

OREGON HEALTH & SCIENCE UNIVERSITY

ORAL HISTORY PROGRAM

INTERVIEW

WITH

Gary T. Chiodo, D.M.D., F.A.C.D.

Interview conducted August 17, 2014

by

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[Begin Track One.]

Rosenstein: My name is David Rosenstein and I'm interviewing Gary Chiodo. It's August 17, 2014 and we are at Boxcar Assembly in Portland. So, Gary, you started out as a lowly student at OHSU's dental school and rose to become the dean. What was it like for you to be a student? What was it like for you to be the dean?

Chiodo: They were two very different experiences. I was the very first person in my family to go into anything related to healthcare. I was raised on a farm in Gresham. And I did well in science. And I went as far away as to Portland State to do my pre-med. Or, as you've referred to it, Toilet Bowl U, David.

Rosenstein: Oh, come on. You don't have to—though I do recall--

Chiodo: (laughs) That you may have said that.

Rosenstein: Yes, that does sound familiar. (laughs)

Chiodo: So I did my pre-med there. And actually was motivated, so I did it in three years. I went fulltime summer terms and got that done. And I decided I definitely did not want to become a physician. I wanted to become a dentist. I did not want to become a physician because I knew that they took care of really sick people who despite your best efforts would get sick and die.

Rosenstein: We're going to talk about that later.

Chiodo: And I didn't think that I would be emotionally prepared for that. So I did well in school. I got into OHSU's dental school. Only then it was University of Oregon Health Sciences Center. Or Oregon Health Sciences Center.

Rosenstein: When you applied, it was the University of Oregon Dental School.

Chiodo: Okay.

Rosenstein: When you started, it was the University of Oregon Health Sciences Center.

Chiodo: Okay.

Rosenstein: No, it was Oregon, it was the University of Oregon Health Sciences Center.

Chiodo: So I had absolutely no idea what dentistry was about. I remember the first day we had our issue there that was \$3,000 worth of equipment and instruments. And I'm opening it up and it might as well have been parts from a space shuttle. I had absolutely no idea what all this stuff was or what I was going to do with it. And there were a lot of people in my class who did know, because they came from dental families or dental backgrounds. But it still looked like it was going to be interesting.

I, as a student, so I started in 1974. And it was a very fascinating career path for me because it combined science with sort of artistry. And I could see at the end how I would be able to do something to improve people's lives and take care of them.

I did realize pretty early on that I was not going to be heading to private practice, even though I think all my classmates were looking at either going into a specialty or going into private practice. And that didn't appeal to me at all. Hadn't met you yet. Didn't know anything about public health dentistry. But I still knew that it was a path I wanted to take to become a dentist.

It was not easy in the early '70s and mid '70s. I was not the only gay student at the school. However, I was the only out one. And I had never been in a closet. And I wasn't about to go into one just to pursue my career ambitions. And so we had an extremely conservative faculty. And we had an extremely conservative student body. And being out was not welcomed. It was not something that made my life easy at all. So I could have made it easier on myself if I had just not been out, but I didn't know how to not be out.

So I did well in school. About--

Rosenstein: But you did have trouble with some of the faculty.

Chiodo: I had horrible trouble with some of the faculty. I had trouble with the faculty, but at the same time I recognized that there were others in my class that were having trouble with the faculty as well. And those were the seven students out of seventy five who were XX instead of XY. (laughs) So all of the female students were having trouble with the faculty.

Rosenstein: Really?

Chiodo: Yes.

Rosenstein: I never knew that!

Chiodo: They were. And there was such a subjectivity to it that we would develop little tricks. Such as the female student would turn in a project in the pre-clinic lab. It was bound to receive a poor score and comments about here are all the things you need to do to fix it. Whereas one of the all-star white straight male students with blue eyes and blond hair would turn in a project and would get all sorts of accolades. So they would start to switch and see, okay, if the all-star student turns in the female student's project, what's the grade, and what's vice versa? And of course, the experiment worked. So we knew there was subjectivity. And it was horrible because of gender. And in fact, there were faculty members who would go out of their way to try to bully and intimidate female students. But they treated me the same way. Because I was clearly not welcome in that club because of my sexuality.

