

OREGON HEALTH SCIENCES UNIVERSITY HISTORY PROGRAM

ORAL HISTORY PROJECT

INTERVIEW

WITH

Louis Terkla

Interview conducted December 15, 1998

by

Joan Ash

SUMMARY

School of Dentistry Dean Emeritus Louis Terkla begins the interview with a description of his early years growing up in the copper mining town of Anaconda, Montana. Realizing that education was the only way out, Terkla took premedical courses in high school, preparing himself for a career as a physician. World War II intervened, and he spent two years as a radio operator in the Army Infantry before being discharged in 1946; he talks about some of his experiences overseas. Returning home to Anaconda, he went to work at the smelter, saving money for college and professional school training.

Not long after enrolling at the University of Montana, Terkla decided to switch to dentistry. He talks about his decision to apply to the University of Oregon Dental School and describes the application process. At the interview, he saw the woman who would later become his wife; he talks about their courtship and about the interreligious home they created. He mentions three notable events that occurred during his school years: the prevalence of cheating and his reactions to it; the student protest against the Professor of Pharmacology; and the prejudice he encountered as a color blind student.

Upon graduating from UODS in 1952, Terkla was invited by then Dean Harold Noyes to join the school's faculty. Terkla talks about Dean Noyes, his arrival at the school just as it transitioned from the private North Pacific Dental College into the University of Oregon Dental School, and the diseases that virtually incapacitated him in the last years of his deanship. Noyes named Terkla as Assistant to the Dean in 1961, a position that led eventually to the deanship itself in 1967. Terkla describes the circumstances under which he learned of his promotion to the deanship and talks about the changes he began implementing shortly after assuming the post. He also relates an anecdote about charges of gold speculation leveled against him by the Chancellor and State Legislature.

Terkla talks at length about the consolidation of the three schools into the University of Oregon Health Sciences Center in the mid-1970s, outlining the steps taken by the Board of Higher Education and describing the motivating forces behind the change. He also talks briefly about his relationships with the various presidents of the university.

Discussing a few of his accomplishments as Dean, he describes the history of the Dental Careers Institute, the formation of a hospital dental service, the role of affirmative action programs in student recruitment, and the development of the sister school relationship with the dental school at Hokkaido University in Sapporo, Japan.

Terkla also talks at length about town-gown relations, primarily the unsuccessful effort on the part of some alumni to have the School of Dentistry closed due to budget shortfalls. Finally, he looks back on his career with the Dental School, a tenure that spans almost half of the institution's own lifetime.

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Interview with Louis G. Terkla, DMD
Interviewed by Joan Ash
December 15, 1998
Site: BICC (Fifth floor conference room)
Begin Tape 1, Side 1

ASH: Dean Terkla, the first thing I'd like to ask you about is where you were born and raised. We'll spend about ten minutes on biographical information.

TERKLA: I was born and raised in a small community in southwestern Montana called Anaconda, Montana. Anaconda, Montana, was a community completely dependent upon the Anaconda Copper Mining Company, which ran a smelter there in my hometown.

My grandparents emigrated to Anaconda, Montana, from Yugoslavia in the 1800s, and my father was born there. My mother was born in Bliss, Oklahoma, with a background of English and, she claimed, some Indian, but we're not certain about the Indian. And they met and married and resided in Anaconda.

The only means of employment in that city at the time was the smelter, and just about every able man who was willing to work, worked that smelter. And so they set up home and raised a family, and I was one of those.

And as a child in that particular community, which is nestled into the Rockies and is only a short distance from the Continental Divide, I had the opportunity to spend an awful lot of time in the outdoors, which I've always loved to do, and still do. And I learned to fish and hunt at an early age, and that came in very handy because in 1929, when the Great Depression hit this country—I was only four years old, but I remember it, and I remember the years thereafter, because everyone was destitute and poor, and most of them, because they learned how to hunt and fish and there was plenty of wildlife available, those skills to stay alive. And there was a welfare program, too, that I remember, and my brother and I were sent from time to time up with our little wagon to the welfare department to pick up the weekly or biweekly ration, with a warning not to look into any of the bags or eat anything. We were always hungry, so that was a hard thing to do.

But anyway, despite the fact that we grew up in that kind of environment, I never felt poor because I didn't know what poor was. There weren't very many comparisons. There were people in the city who were more well off than others, but we never met them. We lived in the wrong end of town, I guess. But everybody where we lived was poor. So it was nice to grow up poor without really knowing it and not wishing you were somebody else or wishing you had more than somebody else. And it taught us the value of a lot of things very early in life.

But at any rate, I grew up in Anaconda and went to the grade schools there, and enjoyed school a lot. I was a pretty good student. That's not bragging, I just happened to be a

good student and I enjoyed school. And I graduated from Anaconda High School in 1943. And at that time I had just turned eighteen years old, and, of course, World War II was in full bloom, and a lot of my classmates were already in the services somewhere, and I hadn't been drafted yet. So I went to work on the smelter. And I was working seven days a week, two weeks on day shift, two weeks on swing shift, and two weeks on night shift, and I thought I was earning pretty good money because of the seven-day-a-week job, but I saved it all because I wanted to go to college.

When I graduated from high school, I earned a scholarship, a small scholarship to a university in Montana, but the scholarship money that was available—it wasn't very much, it was \$500 or \$1,000—was insufficient, of course, to enroll in college. And I wanted to go, but the resources weren't there to go, and my father didn't have the money. My father and mother separated when I was a teenager. It was a very painful period, and I still don't know all the reasons why this happened, but she just got up and left. She just left the city and left the family, and it took years for us to reestablish contact.

ASH: How many siblings did you have?

TERKLA: Two, a sister and a brother.

We finally managed to get in touch with her. By then I was in the service, and so on. And she never came to our high school graduation, and I don't think she realized where I was and what I was doing all the time, even though I wrote letters. But anyway, that was a painful experience.

So my father ended up as a single parent with the three children who were all teenagers. My sister graduated, however, just before I did and was working at the smelter. Even though she wanted to go to college, she couldn't. The family needed the money for subsistence, and so she took a stenographer's job at the smelter. Then, when I graduated, I took the job which I described, and I put whatever money I earned into a savings account so someday maybe I could use it to go to college.

And then in—oh, it was early in 19, I guess, '44, January, I was feeling a little bit alone in not being in the service, knowing so many of my classmates were there, and the war was going on, and I wanted to have the feeling that I was making a contribution, so, impulsive as I was, I went up to the draft board and told them I was ready. When I told my father that night, he cried. He really cried. And I get emotional about that.

ASH: He must have been quite a special person.

TERKLA: He was.

Anyway—excuse me. I don't know if this is part of your oral history or not.

ASH: Well, it's interesting to find out where your interest in education came from, and I take it your father was not an educated man, and yet you and your siblings were brought up to think in terms of college. Was that unusual in your...

TERKLA: We weren't brought up with the influence from him to think of college; we did this on our own. We just thought it was a wise thing to do, and that the history of the children in that city was that all the boys, as soon as they graduated from high school, if they ever made it out of high school, went and worked in the smelter. That was the legacy that you were left by your family, your grandfather, your father, and the children. All the men went and worked on the smelter, and the women, if they could, found jobs elsewhere or just became housewives—*just became*. Excuse me, that's the wrong thing to say. Became housewives and raised children, which was big enough a job as it is.

But at any rate, I took a premedical course in high school because I wanted to become a physician.

ASH: Well, did you have teachers, then, who influenced you in this direction?

TERKLA: No, there was no one. We didn't have counseling or anything at the time. We didn't have career counseling; we didn't have university or college admissions counseling or anything at the time. We just didn't have it, and we had to develop our own interests. I took what is known as a scientific course. There were several kinds of courses you could take in high school: a commercial course, where you learned typing and stenography and so on; and, then, the scientific course, in which you would prepare yourself for premedicine or pre dentistry, took all the sciences and so on; and, then, I think there was a social sciences course as well, a series of courses as well.

