

## Summary

Mark O. Hatfield relates his personal history from birth in Dallas, Oregon in 1922, his family's move to Salem, graduation from high school in 1940 and enrollment at Willamette University. He explains that after a year in college, Pearl Harbor was bombed and that this event prompted his joining the Naval Reserve. He completed an accelerated program at Willamette and trained as a midshipman before serving in the Navy in the Pacific arena. Mr. Hatfield's war experience included action at Iwo Jima and Okinawa, transporting occupational forces to Tokyo after signing of the armistice, and briefly assisting the Chinese Nationalist forces in the Chinese civil war.

After the war, he entered Stanford University and earned a master's degree in political science, followed by a Ph.D. candidacy. Before completing the doctorate, Mr. Hatfield returned to Oregon to teach at Willamette University, and in 1950 won his first elected political office as a state representative. Mr. Hatfield provides a chronology of his political career beginning as a two-term state representative, followed by a term as a state senator, a term as secretary of state, two terms as governor, and five terms in the U.S. Senate. In 1997 he retired from public office and returned to teaching.

Mr. Hatfield discusses factors in his family, military and education that shaped his interest in health care. While he was in the state senate, he served on the health committee, which held hearings on the creation of a teaching hospital at the University of Oregon Medical School (UOMS). At this time he became acquainted with Dean David Baird, whom he says served as a mentor.

Mr. Hatfield also discusses his relationships with other leaders at UOMS, including Miles Edwards, Joseph Adams, Charles Holman, and Leonard Laster. He states that Leonard Laster's vision of a strengthened research function at the university influenced him in his support for the federal funding of research and building projects on campus. His position on the Senate Appropriations Committee was also a key factor in obtaining funds for the university. The Vollum Institute is the result of Mr. Hatfield's first successful attempt at gaining federal funds for buildings at the university, which include the School of Nursing, the Biomedical Information Communication Center (BICC) and Neuro/Sensory Research Center (NRC). In relation to these projects, he describes the roles of Carol Lindeman, Bob Beck, Peter Kohler, and Jack Vernon.

Reflecting on his friendship with Jack Vernon, Mr. Hatfield credits him with helping him get over his pride about wearing hearing aids. Also discussed is their shared vision and plans for a research center specializing in human hearing problems, a dream that was realized in building the NRC. He also mentions his growing interest in rural health issues and the application of technology. Mr. Hatfield discusses the development of OHSU into a leading health sciences university. Throughout the interview, he provides anecdotes which illustrate his feeling that it is the collective effort of individuals and the quality of leadership which has created its stature and reputation.

## TABLE OF CONTENTS

Biographical Information	1
Political Offices	2
Influences/Interest in Health Care	3
Dean David Baird	7
Leadership at the Medical School	11
Becoming a University	13
Federal Funding	14
Jack Vernon	17
Neuro/Sensory Research Center	18
OHSU Reputation	19
Index	21

Interview with Mark O. Hatfield  
Interviewed by Joan S. Ash, Ph.D.  
October 22, 1998  
Site: Mark O. Hatfield's office  
Begin Tape 1, Side 1

ASH: It's October 22, 1998. This is Joan Ash, interviewing Mark O. Hatfield in his office.

Could we talk just for about five minutes about where you were born and raised and your education and career? Now, I know five minutes isn't enough, but just to get us started.

HATFIELD: I was born in Dallas, Oregon, July 12, 1922, and moved to Salem when I was in the fourth grade, entering the fourth grade, and grew up in Salem and attended and graduated from Salem High School in 1940 and then attended Willamette University. During my freshman year at Willamette, Pearl Harbor was bombed, so I joined the naval reserve and accelerated my program so I was able to graduate in 1943 with my baccalaureate degree just before entering midshipman school, and was commissioned an ensign in the United States Navy.

I was in amphibious landing craft in the Pacific, seeing action at Iwo Jima and Okinawa. And then, following the war with Japan, our ship and others were sent to Haiphong—they called it French Indochina in those days, Vietnam today—where we picked up troops of Chiang Kai-shek, his Fifty-third Division, and we convoyed them up around the coast of China to a port city called Chinwangtao, which is where the Great Wall comes down to the sea. We drove back the Chinese Communists that had control of the beach and landed the Nationalist forces there, and continued in the China civil war for about a month in late 1945.