So it was, I think in my second year I discovered what public health dentistry was all about. You were the chair of community dentistry, which was also known by most of the student body as “commie dentistry” because it was public health dentistry. (laughs)

And that’s when I discovered Russell Street Clinic. And it was open three nights a week. And so I discovered as a second-year student I could go out there in the evening and assist the upper-class students, who were treating families of patients. And it was just the greatest thing ever for me. So I was going out there every night that I could. And then when I was a third-year and fourth-year student, I was going out there. Now I was the operator and I had underclass students who were assisting me. And I was taking care of families of patients. I was taking care of families of patients who had very real oral health problems that were causing them very real general health problems. And so I was delivering healthcare that made an overall difference and benefit in their life. And I knew that’s why I was there. So.

Rosenstein: Can I just ask you to talk about, I never heard that your classmates were giving you a hard time as well.

Chiodo: Oh, yes. Well we, as you know, this dental school historically has had a very conservative student body. I mean, you talked about the lack of diversity. And part of that, in addition to having lack of racial diversity, there was sort of a selection process for extremely conservative student body. So I was no more welcome by most of my classmates than I was by most of the faculty.

Rosenstein: I have two questions. Did you gravitate toward the female students?

Chiodo: I had—

Rosenstein: Or were they also conservative?

Chiodo: No, they were not conservative. Well, I don't know, maybe some of them were. But if I looked at my close friendships and the ones I associated with most, they were mostly the female students. I had two or three male friends that were willing to talk to and be seen with me. And not afraid that they were going to be perceived as being gay.

Rosenstein: So now it’s fifty years later, almost. Well, some forty years later. And you have interactions with some of your classmates, I presume. Have their views changed?

Chiodo: I think, well, the ones that I have had interactions with, especially during the two years that I was dean, I was getting around the state a lot, and interacting with a lot of alumni, including some of my classmates. And I think a lot of them have mellowed out. Not all. But the political landscape has changed. And so I think that’s part of it. But also it’s part of as you get, you know, as people get older and older, and it’s one of the reasons that I always felt like I couldn’t be in a closet, is that you have to be visible. And when people who dislike you start to see you, and they start to see their family members and their loved ones who are in the group that they thought they hated, it becomes extremely hard to hate them anymore. (laughs) So when you have a gay brother or sister, or your favorite niece or whoever else, your views start to adjust. And I think it’s one of the reasons that it’s important to be out.

Rosenstein: You know, I want to remind you of a student when we were at Russell Street. And you may remember the student's name. But he was a member of a religion, very active member in the religion. And it was a religion that was not very tolerant towards people who were gay. And he didn't want to come up to Russell Street because the people we were treating were HIV positive. And I recall that he came out – I don't remember his name, I don't remember the year – and at the end of the week he looked at both of us and he said, “You know, I was kind of trained in my religion to think that people who were gay” – he called them homosexuals – “were different and there was something wrong with them. And now that I've been treating the patients who have AIDS, they're like everybody else. They just need help.” Do you recall that?

Chiodo: (laughs) I don't. (laughs) But I mean, I recall a lot of interactions with students that were pretty much along the same lines. And it wasn't just with the ah-ha about people with HIV or gay people. But it was about poor people. It was about black people. It was about Southeast Asian people. It was about quadriplegic people and all that. There was this light that went on. Because prior to coming out to Russell Street, it was sort of a theoretical exercise. I know what I read in the textbook or in the journal article about this group. But now there you are with this person who is your patient and you're interacting with them and they become very real to you.

Rosenstein: And so you became the dean. And how do these folks respond to you when you were the dean?

Chiodo: Initially, I don't think it was a love fest initially. (laughs) And part of that was because I had been outside the dental school. I was still at OHSU. But for twelve years, as you know, I practiced at Russell Street, for twenty-one years. And then in 2000, I left Russell Street and the dental school entirely to be the chief integrity officer. So I was recruited into central administration in corporate compliance. And I did that for twelve years. So I didn't have a lot of, I certainly didn't have day-to-day interaction with people in the dental school. I was still going down and giving maybe four or five lectures per year. But I wasn't going to faculty meetings. I wasn't doing any more research in the dental school. I still had my academic appointment in the department, but I wasn't really doing anything academic. So I disappeared for twelve years in central administration.

