

OREGON HEALTH & SCIENCE UNIVERSITY

ORAL HISTORY PROGRAM

a project of OHSU's Historical Collections & Archives

an interview with:

Toni Eigner-Barry, D.M.D.

interview conducted on: May 19, 2016

by: Henry Clarke



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Clarke: My name is Dr. Henry Clarke and I'm interviewing Dr. Toni Eigner-Barry for the OHSU Oral History program. This is May 19, 2016, and we are in the BICC Building at OHSU. Toni, to start, I'd like to have you tell us about your early life in Portland and when you first became interested in dentistry.

Eigner-Barry: I was born in 1951. Neither of my parents had a college education. My father was a mechanic that worked with heating and air conditioning. He belonged to the Steamfitters Union and was a pretty active union member. The house that I lived in was built by my father and my grandfather. I went to Markam Grade School, Jackson High School. And I became interested in medical missions in Africa when I was fourteen, I think because I heard a story about Albert Schweitzer and his work in Gabon.

Clarke: Hmm. Interesting. Can you tell us a little about your undergraduate education at Portland State University and at the University of Oregon?

Eigner-Barry: I went to PSU for three years, and U of O just one year. I worked part time in the medical genetics lab at OHSU. And just took my prerequisites, actually for medical school. But I developed three interests when I was in college. One was to go on to medical school. Another was for clinical psychology, a doctorate in clinical psychology. And a third was dental school. Dental school was the first offer that I got, and I accepted.

Clarke: Oh, interesting. And then, of course, you got your DMD in 1977. Can you tell us a little bit about your experiences in the dental school?

Eigner-Barry: I started dental school in the fall of '73. We were three women in a class of eighty. In the four years of dental school, there were seven women, all together. I found academics pretty easy. I was usually in the top 15 percent of my class. And I experienced not any trouble or discrimination.

There was one interesting episode the fall of my freshman year. And the dean for clinical affairs at the time was newly hired, and he was a retired military colonel. And all of the dental students had a locker room on the second floor of the dental school where we kept our heavy boxes of instruments that were a short distance from the third-floor lab where we used all of those things for our technical classes. So it was located for convenience for the dental students. People didn't change clothes in that room. It was a place to store your things. However, this, we got word that this particular associate dean for clinical affairs thought it was improper that there were women in that locker room.

So he decided to call us into his office and have a chat about that. And he had a plan for moving us all two floors down to the hygiene locker room, which would have been inconvenient, difficult to carry our stuff. We kind of heard about it and we talked about it with our classmates. And he gathered us, all seven of us, in his office one noon

hour and said, "Ladies, I think it's an impropriety that you're in the locker room with the men. I've had some complaints. And I'm going to move you."

And we started to say, "But look, we don't want to carry our things two more floors. It's really not a problem."

And he said, "No. It's an impropriety."

At that point, there was a knock on the door. Mike Shannon, president of the sophomore class, entered. And he said, "Sir, we male dental students think it's appropriate that the women have their things with us in the locker room. And in fact, if you move them, we're going to take all of our instruments and have a sit-out in the hallway."

And he, you know, dean for clinical affairs kind of pushed himself away from his desk and said, "Son, son. Don't back me to the wall."

And then, I mean, it was this great moment where you realized the tide had turned. It was a new generation. The men in our class kind of welcomed us as equals. And he was outnumbered. Very smart guy. He said, "Ladies, I'm going to think about this. And then I will give you written notice if I want you to move. And if you get this, you should do so, and I don't want to hear any more about it." None of us ever heard another word.

Clarke: That was well handled.

Eigner-Barry: Yeah, yeah. And so, I don't know, I think maybe they didn't know exactly what to do with us, a few people. But it all turned out fine. And I didn't experience any kind of discrimination.

Clarke: Now it's about fifty-fifty, male and female.

Eigner-Barry: Hard to imagine.

Clarke: Well, then you joined the OHSU dental faculty. How did that come about?

Eigner-Barry: You know, I'm going to talk about my residency a little bit, if that's okay.

Clarke: Okay.

Eigner-Barry: I finished dental school. And actually fall of my freshman year, I heard a talk by a dentist named Barry Simmons who talked about his work in a mission hospital in Cameroon, West Africa. And my husband, Frank Eigner, and I both went to this lecture, became very interested in what he was doing. Thought it was interesting that he worked at a Baptist mission hospital and he's a Jewish dentist. And I thought oh, I could like these medical missionaries. They don't care so much about your religious affiliation as they do with the skill that their patients need.