We were staging for the invasion of Japan in the Philippines at the time the bomb was dropped, and then we were ordered to Manila to pick up MacArthur's Second Cavalry to take them into Tokyo for

occupation forces on September 2, 1945, sailing by the bow of the USS Missouri at the precise time that the Japanese envoys had arrived to sign the armistice on the deck of the USS Missouri, with General MacArthur.

Discharging those forces in Japan, we returned to the Philippines to gather up more forces and took them into the inland sea of Kure, Japan, where they had convened all their battleships and all of their naval support to take the one last stand against the invasion of the homeland. While we were there, a group of us were ordered to Hiroshima to make observations of the ruins of Hiroshima, a month after the bomb had been dropped. I returned home and entered Willamette University Law School to complete a year there without very much accomplishment. I really found I was not interested in law, so I packed my bags and entered Stanford to do graduate work in political science, where I received my master's degree and my candidacy for my Ph.D. in political science.

There had never been any doubt that I wanted to engage in political life and a political career. While I studied at Stanford, a plane crash in Oregon in 1947 took the life of the governor, the secretary of state, and the president of the state senate (the equivalent of a lieutenant governor). All were Republicans, and, of course, this tragedy wiped out the top Oregon Republican leadership. I realized the timing of my entry into politics was greatly impacted by this, so I returned to Willamette without completing my doctoral program and entered the teaching profession. The following year, 1950, I ran for and won my first political office as a state representative; I was reelected for a second term, and then moved to the state senate in the 1954 election. In the middle of that term, 1956, I ran for secretary of state, leaving Willamette at that point, where I had been serving a dual role of teaching and politics. Two years later I was elected governor, and reelected in '62. I was elected to the U.S. Senate in '66, and reelected for four more terms—in other words, a total of thirty years in the Senate—and in 1997 I returned home to reenter the classroom and teaching and engage in other civic activities and enjoy life.

ASH: Now, what was it throughout that career that perhaps most influenced your interest in health care?

HATFIELD: The visit to Vietnam, or Indochina at that time, when we were picking up these troops, seeing the utter squalor of the people, the starvation, driving from Haiphong to Hanoi to see Ho Chi Minh raise the flag of Vietnamese nationalism over city hall, spotted with dead bodies, dying of starvation—Haiphong was the Monte Carlo of Southeast Asia, and the French were about ready to embark on a retaking of their colony. I wrote letters to my parents at the time saying that, in my view, imperialism was dead—and why I, in effect, had gained an idea about the hunger and the poverty of people being a destabilizing political force.

But following that experience, and then at Stanford—one of my subspecialties in political science was Latin American government—and the first day of class our professor began to recite to us the health statistics of Latin Americans: mortality rate, birth rates, death rates, all these things that had to do with the health, and we were puzzled by this kind of a subject. He did that particularly, I think, to gain our attention. He then proceeded to instruct that until you understand the health problems of Latin America, you'll never understand their politics, because you cannot build stable government on unhealthy people. The lack of clean water, the disease rates, all of these things very clearly indicated fundamental, basic health problems, and therefore we couldn't expect to see stable governments. And he linked, then, to my academic study of political science and governments the vital part health plays in a democratic or stable political system. So that was really, I suppose, what triggered my first encounter with the role of health as it related to government.

ASH: And then your own personal interests. For example, at the Parkinson center, you mentioned some reasons why you were interested in that in particular.

HATFIELD: Excuse me?

ASH: Were there other more personal reasons as time went by?

HATFIELD: Well, the most personal reason, I suppose, was that I had never traveled outside of the state of Oregon and when I was a kid about thirteen, and they were going to have an international Boy Scout meet in Washington, D.C. Even though this was during the Depression, my parents both were working. My father was a blacksmith on the Southern Pacific Railroad, and the railroads had to run, and my mother was a school teacher, and the schools had to continue. So we were able to scrounge together enough money to join in a group of Boy Scouts from Salem going back to see their fellow scouts from all over the world. It was a very exciting possibility.

At the last minute the trip was cancelled because an epidemic of polio broke out in Washington, D.C., and they didn't want these other kids coming in and becoming exposed, possibly, to polio. So that hit me pretty hard in the fact that I was about to venture forth to the foreign lands of the eastern United States. I'd never been to Idaho, or Washington State, let alone the East Coast. So that was a great disappointment to me, realizing that, again, a health factor was an impediment to my broadening experience of travel.