And then when I was asked if I would consider being the interim dean because Dean Clinton was retiring, I said, well, I've been at OHSU for, at that point I'd been at OHSU for thirty-three years. And obviously I have some allegiance. (laughs) And so I will go where I'm needed.

I also was looking at after thirty-five years retiring myself and looking at what am I going to do next. In fact, when I was thinking about retiring I was thinking oh, I'll do this for two years. I'll retire. I'll go back to Russell Street where I started and I'll work half time. And even if I worked half time and didn't collect a paycheck, and did nothing but saw emergency patients all day, I would be making a contribution, doing something useful. And it would be meaningful to me. That's not the way it happened.

Rosenstein: Yeah, of course. These folks here don't know that. But you getting a paycheck is like sending coal to Newcastle. (laughter) So let me, you said something that really struck me as

fascinating. You worked at OHSU for some thirty-five years and you really felt an allegiance. And yet you feel this allegiance despite the faculty that you were not treated with kid gloves.

Chiodo: I wasn't treated with kid gloves at the dental school, especially as a student. But when I graduated and went to Russell Street, it was night and day. I mean, I used to tell my students who, for whom I was an advisor, that you need to understand that the profession of dentistry and dental school are two very different things. (laughs) So if you're having a hard time in dental school and you're struggling, realize there's light at the end of the tunnel and it's different and it's going to be okay. And those are the students, the ones who are struggling the most. And I know you and I could put together a list and we'd have the same names on it. The ones that are struggling the most and thinking about quitting that we invited out to Russell Street to come out and volunteer and treat patients and see what it's like, for whom that light went on. So that was a struggle.

But then it was a struggle in school. It was not a struggle at Russell Street. That's where I belonged. And that's a profession that I belonged in, public health dentistry.

And it certainly wasn't a struggle when I went into central administration. I was welcomed there in the most professional and open and collegial way possible. And I was interacting with everyone from the board of directors to the president to the vice president and people who were very highly positioned who really objectively evaluate you on the contribution you're making and what can you do.

Rosenstein: Some of whom were out of the closet themselves.

Chiodo: That's true. Yeah.

Rosenstein: And it doesn't hurt if you report to somebody who if you're concerned about discrimination because you're gay, it doesn't hurt to report to a very high-ranking gay person. (laughs)

Chiodo: Well, but the political, the political atmosphere on Upper Campus Drive is very different than it was on Lower Campus Drive. I mean, it was an elevator ride away, but it was two different worlds.

Rosenstein: You've talked a little bit about being dean and a little bit about being a student. What was it like being a faculty member, particularly a young faculty member. These were some people that were not kind to you. And how did they view you when you were their peer?

Chiodo: I think—

Rosenstein: You were never their peer. You were always superior to them, but at least technically.

Chiodo: (laughs) Well I mean, part of that was when I became a faculty member in your department, and I didn't, my intent at that time was to be a very successful practicing dentist at Russell Street. And I saw that as my career. But you were my mentor. And at times even pushed me to go beyond a comfort level in order to advance my academic career. So there's no way that

I ever would have been doing the research I was doing, getting NIH grants, MRF, that I would have been doing the publishing and national presentations and all that had you not first of all opened up that opportunity for me, but also helped push me along and guide me along the way in order to do it.

It was very useful for me later, when I came back as the dean at the dental school, to have succeeded in a research career, to have over 100 peer-reviewed publications, to have a really nice CV that showed the credentials that qualified me to be there, even though I hadn't been an entity to them for the past twelve years. So no one could, even though they were sort of wondering about why is this guy coming back after twelve years, and we would have sooner had this person or that person who's been with us for a while, nobody could question or challenge my credentials.

Rosenstein: Well the truth be known, if someone looked at my CV, they'd see an awful lot of articles that would say "Chiodo and Rosenstein," not "Rosenstein and Chiodo," for which I'm very grateful.

Chiodo: Yeah. That was interesting. Because when I first got there, there was a pushback about, you know, I am sort of the new guy coming back. And there were very familiar people they would have preferred. And so some of the faculty were not welcoming at all. And I also feared the reaction from the student body because we still have a really conservative student body. Not as conservative as when I was a student there, but we still have a generally conservative student body. So I thought I was not going to be welcomed by either.