We wrote to the mission, wanted to volunteer the summer after my freshman year, which was after my husband's junior year. He was in medical school at the time. So we got a scholarship to go to this hospital in West Africa. Mind you, after my freshman year. We arrived there and Dieter Lemke, Canadian general surgeon, was staffing the hospital.

And he was there to be a mentor to my husband. And he was interested in me because he needed a dentist at the hospital. People had dental needs. There was no dentist there. And this general surgeon had to train himself to do local anesthetic and take out teeth because there was no one else to do it.

So during that summer, he actually taught me to do the local anesthetic and take out teeth. By the end of the summer, I was doing that little job for him. So after he saw a hundred patients that day, I could at least help him out with that.

And we were working in a hospital 375 miles from the coast, Bansa Hospital, remote area. But this Baptist mission also had a leprosy hospital about sixty miles away and you could commute there by Land Rover. And they wanted my husband and I to do a rotation in Mbingo Leprosy Hospital. We could have gone in a Land Rover. My husband was an adventurer. He had to rent two horses and we went by horseback. Two and a half days, past Lake Oku, a crater lake. Over a mountain pass. It was monsoon season. We spent the night, the first night, with a native field pastor who invited us to stay in his mud hut. He gave us dinner. We slept on a straw mattress.

The next day we stayed at a maternity outpost. Got a guide to take us over the mountain. Monsoon rains. It was torrential rain. The mud path was slick and wet. I got off of my horse because I was afraid he was going to fall. We started down of the mountain. Our guide said, "I'm leaving you here. It's that way. Not far. I'm bailing." And so I started walking down this mud slick and I fell, and I heard my horse fall behind me. I rolled out of the way as my horse came by. We all regrouped at the bottom of the trail. The rain was pouring so hard you had to shout to hear each other. I was overcome. My husband looked at me and said, "This is an adventure."

So we, long story short, we made it to the leprosy hospital. The horses, I loved my little horse. I didn't want him to get hurt. Nobody did get hurt. We spent a couple of weeks working there and then went back over the same mountain pass with these horses. It was a bit drier going back. We made it. That was my summer experience.

Clarke: Wow.

Eigner-Barry: I came back to school in the fall. Showed my slides, told my story. And my classmates clapped and cheered for me.

Clarke: I'll bet. Oh, that's marvelous. So then did you join the faculty?

Eigner-Barry: Well, I went on to do a residency. I did a GPR residency because Dieter Lemke told me, "You need to learn three things: how to wire a fractured mandible, oral surgery, general anesthesia. You're a dentist, but we need help with all those things. And we need a physician, too." So my husband and I were a perfect combination.

So I applied to this GPR. And I got accepted. I went to the oral surgery faculty, Tom Albert at the time. He had just started working at the school. And I told him, "I need to learn these things. I know general dentists don't usually do this."

He goes, "No problem. We can teach you this." Because we had promised Dieter Lemke we'd come back and spend at least a year and I would set up a dental clinic and we'd work in the hospital. So I did the general practice residency. My classmate, Doug Barnett, who became radiology faculty at the school, was my co-resident. Perfect choice.

He was very bright. Higher class standing than I had. Very compulsive. He was a perfect resident for me. We learned everything together. When one of us was on call, if we got called in, we'd call the other, we'd both go in.

And that happened one day with a patient that was probably homeless. Inebriated. And he got in a fight and ended up in the ER with broken teeth and an oral laceration. Intraoral laceration in his cheek. I looked at him and told the ER doc, "You know, I'm going to take him one floor up to the dental clinic where I have everything. I can take out his teeth, suture him up, it will be good."

But I'd called Doug Barnett. So I got in there, anesthetized the guy, started working, and his buccal artery cut loose and started bleeding and spurting rapidly. He had a golf ball-sized hematoma that was turning into the size of a grapefruit. I called Doug. And just as I was holding four-by-four gauze in his mouth as hard as I could to stop the bleeding, Doug walked in. We got the guy, we put hemostats in. We got the guy in a wheelchair back to the ER. The ER doc couldn't get the bleeding stopped. We called Ralph Merrill, chairman of oral surgery. And we got everything under control. He sutured, stopped the bleeding. We admitted the patient. He'd had some blood loss. I don't remember if he needed a transfusion. But we admitted him to the hospital. Dentists didn't do that much, you know? Admitted the patient on the oral surgery service, took care of him, tuned him up, and got him discharged in a day or two. So that was my residency.

Clarke: Wow. Now we have a question here about the hospital dental service. Is there more that you want to tell us about that?

Eigner-Barry: Of course.

