoys doing research in pediatric cardiology, who is good with their hands, because they have to work in the cath lab, at least we used to. Who enjoys teaching. I don’t know. But I hope I had the right qualities.

DESAI: Did you contemplate going into private practice?

BEYL: Yes, I did, at that time. I did. You know, my life has been a series of unplanned good outcomes.

DESAI: So you decided to stay around the idea that he had asked, or in fact were there other reasons?

BEYL: Well, one, I liked OHSU. I liked the academic environment, and I liked Portland.

DESAI: How many women were on faculty at that time?

BEYL: Right. Okay. In pediatrics, there were a few. In internal medicine, there were several women in internal medicine. Marion Krippaehne was on, did you know her?

DESAI: I have met her, yes.

BEYL: She was very supportive. And there was a woman in radiology. And the people in the radiology department were also very encouraging and supportive. When I was a fellow in those days, when I first started, we used to do the cardiac cath by making an incision and then putting the catheters in this kid. And I saw that in the radiology department they did it percutaneously. So I said, well, let me rotate through radiology and learn how to do it percutaneously. And they were very welcoming. The staff, Dr. Dotter, the technicians who worked in radiology, they were very supportive, and very encouraging to me to learn this new technique which I then brought over to pediatric cardiology.

DESAI: How many women faculty were in pediatric cardiology when you were hired?

BEYL: Here? Well, there were two people on the faculty at the time, and so I made the third. [laughs.]

DESAI: Wow. I’d love to understand a little bit more about what it was like to be a faculty member, especially to be a woman faculty member in a large academic center.

BEYL: Well, I think people were very supportive. There were a few of us. And Ruth Matarazzo, do you know who she is?

DESAI: No, I don't.

BEYL: She was in Medical Psychology. And she started a group. I think she's the one who kind of started a group of women faculty members so that we could talk about issues and be supportive of each other. So I don't remember all the people who were in it, but Ruth Matarazzo, Marion Krippaehne, myself, and anyway, a few other people.

DESAI: How often would you meet? And where would you meet?

BEYL: Oh, yes, and Fran Storrs. You must know Fran Storrs.

DESAI: Yes. [laughs]

BEYL: Oh, I don't know how often we would meet. But one of the things, Fran Storrs, of course, is very outspoken and supportive. So I remember when I was writing the dean's letters, and this young woman who, she was told that because she wanted to go into a "men's" specialty, that she, well, anyway, it was kind of an obscene sort of thing to say. Fran Storrs kind of took up the crusade.

DESAI: Do you recall some of the issues that you all would talk about that you grappled with?

BEYL: Yeah. We talked about unequal pay for equal work, the issue of somebody, somebody's boss had given her flowers or chocolates or something like that. So we got on about that, skip the chocolates and the flowers, just give me equal pay for equal work. And I know that at times I may not have been paid equally to what I might have if I had been a man. And if this were an issue now, I might react. At the time, I didn't give it a thought. But you know, I can't go back to forty years ago, or thirty years ago. I can just go back to what's going on now. Like I tell my daughters, I have no control over what I did yesterday, just what I'm doing right now. And the only person I have any control over is myself. And my husband, because I beat him up regularly. [laughter]

You know, I say that there's an inverse relationship, you know this, well, you know this because you're a scientist. There's an inverse relationship between body mass and intelligence. It's the fixed energy phenomenon. Because when your persona is being formed, it makes the choice of putting the bulk of energy into building intelligence or building mass. So it's clear— anyway.

DESAI: [laughs] What other issues do you recall were significant for women faculty, including yourself at that time, besides the unequal pay?

BEYL: You know, it's hard to judge. I think some things that, you know, for example as a medical student, I took a year off to have a baby. But then actually that's because I want, the truth is, I sometimes think the reason I planned to get pregnant at the time was so that I could take a year off from medical school because it was so intense. I mean, in a related issue, I think that again, this liberation for men issue, you know, in the old—I say the old days, and people say the “good” old days, well, they weren't so good—the only people who could take time off to have a baby were women. Now men can take time off because they have a new baby. A man's, as the other parent, his interaction with the baby is as important as the woman's. I mean, I may be the one to breastfeed, but he's going to be the one to give equal nurturing. So I think a lot of these issues have been very liberating for men, too, and I'm glad of that.