But anyway, when I was in high school, toward the end of senior year, knowing that I would probably go into the service, I took the armed forces—let's see. It's called ASTP. Armed Services Training Program, something like that. It was a test that you took, and if you did well on that test, when you were drafted or you volunteered and went into the service, you could possibly be sent to college by the armed forces and learn a specific skill that they needed during the war. So I took that, and I did very well on the exam.

So January of [1944] I went up and I told the draft board that I was ready to go, and then I told my father, and he was very upset. But after that I found myself in Fort Douglas, Utah as a U.S. Army infantryman, and during—they did have interviews there because they wanted to place you someplace, so during the course of the interview I pulled out this slip of paper with my ASTP scores and the fact that I had passed the program and everything, and they said, "I'm sorry, young man, we just canceled that program" (laughter). So they said, "What kind of skills do you have?" Well, I didn't have very many. Most of them were mechanical. He says, "How would you like to go to radio school?" I said, "That's fine." So they sent me to radio school—basic infantryman's training at Camp Roberts, California, and also radio school, and that's where I learned the Morse Code and learned to transmit and received Morse Code, and learned how to do voice communication with a radio on my back, a 284 radio.

And after that I went into further training and ended up in, I think it was, Newport, Virginia, and was put on a liberty ship across the Atlantic Ocean to help fight the war in Italy as an infantryman. And this ship was a very small ship, and it was loaded with soldiers, and, in fact, so many some of us were sleeping on deck, and most of them were sick, so there was vomit everywhere. The stairways were slick with it, the hallways were slick with it. Then they would call you for dinner, and they would have what they'd call SOS, which is—you can imagine what that is. It's S on a shingle. You can imagine what that is. It's a creamy kind of a sauce of some kind with meat in it and whatnot that they pour over a piece of toast, and it looks just like the vomit that's laying all over the floor (laughter).

But anyway, we made it across the ocean and landed at Naples, and I was put in a replacement camp. A replacement camp was a place with a lot of tents, and the weather was very cold, and all we had was the summer issue of clothing with us, and we were very cold most of the time, and my toes felt like they were frozen, and so the medic came and examined my toes. And the way they tested them at that time was to take a needle and punch the bottom of your toe with a needle, and if the needle went in and you didn't say anything, yeah, your toe was frozen. And the reason they did that, they had a lot of malingerers at the time who were claiming frozen toes, and they were sending them to the hospital, and they wanted to get out of any active war involvement. But anyway, they were numb, but they weren't totally frozen.

So then I was sent up to the front lines, and I carried that radio on my back with a lot of—what do they call them? A lot of—I'm trying to think of the name of the group of the squad and what they did to go into—a scouting trip, I guess, into no man's land. And no man's land is an area where there are not supposed to be any soldiers between you and the enemy, and then they fight back and forth in that particular spot. So I went on a lot of those forays and earned the bronze star and the combat infantry badge. And then I came back to the United States and went through a series of additional trainings, including radio repair school, and then I was finally discharged in April of 1946.

And I had a girlfriend, which is kind of interesting, in high school—the first one I ever had was when I was a senior—and we wrote to each other religiously every day. I wrote her every day I was...

ASH: Every day?

TERKLA: I wrote her every day, even from foxholes. Every day. And the letters were very loving. I mean, (unclear) like I'm saving myself for you, and so on. I came back in 1946, I called her up as soon as I got in town, and she acted kind of strange on the phone. I said, "May I come down and see you?" She says, "Yes." I went down there, and she was pregnant.

ASH: Married?

TERKLA: No, she wasn't married. But I guess she took up with an old boyfriend, who was in the Navy, while I was gone, and they were going to get married. So that ended that relationship. That was quite a shock.

Then I went to work immediately on the smelter again and saved money. And by then I had earned four years of college education on the GI Bill, and I decided to save it for professional school rather than the pre-professional school, because pre-professional school is a lot less expensive. So I enrolled in the University of Montana in Missoula for a premed course and then decided that I wanted dentistry instead of medicine.

ASH: Why?

TERKLA: Well, the principal reason was that I knew a lot of physicians and I knew their schedules, (laughing) and I wanted a little bit more freedom from the twenty-four-hour, around-the-clock business, although I enjoyed medicine a lot, and I think I would have made a good physician. But it was a selfish reason, really, that I wanted the independence and I wanted to be in health professions, but I wanted some kind of a better schedule for myself and my family. So I entered predentistry at the University of Montana.

In those days they didn't require a baccalaureate degree for admission, and I applied to the University of Oregon Dental School. And you asked me why, and the reason is because it was the closest one to my hometown of Anaconda, Montana. I didn't apply to any others, this was it. At that time they were accepting students with only two years of predentistry, and when I applied the admissions committee had to evaluate me and make a decision on the basis of only one-and-a-half years of pre dental college credits, and I was accepted.

ASH: Did they interview you, then?

TERKLA: Yes. This is pretty fascinating, because I was given an acceptance to the School of Dentistry, which was then—had just become, really, a few years before that the University of Oregon Dental School. It was still situated in the old building over there—I think it's called the Omark Building right now. It's over there by the convention center on Sixth and Oregon, Northeast Sixth and Oregon, and it was the old North Pacific College of Dentistry. And it was built out of a—it looked like a concrete block, and it was built, really, to serve as a warehouse, I think, in case the Dental School failed. And all of the floors in it were solid concrete, even the clinical floor, and the clinical floor was just polished—the concrete was polished, and that was the floor of the clinic.

But at any rate, I was accepted there, but they said, "You can't start classes because starting classes will be contingent upon satisfactory interviews, and in order to make it helpful for you in the event you can go to the classes, we'll schedule the interviews the day before registration" (laughter). I didn't have any—I didn't want to spend any of my money on transportation, and so my father happened to have a friend in Anaconda who ran a taxi service, the Broadway Cab Taxi Service. I think he owned one of the cabs. And he happened

to be visiting Anaconda, and he asked him if he could give me a ride to Portland (laughter). So for thirty-five dollars he transported me, with his wife, to Portland.

And I then had to find a place to live, and at that time the GI Bill was providing, I think it was, \$35 a month for food and \$30 for a room, and the total amount of the check was \$75, so you had \$10 left over. And I found a place to stay for \$30 a month, and I found a boarding house for \$35 a month, two meals a day, and I walked.

But anyway, during the interviews, I went in there, and I was interviewed by two people: one was a dentist, and the other one was not. He had a master's in education. And the master's in education person was asking me what I thought were some kind of facetious questions, and I guess I got a little bit cocky with the answers. And my future wife—I didn't know she was my future wife—was in the background, listening, at a file. She happened to be a Reed graduate and was the chair of—helping the chairman of the admissions committee at the time. But anyway, I was interviewed by both people, and the dentist gave me just a very, very high rating, and the other one gave me a negative rating, but they accepted me anyway (laughter), so I became a dental student in September of 1948, right after the Vanport flood.

ASH: How did you meet your wife officially?

TERKLA: Well, what happened was, right after those interviews I went next door to a little place they called the Greasy Spoon. It was just a little, tiny niche right next to that building that a little old lady was running a restaurant in, and she was serving, I guess, breakfast, lunch, and dinner, and she was cooking it all and running it all by herself. She was a matronly, beautiful lady with pure white hair, all businesslike. And I went in there to have lunch, because I didn't know where else to go, and Phyllis came in, my future wife, and she went over and got a cup of coffee, and I asked her if she'd like to sit down with me and have her coffee, and that's how that started. The relationship was good, and I asked her if she'd mind showing me Portland sometime, and she said, "Not at all," and so we dated, and she showed me all around Portland.

Well, the fascinating thing about it was, she was Jewish. And that didn't make any difference to me, because I didn't know that there was a Jewish problem in the world. I grew up in Anaconda, Montana, among blacks, Jews, all kinds of other ethnic varieties of people, because it was a melting pot there at the smelter, a lot of immigrants, and we didn't pay any attention to that. We treated each other equally. I played with the black kids, played football with them; we went to dances, the black kids danced with the white girls; I dated Jewish girls and didn't know that was a problem of any kind, except for the Jews at the time, I guess because I was a gentile. But anyway, that's another long story which is not for this interview, how we transcended that particular problem, because it was quite a shock to her parents, of course, who were Jewish, and all her family and friends, that she was serious about this gentile.