Clarke: Okay.

Eigner-Barry: So after I did my year in Cameroon, I came back. And there was nothing more I wanted to do than be on the faculty at the hospital dental service. There was a general practice residency training program. And that's what I wanted to do.

And so, in the early '80s, my husband and I divorced. We were part of the statistic that physicians and dentists don't have long marriages. We kind of fell into that category, too. But one thing that was very important to me was this work in Cameroon. So you know, I did go back there by myself a couple of times. But before that, I started on the faculty. Nineteen eighty, the same year that Doug Barnett became a faculty member. He was in radiology. I was at the hospital dental service.

The hospital dental service is all about interdisciplinary care. The crux of what we do is to restore and maintain patients' oral health in conjunction with their medical treatment. And there were some very complex medical issues. There's cancer, bleeding disorders, heart failure, organ transplant. It can be very complicated.

And I think one of the patients that really exemplifies this is a patient of Scott Goodnight in hematology clinic. He was a hemophiliac. He had severe hemophilia A. and 7 to 15 percent of those patients develop inhibitors, which are antibodies to Factor 8. So when they get a bleed and you infuse them with Factor 8, their antibodies bind it and they continue to bleed. Usually until they die. And this patient, you know, had that problem.

Don Porter, who was a pediatric dentist, because there was no dentist to treat hemophilia patients, became an expert in treating these people. I talked to Don Porter, I talked to Scott Goodnight. And I needed to do some dentistry, just operative dentistry on the patient's teeth. Well, the teeth aren't going to bleed, but you need to anesthetize them. And with this patient's history, you couldn't have any bleeding with the anesthesia.

So Don Porter told me about a new injection technique done with a tiny 30 gauge needle that you insert into the ligament around the tooth and you can anesthetize the tooth for a short period of time with no risk for bleeding. I didn't have a lot of experience with that, but you know, Don did.

So I called Scott. And I'll never forget my conversation with him. He said, I told him what my plan was, and he said, "Okay. But know this, if this patient so much as eats a potato chip and scratches the back of his throat, he will bleed out."

So with great fear and trepidation, I practiced with the anesthetic. It was a gun type syringe. I practiced on myself because I hadn't had a lot of experience with it. And I said to Scott, "You know, I'm really pretty sure there's not going to be any problems here. But if there are, you're going to be the first to know. So when I see this patient at three o'clock on Tuesday, where are you going to be?"

And he said, "I'll be on my pager in the clinic. Call me."

Long story short, we did a lot of work on that patient. Never had a problem bleeding. But we were sort of blazing trails in uncharted territory. None of us knew exactly how it would turn out.

Clarke: That's fascinating.

Eigner-Barry: And I ended up publishing a paper about it.

Clarke: Good. Good.

Eigner-Barry: But that was the crux of what we did in hospital dentistry, I think.

Clarke: Yeah. Well now you're on the faculty at Russell Street. That sounds interesting. You want to tell us a little bit about the clinic and the work you do there?

Eigner-Barry: Russell Street Clinic was started by David Rosenstein in the mid-'70s. He's a public health dentist. The clinic is in North Portland, near Emanuel Hospital, in a poor neighborhood where people were underserved for dental care.

The interesting thing about David Rosenstein is that he's delusionally optimistic. And he thinks that pigs can fly. And he made that one fly for thirty-five years. He was a magician with funding. I mean, funding sources come and go, and he was always able to come up with another funding source when some funding dried up. And we see HIV patients. We see people that are experiencing poverty, and they're disenfranchised, low income patients, Oregon Health Plan patients. You know, that's what we do.

And David was able to pick key people to do this. Rosemary Toedtemeier is a hygienist at Russell Street, and she manages that Ryan White HIV grant. And she knows everything about the patients, their medical history, their personal history. She manages

the grant. She's the one that teaches me how T-cell counts and viral loads affect a patient's health. So that's a big part of what we do.

Clarke: Yeah.

Eigner-Barry: David Rosenstein retired. And now Jay Anderson is our director. And I'll give you an example of a case we did last week. Older African American gentleman, probably from the neighborhood, came to us in the spring. He had teeth decayed and broken off at the gum line. And he said, "I have a son, I have a grandson graduating June seventh. I want to go to the graduation. I don't have any teeth and I don't have any money."

So the administrative staff, he wasn't on Oregon Health Plan, the administrative staff searched around. I think they found some funding through vocational rehab for him to get immediate dentures and have his teeth out. So Dr. Anderson made the dentures. It wasn't an easy case. You know, things had to be readjusted in the middle of it. There were some delays. He asked me to take out the teeth because the patient's anti-coagulated, has some medical issues. I did that last Friday. We inserted his dentures. He's going to have teeth to smile with for his grandson's graduation on June seventh.