DESAI: As you progress through your academic career, assistant to associate to full professor, you obviously did quite a bit of research and teaching and clinical care. Was there a particular part of all that you did that you loved the most?

BEYL: I guess what I loved the most was teaching. And when I came on the faculty, or actually, I think maybe while I was still a fellow, I don't remember, I started this thing called, you know, we had patients who came in for cardiac cath. And they'd come in, we did the caths on Mondays and Wednesdays. I don't know if it's still the same. So on Wednesdays we would have a collection of patients in the hospital who had a number of physical findings. So I started this thing called murmur rounds. And it would be on Wednesday afternoons. So I would go through, even if I wasn't the one who was on service at that time, I'd see what patients we had, and then what physical findings they had that would be interesting. And I'd go to the families and the kids and explain that I'd like to do this thing with medical students, it's teaching, and is it okay if we come around and talk to you and examine the kid and all that stuff. It was always done with people's permission.

So then I would meet with the medical students who were on pediatrics. I would go through the, I might have picked one or two or three things, and we would go through what was going on, what the physical findings were, and then we'd go examine the patients. And I used to love to do murmur rounds. [laughs]

Oh, a few years ago, I started going to a new doctor, a woman doctor. So when I showed up and I was listed there as Cecille Beryl, she kept looking at me. And she said, “I know you from someplace.”

And I said, “Yeah, my name used to be Sunderland.”

And she said, “Oh, yeah! Dr. Sunderland! Murmur rounds!”

DESAI: [laughs] That's wonderful.

BEYL: Yeah. So I used to love to do murmur rounds. I continued it for a little while after I had retired, but then I stopped, because school work, plus I retired to go to school because I was now putting my study effort into something else. And I don't think you can be a part time pediatric cardiologist.

DESAI: Did you find it challenging to get promoted?

BEYL: Um—

DESAI: And specifically, again, sort of focusing on being a woman.

BEYL: Right. Okay. You know, I think I was promoted a little faster than some other people were. And for a while, I was actually on the promotion and tenure committee. And I think it was while I was an associate professor, I'm not sure. You know, when I saw what they, things that they put people through, I just don't remember that as being a big challenge. When was I promoted to full professor?

DESAI: You were a full professor in 1981. So—

BEYL: I had been on the faculty for eleven years.

DESAI: Eleven years.

BEYL: That's not terribly long to be promoted to full—

DESAI: I think it's wonderful. I thought maybe I should talk to you. [laughter]

BEYL: Yeah, I don't—yeah, so okay.

DESAI: That's great. And then you also, you were also the director of pediatric—

BEYL: Yes. I was the director of pediatric cardiology when Dr. Lees left. It was not a position I went looking for. But Dr. Lees left, and so Dr. Olmsted, I think it was Dr., no, it was Dr. Neerhout by then, asked me to fill in as chief of pediatric cardiology. But I didn't really want to be chief of pediatric cardiology. I didn't want to be an administrator and all that, that's necessary.

So anyway, while I was chief—so then actually for a little while, I was here all alone. And then Mary Rice came. And I had actually been invited to give some talks at the Mayo Clinic. And while I was there, I had met her. She was a fellow. And so then I called and asked if she had a job. So I offered her a job, because she came highly recommended. And then I hired Mike Silka and Mark Reller. Mark is now chief of pediatric cardiology, and he is very good.

And let's see, while I was chief, I think we hired Mike Silberbach. But I didn't really want to be chief of pediatric cardiology.

DESAI: Sounds like it turned out okay.

BEYL: Oh, yeah.

DESAI: Good. One of the things that I know we were talking about, and I had said this just a bit earlier, you seem to have a lifelong love of learning. Where does that come from? What motivates you?