ASH: Well, it is important in that it may have influenced your efforts later in diversity in the Dental School.

TERKLA: Well, it was nice to grow up in an environment where you could come out of it without any bigotry, no ethnic biases whatsoever, just absolutely none, where everybody was an equal. It was wonderful. And part of that I attribute to the fact that even though I was baptized in the Serbian Orthodox Church in Butte, Montana, which was twenty-five miles away—the Serbian Orthodox Church is very much like Greek Orthodox, and I think both of them are very much like Catholicism. But my father never was a devout, religious person in terms of if you want to define that as somebody who goes to church regularly. Never did that, never made any religious requirements on the children, and, as a consequence, I was not, for the want of using a better term, brainwashed by my parents about a specific religion. So I grew up very open minded about all religion, and I still am, and I raised two children the same way and followed that same pattern, and they were free to choose whatever religion they wanted.

When I was in Japan one time—I lectured in Japan a number of times, but in the evenings they like to sit around and philosophize a lot, and so they asked me about the freedom of religion in the United States. I said, “Well, you have to really be a little bit specific about what you mean by freedom of religion.” I said, “The general context that I look at it with is that it’s the freedom to practice any religion that you want, but the truth of the matter is, in a lot of cases there isn’t any freedom of religion in the United States.” They said, “What do you mean?” I said, “Because if parents are devoutly religious, they will raise their children the same way. They will basically indoctrinate their children in that religion, and by the time the child is old enough to be able to make a decision, that child is unable to do it. Unable to do it, by and large unable to do it, because, this is my religion and it’s the only one. And so that child has been denied the right and freedom of making that choice based upon his own observations and studies. So I feel that they have been denied the freedom of religion in a sense, even though they’re allowed, you know, the freedom to practice the one that they were raised in.”

But we transcended that, and we even got to the point where we had a Christmas tree, and I made a Star of David and put it on top of it, and we called it the Hanukkah bush. And pretty soon her parents were celebrating Christmas Eve with us, which was nice.

ASH: Well, you’re in dental school now.

TERKLA: I’m in dental school now, and when I arrived in dental school, of course, I was scared to death, because I saw the curriculum and I didn’t know how I would handle it, and I knew it was very difficult and the demands were high. But I went to work with it, and I found that I enjoyed it, and my ability at being a good student remained with me. I studied very hard.

The fascinating thing is, I was in a class full of World War II veterans, and these veterans were all world wise by now, and they were more mature than the students who come to our first-year classes now. And anything went, including cheating, and I refused to cheat. I

refused to be dishonest about anything, and that complicated my life because I spent a lot of time studying, I was making As in all my subjects, and they knew it, and they knew I had the answers. So during the exam time, whenever the proctor wasn't looking, I was given the business, and I would just keep my eyes on my paper and never cheat. And I guess the proudest thing I can say about my dental education is that I never cheated once, and I never cheated once in college either, although I understand from the polls it's commonplace now, almost commonplace to the point where people think it's part of the culture and it's okay, which is very unfortunate.

ASH: What's your feeling about the Dental School today, and cheating?

TERKLA: I don't have any idea what's going on in Dental School today, but I don't think that there's any student body anywhere, whether it be in dental school, nursing school, medical school, college, that there aren't people in it who cheat when they can. I think that occurs. But I can't say exactly how prevalent it might be right now in the Dental School. I think the student bodies today are pretty high-quality people, by and large. But when it comes to cheating, if push comes to shove and it means that your career is on the line if you don't keep your head above water and pass the courses, I think there are some people who do—are tempted to do that.

ASH: When you were teaching—I don't want to skip ahead, but I don't want to lose this thread, either. When you were teaching, did you implement procedures to keep your students from cheating?

TERKLA: Yes, I did, and I'll get to that when we talk a little bit about that, when I was a teacher.

But my student years—I'll get back to my student years—they were pretty, I think, unremarkable. It was just getting there at eight o'clock every—actually, I had to walk to school. I had to walk, I think, twenty-one blocks between the school and where I lived. I couldn't afford any transportation because I only had ten dollars a month left over to spend, and so I carried Gray's *Anatomy* and all the rest of the books twenty-some blocks one way and twenty-some blocks the other way all year long, in the rain and everything else. And sometimes my little dental motor that I had to carry to practice with, you know.

But anyway, that was about the only real remarkable thing that happened, except that my wife, Phyllis, was the one who was working now, and—we were married in the summer after my freshman year, just before my sophomore year, and so she became the breadwinner. But even when we were dating during the freshman year she had to pay for the movies and the bowl of chili afterwards and that sort of stuff.

But anyway, there are a couple of things that you might be interested in about my student days, and one was that I became the president of the student—of the class, not the student body, the president of the class. We didn't have student body presidents then, but I became president of the class, junior class, and it was during this period that we were taking

pharmacology, and it was being taught by a wonderful man. He was an East Indian, a wonderful man, a Ph.D. in pharmacology, but he could not teach. He was just the wonderful, sweetest person you'd ever want to know; he could not teach. And these kids were just beside themselves about pharmacology. They weren't learning it, they were afraid they were going to fail the exams, and so on. They were running up here on the Hill, getting the medical students syllabus and notes on pharmacology and studying those. And so they were so upset, they said, "We've got to put together a petition to get rid of this teacher." As the president of the class, of course, I had to honor that, and everybody signed it, and I signed it, and I went to Dean Harold Noyes and presented him with this petition. He was polite and he accepted it. And, basically, we were asking for the resignation of this man from the faculty because he couldn't teach us pharmacology.

Of course, he wasn't teaching the best students in the world, either. Maybe they wanted it all handed out, you know, like they could study it rote and didn't have to think too much, and maybe he was the type of teacher who wanted us to think about things and learn to synthesize and analyze. But anyway, they didn't want any part of that. They just weren't getting it, and so they had a petition set up.

And it was some weeks after that—I never heard from the dean again about it, but I heard from the doctor who was teaching the course. He came up to me, and he said, "Why didn't you talk to me about this and present it to me first?" So I learned a lesson right there about the right things to do in protocol. But he was never discharged, nothing was ever done about that. And the funny thing about it was that after I became dean of the School of Dentistry, I was picking him up and transporting him to our school because he was still teaching in the pharmacology department (laughter) when I became the dean. But he lived on Terwilliger, and I had to go right by his house. We were the greatest friends.

But anyway, the other incident that was kind of fascinating...

ASH: This is going to click off in just a second.

TERKLA: Okay.

ASH: I'm going to turn it over right...

TERKLA: The other anecdote that was kind of fascinating was at the end of the freshman year, one of the last examinations that I had to write was in gross anatomy.

ASH: Can I interrupt you just a second?

We're ready.

TERKLA: The other incident about the School of Dentistry, which is—my experience as a student which is kind of fascinating, was that one of my last examinations in the freshman year was gross anatomy. I did very well in gross anatomy, and it was taught by

a man who had a doctor of dental medicine degree from Harvard and also a Ph.D. in anatomy, so he was in a pretty good position to relate the teaching of anatomy to the practice of dentistry. At any rate, he was proctoring the examination, and I finished my written paper, and I took it up to him, and I handed it to him, and then I said, “May I speak to you a minute?” And he said, “Yes.” And I said, “I understand you teach oral histology in the second year, sophomore year.” And he said, “Yes, I do.” And I said, “Well, I’m colorblind, and I wonder if there’s anything special that I should be preparing myself for with regard to the kinds of stains you use or that are used to identify different kinds of tissues that we have to look at under the microscope, or examine under the microscope.” Instead of giving me the answer I wanted, he gave me a lecture on why he thought any colorblind person should not be in the profession of dentistry. And that was quite shocking to me, and rather upsetting, and I never did get the answer to my question about whether I should prepare for something—you know, some kind of a problem, because the colors are rather indistinct in some places, and blue-green—excuse me. Let’s see, I’m green—what is it, brown-green colorblind or something like that. But at any rate, he gave me that answer. There weren’t any elevators in that school, there were just some old concrete steps, and we were on the fourth floor, and as I ran down the fourth floor on my way back to Montana to work in the smelter, I was saying some nasty things in my mind about that man.