Clarke: Oh, isn't that great?

Eigner-Barry: And that's what we do at Russell Street.

Clarke: That's marvelous. Yeah. You've talked a little bit about your work in Africa. But you've done a lot in both Africa and Asia. Is there anything else that you'd like to add to what you've already said about Cameroon?

Eigner-Barry: Certainly. Cameroon was my first dental project. And what Dr. Lemke needed at that hospital was a dental clinic. So I gathered equipment, instruments, supplies. I arranged to have it air freighted. A-dec donated delivery systems for me. I got quite a bit of stuff donated. I was able to buy some things at a discount. So I set up that clinic and spent a year there.

And Dieter Lemke taught me something about work overseas, and that was, you only leave behind what you teach. He told me the most important thing I would do that year is to teach a Cameroonian nurse how to do basic dentistry. Which I did.

I also trained a woman, an eighteen-year-old, she was eighteen in 1978, dental assistant, who went on to get further training and is now a dentist in Cameroon.

So in 1982, I returned. I was by myself. I felt that I wasn't through with what I'd done in Cameroon. And I felt a tie to these people that I had trained. So I arranged to take some vacation time and do a few weeks in Cameroon. As I entered the airport, the dentist that was staffing the clinic was on his way out and said to me, "There's a patient with a mandibular fracture not doing well. See you. I'm going to Nairobi."

So I get to the hospital and indeed, there's a young man with his teeth wired together with swelling. And complaining of pain, and not seeming to get healed with this fracture. And it had recently been set. It hadn't been too long. And I took some X-rays. And he had a tooth in the line of fracture. That tooth needed to come out or else the

fracture wouldn't heal because saliva was going down into the wound. The infection wouldn't resolve. So I was able to take the wires off, remove the tooth, get him wired back up and on antibiotics. And then the fracture healed. And the patient really knew that there had been a difference. He knew he was really sick before. So that was a happy coincidence.

And the other thing that happened while I was there is that a tribal war broke out. We were the hospital closest to the war zone. Lake Oku that I talked about, that I passed over, in that area, Oku tribe and Besom tribe lived with a neutral strip of land around Lake Oku. One of the tribes planted corn on that land that year. So the other tribe thought, we'll show them. They harvested it. And we don't think much of that. It was a big deal. The tribe whose corn they were angry about the other tribe taking, went into the village and burnt seventy-seven homes. And they were fighting with machetes. Not guns, but machetes. The people that were with the mission that were at the maternity clinic there called us on the radio. You could hear the fear in their voices. They said, "Come get us out."

We sent in a Land Rover, got them out. Then we started getting incoming wounded. And they were machete wounds. Deep lacerations. One man had almost lost his right hand. The only thing that was intact was his radial artery. The surgeon was very busy in the OR, and asked me to come in and do anesthesia for him while he sewed up these lacerations. That's what I did that day.

But it gave me an appreciation for some of my high school classmates that had gone to Vietnam. I mean, one of them worked in the operating room on the medical ship in Da Nang Harbor. And we later shared stories that were similar about getting people ready for surgery. So that was significant.

In 1990, when I went back to Cameroon, again, to volunteer for a few weeks, there was a political demonstration in the town that I was in. And we'd heard about it. The mission told us to stay on the compound the next day. I heard some commotion that night. And the power and the phone lines were cut. And tanks rolled into the city. When they had the political demonstration the next day, the military police stopped it by firing into the crowd. Seven people were killed. We could hear the gunshots. The government reported that there was a little skirmish and people got trampled. And it makes you realize you're not in Kansas anymore.

Clarke: Yeah. That's real experience.

Eigner-Barry: So then I thought maybe I'll do something easier, and I'll set up a clinic in Nepal. Brian Hollander, who graduated from this school in 1975, was working at the American Embassy in Nepal. So I visited him. And he had always wanted to do a project in the Mount Everest region because he had done a public health study with a dentist and they'd gone up there and counted cavities. Namche Bazaar is the last supply stop before Mount Everest base camp. It's the trekking route that goes up there. There was a 76 percent caries rate in Namche Bazaar. In Khumjung, just a short distance away, there was like a 56 percent caries rate. In Phortse, two miles off the trekking route, nobody ever goes there, 17 percent caries rate. So the caries rate in the Sherpa children followed the sugar trail that the westerners brought in.

Clarke: Ah. Interesting.