BEYL: Well you know, what I say is it's an escape. You know, I have an interesting experience on Thursdays. Most of the time, my classes at Portland State are on Tuesdays and Thursdays. So on Thursdays I come to pediatric grand rounds. And then I either walk or take the bus down to Portland State for my classes in medieval French literature, or medieval Spanish literature, or medieval history, or whatever the class happens to be. And it's like two different worlds. In the morning, I am in the world of these unfortunate things that happen to children. And then I go escape from that. Sometimes I think I go to school to escape from reality. But there's so many, it's a completely different way of thinking.

When I started going to school, while I was working and I was going to school at night, interestingly I felt as if half my brain had been dormant, and that it was waking up. And it was this constant challenge. It was so exciting to be constantly challenged. And as a student at Portland State, you know, I go into the classroom, I'm not the authority. And up here, when I'm giving a, or I start off the murmur rounds, I'm the authority. "Oh, Dr. Sunderland! Dr. Beyl!" Whatever name I'm going by at the time, but I'm the authority. And when I go to Portland State, I'm not the authority. Somebody else is. So I am learning from this professor.

And the other exciting thing is that in most of my classes, my French classes, Spanish classes, history classes, literature classes, other students in the class know far more than I do. And that's very exciting, and very challenging. And the constant revision of my thinking, and ways of thinking, are very exciting. I feel like, it's almost like being born again.

And interestingly, this term I'm taking a history class called the Einstein Revolution. And my husband reads a lot of this physics and mathematics and cosmology. And he's been talking about all these things. And I sort of let it go in one ear and out the other. But now I'm actually reading this. And the philosophical aspect of thinking about these things for this history class and the literature class that I'm studying, is completely different. It's about messiahs in literature. But the considerations here, it's almost a similar train of philosophical thinking about the nature of things. And it's a completely different way of thinking that I realize if I, I don't know if this is true of other people, but I haven't in the past been accustomed to opening my mind to these ways of thinking. And it's such a privilege to be able to do that.

DESAI: If you were to look back on your career in medicine, what do you think about? What comes to mind?

BEYL: I think how fortunate I've been. I am so grateful for the opportunities that have opened up for me. That is really what I think about all the time. I feel so fortunate. I

have thoroughly enjoyed my career in medicine. I really have. I feel so fortunate to have been able to do this.

DESAI: If you were to pass on to people like myself, future generations, those that are already in the work force, what advice would you give us all?

BEYL: Believe in yourself. Believe in your ability. And keep learning and challenging yourself. And I'm trying to think of how to say this. Medicine is truly exciting. It's a wonderful career. But I think it's also in order to keep your perspective, to have some other intellectual interest that keeps you still thinking. You know, if I hadn't had this desire to go back to school, I would never have retired. I mean, you can't practice medicine and that be the only thing, and then retire. I think it's important to have other things to think about in addition to medicine.

DESAI: Once you finish these two master's degrees—

BEYL: Oh, well, then, well, first of all, I'm working on these two now. First of all, I have never studied philosophy. I would like to actually study Italian. I would also like to study Hebrew. I'm not sure that I'll actually finish all these degrees. But let's see, my granddaughter said that I would be grown up at 115?

DESAI: That's right.

BEYL: Okay. So that's how many years from now?

DESAI: [laughs] You still have some time.

BEYL: I still have some time. Yeah. Let's see, twenty-six and fifteen is forty-one. So I have forty-one years.

DESAI: That's enough time to get in a few more master's degrees.

BEYL: Yeah. It's not the degree that's important, it's the fun of going to school. And I feel very fortunate to be able to, you know, very fortunate to, one, be here at a time like this. Be in good health. Some of it is lifestyle that we choose for ourselves. But a lot of it is just plain luck. And I feel very fortunate.

DESAI: I certainly appreciate you sharing your story. I guess before I end it, is there anything else that I have neglected to ask that you would like to share?

BEYL: Well, I appreciate Oregon Health & Science University and your interest in me. I'm quite honored and humbled by the fact that you're interested in talking to me. So, thank you.

DESAI: It's a wonderful life story. I appreciate you sharing it.



BEYL: Well, thank you.

PIASECKI: You were here during a period of time when OHSU was really making advances in cardiology, cardiac surgery, with Dotter, Judkins, Starr.