In the first few years in the small town of Dallas, I'd seen some of my first cases of mental retardation, and that was a shocking experience. Here was a family that had a hydrocephalic baby, and they wheeled that baby to their shopping and other places where there was public exposure, and it was the first time I had seen that kind of a child being wheeled in a baby buggy. It was a very vivid experience, which I, of course, immediately asked questions about at home. And I was probably a kid ten years old, eleven years old at that time. And, again, I got a very complete answer from my parents and family about mental retardation and the different forms it takes.

There was also in the neighborhood a woman who was very old, and the kids thought she was a witch. And, again, my parents took the time to explain she was not a witch, that she was senile and she had

outbursts that she publicly displayed in the yard as you'd walk by as a kid.

So those were health factors, along with immunization that took place in school. I think those immunizations that we had against everything from whooping cough to diphtheria and what have you were a good experience as well as protecting us, because we would hear about someone dying, a youngster dying of some disease, and for a youngster, death of an old person is hard enough to understand, but for someone your own age dying because of a health factor or a disease, it really makes quite an indelible impression upon your mind. I worked on that many times over, not just accepting the explanations as such, but just connecting it. And my parents would say, "Now, you see, you have been immunized, and, therefore, you're protected, but that child was probably not protected."

Things like that happening in a small town become the conversation of the day at the dinner table. It's an event. In a bigger city, it would probably be very uneventful, unimportant.

ASH: You knew these people, some of them?

HATFIELD: I knew some of these people. There was a girl that died of uremic poisoning, who took piano lessons from the same teacher I took from. Her parents were Christian Scientists, and, therefore, they did not call the doctor until it was too late, and the neighborhood could hear her screaming in pain. That was a very traumatic experience when she died. And that brought into the question as to doctors and pills and medicine and so forth, and that boggled my mind, too. I couldn't quite grasp that. We considered ourselves Christian, and I went to Sunday school and to church, and we had grace before meals and all that, but I couldn't put it together. So those were some of the things that I had in my early childhood that dramatized health and wellness.

My grandmother was hard of hearing, and she ran a boarding house for a part of that early life in Dallas, and I would go up and order her groceries on the telephone, and I sort of became her hearing, and so

I was therefore aware of handicap. I don't track my problem with hearing back to her, but rather to the war, where we did not use earplugs as those fifteen-inch cannons were firing off the battleships and we were in small boats under them, you know, and heading for the beaches. Anyway, those were some of my earliest experiences.

ASH: And what about the war and your view of health care in the military?

HATFIELD: Well, we would take the marines into the beach at Iwo Jima and Okinawa, and then we'd bring the wounded back, and on occasion, we would withdraw the dead bodies, and that's a very dramatic thing in terms of seeing people's bodies decimated, stopping the gushing of a blood flow, but it didn't have any impact on my thinking about wanting to become a doctor (laughter).

ASH: That was not a consideration?

HATFIELD: That was not a consideration.

ASH: Were you one of the people who would stop the blood flow? Was that one of your?

HATFIELD: No. Our pharmacist's mates, in effect the paramedics, before we'd take them in the boats to take them out to a hospital ship or to another ship that gave hospitalization treatment, they would have that all pretty well handled. We had to watch the situation until we got them off the beach and onto the ships.

ASH: And are there health care issues that may have been dramatized in your life because of certain illnesses your family or friends had?

HATFIELD: No. We were blessed. We didn't have any—oh, yes. Yes, yes, yes, yes, yes. I had no brothers or sisters, but I had cousins, first cousins, and they became sort of my extended family, my brothers and sisters. I used to spend time in the summer over at their house with

them and played and ran through the hills over near Valley Junction, where the casino is now. I remember one of them dying, a boy about four years younger than I. He died from diabetes, and it was very sudden. All I remember was that he had been well, and one day—he was about twelve at the time—he came in the house and wanted to sit in his mother’s lap, and she thought that was very peculiar, though they were very affectionate people. He died in her lap. It was that kind of suddenness.

Their father worked in the sawmill over there. And I remember thinking—because I heard my parents talking—that there was not quick access to medical help. Living out there—well, there isn’t a doctor there now. But in those days they would have to drive to Sheridan to get to the closest doctor. Being a mill worker, they didn’t probably have annual checkups, the cost of that. The workers didn’t have benefits for their families in those days. So that was a fairly traumatic experience, losing a member of the family, and one close to my age, and so suddenly and unexpectedly by this disease called diabetes.