Eigner-Barry: And Brian Hollander wanted to do something about that. He wanted to set up a clinic in Namche Bazaar and train a Sherpa woman, Nawang Dhoka, to do dentistry. And so he talked to me about that. And I visited in '86. We got together with the Nepal Oral Health Society, who wanted a clinic in Kathmandu. They didn't care too much about the Sherpas. They wanted something they could use in Kathmandu.

So we decided to do two clinics. I would set one up in Kathmandu and Brian would set one up in Namche Bazaar.

Nineteen eighty-nine, I brought the equipment, set up the clinic in Kathmandu, donated it to the Oral Health Society. They had Nepali dentists. I just showed them, spent two and a half months showing them how to use the equipment. And then in '91, Brian Hollander set up a clinic in Namche Bazaar and a Sherpa woman, Nawang Dhoka, is still there doing dentistry.

In 2011, you asked about the global health department, they give scholarships to students to go overseas and do some volunteering. Three women dental students, Noor Khaki, Tesha Grangaard, and Megan Willis approached me and said, "We want to go to Nepal. Can you help us?" So I mentored them. And they trekked. I told them about this public health study that was done. They flew to Kathmandu, trekked up to Namche Bazaar, and on to Phortse and did the same caries counts that Brian Hollander had done in the early '80s.

Clarke: What is the Global Health Center at OHSU? When did it get started? Do you know?

Eigner-Barry: I don't know exactly. I know there was a push by the students that were very interested in it. My connection with the Global Health Center is with Andy Harris, who runs the physicians' training in global health. He asked me to do the, it's an interdisciplinary program that trains mid-career professionals, physicians, nurses, dentists, EMTs, to maybe participate in disasters overseas. Either like earthquake or famine, you know, war, overseas. So they respond to those.

Clarke: I see.

Eigner-Barry: And so I do a lecture on dentistry. And I, it's a two-and-a-half-hour lecture. And I talk about all the oral lesions that you see, how to treat them. And I give a demonstration about how you give local anesthetic and take out teeth. I just have models and things.

A few years ago, a general surgeon was taking this class. And he was interested in the dentistry bit, about how to take out teeth. So after my didactic training, he went and contacted his dentist and did some work with his dentist. And then he ended up in earthquake disaster in Haiti. And they didn't have the OR set up right away so the general surgeon could do what he does best. So he took out teeth.

Clarke: Oh, that's interesting.

Eigner-Barry: So that's what I do in global health.

Clarke: Yeah. You've also provided some dental evaluations and some care for transplant patients, working with the OHSU organ transplant teams. Could you describe a little bit of your work with that?

Eigner-Barry: Yes. I mean, that began actually before I was a resident, there was a key patient that was a transplant patient. And I heard about this just before I started my residency. He'd been transplanted and then he had some massive oral infection. He had two teeth that were infected, he had bacterial infection, he had candidal overgrowth, so he had candidiasis, because he was immuno-suppressed and it's an opportunistic infection.

Clarke: Which organ had been transplanted?

Eigner-Barry: Kidney. His kidney.

Clarke: Kidney. Mm hmm.

Eigner-Barry: And he had herpetic, oral herpetic outbreak, you know. Anyway, he was very sick. The oral surgery resident saw him, identified the two teeth that were infected, took him to the OR, and took out those two teeth. And I have a slide of his fever chart. Within an hour or two of those teeth being extracted, his fever was completely resolved. But the patient, and so the patient was beginning to heal with his oral complications, but he had a bad heart. He had some other problems. And he died before he was discharged from the hospital.

Clarke: Yeah.

Eigner-Barry: So that was the big case that we heard about and dental consults, prior to kidney transplant, became the big thing. At that time, John Barry was involved in the transplant service, and he decided, they made a protocol to have a dental consult a mandatory part of every recipient evaluation.

Clarke: Yeah.

Eigner-Barry: John Barry runs a very tight ship. So you know, later on, when I was on the faculty, this was the mid-'80s now, he was having trouble getting all the information back on his dental consults. And so we started sending a dentist to the recipient conference every week. Because they work up these recipients, present all of their medical dental evaluation and decide what needs to be done before they're transplanted. So he was really happy about having that level of participation from the hospital dental service.

Clarke: Sure.

Eigner-Barry: And I guess he was happy enough about it. Long story short, we've been married almost twenty-five years now.

Clarke: That's a good outcome. What about disabled patients? Other patients with disabilities. Can you describe some of the work you've done there?