BEYL: Right. Mel Judkins was here.

PIASECKI: So my, and you had gone on a sabbatical to London to study tetralogy of Fallot.

BEYL: Well, I went to London to study cardiac morphology. Yeah. So it wasn't just tetralogy.

PIASECKI: So, but, you were part of a group that pioneered a new technique for a correction.

BEYL: Yeah.

PIASECKI: Which was a first. So the question is, did you have a sense at that time that OHSU was pioneering?

BEYL: Yes.

PIASECKI: And did you have a sense of what OHSU's image was nationally, internationally? How did that change over the time that you were here in cardiology, or just in general?

BEYL: I actually came a little bit after this had begun. And tetralogy of Fallot before this was helped with the Blalock-Taussig shunt. And actually Albert Starr and Victor Menashe and Martin Lees started this primary intracardiac repair of tetralogy where possible. And that was really revolutionary. I came a little bit after they had started doing this. So I sort of benefited from it. I wrote it up and presented it. But I sort of benefited from the work that they had started before I even came here. And OHSU was known for early primary intracardiac repair of tetralogy of Fallot. And that was due to really the pioneering work of Albert and Victor and Martin Lees. I sort of benefited, then, I sort of came in and got on the bandwagon, so to speak. But I didn't initiate it.

When I went to London in 1987 on sabbatical, I was studying cardiac morphology with Bob Anderson and his group. Interestingly, we were living in an apartment near Regents Park. So I would go running through Regents Park in the morning, run around the zoo. The people who worked in Bob Anderson's lab, [S.] Yen Ho was one of the people. anyway, one day I said to them, "Let's have a potluck at our apartment." They wanted to know what a potluck was. [laughter] So I explained. So we had a potluck. There were some people there from Brazil and Argentina. And anyway, they decided that was really a good idea. [laughter]

Okay. Did I answer your question?

PIASECKI: So when you came to OHSU, did you have a sense in the '60s that it was a place that was an exciting place to be?

BEYL: Yes.

PIASECKI: It sounds like you did.

BEYL: Yeah. No, I mean even before I came here, I knew that it was an exciting place to be for a couple of things. One was the primary intracardiac repair in early infancy of tetralogy. The Starr-Edwards valve was well known. I remember as a medical student in Syracuse, a woman came in that they brought in when I was a medical student, and she had a Hufnagel valve. I don't know if you've even, did you ever hear of the Hufnagel valve?

DESAI: I have.

BEYL: I mean, it was a valve placed in the sort of the aortic arch, a little bit proximal to the aortic arch, for a severe aortic insufficiency. You could hear this valve across the room. But the woman was alive, anyway. Albert and Edwards sort of figured out this valve, and it revolutionized the treatment of aortic valve disease in adults. So of course I'd heard of that. And of course I worked with Albert and the other surgeons who came and worked with Albert. I don't remember if I was taller than he, or he taller than I. [laughter]

Am I answering these questions correctly?

PIASECKI: I'm sure that you are.

I don't think that Albert would necessarily agree with your statement that first class cardiology is practiced in all the rural areas.

BEYL: Oh. Well, I wasn't talking about cardiology. I was talking about general medicine and pediatrics. I can't speak to general medicine or internal medicine, but certainly pediatrics. And I don't know if outstanding pediatrics is practiced everywhere. I can tell you that in the groups, in the private communities where we do pediatric cardiology clinics once a month or once every three months, there are a number of groups that practice excellent pediatrics. I can't speak to all groups. But I think the important thing about that is for a beginning, certainly a medical student to learn that in fact it is possible to practice state-of-the-art medicine, even if you are not at the medical center. Not everybody can practice medicine at a medical center. Then there would be nobody out in the rural communities. And that's a bigger challenge, to maintain state-of-the-art medicine when you're out in the boonies someplace.

PIASECKI: Because OHSU did have cardiac cath labs in other kind of clinics then in Coos Bay, would you travel to those?