And the reason I tell you that is that when I was in Japan lecturing—two reasons. One, I was in Japan lecturing some years ago. I lectured to all the deans and associate deans of all the dental schools in Japan at the Kyoto Conference Center, and the Kyoto Conference Center is the most gorgeous thing you ever saw. And we had instant translation. We were all wearing headphones. And I was giving them lectures on how to examine a curriculum, how to structure it, and so on, and some of the philosophy that we were utilizing at the school of dentistry and some of my personal philosophy.

I talked to them I think for two and a half days, and toward the end of it one of the people got up, and he started ranting and raving about colorblind students in dentistry and about he didn’t think that colorblind people should ever go into the practice of dentistry. Well, the fascinating thing about it is that a colorblind person often can distinguish shades and hues much better than the person who is not colorblind, and I never had any difficulty in any of my restorative treatment of patients or identification of lesions or anything. I did just fine, even though I was colorblind.

But anyway, he was ranting and raving about this, and it turned out that he was a Ph.D. in anatomy, if you can believe that. And my response to him was, “Well, sir, you have been listening for two and a half days to a colorblind person” (laughter).

But the other fascinating story was that when I became the dean of the Dental School, the anatomy professor who told me that, way back in 1949, spring of 1949, was still the chair of anatomy, and I became his boss.

ASH: How long did he last?

TERKLA: He lasted as long as he wanted to (laughter), and he retired in the normal sequence that he wanted to.

Anyway, those were my dental school years.

ASH: Can you tell us anything about Dean Noyes? It sounded like as a student you had some...

TERKLA: I had some interaction with Dean Noyes, but not very much. He never interacted a great deal with the students. He talked to us once in a while, but not very often. And he was an administrator off in his office and a little bit, I would say, remote from the student body, but, nevertheless, respected.

And Dean Noyes was a dentist and a specialist in orthodontics, and he also had a degree in medicine. He was a very bright person. I don't have any idea why he came to Oregon to head up the University of Oregon Dental School, because in 1945, just about the time that he was appointed to that position, that—and this was before I came there. I came in 1948, but I learned this after I had come. In 1945, the school was undergoing some very serious accreditation difficulties. In fact, it was basically warned that unless certain things were done in a fairly short period of time that the school would probably be disaccredited by the accrediting agencies. And the primary problem at that time was the physical facility. Like I said, it was just a concrete warehouse, and there were a lot of deficiencies and so on.

But he accepted the job, and along with it he came with a philosophy of dental education which was kind of unique in the United States. The traditional form of dental education at that time was that the students would undertake two years of, principally, biological sciences and then followed by two years of, principally, clinical sciences and patient treatment.

And the unique thing about dental school and dental education is that you have only four years to prepare a student from ground zero to the point where that person can go out, pass the state board examinations, and enter the private practice of dentistry. It's different from medicine; there are no residencies required. They just go right from dental school, and if they pass the board exams of whatever state they're in, they can practice dentistry and set up an office. And so the challenge to do that in that period is really great.

And we were finding that—or, at least he was finding, and other educators, I guess, were finding that the application of the biological sciences to the treatment of the oral health-care problems of people was not being done very well, the integration of the biological sciences, because the students had a tendency to get the biological sciences out of the way the first two years and then kind of forget about it during the last two years when they were doing all that patient treatment. He came along with the philosophy of *vertical curriculum*, where you would integrate the biological sciences, appropriate portions of the biological sciences, at different levels throughout the entire four years. That became known as the *vertical curriculum*, and it's the pattern that's still being practiced today, and I think

eventually all the dental schools in the United States adopted that particular pattern, and it makes a lot of sense because you can then bring the application of basic sciences right into the student's mind at the time that the treatment is being done on the clinical floor. And so he was, I would say, ahead of his time with that particular program.

In addition to that, he was a well-respected dean throughout the United States. And I think that the reputation of a professional school, in large measure, depends upon the image that the dean projects nationally, and I'll tell you more about that with regard to my deanship when we get to that point.

But at any rate, that's another thing to his credit. And he was very strong in terms of having a good clinical program, and the students who graduated from our school did a very fine job on their clinical exams and also their state board exams.

As time went on and I joined the staff after I graduated in 1952—and my family came down for my graduation, and they'd come down a week early (laughing) because they wanted all their dental work done for nothing by this budding dentist of theirs, and so I was pretty busy the week before graduation. I started work on my sister, and making an upper denture for my father and a full set of dentures for my stepmother, and so on. But at any rate, he asked me—my father asked me, “You're coming back to Anaconda to practice dentistry, aren't you?” And I says, “No, I'm not.” He says, “You're not?” And I said, “No.” And he said, “Why aren't you?” And I said, “Well, because I've really become interested in teaching and research, and there are several department chairmen here who have invited me to join their departments and try it out, and that's what I'm going to do.” I said, “I'm going to sign a contract with two departments.” It was operative dentistry department and crown and bridge department. And he said, “How much are they going to pay you?” And I says, “Forty-five hundred dollars.” He says, “Is that a month?” I said, “No, Dad, that's a year.” I hired on for \$4,500 a year to teach full-time.

ASH: Now, how much would a dental practitioner in Anaconda have made?

TERKLA: I don't have any idea.

So he said to me, “I'm just a foreman on a smelter and I'm making more money than that” (laughter). And I said, “Well, Dad, the nice thing about it is that I paid for my entire education except for the federal support I got.” and I said, “I'm able to make that decision now without feeling any obligations who helped pay for my education.” He was not able to help me at all.

So I joined the faculty at that time, and I was a faculty member under Dean Noyes, and he was a very democratic person. I was always a democratic person, when he chaired a faculty meeting, it was all quite democratic, and I liked it, and I kind of followed his pattern after I became the dean.

But at any rate, he was not in a position to do very well with regard to salary increases, so the second year I think I made \$5,000, and the third year I made \$5,200, and that's the way it went.

But getting back to the problem of accreditation, he was faced with a serious problem, and just about the time that he came, the alumni—this was in 1945—the alumni and other dentists in the state had, evidently, influential contacts in the legislature and the governor's office, and they convinced those people that that school should be part of the Oregon State System of Higher Education and be brought into it as the University of Oregon Dental School, and that went through. It was passed, and it was agreed to by the legislature, and the state of Oregon bought that school for the price of one dollar, to make it binding. And that's probably the most expensive dollar the state ever spent in its life.

But at any rate, that's when we became the University of Oregon Dental School, and, of course, that's when Dean Noyes came too. Now he had a university dental school that was facing accreditation requirements, and the physical facility, as I said, was the major problem. I graduated from that facility, so I could tell you many, many stories about it and how antiquated and ancient it was. What happened was that the alumni of our school and other practicing dentists, but principally the alumni, again used their influence with the powers that be in the state and convinced them that a new dental school had to be constructed. And that building, that legislation passed. And then the administrators of the school, as well as probably the state system, had to decide where to put it, and I think there were some options besides up here on Marquam Hill. I think there were options other than that, one being down in the community somewhere. But Dean Noyes, being a physician, of course, and having good vision, I believe, thought that the proper place for the Dental School was up here on Marquam Hill, along side the Medical and the Nursing Schools, and that's where it was built in the early fifties, and we moved into it in the summer of 1956, and he was still the dean then.

And by then, 1956, I had been on the faculty for four years, and I was growing. I went from instructor to assistant professor. And as the years went on and I took on more responsibility and did more research and a lot more publishing and got good ratings on teaching, I went through the ranks and eventually became a full professor. And when I was an associate professor, it was a period in which Dean Noyes's health was failing, and he needed some help. Dean Noyes never had an assistant dean or an associate dean, never did. He was just a single administrator with no associates or assistants. And he decided that he wanted to have, not an assistant dean, but an assistant to the dean. The *to* was very important to him, evidently. It signified a position a little bit less than assistant dean. And so he suggested that Lou Terkla become assistant to the dean, because I had served as the faculty secretary for a number of years while he chaired the meeting, I kept him completely straight according to the rules of order all the time, kept magnificent notes, and everything was just perfect. So everybody had an opportunity to see who this guy was, and they knew me, and, of course, I had a lot of friends on the faculty, and so that was not objected to, and I became assistant to the dean.