Eigner-Barry: Dr. Rosenstein introduced me to patients with disabilities when I was a sophomore in dental school. He took a bunch of us down to the blind school in Salem. So that was the beginning of it. I've always been, I was at the hospital dental service, but part time at Russell Street, and he got a grant to treat handicapped patients. So instead of sitting in the clinic, waiting for those patients to come to us, I piled a couple of people from the clinic in my ten-year-old Mustang and we drove out to the sheltered workshops and did oral exams. And I had the administrative person come with the appointment book and make appointments for them right there. So then they got transportation, came to the clinic. Every Thursday we had like a million wheelchairs in the waiting room. We saw a lot of cerebral palsy patients, neurologic disorders, patients that were mentally challenged.

Clarke: How do community dentistry and global dental care overlap?

Eigner-Barry: There are populations that are underserved medically and dentally. So I mean, because they're also underserved medically, you really need to look at people closely. I've been the first one to see a patient and diagnose oral cancer two or three times. I noticed that a patient had swollen ankles and difficulty getting around and realized that she had bacterial endocarditis, and sent her off to her physician. So those things we have in common.

And there's also, there's also another little factor. And I don't know, it's part of the excitement, and part of the reason, I think I chose Russell Street. And the example is, last summer, in August, I was working away in the clinic. And all of a sudden everybody from the front office was in the back with me in the clinic. And they said they'd been told to come back there. And I didn't think much of it. I was working on a patient. And then when I finished this patient and stepped into the hallway, a Portland police officer in a flak jacket and a rifle came around the corner. But he was smiling.

And I said, "Welcome to Russell Street. This is not a first."

And he said, "We're all clear." And he turned around and left. Didn't explain anything to me. Apparently there was a person with a handgun in the same block as the clinic, waving it around. And the police, when I went to the back room I realized there were like a dozen police officers and three cars blocking the street. And we were in the middle of it.

Clarke: You've had a lot of experiences.

Eigner-Barry: So, so, you know, to me, that's kind of similar to the things I experienced overseas.

Clarke: Yeah. Yeah. Where is community dentistry going? What do you see as the future of community dentistry?

Eigner-Barry: Community dentistry has just mushroomed over the years. When I started in it, Russell Street was kind of the only show in town, and the county clinics. Now there's public health clinics in Medford. Students graduating, there's students coming to Russell Street that say, "I want to do public health." And there's places for them to get jobs. Dr. Hollander's son, Jesse Hollander, is doing public health at one of these clinics in Medford.

Clarke: What does the future look like for international dental care? Particularly through the Global Health Center.

Eigner-Barry: You know, I don't know a lot about that. I know Scott Dyer, who's OHSU faculty, takes some dental students to, I think, Latin America frequently. I'm not in, you know, direct contact with all of those programs.

Clarke: Now I've been fascinated with all the things that you've just told us. Is there anything else that I haven't asked you that you'd kind of like to—

Eigner-Barry: There's one thing.

Clarke: Okay.

Eigner-Barry: We can talk about the closure of the hospital dental service in 2003. You know. As it's, I think it's common with programs that are for the underserved, they're sometimes marginally funded. I think we did a pretty good job of providing a needed service at a reasonable cost in the hospital dental service. But nonetheless, in 2003, they were building the Kohler Pavilion. I think there was a need to have programs that made money and not have marginal programs. I think the hospital considered us kind of a marginal program. I wasn't aware this was going on. But I was in the clinic one day and we were kind of winding down for the noon hour. We weren't quite done. And all of a sudden, there were people I didn't know in my clinic measuring up the room. And I said, introduced myself and said, "What are you doing here?"

And they said, "Well, we're measuring up these rooms for our faculty offices in OB/GYN."

And I said, "Really? I've been here twenty-three years. I haven't heard anything about this."

And there was some bit of an uncomfortable exchange and they disappeared. I got on the computer. I emailed my hospital administrator, Suzanne Sullivan, "What's going on here?" Internet silence. I found out you need to be really aware when you get internet silence when you've asked a question. I don't know, some time went by, a week or two. Pretty soon Suzanne asked me to come down to her office. And she said, "Well, in fact, we have decided to close the hospital dental service."

Clarke: Wow.

Eigner-Barry: And we had some discussion about that. It was a shock to me. But Suzanne Sullivan and I, I mean, I said, "Well, look into it." She was kind of thinking it was a

valuable service also. But there were greater forces making this decision. And we realized, you know, this was going to come to pass. And it wasn't the first time OHSU had closed a dental program. They closed the pediatric program a few years earlier.

Clarke: Yeah.