So this is, was sort of a philosophical thing. I also knew that I only planned to be there two years. So I took the attitude of you know, you don't have to like me. I am going to, over the two years, go flat out and do exactly what I need to do, no matter how aggressive or assertive, in order to fix some financial problems, in order to fix some productivity, morale, and so forth. And maybe I'm going to really ruffle some feathers by doing that, and you'll like me even less. But I'm going to fix these things. That's why I was asked to be here.

And as I started to do that and they started to see the results, my evil plan worked. And the faculty rapidly came around. And the student body almost 100 percent was very happy with me.

Rosenstein: I would say it's not almost. I would take the "almost" out of the equation. Students would come to Russell Street. And I was a visitor then. And boy, they just sang your praises. I guess it was because you made a point of listening to them. And they felt like no one ever listened to them before. But you did more than listen. You would then hear what they had to say and act on it. What kind of pushback did you get from faculty because you were a students' dean?

Chiodo: I did get some pushback because the faculty always have sort of their short list of students that are considered to be troublemakers or complainers. And so they would come and complain to me. And in fact, I would listen to them. And I would then investigate the situation. And if I substantiated it, I would do what I needed to to fix it. So it was sort of like the faculty versus the students.

One of the first things I did that I think really helped me succeed was when I got there, they had, they called them town hall meetings. And I think they were like every two or three

months. Where they would gather faculty, staff and students all in the same room at the same time to talk about what are the current issues with the dean and the associate deans. So I went to one of those and I said, “You know, this model isn’t working. The staff aren’t going to say anything in front of the faculty. The students aren’t going to say anything in the faculty. The faculty aren’t going to say anything in front of the students. Nobody’s going to talk to anybody about anything. (laughs) And in fact, there wasn’t a lot of conversation happening.

So I took those meetings and deconstructed them so that I met with the staff separately, the faculty separately and the students separately. And in fact, then, they started talking to me. And when they were talking to me, then I could go about fixing the things that I needed to fix.

The faculty had an extremely legitimate beef that they had been promised a raise, and they had not had a raise in two years for any number of reasons. There was no way that they were going to articulate that in a room with staff and students. They just wouldn’t do that. They would tell me in a room with just faculty and me there.

So one of the things I did that helped the faculty turn around and begin to like me is that I gave them two consecutive raises.

[End Track 1. Begin Track 2.]

Rosenstein: --you’re saying that bribery works.

Chiodo: It does. Yeah. (laughs) They were very justified raises. You know, I had to do that in the context of also balancing a budget that had some challenges. So it’s not like I could go out to the money tree and pick the dollar bills off the tree and use that. I had to fix the budget so that I would have the money in order to give the raises. And as soon as I did that, I could distribute them.

And again, I think one of the things that helped with the faculty is that I was very transparent about our budget figures. Rather than saying, “Oh, we have a budget problem,” I said, “Here’s the cash in, here’s the cash out, here’s the bottom line.”

Rosenstein: What were the student issues?

Chiodo: When I was dean?

Rosenstein: Mm hmm.

Chiodo: The student issues actually were very, very reasonable. I mean, of course the big student issue is tuition keeps going up. And it’s going up in a way that’s not sustainable. It was going up, the year before I got there, I think it went up like 10 percent. And it was clear to me that the budget was being balanced with tuition. The largest line item for the revenue was tuition. And then clinic revenue was second. And I said, “Well, we clearly have to flip that equation.” There is no way that you can keep increasing tuition in a way that’s going to balance our budget and keep us afloat. So tuition was a big one.

There were some really pragmatic, I mean, when I met with students, I would get things everywhere from the plaster sink is plugged, and it’s been plugged for two weeks, can you help with that? To things about specific instructors. They trusted me, so they would name names.

To—

Rosenstein: Well, let's hear those names.

Chiodo: No, no, no. (laughter) No. I don't think we'll go there. (laughs) But I mean, they had some very real things to complain about. And it's interesting. I would meet with the students. I met with the years one and two together, and I met with the year three and fours together, because their issues are sort of similar. And in a one-hour meeting, they'd give me a list of ten things. And I would write them down. And if I could fix only three of them and come back to the next meeting and explain, this is what I fixed and this is what I can't fix or can't fix right now and here's why, they were happy as could be. They did not expect me to fix everything. But they definitely liked that I listened.