ASH: Thank you for sharing that.

Moving on, then, to Oregon Health Sciences University, one of the people we’ve interviewed at length is Michael Baird. And you knew

HATFIELD: David’s son.

ASH: David quite well, I believe.

HATFIELD: Yes.

ASH: And Michael told us during the interview how you developed the relationship with David. Now, he thought that it was primarily because of the building of University Hospital.

HATFIELD: That’s right. It was a teaching hospital.

ASH: I wonder what memories you would have, any stories you could tell about David Baird.

HATFIELD: Oh, my, yes. I have to say that David Baird taught me about as much about practical politics and political science as any professor I ever had.

Now, let me back up and say, in 1955, I was in the state senate on the health committee, and the bill had been introduced, and we were holding hearings on the bill of creating a teaching hospital—at that time called the University of Oregon Medical School.

In the course of that activity I got acquainted with Dean David Baird. A wonderful personality, a man of great humor, a dry humor in many ways, a very open person. There was nothing complex about him that I ever encountered. Straightforward.

I came into a role of carrying the bill on the floor of the senate when we reported it out, and in that role I was collared by Dr. Pitman and Dr. Chuinard, representing the Oregon Medical Association, who were opposing the bill. You have to understand that the University at that time was staffed in great numbers by part-time teachers of the professions that were downtown in full-time practice and their primary responsibilities but who gave part-time support to the University to create a teaching faculty. As a consequence, for probably many different reasons—the public reason, it would be the first step toward socialized medicine. And that was a very hot item from Oscar Ewing's day under the New Deal, right on up through that period of the fifties. And a lot of it was competition; it would be competing with existing hospitals. And they could use the existing hospitals for teaching purposes because they were using existing physicians in practice downtown for professors.

Anyway, I then got acquainted with Dean Baird, who became my tutor, basically, to how to handle these political charges, these political perspectives, and they were always very carefully laid out, very analytical, and a very strong rebuttal to those opposition voices.

I remember particularly one time that we were holding this hearing, and they interspersed the opposition with the support voices as witnesses, and during the opposition time, Dr. Baird, who sat on the front row there in the audience, would get up and leave. One time I had to go to the bathroom or something, so I got up and encountered him out in the hallway, and I said, "Don't you want to hear?" He says, "No." He said, "You know, I know what their opposition argument is, so why should I sit in there and listen to all of that, which probably would agitate me, and it wouldn't be my turn to speak, so I'd have to sit there." And he said, "This way I keep calm, and so when I testify, I can do so in a very calm demeanor." It was a very interesting lesson in practical politics. So we bonded.

When you're in battle—I found in the war the same way—you and your shipmates bond very closely when your lives are at stake, and everybody plays a role in order to save themselves and their shipmates. Well, that was one of the first major battles I had in the senate.

But Dean Baird was a mentor. He was a classic example of a serene spirit in the midst of conflict. That was something I had learned in the Navy—that when you lose your cool, you expose yourself in great vulnerability. They had lots of funny little things in the Navy in officer training. An officer never runs, because an officer running can create anxiety amongst troops. So you were to remain calm and you were to think and not just let your emotions take over in situations of battle. And you hear it when you're training, but you experience it when you're in battle. And you watch and see others losing their heads, panicking.

I remember when we were retracting our landing craft, which is a flat-bottomed boat, and you want to stabilize the boat by charging the beach, and you get up on the beach, and by the time the troops get out, you're lighter, so you can retract from the beach. In the Iwo Jima situation, we didn't know this, the intelligence didn't tell us that the beach dropped off as a sheer cliff, and so we were never stabilized, and when we dropped our bow, the flat bow, for them to take off, water would rush into the boat, and many of the boats were sunk. As our boat was taking water, I said to a couple crewmen, "Bail." We had two

buckets, and they each took a bucket and got a bucketful of water and threw everything overboard, the water and the bucket as well. They had panicked. At that moment, what do you do? I told them, "Take your helmets off and bail and hold them." They realized what they had done, and they came to in that moment of panic. So I had seen that very quickly on the first wave that we went into in D-day and H-hour, and I suppose it, like many experiences, made an indelible impression.