Eigner-Barry: So you just, we made the best of it, you know. I made sure, and we had eight months' notice, all of my employees got jobs. I got all of the equipment and supplies that I could send to Russell Street. We worked together to do that. And near the end, in June, as we were wrapping things up, we needed to contact all the patients. And there was one patient, his name was Teddy. He was a middle-aged guy, probably in his forties. And he was mentally challenged and rode his bicycle to the clinic. Rode his bicycle all over town. And he always made his appointments. And he would call. One day it was raining and he called us up and said, "I'm just soaking wet. I'm all wet. Can I still come to my appointment?"

And I said, "Sure. Of course, Teddy. Come on up." And he had, also, an OCD. And he had light bulbs.

And he would paint them in different colors. And I saw him in the hallway. And he said, "Look at this. Look at this light bulb. It's painted brown." But we had an emergency, you know, plug in there in the hallway. And he plugged it in and he said, "But when you plug it into the wall, it looks red." And I found myself crouching with him in the hallway, totally transfixed, you know, by this whole discussion. And Teddy, he saw me, he saw Dr. Giswold, a faculty person that worked with me. He always said mildly inappropriate things in the clinic.

And as we were closing down, I couldn't get in touch with him. So I'd taken his phone number and taken it home with me. Because I was calling to make sure he could get to Russell Street Clinic. And on the news that night they announced that a bicyclist, Teddy, they gave his last name, too, had been hit and killed by a drunk driver way out in Southeast Portland.

I told Suzanne Sullivan about that because we were all kind of sad. And she went and had a bench, a wooden bench, got a wooden bench and got a plaque on it that said, "Teddy, a special patient." And she gave it to me as a gift. And she wanted it installed up here on the upper campus, you know. And we called facilities management and asked permission. And they said, "Oh, absolutely not. You can't install that there." You know,

And so, she said, "Where can we put this?"

I said, "Well, I'm going to be working at Russell Street. Let me ask David." I said, "David, how do we go about getting this installed outside here at Russell Street? Because we could really use it. We have an undercover area. We can use a bench."

He said, "No problem. Have her come down and do it."

I said, "But don't you have to ask facilities?"

He said, "I would never ask permission. Are you kidding? You're out of your mind. Have her husband come and do it on the weekend."

And, okay, so Suzanne and I kind of became friends. And who would guess, after the start that we had, you know.

Clarke: Yeah.

Eigner-Barry: She ended up working in Denver for a few years. Now she's back at OHSU. The first thing she and her husband did when they got back to town was drive over to Russell Street and see if the bench was there.

Clarke: So that bench is still there now. Is that right?

Eigner-Barry: It is. Yes.

Clarke: How do those patients get served now, that you used to see in the hospital dental service?

Eigner-Barry: You know, like I say, there's more public health clinics around. Some of them are kind of too medically complex. And fortunately the School of Dentistry has seen fit to start that GPR program again. I had two residents a year and did that for twenty-three years. I mean, what could be better than treating these medically compromised patients than getting to teach that to somebody else? You know, it was a dream job.

And now, Patrick Haggerty, one of my past residents, and Sean Benson are starting up that program again.

Clarke: That's great. Anything else.

Morgen Young: I have a question. I'm going to come stand behind Dr. Clarke so that you can look in my direction. Could you maybe talk a little bit about your work with the Vietnamese refugee clinic? And then the work that you did in Vietnam and Cambodia?

Eigner-Barry: Yes.

Young: Do you have any stories about that?

Eigner-Barry: Yeah.

Clarke: Can I give you a chair so that you can—

Eigner-Barry: I absolutely do.

Young: Wait a second before—

Eigner-Barry: Hey, we've gotten through this in record time.

Young: Are there other things you'd like me to ask to prompt you?

Eigner-Barry: Let me just check through—

Clarke: Should I move over or—

Young: No, you're fine.

Eigner-Barry: I think the question about Asia is good. I did miss that. Okay, so Kathy Giswold, who was a woman faculty member with me at the hospital, when we knew the hospital dental service was going to close, David Rosenstein was one of the first people I called up just to tell him, you know. And I hadn't even thought about where I was going to work. He chuckled. He said, "I'm delighted. I'm going to have the two ladies of the hospital dental service working at Russell Street Clinic." I mean, he didn't talk about funding or anything else. He just said, "I'm going to have you." And he did. He had us both.

But I said, "There's one condition. I mean, Kathy and I were sort of traumatized by this big change. And we want to go volunteer overseas somewhere."