Rosenstein: That's what I was saying. You listened. You know, you talk about the tuition. And I looked it up the other day. It's \$60,000. Just for tuition. Forget about books. Sixty thousand dollars for out-of-state tuition. So you take a poor kid who wants to go back in the community, work at a community health center for 120 a year. And he's got, or she's got, \$500,00 in debt when they get through buying all their equipment and paying for living expenses. How the hell do you service the debt on that? You're almost forced to go into private practice.

Chiodo: Well, you're either forced to go into private practice or you're forced to work for a commercial dental company, a corporate dental company. And expend most of your money paying your debt. And living a very modest life until you can get that taken care of.

When I graduated, back in the early days of when we were working together, there were more public health scholarship opportunities. And students, depending on where the graduate would go, if they were going to work in a public health clinic – now I'm telling you what you know better than I do – but if they went to a really underserved, remote area, they would accelerate the payment back on that debt. If you went to more of an inner city area, it was usually over four years you could pay off your student loans. There aren't the same opportunities there as there used to be.

Rosenstein: So what do you think, what does the future hold? I mean, we have tuition that makes it very difficult for people to practice in something like public health dentistry. We have a very expensive new building. It costs a lot to maintain it. I don't think that the decision to raise tuition is one where a group of people sit around and say, "Let's see how we can gouge these kids." It's a question of how can we pay the rent? How can we pay faculty to teach? Have you thought about some things that might be helpful, some solutions?

Chiodo: During the time that I was there as the interim dean, one of the things that I did that was very successful was look at our faculty practice and realize that we had an opportunity there that was really being missed. And I didn't even think of that all by myself. I remember when I was back in central administration. There wasn't a week that went by where somebody in central administration or from the School of Medicine or Nursing or someplace else said, "I really want to come here to get my dental care. But I can't. I can't get in. so I need dental treatment done. And I have to take time off from work and drive off the hill. Then I drive back and there's no place to park and it's really a pain. How come I can't go to the faculty practice?" And I didn't have an answer for that. (laughs)

Rosenstein: Did they say “how come” or “why?”

Chiodo: They just couldn't—

Rosenstein: I'm joking. (laughs)

Chiodo: Oh. Oh, I'm sorry. How come or why. What did I say?

Rosenstein: You said how come.

Chiodo: Okay.

Rosenstein: Well, you did, not necessarily...

Chiodo: Exactly. And if I dangle a participle, you'll let me know as well. Anyway. (laughs) So when I got there, I was looking at the faculty practice. And in fact it was losing money with a very modest amount of annual revenue. And I set to work to reversing that. So one of the things we did was get more providers, actually hired more dentists who would spend part of their time teaching in the clinic. Because we were short of clinic staff at the time. But the deal was you're going to be teaching in the clinic part of the time, and you're going to be in the faculty practice for a couple of days a week, treating patients. And so we ramped that up. We publicized it and advertised it on the hill. Didn't advertise anything off the hill. And let everybody know, all of our employees, that you can come here early in the morning. You can come here during your lunch hour. We'll even have after hours, after work hours. And you can get your dental treatment and we'll take your insurance.

Then we also went to Aetna and got the faculty practice approved as a preferred provider for our students. All of our students have dental insurance. They were all going off the hill with their dental insurance to get their treatment.

So within about a year, I multiplied the revenue by about six, which is not even a, it's a good start, but it's not even part of the way of what the potential is, and where we need to be. So I see the, it's sort of what happened at OHSU with the faculty practice in medicine, where it used to be that each clinical department sort of had their own faculty practice and did their own thing. And then finally they decided we're going to have a university medical group. And it became a group practice with all sorts of incentives for the docs to be in there and be productive. And you know what happened. It took off and it's one of the most popular plans, if not the most popular plan for the employees up there. They get the best deal. We can do exactly the same thing with the faculty practice in dentistry.

Rosenstein: So basically what you're saying is that this world would be a better place if people listened to you and me.

Chiodo: It's always been that way. (laughter)

Rosenstein: Tell me what you liked best about being dean.

Chiodo: Oh, gee. I liked a lot of things. I liked the opportunity that I was given, and I really do appreciate, sincerely, that people at the level of President Robertson, the provost, Dr. Mladenovic, and others, entrusted me enough, and had enough confidence in me to give me that opportunity. And I think when they gave it to me, their expectations were, I don't know if they even knew what their expectations were. They knew a few things that they wanted me to go in and fix immediately.