And so he gave me an office right next to his, but I still had thirty-five student contact hours a week in teaching, and that was never lessened. So I was trying to help him on a half-time—he had me in there at half-time, but I had thirty-five student contact hours for the other half-time. It was incredible. And as his health continued to fail, I found myself with more and more ...

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

TERKLA: ...responsibilities but no authority. Well, he changed the *to* to *assistant* dean later on. And department chairs were coming to me with their problems, because he was becoming so debilitated from several diseases that he was not awake enough in his office to go through anything serious, and he was not alert enough to understand, sometimes, what you were trying to say.

I don't know the degree to which Chancellor [Roy] Lieuallen and his staff were aware of this, but whenever there would be a function you could see, you could visually see, that there was some debilitation going on. But I never talked to the chancellor about it, and I don't know if anybody else did, say, suggesting that it's time that Dean Noyes was moved away from the deanship because he is just too debilitated to conduct his office properly. And they really didn't have to, because it was being done by an assistant dean without any real authority.

The lack of authority was troublesome, and so what I would do is that if there were an important decision to make, I would go into his office, and he would look at me, and I'd say, "Dean Noyes, I have to discuss these important things with you." And he says, "Okay." And so I would start discussing these things with him in his office, and it would only be within a few minutes, and he would just nod off. He couldn't help it. I believe—his diseases were two-fold, and I don't think I should say on the tape what his diseases were, but they did cause him to nod off. So I would continue with whatever I was saying, as if he were awake, and at the end I would speak and change my voice in such a way that he would open his eyes, and I'd say, "Is that all right with you?" And he'd say, "Yes" (laughter).

ASH: So authority was not a problem.

TERKLA: Well, it was—it came in a very different way.

So in a sense, I was dean of that school before I was the dean of the school. Sometime in 1965, Chancellor Lieuallen made the announcement that Dean Noyes would be retiring—or, he encouraged Dean Noyes to make the announcement that he would be retiring on July 1, 19—excuse me. It was in 1966 this was done—that he would be retiring on July 1, 1967, and that kind of was an emotional time for him. I think he hated to give up the deanship, and he realized he had to do it.

ASH: Did he always—excuse me for interrupting, but did he always agree with the decisions that you didn't...

TERKLA: Yes. Evidently, he never saw anything that displeased him as a result of what took place.

There was a presentation that the Board of Higher Education wanted the Dental School to make. You know, at that time, the Board of Higher Education made the rounds to the different schools in the system, and they held meetings there. When they were up here, they wanted the Dental School to make a presentation, and I made that presentation to them—I think it was in December of 1966, somewhere in there—about the School and its present position and its future aspirations and so on. I even made a little booklet up for them.

But at any rate, at the last deans conference—the deans conference, all the deans in the United States, dental school deans in the United States, meet once a year, usually in December, at some fancy resort where they can play golf and eat good food and live it up, I guess (laughter). Anyway, this one happened to be at Camelsback Inn in Phoenix, Arizona, and I went with him, and he brought his family as well. And it was during that period that I received a telephone call from Gene Bauer, who was the business manager of the School of Dentistry, and he said, “Guess who the next School of Dentistry dean is?” And I said, “I don’t have any idea.” He says, “It’s you.” I said, “Well, how do you know that?” He said, “It’s all over the newspaper” (laughter). I says, “Nobody’s called me to ask me if I wanted the job.” And that’s exactly what happened. That’s how I heard about it. I called my wife, and she says, “Yeah,” she says, “we are getting flowers and telegrams and telephone calls, and everybody’s happy, and it’s all over the place.” And I said, “That is really fascinating.”

I had an agenda that I wanted to discuss with Chancellor Lieuallen and his staff about the future of the School of Dentistry and what its needs were. I had concluded that if there weren’t some indication from the chancellor and the Board of Higher Education that I was going to get some of these things, or they were going to work with me toward getting some of these things that were needed, then I would refuse the job for the deanship. I never had the opportunity. They just totally undercut me by announcing that I was the next dean.

And the way this took place was that even though I was assistant to the dean for a number of years, and administering the school kind of *de facto*, I had no intent of becoming a dean’s candidate. And the faculty began to—after the process started, the faculty encouraged me to become the dean, become a dean’s candidate, and I thought about it, and I decided, well, okay, I’ll throw my name in the hat. Well, after the search committee was finished with its job, they recommended three names. One was a general, retired general, from the Army—Bob Shira was his name—an oral maxillofacial surgeon known throughout the entire world. Lectured extensively, excellent speaker, excellent surgeon, and a tremendous career. Another one was Ralph MacDonald, who was a pediatric dentist from the University of Indiana, and me. And then we all went through the final interviews with the Board of Higher Education, and, then, that’s the last I heard of it until I received a telephone call in Phoenix, Arizona, that I was appointed. Everybody in the whole state knew it before I did. Fascinating.

ASH: Why do you think that happened?

TERKLA: I never did discuss this with anybody. In fact, it's only become recent public knowledge as a result of these emeritus faculty meetings when I said something about it. And, of course, my wife knew about it, and other friends. I have never discussed this with Roy Lieuallen or with any of the board members at the time to ask them, "Well, why didn't you have the courtesy to call me and say, 'You're the person we want to be the next dean of the Dental School.' Will you accept the position?" Normally, that's what they have to do, you know, because you've got salary considerations and all the rest to think about, and also this needs list that I had. But that wasn't done. My conclusion is that because I was a candidate and I went through everything, including the final process with final interviews with the Board of Higher Education, that it was a given that if I was selected, I would accept the job. That's the only conclusion that I could come to, and that's the one that I just—I retain.

ASH: Why do you think they selected you over the general?

TERKLA: I don't have any idea. I was not a party of any of the discussions, I wasn't party to any of the minutes that they—I never read any of the minutes that they ever had. What you're asking is me to speculate on that, and the only speculation I have is that the people involved, the State Board of Higher Education and the chancellor's office and his staff, had a lot of experience with me, including the legislature.

At that time, as you well know, the School of Medicine and the School of Dentistry were separate institutions in the state system of higher education, even though they were headed by deans instead of presidents. But, in 1974 sometime—this was before we became a university, or even prior to that—they accorded a kind of quasi-presidential status to both the dean of medicine and the dean of dentistry, and we attended all the meetings of the presidents and chancellors and the State Board of Higher Education, and we were given the complete freedom to make independent presentations, and we did the same thing with the legislature. The chancellor presented his budget for higher education, but then each institution head presented his or her budget, and I had that opportunity with the legislature, as did the dean of medicine, to present that. And we were given quasi-presidential status in these particular schools.

Now, I'm wondering now what my line of thought was.

ASH: Well, you had been doing that...

TERKLA: Oh, yeah, you asked me the question about why they thought I should be the dean. And I think it's because of that exposure and the fact that they knew what I had done while Dean Noyes was debilitated, they knew the status of the school and the quality of the school, and they kind of, I think, put their bets on something that was more sure than an unknown.

And that's kind of the conservative way, in those days, that Oregonians did things, and maybe they still do in some places, you know. Here's a known quantity, it's a quantity that can do the job, somebody who can do the job, and let's go with that person because the person's had the experience, knows the school better than anybody else, and we know him. I'm assuming that that's what it was, that I had an edge that I didn't know I had. I didn't think about it. I thought the general had the edge, I really did.

ASH: Was the school in pretty good shape then?

TERKLA: No, it was not. We had all kinds of problems in that school, not the least of which was the physical plant. Even though the building was all new in 1956, the technology was advancing so rapidly that we were soon out of date with all our clinical equipment and our methodology of teaching, our classrooms were antiquated, we didn't have the communications technologies that exist, for example, that were coming on line, and so there were a lot of needs.