And I'd made, I'd sent out an email to Brian Hollander. And the next thing I got back was an email from a dentist in Da Nang, in Vietnam. Saying, "Oh, yes. We're with East Meets West Foundation and we take American volunteers. When do you want to come?"

So Kathy and I went over and volunteered for two weeks. And we landed in Saigon. Went up to Da Nang. Worked in the clinic with East Meets West Foundation. And that was founded by a woman named Le Ly Hayslip, who the Oliver Stone movie *Heaven and Earth* was made about her life. And she was a Vietnamese woman that married an American contractor, immigrated to the United States, and then wanted to be involved in the rebuilding of Vietnam. And so she, she has a foundation. She's based in Oakland, California. There's dental clinics. There's a hospital. We went over there and worked for her foundation. And we went out to Hoi An in a village and saw, with two other Vietnamese dentists, we treated 600 school children in one week.

Clarke: Wow. That's incredible.

Eigner-Barry: So after that, then I decided to do something simpler. And I decided to work with Medical Teams International. You know, they're based here in Portland. So I went to Cambodia and we saw children in orphanages in 2006. And Cambodian children are in orphanages not so they can be adopted, but so they can be trained in vocations because they're the future of Cambodia. The future workforce, the future teachers, doctors, all of the people they killed in the genocide in 1975 through '79. So when we go to those orphanages, we're not there just to take out teeth and deal with infection, we're there to restore their mouths. So we did root canals and aesthetic work on anterior teeth. We did restorations. We cleaned their teeth. You know, the focus was getting them into the workforce.

Clarke: Yeah. That's fascinating.

Young: Are you still doing international projects?

Eigner-Barry: Oh, the last time I went was 2008. And I mean, what's appealing about that is I ended up taking, 2006 I took a woman that was a past resident of mine, she lives in

Kansas now. She flew all the way out from Kansas to go to Cambodia with me for two weeks. And then in '07 when I went, I took people from Russell Street: Rosemary Toedtemeier, the hygienist; Jerry Martin, my favorite dental assistant; Eddie Mulero another dentist at Russell Street. And we did that together in Cambodia. So I don't know. I mean, I guess my arm could be twisted if there was somebody who wants to do that.

Clarke: Oh, that's great.

Young: Any details you want to share about the Vietnamese refugee clinic in Portland?

Eigner-Barry: Yes. I worked there, I don't know, in 1986 to 1990. You know, as I say, funding for the types of things I do isn't easy to come by, so there are cutbacks in things. And that's one of the reasons I ended up in part-time work at other places. And the Vietnamese refugee clinic was one of those. That was convenient for me because it was on Saturday. I didn't have any other conflicts. And I took all the money I earned from that job and put it in a separate bank account to fund my equipment and things for the Nepal project. It's a clinic that was started by another graduate of Oregon, a woman dentist, Dr. Van. And she had clinics in California. And she hired American dentists to, she had started this one on Sandy Boulevard. She'd hired American dentists to work for her here. And she came up about once a month. But it was a place where the entire staff was Vietnamese. And I mean, it was kind of a Third World country. Because the entire staff was Vietnamese. They'd show us the charts. They would speak with the patient in Vietnamese, you know, and then tell us, interpret for us. And we'd see that we needed to do some dentistry.

But that entire clinic was run by Vietnamese women. And I was fascinated to hear their stories. Their stories about leaving Vietnam. And being on a boat and stopping at an island and then Thai pirates coming in to rob them and kill them, you know. Some of those women had been through a lot. And sometimes they, women would be talking and they'd tell me their stories, you know? One of them was about these Thai pirates. And then I'd say, there was one woman that was crying one day and I said, "Well, what are you going to say to her?"

And she said, "Well," she says, "I told her she's come to the best country in the entire world. She can get a job here. There's hope. She's in the right place." It was just, it was an interesting place.

And Bob, I talked Bob Johnson into working there, too, because we needed somebody on Saturday. And that's kind of, Bob and I crossed paths.

Clarke: Are you going to write an autobiography?

Eigner-Barry: I hadn't thought of it.

Clarke: I sure hope so.

Eigner-Barry: I hadn't thought of it.

Young: The traveling dentist.

Clarke: Yes.

Eigner-Barry: Well, one of my residents said one time I was the Indiana Jones of dentistry.

Clarke: That's right. That's absolutely right.

Eigner-Barry: And really, that's who I want to be.

Clarke: I mean, that's who you are.

Young: Well, I think we can't end on any better note than that.

Clarke: Okay.

Young: Thank you so much.

Clarke: Thank you. That was fascinating.

Eigner-Barry: Things you didn't know.

Clarke: Oh, that's right.