So I appreciate the opportunity. I appreciate the relationship I had with the students. You know, in addition to being the dean during that period of time, I was also still teaching classes to them. And so they got to see the dean come into the lecture room and give them a lecture and teach them things. So I valued that a lot.

One of the first things I did also was start a School of Dentistry Diversity Council, because I recognized that as a gap, a need that I had. And sort of charged them with let's sit down and talk about how do we stimulate diversity. First of all in our student body and then eventually in our faculty as well. Because we continue to hear from students, diverse students, who might want to come there, or might be interested, that when they look around they don't see a lot of faculty who look like them. And so—

Rosenstein: They don't see a lot of students who look like them, either.

Chiodo: They do not. So we need to start somewhere. And I think we can be most successful in getting increased diversity in the student body.

When I formed the Diversity Council, I did not do it then just send people away to fix this problem. I was a member of the Diversity Council. I went to the meetings and helped drive the agenda.

And then the other thing that I'm really happy about is that we got significantly down the path on restarting our hospital dental service. The GPR. General practice residency program. So we had a GPR before when Toni Eigner was there and it was very successful under her leadership. It went away for a number of reasons. And so I recruited a really outstanding person to lead it and get us going on that. So I think that will be very beneficial.

Rosenstein: Went away because they needed the space for research and obstetrics. Which was fascinating. From Toni's point, Dr. Eigner point of view, people were coming by with measuring tapes. And she had no idea what they were doing. Would you do it again?

Chiodo: Yes. (laughs)

Rosenstein: You didn't want to end up taking care of people who were dying, and you ended up taking care of people who were dying. In retrospect, do you think if you had known how comfortable you were, and I presume you were comfortable, since you were given awards for your treatment of people who were HIV positive, then you were very popular with your patients. Would you have thought about maybe going into a field where you could focus on people who were deathly ill?

Chiodo: Well, in fact, we did focus, in addition to HIV, we had people that were pre and post-transplant. We had chemo patients. We had really, really sick people. It's one of the things I

loved about what we did. Because we were not doing cosmetodontics. We were not doing superficial things that—

Rosenstein: So you avoided medicine to avoid those things. And then you got your greatest satisfaction from actually doing those things.

Chiodo: Yeah. And in fact, when you look at the research that I did, all of it had an ulterior motive. The ulterior motive was to prove that in fact your mouth is part of your body. And you cannot have good health unless you have good oral health. That was the finding in the HIV protocols. It was certainly the finding in the diabetes protocol, where we improve your oral health and your diabetes control gets a lot better. Well, go figure that if you have inflammation or infection in your mouth, it's going to affect your A1C. (laughs)

Rosenstein: Fascinating. You know, it's just fascinating for me. We've been friends for forty years, I've been blessed with your friendship and your acquaintance. We don't see each other often enough, which is very much to my regret. So you look at what you do in public health dentistry as connecting the mouth to the body and helping people's overall health. And that's because you're fixed on the fact that health is very important. And for me, having grown up so poor, I'm focused on people being able to get out and work and to be part of society. My father never worked. And I was told to say he was a salesman. And it was always very embarrassing that he didn't work. It shouldn't have been; he couldn't work. But the point is that I look at dentistry from the other end of the animal. I look at it from the tail end. And you look at it from the front end. And to me, you can't get a job at McDonald's flipping burgers in the back if you're missing your teeth. And for me, the issue is getting oral healthcare so that you can become employed, so you can become a productive member of society. It's fascinating how differently two people who've worked so closely, it's safe to say that you've said you wouldn't be where you were if it weren't for my help. But the truth is, I wouldn't have gotten any of the awards, I wouldn't have had the publications that I had, I wouldn't have had the research that I had, if I hadn't been working with you. Now that's an actual fact. I might have been a nickel and dime faculty member. (Chiodo laughs) I would not have had the recognition or the accomplishments. We were a team. We worked together. And yet we were so focused on different aspects of the same thing.

Chiodo: Well, yeah. It was a continuum. I mean, my ulterior motive was in establishing that your oral health is connected to your general health, the implication for that is the healthcare system in the United States, where you, Medicare won't pay for your oral health. Where your medical health plan draws a line at your neck and says we're not going to insure anything above the line, whether it's your mouth, your eyes, your ear or your psyche.