But at any rate, I did become the dean and did something that probably no dean's ever done before; at least, I haven't heard about it. Shortly after I became the dean I gave an inaugural address to all the faculty and their spouses and all the supporting staff and their spouses for two hours at the Medical School auditorium, library auditorium up here, one evening, and I told them exactly who I am and what I wanted to do with the school, and I never missed anything. So that's how it was started.

ASH: So the school, you felt, was not in great shape at the time, a lot, because of the physical facility. What were some of the things that you said you wanted desperately to do with the school?

TERKLA: Well, the other things that had to be done was that both the curricula in dentistry and dental hygiene needed a thorough analysis and a revision, really. So I immediately set about that task with the faculty, and they welcomed it.

The faculty I had was extremely loyal. One of the problems I had with some of them, of course, was the transfer of loyalty from a previous dean to a new dean. That's always a little bit of a problem. But you earn that loyalty over a period of time, you can't expect it immediately, and eventually it came.

But to the credit of the faculty, they were very cooperative and willing, wanted to work on this, and I told them that I wanted those curricula completely revised within the next year, and we were going to implement a year from now. That was in '67, and I wanted to implement a new curriculum in dental hygiene and dental education a year from—well, it would be 1968, a year from the time that I became the dean. Well, it wasn't that easy. That shows you how naive I was. So we went about the job, and it took us six years. We implemented it in 1973. It was amazing. So that's one of the things I did right away.

The other thing I did was that we needed to revise the standards of student scholarship at our school, and we did that with the cooperation of committees and with the faculty as a whole, and as well as the student body, and we arrived at a standard of scholarship which I believe is still being used today at that school.

I also thought that we should have some kind of a method to adjudicate devious student conduct. And the way I went about this was to prepare a rough draft of what I thought might be a pretty reasonable student conduct code, and then I worked with the student body to develop that code. They wanted a student conduct code as well. And so with their help a student conduct code was developed, and with all the procedures and so on. If there is a deviation—or, an accusation or somebody becomes guilty of a violation of the principles of student conduct that were in there, then this is how you go about adjudicating it. So we set up a nice adjudication system for violations of student conduct.

The other thing I was very high on is student appearance. I always thought in a professional school the physical appearance and the way people dressed should be—you know, it doesn't have to be elite, but it can be at a top and nice level. It can be clean and neat and professional looking. So I insisted that the men wear shirts and neckties underneath their gowns when they were treating patients in the clinics. And, of course, you couldn't require the ladies to wear shirts and neckties, but there were other regulations for them. And so I wrote a student dress code. And I took a little bit of flak for that, but eventually that's the one that was adopted, and schools all over the United States were asking for copies of that. In fact, I think it was published someplace one time. But anyway...

ASH: Could I go back to your standard of scholarship? What did you mean by that?

TERKLA: Well, the standards of scholarship, what I meant by that was that we needed a system in which we could assign grades that had a specific meaning, and that if a student, for example, received a failing grade in a subject, what are we going to do with that student. Is that student automatically dismissed or not? And we decided that if a student fails a given subject but maintains a grade point average of 2.0 or better, that student is allowed to retake the course or a substitute that can be arranged at another institution somewhere or a revised course of the main course that the same professor can arrange for this student to take in the summertime, and so on.

And we said that if a student retakes that course that he or she got an *F* in, the highest grade that student can get is a *D*. The reason for that is that if a student is allowed to retake a course with an *F* and get an *A* and that *A* now is his recorded grade for that course, what is going to stop a student who received a *C* in a course from asking for the opportunity to retake the examination and raise a *C* to an *A*. We would get into all kinds of problems. So the maximum this person could do after an *F* course, retaking it, is to get a *D*. It also sent a message to the student that you're lucky to get by, and a *D* was a minimal passing grade. And if the grade point average was 2.0 or better and that *D* didn't drop it below a two, that student wasn't in any difficulty.

Any student that dropped below a 2.0, which was the minimum academic standard at the school, was automatically in danger of being dismissed from the School of Dentistry, and that student was sent a dismissal, but there was an opportunity for a dismissal hearing. The student could appeal that. And we went through an entire procedure, which was—we had to check with all the legal authorities we had, and so on, that it was proper for the student to appeal, and then the whole process after that, and then the committee—there was an appeals hearing committee—they would make a recommendation with regard to the student. In some cases, if the student was hovering around 1.95, 1.99 grade point average instead of the 2.0 minimum and had this *F* in the course, sometimes they were generous and said, “That’s not enough to dismiss you. We’ll let you retake the course and”—but still it wouldn’t bring the student up to 2.00. Sometimes, because it was that close, they allowed them to go into the sophomore year. And in many cases these people responded and did a very nice job from then on.

ASH: So basically, a policy, then.

How are we doing on time? [Tape stopped.]

TERKLA: ...should be held to high academic standards. And that’s another reason why we revised the ones that we had. And I had no compunctions when I was the dean, and neither did the faculty that I had at the time, in dismissing any student who could not meet those standards. And we dismissed students from the School of Dentistry as high as the third year of Dental School, and in those cases that was when we discovered that the student did not have the capabilities to provide patient treatment, and so we had to dismiss them. I don’t know exactly what the standards are in the School of Dentistry now, but those are the ones that we had.

ASH: Thank you.

I told you that I was going to ask you about presidents you’ve known, and primarily Dr. [Lewis W.] Bluemle and Dr. [Leonard] Laster and anything else you might be able to say about Dick Jones and Dave Witter.

TERKLA: Well, my relationship with the presidents of the Oregon Health Sciences Center, at first, and even now at the Oregon Health Sciences University with Dr. [Peter] Kohler, have always been very good.

Our first president was Louis Bluemle, Jr., as you well know, and we hit it off very well right from the beginning. We established a wonderful working relationship, and, of course, it was easy to do because when the University was reorganized and consolidated, the three deans became part of the executive council that the president worked with. We had meetings every week, so there was an opportunity to communicate. We had a lot of discussions, and so on.

But the nice thing about President Bluemle was that he just gave me full authority to go ahead and administer the Dental School pretty much the way I had been administering it, and he didn't try to micromanage at all, which was wonderful. Maybe there was a method in his madness, because he knew that if he got into micromanagement it would just be another big chore on his part, probably doing something he didn't know very much about, so why not leave it to somebody who had the ability to do it. And I think that's fine, I think that's what an administrator should do.

In fact, when I was the dean of the Dental School, my style was open-door, and I believed in listening to everybody and everybody's problems and trying to resolve those the best that I could, and I also always believed that all the wisdom in the world about dentistry and dental education did not reside in the dean's office of the Dental School, but the greater wisdom was the—consisted of all the minds and the ideas and the thoughts of the faculty, the classified staff, and the students. You put all that together, and it far exceeds the wisdom of any one person, and I utilized that. And I think kind of that's what Dr. Bluemle was doing when he just didn't interfere with the School of Dentistry. So the relationship was extremely good.

It was a little disappointment to me when he left. And, of course, he left for what he considered to be a better position, and my feeling is I think he left because principally they were eastern people, and even though they liked the West a lot, they still liked the East a lot, and they had a lot of contacts there, and so on, and the opportunities were very good for him, so he left.

When President Laster came, it was a repeat performance in terms of establishing wonderful relationships with him. And he was a similar type of person. If he knew someone had the skills and was capable of doing something, he entrusted that person to do it. And the only time that he got into some micromanagement, I think, was in the hospital up here (unclear), and he and Don Kassebaum—you know, they probably didn't get along too well because they had different ideas about how hospitals should be administered, and some of the decisions there. But, nevertheless, I think that Len Laster was also extremely liberal in terms of allowing the deans of medicine and dentistry and nursing to conduct their programs to the best of their abilities and pretty much the way they wanted them to.

In my later years as dean of the Dental School he was always encouraging me to come up there and become part of his crew. And I don't know exactly what he had in mind, but he wanted to utilize me more in an administrative capacity. And when I kind of refused to do that because—I'm a good believer in the Peter Principle, or maybe it's I don't believe in the Peter Principle, maybe that's it. But I felt that my greatest skills lay down there, and that's where I should be, and that if I'd moved someplace else, I would be a fish out of water in a little bit.