But then, when I saw Dean Baird show me how to bail with his helmet, so to speak, or how to bail with a bucket because you didn't throw the bucket overboard, it had a special meaning to me. He was just a dear, dear friend.

While I was governor, I had a couple of what were determined as fatigue attacks. I was taken up to Portland to the hospital, to the University, and Dean Baird always personally would see me. One time, in a campaign, I had an attack of vertigo, and Antoinette called Dean Baird, and he said, "Well, where are you?" And we said, "We're on the east side staying at the Sheraton Hotel," which is now the Doubletree over there in the Lloyd Center. He said, "I'll meet you over there." So he gave me a few eye tests and a few other things. Then he told me to take off my shirt and lie on my stomach. So he got up and straddled me and started giving me a massage, and I said, "Dean Baird, are you practicing chiropractic or osteopathy?" He says, "Neither. If you ever tell anybody what I'm doing, I'll tell him that you lied" (laughter).

ASH: Did it help?

HATFIELD: Oh, yes. It brought me around. But it was so funny, because here's this doctor, you know, giving the masseur's chiropractic-osteopathic kind of treatment.

He was also a man of great judgment. I think he was a man who could see many facets of the issue. In those days—and I don't know what the situation is today—there was a state board of medical examiners, and, by law, they had to have an osteopathic<sup>2</sup>

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

HATFIELD: I had a vacancy on the state board of health, and the osteopathic physicians began to press for an appointment, an osteopathic physician to be appointed to that board. There had never been one. And, of course, it became political. The M.D.s were all organizing against it. This was a dilution of the competency of the state board of health to put an osteopathic physician on it. I remember talking to Dean Baird one time, and Dean Baird helped me understand that if they're tested by the same examinations and board that the M.D.s are, why aren't they disqualified at that point, rather than licensing them? They've passed the exams, they're licensed. Why should they be put into second-class citizenship? He wasn't advocating it, but he was helping me to measure this and make a judgment, and to look at all these angles rather than just the titles of D.O. versus M.D. I went ahead and appointed an osteopathic physician. But interestingly, then, the people on the board, when they rotated the chairmanship, jumped him. They didn't give him the chairmanship.

So that gives you a little illustration of the recent times in which many of these things were so different from today. Dean Baird helped me think that through. Just a wonderful, wonderful friend.

ASH: Others at OHSU you can tell me stories about? Some of the people we've interviewed are Joe Adams, Miles Edwards. He had a wonderful story to tell about your influence in his life.

HATFIELD: Well, he, of course, was a Willamette student, and I had him in class, and he belonged to the same fraternity that I did. Say, what did I read the other day? Miles has some very serious health

ASH: Yes, I'm afraid so. We were able to interview him during the summer, and at that time he knew he was going to be having more problems.

HATFIELD: Well, again, they threw away the mold when they created people like Miles Edwards and Joe Adams and Charles Holman,

Hod Lewis. Dean Baird and Hod Lewis and Dr. Holman were sort of a triumvirate. They had different titles, but they epitomized the leadership of the University of Oregon Medical School at that time. And they were held in that same status of reverence within the profession as well as by those outside of the profession. We used to say that some people don't have to speak for you to realize that you're in the presence of a great person. They walk into a room and you know it, whether you hear something or see them at all. But they were also people who were undergirded by terrific staff people, and they were the first to recognize that. They gave credit where credit was due.

Joe Adams, of course, was handling their public relations, and he was a very good friend of my press secretary, Travis Cross, and I'm sure that Travis sought his counsel on a number of things. But they're a unique breed of people. For us in the political field, we know their importance and we know the vital nature of the job they do, but we never understand them fully. They think differently and they act differently. Travis used to say, "I spend half my time trying to explain the press to the governor and the other half of my time trying to explain the governor to the press" (laughter). So they are unique people. But Joe Adams could communicate, not in his own name—and here's another thing. They're living their lives through other people. It's a lot different than if I'm standing out there as the governor and speaking for myself, but the public relations people are able to, in effect, communicate or bridge that gap with the media and the public not hearing Joe Adams, but hearing David Baird or some other official of the University. And that was the same with Travis. That borders on genius, I think, that kind of ability to lose yourself in another person's persona, and, yet, your mouth is speaking or you're writing, communicating.