Rosenstein: Or your feet.

Chiodo: Or your feet.

Rosenstein: Doesn't cover podiatry, either.

Chiodo: And it's such an artificial line. And it's not a sustainable system. So I mean, one of the things about the current coordinated care organization model in trying to achieve the triple aim of better outcomes and lower cost is unless oral health has got a big chair at that table, it's not going to be accomplished. It's not going to happen.

I remember the patient you mentioned, the HIV patient referred to me by your doctor, who was sick, getting sicker because of his teeth. I remember another patient that I think the same doctor referred to me who was diabetic and was ending up in the emergency room about once a month at the cost of tens of thousands of dollars. And it was because of her teeth. And when I called the insurance company they said, "Well, that's dental. We're not going to pay for that." But you're paying tens of thousands of dollars. (laughs) Do you see how this does not make sense? This is not sustainable.

Rosenstein: Every now and then you can make a breakthrough. Do you remember how Medicaid refused to pay for dental care for adults at one point? The director was a guy from New England, I forget his name. He was from a famous football family in New England. And I went down to see him and I talked to him. Maybe we both did, I don't remember. But we talked about the HIV positive patients who were ending up in the emergency room because they had a toothache and the intensive care unit, how much it cost.

And he said, "You know what? We're not going to tell anyone this. But you submit a Medicaid form and you write on the bottom that this was an emergency – this is an HIV positive patient – and I'll make sure it gets paid. Even though they can't cover adult dentistry." (laughter)

Then the state was going to have – this is your interview, it's not mine, but it's a great story – they were holding him because they weren't going to include, when governor, he wasn't quite governor, he was the Senate majority leader, Kitzhaber, came up with the idea of ranking conditions. So HIV was going to be ranked very low. Because it didn't have a good outcome. This is before the protease inhibitors. And so I would give the head of Medicaid, who's a woman, I would give her office number to all the patients. (laughter) And said, "Call up and talk about it." And it was a public [unclear] at the state office building.

And when I got her up to speed, she said, "You're having all these patients call me at my office and it's tying up my office phone and it's keeping me from doing my job."

And so I said to her, "Yes, I'm very sorry. That was a terrible mistake. And that will never happen again."

She said, "Well, thank you."

I said, "I'm giving them your home phone number now." (laughter) But it's—

Chiodo: Well, we saw that all the time. We saw, every day we saw HIV patients coming in who were sick and getting sicker. Their CD4 count was plummeting. Their viral load was going up. And it was because of their oral health.

Rosenstein: They had infections. People don't understand that tooth decay is caused by bacteria. It's an infection. Gum disease is an infection.

Chiodo: So, yeah, well, I mean it was my ulterior motive. Other countries do this better than we do. And considering how much we spend on healthcare in the United States compared to those other countries, we should be having better outcomes. And we're not going to have better outcomes, at least not the way that we need to see them, unless oral health is at that table.

Rosenstein: I agree fully. We may have had different approaches, but we have the same desired outcome. Working with you was just one of the most pleasurable parts. Again, I don't know how they could pay either of us to do what we did. You know, we were kind of robbing OHSU, both of us. (laughter) On the other hand, the other people who were working there didn't have our publications.

Chiodo: That's true. And we did arrive at the same career path from very different—I mean, I know that you talked about being raised in poverty and coming out of that, and that being a motivation to go into public health. I didn't come from that.

Rosenstein: But your empathy and your concern for your patients was no less than mine, by any stretch of the imagination. By any stretch. You don't have to be poor to care about the poor.

Chiodo: Yeah.

Rosenstein: And given the fact that you are enormously wealthy, I think we'll end with that (laughter). There are people wealthier than you. And I've met Bill Gates. But you wanted to ask something?

Morgen Young: Let's pause and then I'll ask you some questions.

Rosenstein: Pause and what?

Young: I'll just stand right here. Is that okay? Were you the first openly gay faculty member at the School of Dentistry? Do you know?

Chiodo: I think I was.

Rosenstein: Yes, he was. (laughs)

Chiodo: Well, yeah, I mean, you were faculty when I was a student there. I'm not aware of any faculty member before me that was openly gay. Yeah. It was not a safe, I mean, yeah. That's a good question. I believe so.