BEYL: Oh, we would travel to those places, but not doing cardiac cath. Cardiac cath, I don't know about now, but we would just do the cardiac cath here. But we would do a clinic, we would go to Bend, Coos Bay, Eugene once a month. I think they still go to Eugene once a month. Pendleton, La Grande, Medford. And we would see patients. We would bring our echo tech with us. Our echo machine now, they just use the echo labs that are down there. But we wouldn't do cardiac cath there. It's the clinical work.

PIASECKI: And so a follow-up question would be access to healthcare in rural areas, and some of these specialties, the price of malpractice insurance, shutting a lot of these smaller docs out because they can't get the patient capacity.

BEYL: Right.

PIASECKI: Do you see any good solutions to that? Do you see a challenge coming with the health manpower shortage? What do you sort of see as the future for your specialty?

BEYL: Oh, in pediatric cardiology?

PIASECKI: Yeah.

BEYL: You know, I can't answer to that. I have just started volunteering at a pediatric clinic over in Northeast. It's run by Multnomah County. I started because one of my former colleagues, he used to be a peds resident here. He saw me at grand rounds one day and said, "Hey, how would you like to volunteer at this peds clinic?"

I said, "Well, you know, it's been a hundred years since I've done general peds." So I have actually been going to the pediatric outpatient clinic and interacting with, and they've been very kind to me there. So I've just started volunteering there. But I think primary care delivery is going to be a problem. And I don't know the solution to that. And the provision of healthcare, you know, for example, yesterday at the clinic I saw four patients who previously, and this is run by Multnomah County, they pay the malpractice insurance, obviously I wouldn't be able to. And anyway, I saw four patients whose families, you know, because they lost their job, they've lost their health insurance. And this is a very sad commentary on our whole society.

Interestingly, when I was going to Laval University in Quebec City, I called it my sabbatical. I was in the intense French program. So because I was going to school there, even though our health insurance would cover us while we were in Canada, I had to take out their private insurance, which they apologized for the price. Well, the price of it, with full coverage of everything, was something like \$120 a month. [laughs]

But the interesting thing to me is so we hear about—and of course England has the National Health Service. Well, I spent a sabbatical in London and learned about a few things. What I learned, for example, in London was, so there's a National Health Service. But all the doctors there also have a private service. So people with money, they have private insurance. So they come in on the private service and they don't have to wait. When we were in Canada, of course they have a national health plan. Every day, and I read newspapers every day in English, French and Spanish. And every day, every newspaper was full of articles about people who with breast cancer, with terrible coronary artery disease, who were on waiting lists to get their surgery for breast cancer. Where as people with money had private insurance, and they just came over the border to the United States. So even countries with, they haven't got the healthcare problems solved, either. But at least there is some kind of provision for people.

And I think about the kids I saw yesterday. Well, all right, then we could have them go to the emergency room. Well, if somebody is sick, the emergency room can't kick them out. But in the long run, it's a lot more expensive for society, for the hospital, for patients. I don't have the answer to the problem that Sara raised.

SIMEK: Can you give us a brief treatise on what you consider to be the real benchmark in cardiology that happened in Oregon?

BEYL: In pediatric cardiology?

SIMEK: Well, sure, wherever you feel comfortable. Either in cardiology in general, or in pediatric cardiology.

BEYL: Well of course, as a pediatric cardiologist, I haven't taken care of adults. I think the big thing, actually, in sort of both is that when I started in pediatric cardiology, there were many of these conditions that children died from. And they certainly didn't make it to adulthood. Now there is a whole subspecialty of which OHSU is a big part, Dr. Menashe has been a big part of that. And it's called Adults with Congenital Heart Disease. And many of these people, they used to all die. They didn't make it to adulthood. Well now they not only make it to adulthood, but they're living normal lives and doing normal things.

And I had an interesting experience, oh, about a year or so ago. I had hiked up Dog Mountain. I don't know if you're familiar with Dog Mountain in the Gorge. It's not a difficult hike, but it's three thousand feet of elevation gain. And I was on my way down with some friends, and we passed a group of young people coming up. And one young woman in the group, she just looked familiar. And I said, "Oh, you look so familiar." And she said, "Of course, Cecille! I'm—" She told me her name.