I think people of that kind of leadership are not only gifted in those skills, but I have found most times—not always, but most times—they're gifted individuals that you would want to know and would like whether they had a title or whether they were speaking for somebody else or not. I mean, they're just people in their own mold. Very well-served, the institution, by Joe Adams.

Miles Edwards, I had lost track of Miles a little bit when I left Oregon and went to Washington, and he was moving up in his professional commitments and obligations. Then, I've run into Miles in a serendipitous way since returning and always felt I was pressed for time to really sort of reestablish and to get caught up in his life.

ASH: Another person we've interviewed is Bernice Cochran, who told a story about meeting you in a veterinarian's office in Salem.

HATFIELD: Meeting where?

ASH: She met you in a veterinarian's office in Salem. That was a good story. Carol Lindeman, we were able to interview her, and she mentioned that you had been friends with Donna Shantz from way back.

HATFIELD: Yes, yes. We were at their wedding, Bill and Donna's wedding.

Let me just sort of go back, if I could, and put into context some of these people.

ASH: Thank you, yes.

HATFIELD: After that big battle on the teaching hospital, the University was reconstructed in terms of its governing. It became an independent institution, like Oregon and Oregon State within the system of higher education, instead of a division of the University of Oregon. And we had sort of a rotation of presidents in that new role. Not as dean, but as president of the Oregon Health Sciences University.

And then I went back to Washington and got disconnected, so to speak, again. One day I had an article put on my desk that the state legislature was debating a resolution to close medical education, health education, for budgetary purposes. In other words, the whole Hill was going to be shut down by this resolution. And it really shocked me. It was like a cold shower; I came to, I'd been in a coma, so to speak, in my loss of connection and knowledge of what was going on on the Hill.

Sometime after that, I was visited in Washington by Dr. Leonard Laster, who expressed his interest in the presidency of the University. He inquired as to how much support I might be able to offer him in that role.

Anyway, early in his term we were brought together, and he wanted to share his vision of what could be up there on that Hill, but he said that I would have to play a very vital partnership role in terms of getting federal support. And he explained to me a great deal of background that I didn't know about how certain of the eastern universities had received a great deal of support from the federal government, and telling me that support produced benefits, of course, for the whole nation and the whole world in the field of research.

Part of his vision was to strengthen the research arm of the University. The hospital was doing well, the faculty had moved from part-time, of course, by now to full-time, and you had a very adequate faculty. But to fill out that third part of a medical center, research, they really needed some significant support. And Leonard Laster was a visionary, a man who had ability to infect you and make his vision contagious, and he did.

So by this time I had acquired a certain amount of seniority on the Appropriations Committee, and he would send me studies to show where these monies were going, and they were going to the old-boys' club, the network on the East Coast, and jump out here maybe to Seattle, because Warren Magnuson was on the committee, or out to Berkeley or someplace in California, and big gaps in between. Some Michigan, but mostly gaps.

So as I began to read about these things, of how this amount of money, millions and millions of dollars, were going out to these various centers just like Oregon Health Sciences University, I tried my hand at it, and we got, I think it was, around twenty million for the startup of the Vollum Institute, and then Howard Vollum left them an equal amount for an endowment, so it was being matched. It was not just federal

money, but we were triggering and leveraging that money to double the money.

And I saw the tremendous change that took place on that campus with the faculty, and then immediately the kind of people they attracted to that center. I came very quickly to the conclusion the building is but a means to an end, it's not the objective. It's the people you get into that building, that's the objective, both teachers, researchers, and students. So it was very obvious that that could help leverage the values of people in attracting them.

And so it was that we moved from that project—and by this time I was getting more seniority, and then I became chairman of the committee, and over that period of time Carol Lindeman contacted me and we chatted, and she was telling me that nurses' education on the Hill was in five separate buildings. It was like a stepchild.

Back in the legislature I had a second experience, and that was the Dental School, because it was then the North Pacific Dental School, a private institution downtown, and they were going to bring it up on the Hill with state assistance for building. I was in the House. That was even before the teaching hospital that I was in the House and giving support to making a dental college up there. The interesting thing about that was the students came down to lobby us, and they were telling us where they were learning dentistry was so medieval and so archaic that the saliva extractor was a thing they had to pump with their foot, and that on numbers of occasions—I don't know how many, maybe one—that they would stop pumping and it would reverse into the mouth of the dentist's patient.