Young: And what about among the student body? Were you one of the first?

Chiodo: Yes. I know that there--

[End Track 2. Begin Track 3.]

Chiodo: --were other gay students, including in my class. And there were, so I was aware of at least one other. But I was the only one that was open. So that people knew, they knew who my boyfriend was. I didn't hide it.

It's interesting because later on when I had graduated, and then I was a faculty member. It was interesting how many students went through four years of dental school, graduated, and

then the only way that you then realized that that was one of your gay students is that their ad is now in the, what's the paper?

Rosenstein: It begins with an "A."

Chiodo: Advocate or—yeah. So now they are openly gay, out in practice, where it's sort of safer. But you never, they went through four years of school keeping a very low profile. It's easier. (laughs)

Young: When you were dean, what was your relationship like with the Schools of Medicine and Nursing?

Chiodo: I think it was really good as well as pharmacy and allied healthcare. And I attribute that to the previous twelve years when I was the chief integrity officer. I had great relationships with those schools. In that role I had everything from billing and coding compliance to research compliance. So human subjects, animal subjects, research compliance, reporting up to me. So I interacted with leadership in those schools on a very regular basis. They knew me a lot more because of my role as chief integrity officer than as dental school faculty.

When I became dean, I was then interacting with a lot of the same people, but in a different way. I think the groundwork that took place when I was—I was a popular chief integrity officer as well. Usually compliance officers aren't the most popular people on campus. But we operated a program that was really user-friendly and beneficial and helpful and, I think, pragmatic.

Young: Do you think that the respective schools get equal attention from the upper administration of OHSU?

Chiodo: Uh, no. No. The School of Medicine is the 800-pound gorilla, and always will be. But I mean, look at the amount of money they bring in. (laughs) So one department in the School of Medicine brings in more external research funding than the entire dental school, than the entire nursing school. So you know, that has a lot to do with the clout that you have. Plus they have medical practice and so forth. So the School of Medicine is the big, the star. I think the dental school and the nursing school, there's opportunity to have more clout, and to increase their position. But you have to work to earn that.

Young: Does the School of Dentistry...I know the School of Nursing has a statewide impact when they have their satellite campuses. Does the School of Dentistry have as much of a statewide involvement?

Chiodo: Not really. We send our fourth-year students for two weeks of extramural rotation. One week is spent at Russell Street, and one other week can be spent at any number of different clinics. But they're all pretty close. They're clinics that the student can drive to and back within that day.

I was in the process of bringing online another clinic out in Southeast. It's the Wallace Medical Concern Clinic. So there's already a medical FQHC out there. And they're putting up a new building and agreed to give us space to put in seven operatories. I said, you know, we're

moving out of the old dental school. I'll give you seven chairs for free and we'll get a dental clinic going there was well and we'll send students out there. But we need to do more to get students around the state. So it's really, really difficult to get dental care in rural parts of Oregon. And Oregon has a lot of rural areas. So if you're going to go to southeast Oregon and look for a dentist, you're not going to find one.

At the same time, I think OHSU as a publically funded institution has an obligation to at least get satellite clinics in areas that can serve those populations. And I know they're working in that direction.

Young: So this is the first year that the School of Dentistry is now on the waterfront. What does that say about the future of the school? Is that exciting? Can you speak to a little bit where you think dental education is going in this state?

Chiodo: Yeah. I think one of the most exciting things about it is that it really is making the education environment, it's setting up for inter-professional education. We talked about the mouth being part of the body and the artificial separation of dental insurance versus medical insurance. It starts when you're educating the future crop of healthcare providers. If you're educating them together, then from the very beginning they see where the area that you have oversight for intersects with the area they have oversight for, and how it all comes together in more of a holistic healthcare model. So I think this is really exciting because we're going to have a new crop of physicians, nurses and dentists graduating that have been educated together and taught to appreciate those intersections and the overlap.

Young: Any final thoughts about you've been with OHSU, including your education, more than forty years, right? Or?

Chiodo: Well so I retired from OHSU this past year. And that was after thirty-five and a half years. And I am now working in another career across the river in Vancouver (laughs) Even though I'm an OHSU retiree, I'm a fulltime employee in another state now. So it's a neat way to sort of start another career.

[End Track. End. Interview.]