But anyway, instead of doing that, when I kind of refused those kinds of advances, he got into a little bit of difficulty with the administration of the library and the biomedical

communications division and the registrar and admissions offices, and so he asked me if I would take those under my wing for a while. And you remember that, Joan?

ASH: Um-hmm.

TERKLA: I took the Oregon Health Sciences University—it actually was still the University of Oregon Health Sciences Center—library, biomedical communications division, and admissions and registrar under my wing. And I had a good time working with the administrators of those programs, but I pretty much did the same thing, I think, that they were doing with me. The skills were there, the people were there, they were qualified. And mostly what I had to do was to resolve some lower-level problems among people, you know, getting along with each other, being felt that they were put upon and things like that, so I dealt with that. And eventually that was resolved by a different arrangement.

And my relationship with Dick Jones as acting president and also with Dave Witter as acting president were equally good. I did have a little bit of difficulty with Dick Jones once, but it was kind of minor. It had to do with budget, and we had a little bit of a conflict about that, and we had a spirited discussion about it, but Dick Jones remains a good friend of mine. All my relationships with those people were good.

ASH: Now, I mentioned that Dr. Bluemle told a story, when we did his oral history, about his being accused by the chancellor of dealing in gold futures. And Dr. Bluemle, when he received this phone call, was quite surprised and shocked and didn't know what it was about, and then he said, "Aha. This must have something to do with Lou Terkla." He called you. And what was the story?

TERKLA: Well, the story was that the School of Dentistry utilizes a lot of gold because we do a lot of gold work. We make a lot of gold crowns and gold bridges and gold inlays and so on. And, of course, as part of our purchasing procedures, we had to buy that from the gold manufacturers, or the people who made the ingots that we used and melted down to make the crowns. And we would put in a supply for the following year.

Now, we were on a biennial budget, and part of the biennial budget was that they put a biennial budget limitation—the legislature did—biennial budget expenditure limitation on us. And that expenditure limitation means that you have to project how much money you're going to earn and how much money you're going to spend during the biennium to run the Dental School and the Dental School clinics, and that projection then becomes your limitation. And the limitation means that if you find that you're in a situation where you've got to spend even one dollar more than what you projected and what the limitation was set by the legislature, you had to go back to the emergency board and request permission to spend that dollar.

Well, that was always very restrictive, and what happened was that, unbeknownst to me as well, our business manager did a double purchase on gold for one year, and as a result of the double purchase on gold he went over the expenditure limitation of the School of Dentistry. And immediately the red flag goes up in the governor's office and with the

emergency board of the legislature that an institution has violated the biennial budget expenditure limitation, and that started the big inquiry. And the telephone lines were hot and heavy.

And so when Mr. Bauer, Gene Bauer, who was the business manager at the time, was called about it, I guess by a budget analyst at the governor's office, or maybe somebody in the—I think it was the governor's—I think it was the budget analyst either in the legislative office or the governor's office, called him. He said, "Well, look. Gold prices have gone up so high." I mean, they were, what, up to six-, seven hundred dollars an ounce. He said, "It turned out to be a pretty good move because we saved a lot of money." And immediately they translated that into, here's a guy speculating on the gold market. And it wasn't speculation on the gold market, it was an honest mistake on his part by ordering twice, which pushed us past the biennial budget expenditure limitation, and his response was, "Well, gee, don't worry about it, because we're going to save a lot of money as a result." And as soon as he says we're going to save a lot of money as a result, they think he did it on purpose and was speculating on the gold market. Well, eventually that was resolved to the satisfaction of everybody.

ASH: It makes a good story.

TERKLA: They accepted our explanation, which was true. We did have a lot of gold we had to stash away. Incidentally, we were burglarized. Burglarized several times with our gold. We used to keep the gold in the safe at the Dental School, and burglars got in there and they just went right through that safe with their torches and everything and took all the gold we had in there. It was right after that we changed the gold storage situation to a bank vault. And the times that the person who issues the gold from the student stores goes and gets it will vary from week to week, time to time, and so on, so that nobody can track that.

ASH: Was it insured, the gold that...

TERKLA: I can't remember whether it was insured or not.

ASH: Well, I've jumped ahead a little bit in asking you about Dr. Bluemle, because I also wanted to ask you about our becoming a university, because you were going to show us the certificate? And just tell us a little bit about why we became a university and your role in it.

TERKLA: Okay. Fascinatingly, in July of 1971 the word *president* in the administrative rules was changed to—or noted that it should include within its meaning—the presidents and the deans of the University of Oregon Medical School and the University of Oregon Dental School. That's when they gave the deans of medicine and dentistry quasi-presidential status. But it was in September of 1972 that Chancellor Lieuallen first came up and reported consideration of the reorganization of the School of Medicine and School of Dentistry complex into a single health—they called it health services unit at the time; not a health sciences, a health services unit. So it was in September of '72 that that consideration came up, and it was Chancellor Lieuallen who brought it up.

I'm going to run through the history real quickly, then get back to the reasons.

In November of '72, the Board of Higher Education referred that consideration to a special committee that they put together, an ad hoc committee to study the reorganization of the medical services at UOMS and UODS. And they didn't include the School of Nursing because the School of Nursing at that time was under the School of Medicine.

In January of '73 that ad hoc committee reported to the State Board of Higher Education and recommended that a single health sciences institution be organized encompassing the School of Medicine, the School of Dentistry, and the School of Nursing and be named the Oregon Institute for Health Sciences. Now, several administrative alternatives arose at that time. One was to retain the nominal connection with the University of Oregon, and therefore retaining the name University of Oregon whatever up here; the second was to sever the University of Oregon connection and establish a separate institution with a separate name; the third one was to connect with Portland State University because it was next door. If we were going to connect with a university, let's do it with Portland State. That was rejected soundly by just about everybody around here. The chancellor was not satisfied with this recommended name. He made that known.

Then, in May of 1973 the chancellor made his formal proposal to the State Board of Higher Education to reorganize the School of Medicine, Dentistry, and School of Nursing as the University of Oregon Health Sciences Center, and he presented a detailed rationale for it at that time. And the Board of Higher Education approved the recommendation on a split vote—there were two members of the Board who voted against it—to become effective on July 1, 1974.

And the rationale for this was given as follows by the chancellor, and these are directly from the board minutes of May 22, 1973. He said, "The present structure does not permit the most effective form of management for the Medical School, Dental School, and School of Nursing. Because the Medical and Dental Schools are separate institutions, there is no central point of direction for overall campus administration. The dean of the Medical School carries dual administrative responsibility since he also serves as the head of an institution which includes the hospital and clinic units. Currently he has thirty department chairs and administrative officers reporting directly to him," and so on. Also, "the Medical School," he said, "has grown into one of the largest and most complex institutions in the system." There was the problem of giving the School of Nursing some kind of status that it never had before. There was the pending retirement of Dean Holman in 1974, and this could coincide with the appointment of a new dean. There was the knowledge that a health sciences complex like this is very often organized into an institution, a separate institution, for health sciences, and that this is a common trend that's occurring throughout the United States, and these things were cited.

And, then, there was a whole list of advantages to doing this that were borrowed from a person who was the vice president for health sciences at the University of Arkansas

Medical Center. These were the things like the economy of scale, the integration of programs, and all such things that you can imagine that would come out of that. And so those basically were the reasons that the chancellor gave for his proposal. And it would eliminate a lot of problems inherent in the present administrative structure. And then they went through a lot more discussion on this, and eventually they approved his proposal, which would be effective on July 1, 1974. Meantime, he had to also present to the Board of Higher Education the protocol for going about selecting the new president, and that was presented there as well, and also the search for a new dean of the School of Medicine on Charles Holman's retirement.