Well, Carol Lindeman had made her case for the nursing program by the fact that we were competing in grants in nursing research and we were second or third in the whole nation, and, therefore, frankly, they deserved something a little better, and so we went at the nursing.

The other thing that I got very interested in early on was rural health and the AHEC [Area Health Education Centers Program] program, and then what technology could do. And Peter Kohler, being a great administrator, as he is, continued this tutoring of me on the filling out these various and sundry deficiencies on the Hill, that we could never be one of the leading institutions until we had this nursing facility, but also the modern technology to reach out to the rural areas through what has been called the BICC [Biomedical Information Communication Center] program.

And I guess one of the things that really impressed me the most, I was up on the Hill one time, and this was (unclear) we got—I don't remember how much money we got for that, but, anyway, we got the money for that. They had a fourth-year class that they were teaching on the Hill, and here on the screen was this doctor in Lakeview, Oregon, with a patient, teaching this class, the symptoms and evidences of whatever he was teaching them, and all of a sudden I said, "You know, that's a resource out there that's coming to the Hill." It's not all one way, it's not all the Hill expressing and sharing its expertise, even though we watched, then, a surgery taking place in Burns, and the observers and consultants there on the Hill going out from the Hill as a resource. And, of course, to me it was representative of the possibilities of closing that gap between rural and urban medical access. And Bob?

ASH: Beck.

HATFIELD: Yes, Bob Beck, one of the most unusual persons I ever met. We had a very deep religious commitment, and I've been very active in church in activities involving my faith, and we had just a wonderful experience of, not sharing the future of BICC only and the needs of BICC, which was his commitment, but of, in effect, sharing our faith together. I thought the world of him.

So this became, obviously, filling out, not rebuilding a new architectural memorial—I mean, a memorial to an architect, the library as such, but this was the information center—which I had to get used to using as a term rather than library—and one that could be, in effect,

connected into Seattle at the University of Washington and Berkeley and at Stanford, and eventually we could cover the whole western region of the United States, the sum becoming greater than any of the parts accessing information. So that was a thrill.

Each one of these things has been really a personally rewarding thrill. I've often said a carpenter must have a great sense of fulfillment in his work, because he can see where he started in the morning and he can see where he ended in the evening. In government, in politics, sometimes you're charging all day long at a high-energy level, and at the end of the day you say, "What did I get done, what did I really accomplish?" There is no visible way to measure, except at the Hill. And when I see that void, that empty space, and all of a sudden here is a teaching tool, and, more importantly, here are the people that have been brought in to use this teaching tool, that was my carpenter's sense of fulfillment in my service in the Senate.

ASH: Some of us have thought that—well, there was some talk at one time about naming the campus after you. Jack Vernon was another person we interviewed, and that was something he said, was that he so much would have liked the campus to have been named after you.

HATFIELD: Well, that happens maybe after I die.

ASH: But at least we have the building next door to my building.

HATFIELD: Yes, and Jack Vernon was the trigger on that. Jack Vernon was the man who really got me over my pride about wearing these hearing aids. And President Reagan. He helped me. But I saw the dumpy place they were working, and I was also aware that the greatest handicap numerically in America today is hearing, and it's still a neglected area. People are generally impatient with those with that handicap, as against somebody who is blind. They're very solicitous, very concerned, very understanding. You ask a person to repeat something about the second or third time, and then they show their impatience by saying, I said—and they shout, they go the other way, and

that just toughens you. The gap between basic and clinical research, which is more of an elitist problem than a real problem—the real problem is that they're interrelated, they're interdependent, but they don't understand that, the basic people, particularly.

So when Jack Vernon told them, his colleagues at Princeton, as an example, that he was going west to take up this new duty at OHSU and said, "I'm tired of working with bats for seventeen years, I want to work with people," they sort of drew themselves up and said, "Oh, you're going into the hearing aid business." How demeaning can you be (laughter)? You're leaving science, you're going into the hearing aid business.

Well, because of that attitude, this is indeed a primitive technology today. When you consider the other technology we have developed in the world, it is really unconscionable that we let scientists' attitude prevail to such a degree that we've not kept pace with what could happen and what is on the horizon in the deficiency and the handicap of hearing. So I said, "Jack, we've gotten BICC, we've gotten Vollum, we've gotten money into the" what's the big building over there, hanging over the cliff with occupational therapy?

ASH: (Unclear).