Well, this young woman has very complex heart disease. I mean, everything is all screwed up. Very complex heart disease. She's had about six cardiac operations. And she was saying, "Yeah, I'm so slow." Hey, she's two-thirds of the way up Dog Mountain. I

don't care how slow you are. If you can make it up Dog Mountain and, you know, when I first started in pediatric cardiology, she wouldn't have been there at age thirty. And I think that's the big benchmark is the phenomenal progress that we've made in treating, in caring for people. And prolonging, not only prolonging life, but quality of life. I remember when we talked about what we're going to do to, I don't like to use the word "correct," to repair somebody's heart condition. What I say is our goal is not to create an, not to make an anatomically correct heart, but to give somebody quality of life.

Did I answer your question?

SIMEK: Yes. That was wonderful.

BEYL: Oh, good.

SIMEK: Did you encounter any differences between, or any tensions between up here on the hill and in the town? And if so, how did this come about? Were they resolved? And if so, how?

BEYL: Well, I can't answer that totally. When I first started in pediatric cardiology, there was one pediatric cardiologist in town. That was John Bussman. And he practiced at Emanuel.

Interestingly, when I, in my early days in pediatric cardiology, we used to have a Friday afternoon conference. And it was attended not only by the pediatric cardiologists from here and the cardiac surgeons from here who were involved in treatment of children, but also a number of the adult cardiologists from downtown. And that's how I really got to know our cardiology colleagues. And so we were considered part of, we were a whole group of cardiologists. And actually, I'm a fellow of the American College of Cardiology because I passed boards and all that sort of stuff. But I'm still a member of the Oregon Cardiology Group. And so I think that's very positive. Now whether, and then, some years later, Emanuel developed a whole program. The Kaiser Pediatric Cardiology Group Practice is here. You know, I've been out of pediatric cardiology, but it's my impression that we're quite collegial in our relationship with the other groups.

SIMEK: So the town/gown issue didn't really occur?

BEYL: Well, I think we were very collegial. So you know, I can't answer what it's like today. You'd have to ask Mark Reller and the people in pediatric cardiology now.

SIMEK: I'm really curious, for someone who went to American University because they didn't have a P.E. program, when was the transition to climbing Dog Mountain, and running through the parks in London?

BEYL: [laughter] Okay. Okay. Well, interestingly, do you want me to, okay. Okay. In, let's see, it must have been 1974, because it was the year I was thirty-nine.

Wow. Is this all going to be public? [laughter] All right. So in 1974, a young man, and I was on the faculty then, a young man came to do a fellowship in adult cardiology. And he announced that he belonged to the Harvard Climbing Club, and who would like to climb with him. Well by this time, my two older daughters were in college, and had a teenage daughter at home. So I said, "Oh! I would!" Not knowing what was involved.

So he and I and two other doctors went to climb Mount Adams. Well you know, I had never done anything like that before. Never! Oh, yeah, and one woman who was a nurse working in our group. She later went to medical school. So we rented these god-awful climbing boots and ice axes and crampons and all that sort of stuff. And anyway, we climbed Mount Adams. And I don't know if you've ever climbed Mount Adams, but you get part way up and you get to this place called the lunch counter. And I thought to myself oh, if I ever get off this thing alive, I'll never do anything like this again! I had never been so remote. Don't forget, I grew up in the slums of New York City. And we made it to the top, and we made it back, and I made it back alive. Well you know, after a few days I began thinking about where I had gotten to. And I thought you know, maybe I want to do this. So I joined the Mazamas and I took the basic climbing school. And there it went from there. I actually met my real husband climbing.

SIMEK: If, in thinking back, well, seventy years of consciousness...

BEYL: Seventy-four.

SIMEK: Well, I'm thinking about, thinking about future stuff.

BEYL: Oh, okay.

SIMEK: And in your seventy years of real life experience, if there had been a second choice other than medicine, what might it have been?

BEYL: That's a good question. For a time, I considered law. But not really. Maybe I would have wanted to be a folk singer. You know, like Joan Baez. Are you familiar with Joan Baez? Yeah. I have her songbook.