HATFIELD: Yes. And so forth and so on. "And the new hospital, the new veterans hospital. I'm going to make sure that we're going to get a center dedicated to speech and hearing."

Oh, he was excited. "How much do you need?" "Oh," he said, "I could get along with 15,000 square feet." Next thing I knew, I had a call from Peter Kohler, who said, "I think that's great news, but why don't we expand that," in other words, he didn't want me fiddling around with 15,000, he wanted more footage, "and call it a neurosensory center and make that the jewel, the core?" Of course, I was impressed, and that's what we got.

Jack Vernon, just to indicate the kind of network of people, still has Wednesdays that he devotes to the telephone, even though he's retired, just to listen to the people that he has affected or helped around the world that need to talk about it, or that he has not been able to help and who need support. To me, that's what "the healing arts" are all about.

ASH: And he's so excited about the building. He said, very enthusiastically, "It's a dream come true." When I interviewed him, we could look out the window from my building over to your building.

How are we doing here? Because I really wanted to get to this last question about what you're proudest of in relation to both health care and OHSU.

HATFIELD: Oh, that's not hard. The thing I'm most excited about, again I go back to people. When we can compete with Stanford and attract from Stanford to head pediatrics the kind of person we have, when we've attracted the people in the Casey Eye Institute, the Vollum Center, Dr. Goodman, and on and on and on—I can go through that whole institution building by building—and have been recognized now as one of the leading health sciences universities in the country, and if you break down the specialties and so forth and so on, we could be number one or we could be number two, we're up there in that top part, when you look at the competitive grants that have come, now over a hundred million dollars last year, that, again, is because of the quality of leadership and the quality of people that are staffing that University, and I like to think the quality of the students. I'm biased, maybe, because my daughter is a product of that University.

But I really think that if I were to say pride or such in my forty-six years of political life, I would have to point to those as a collective group of individuals who have brought the stature, who have brought this accomplishment, who have brought this recognition, who have brought this resource here to our state.

ASH: Thank you. Of course, we're all very excited about it. I started there in 1976, so I've seen a makeover, a dramatic makeover, and—with the IAIMS [Integrated Advanced Information Management Systems] program, too. Another question—maybe I can back up just for a second, because when the BICC legislation was being pulled together, that instigated at the national level a movement, the IAIMS, through the National Library of Medicine funding, and so it was a kickoff to a national effort but basically started here.

HATFIELD: Well, yes. And you go down to that bovine lab and those people who working in the area of milk in relation to women, what have you, that's nationally recognized, too, and it's just a hole in the wall out there in that maintenance building.

ASH: Well, I'd like to thank you so much for giving OHSU this time.

HATFIELD: Well, I'm honored. Thank you for being here.

[End of interview]

## INDEX

### A

Adams, Joseph, 11-12  
Area Health Education Centers (AHECs),  
15-16

### B

Baird, David W.E., 7-12  
Baird, Michael David, 7  
Beck, J. Robert, 16  
BICC (Biomedical Information  
Communication  
Center), 15-16

### C

Cross, Travis, 12

### D

Depression, Great, 4

### E

Edwards, Miles J., 11-12

### F

funding, federal, 14-15

### H

Hatfield, Mark,  
biographical information, 1  
children, 19  
family, 4-6  
hearing handicap, 17  
healthcare interest, 3-7  
political offices, 2  
teaching positions, 2-3  
Holman, Charles, 11

### K

Kohler, Peter, 15, 18

### L

Laster, Leonard, 13-14  
Lewis, Howard (Hod), 11  
Lindeman, Carol Ann, 15

### M

Mark O. Hatfield Research Center, 18

### N

North Pacific Dental College, 15

### O

Oregon Health Sciences University, 13-14,  
18-19  
Oregon Medical Association, 8  
Oregon State Board of Health, 10-11

### R

research, 14-15

### S

School of Dentistry, 15  
School of Nursing, 15  
Stanford University, 2-3, 19

### T

technology, information, 15, 18

### U

United States Navy, 1-2, 9-10  
United States Senate,  
Committee on Appropriations, 14-15  
University Hospital, 7-8

## INDEX

University of Oregon, 13  
University of Oregon Medical School, 8, 11

V

Vernon, Jack A., 17-18  
Vollum, Howard, 14  
Vollum Institute, 14, 19

W

Willamette University, 1  
World War II, 1-3, 6, 9-10