DESAI: I love her.

BEYL: Oh, yeah. Well, I can play a lot of the songs, you know, on the piano. And sing them. Maybe I would have wanted to be a folk singer.

When I started medical school, there was a guy in my class. I can't even remember his name. But he played the guitar. And sometimes, and so I actually then got a guitar and started teaching myself the guitar. And we would get together and sing some folk songs. Maybe I would have been a folk singer, a folksong singer. I don't know. Maybe like Joan Baez. I used to have really long hair. And I would braid it, and then wind it around my head. And once there was like a Christmas program that Joan Baez put on a thing, and she had short hair. And I thought wow, I could have my hair cut like that.

So I went and got my hair cut. I didn't tell anybody. And then when I came to work, people looked at me like, I know her from someplace. [laughter] This is a long time ago. So I don't know if I answered that question, either.

SIMEK: Perhaps you wouldn't have gotten kicked out of class, then. [laughter]

BEYL: That's right!

SIMEK: Any other individuals who stand out in your mind as being completely outstanding, who may or may not have worked with you. But other people in the Oregon medical community. Or even not necessarily in medicine, but related to the Oregon community. I always think of Mark Hatfield in that.

BEYL: Right. Right.

SIMEK: But who are the really outstanding people in your mind connected with medicine in Oregon?

BEYL: Oh, connected with medicine. Okay.

SIMEK: Be they medical or not.

BEYL: Okay. You know, I can't, the person who comes to my mind is not connected to medicine, but has been one of my professors at Portland State. I said I had started going to school at night before I retired. And I had started studying French. And I was taking this third-year literature class in French. It was medieval French literature. And one of the first things that was assigned for this class was a reading of *La Chanson du Roland*, the Song of Roland. It's a medieval poem. I don't know if you're familiar with that. And I was going to be gone at a meeting when the class started. So I'd contacted the professor and explained that I was going to be at a meeting. So she told me, and I Xeroxed the pages, and I was reading them on the plane. And it's this, it's a medieval poem. It's like totally unrelated to the solid world of medicine, I can tell you. And I'm reading this thing and I'm thinking oh, this is ridiculous, I'm not going to read this kind of stuff.

And the interesting thing is, in the class, this professor, and she's still there at Portland State, Gina Greco, she's so scholarly, so professional, so supportive, and so nurturing, that she was my inspiration to continue a whole other sphere of learning a completely different kind of discipline from the way I had spent my life. And you know, I would like to credit her with encouraging me to take other directions. Anyway.

SIMEK: I don't want to hog the questioning here, but there's one more that I would really like to ask.

BEYL: Okay.

SIMEK: And that is, we've been looking for the past two hours, I'd like to know if you would shift your focus and look a little into the future.

BEYL: Right.

SIMEK: And see what you think, especially pediatric cardiology might be in the future. Or anything that you'd like to comment on, where you think it's going.

BEYL: I think, you know, the exciting thing about pediatric cardiology is that, I think our philosophy has increasingly moved from, we have to make this anatomically correct, to, it doesn't have to be anatomically correct, we have to give this person quality of life. And the fact that we have so many people who are making it to adulthood, and then living quality lives as adults. That's the important thing. Interestingly, I don't know if it was yesterday, no, it wasn't yesterday, Monday I was in the peds outpatient clinic cause I'm learning from the peds residents and the faculty there because I'm doing general peds out at this clinic. And a young man comes in to do the speech pathology, and he says to me, "Hi!" And so I said hi. And then I looked at his nametag. He'd been one of my patients. He has heart disease, you know, congenital heart disease, and here he works as a speech pathologist. And I think that's increasingly the future, the realization, the realization for us as physicians that we're not going to get everything anatomically correct. But our role is to enable a person to have a quality life. That's what medicine is about.

DESAI: This interview of Dr. Cecille Beyl was conducted for the Oregon Health & Science University Oral History Program on February 6, 2009, in the BICC Building on the Marquam Hill campus. The interviewer is Dr. Sima Desai. This is the end of the interview.

BEYL: Thank you.

[End of interview.]



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