So in July of 1974, Dr. Louis Bluemle, Jr., was appointed as the first president of the University of Oregon Health Sciences Center. And, then, they had a founding ceremony on November 24 of 1974, and at that founding ceremony the dean of medicine, the dean of dentistry, the dean of nursing, the chair of the State Board of Higher Education, the chancellor of the State System of Higher Education and the first president, Louis Bluemle, of our university signed the document founding this university as a separate institution, the University of Oregon Health Sciences Center.

This is a photograph taken from the Health Sciences Center *News*, which was published in December of 1974, showing a picture of some of the people—one person signing, Chancellor Lieuallen, and three others waiting. And the others waiting are George Layman, who was the president of the State Board of Higher Education at that time, who is now deceased; another person waiting is Louis Bluemle, who was the first president; and the other one there, looking over everybody's shoulder, eager to sign, is I, the dean of the School of Dentistry.

And so we signed the document, and I have a copy of it right here. This is the document that officially founded the University of Oregon Health Sciences Center, and it's signed by the six people that I mentioned. Three of those people are now deceased. The only remaining people alive are Chancellor Roy Lieuallen, whom I understand has been quite ill, and Louis Bluemle, Jr., the first president, and I.

And it was kind of fascinating, because last night, before this interview, I was reading it and recognized an error on the founding document. And I think this is important historically and it should be pointed out. And the error happens to be in the first sentence, where it says, "Whereas the Oregon State Board of Higher Education did approve May 22, 1974, the consolidation of the University of Oregon Dental, Medical, and Nursing Schools into a comprehensive educational health related services center," et cetera. The date is wrong. It should be May 22, 1973. That is the correct date when the State Board of Higher Education approved the chancellor's final recommendation to reorganize us into a separate institution. It's a minor error, but people will look at that and think it all happened in '74, and it did not. This should be '73. And I can see how they did it, because all this activity was during '74. It was easy to make the error.

So that's kind of how we came about as a university, from my memory and also from the minutes of the Board of Higher Education.

ASH: Well, thank you. And you've given us permission to make a copy of that so we'll have it handy.

So you were there, and...

TERKLA: Yeah, I was there, and that was a very nice time for me, because it's always a real honor to participate in those kinds of significant events.

ASH: The next question I have on my list—I hate to turn away from this, but in the interest of time, I wanted to ask you about the fourteen years it took to get a dental clinic in the hospital.

TERKLA: Well, this was extremely difficult. Even though Dean Harold Noyes, who administered this school until 1967, was responsible for really having the school built on this campus and us moving in it in 1956, even though he was a physician and realized the importance of having dentistry with the other health professional schools up here, and even though he wanted some types of integration to occur, this was kind of resisted, I believe, during his particular tenure.

And the presence of the Dental School up here, suddenly, next to the School of Medicine, which had a great deal of influence in the state, as I explained before, and total autonomy in terms of the control of everything, its budget, its destiny, and all the decisions are made, and headed up by a dean of medicine who did all of that, it became extremely difficult, I think, for the dean of the School of Medicine to accept the fact that we had another stepchild down here, the School of Dentistry, which eventually might be a competitor toward the resources that we are trying to get as well. And so I don't think initially we were welcomed with open arms up here, and I think Dean Noyes, even though he tried, had an extremely difficult time convincing the administrators of the School of Medicine and the people in the hospitals that dentistry really had a legitimate role to play in the comprehensive treatment of patients, the provision of comprehensive patient care, at this setting, especially in the hospitals. And I think probably, even though there was some recognition about the desirability of that and the rationale for it, the logical rationale for it, budgetary considerations probably prevailed and got in the way. And lots of times that's what happens. Dollars get in the way of good decisions, because if the money's not there, how are you going to do it. And so then it was to wait until the next go around and the next effort.

And it wasn't until—and even though Dean Noyes kind of failed at getting a hospital dental service established, I picked it up and decided that, during the years that I was his assistant, that I would continue that. And I worked with Dean [David] Baird. Dean Baird was very, very polite to me, and we had a good relationship, but you could tell that this man was really in supreme control of this place up here on the Hill, and I think everyone who had associated with Dean Baird realized that, and they appreciated it because he got a lot done, and he could move things, and he could get funds, and he could get legislators to do things.

So this was important. And the autocracy, even though, perhaps, on the part of some might not be considered to be a favorable attribute for an administrator, it was welcomed because it was so effective, at least at that point in time. Anyway, we had a good relationship.

And I tried with Dean Baird to establish a hospital dental service, and I did not succeed, but shortly after I became the dean—Dean Holman, of course, was now the dean of the School of Medicine, and I started interacting with Dean Holman, and I began to make headway with Dean Holman on establishing a hospital dental service. And there was objection to this within the university hospitals.

The otolaryngology department chair, David DeWeese, did not like it, primarily probably because it would represent some kind of competition with his residents for patients that they needed. And Bill Krippaehne was the chair of surgery, and he was lukewarm to it at the beginning but later on became an advocate for us. And eventually the proposal was made to me by Dean Holman that we could establish a hospital dental service or a unit for hospital dentistry under the division of otolaryngology, under David DeWeese. I accepted because I felt that even though it was not the best way to go, it was the first opportunity I had to get my toe in the door in terms of opening it wider and getting dentistry into the hospital. And so I had a lot of interaction with Dr. DeWeese. Dr. DeWeese was an extremely competent chair of otolaryngology, well respected all over the state, an excellent surgeon himself, but very difficult to deal with, with regard to this problem. But that's the way we started.

And over time the physicians in the hospital began to understand and realize the contribution that oral health can make in terms of the postoperative recovery of their patients, especially patients who had major surgery; patients who were having major heart surgery, including implants of heart valves; any surgeons, for example, even orthopedic surgeons, who were using implants in their patients for some of their operations; and, of course, organ transplants. The recovery of all of these people undergoing these kinds of surgeries was compromised—or, would be compromised by oral infections. There was no question about it. And we demonstrated that. And it wasn't very long before the surgeons who had these patients, realizing this connection, were sending their patients to the hospital dental service to have their oral health brought up to standard before they did their major operation.

And so what we had to do is, we had to go in there and prove ourselves, and over time we did that. Eventually, we became a division of dentistry in the hospital, and that's the way it is today, and we have a facility, a treatment facility, in the old Multnomah County Hospital.

And, in addition to that, I was successful in getting an oral and maxillofacial surgery residency program started. Now, that's very difficult, too, because the majority of the oral and maxillofacial surgery resident's time will be spent in the hospital treating patients, hospitalizing patients, and so on. We had difficulty getting beds for this purpose, we finally did; we had difficulty getting adequate approval for the program and the support and...

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

TERKLA: ...that oral and maxillofacial residents are required to do so much facial trauma surgery, but so are otolaryngology residents, plastic surgery residents, general surgery residents, and so on. And this institution was just not receiving enough trauma patients to go around, facial trauma patients to go around. So the resistance was given, then, to this program.

But eventually we prevailed here as well, and we still have an ongoing oral and maxillofacial surgery program, which now has graduated to the point where, with some additional work, these residents—that they take in Medical School—these residents will graduate not only with a certificate in oral and maxillofacial surgery but with a degree in medicine, if they wish to take that route. So there's a combined M.D./oral and maxillofacial surgery residency program in existence today.

But it did take fourteen years of effort to do that, and I think that, by and large, throughout the United States, including here, that the practice of dentistry and what dentistry has to offer toward the comprehensive treatment of health care patients within settings like this is appreciated by almost everyone. I think it would be appreciated more, perhaps, if the medical school curriculum concentrated more on that and established a better kind of a connection in the minds of the students who go through our medical schools with regard to this relationship between oral infection and infections that compromise postoperative recovery and so on. But anyway, that's the story of the history of the hospital dental service.

ASH: A very positive one.

Another thing I wanted to ask you about was continuing education and your Dental Careers Institute which you started in 1966.

TERKLA: In 1966 I was assistant to the dean. The Junior Careers Institute was formed out of a relationship with another group. I can't remember the name. It was a junior—I guess junior careers institute that the state or somebody in the state was conducting with other disciplines in career opportunities in the universities, and I thought I might get on the bandwagon there.

I worked with the person who was in charge of that, and together we developed a concept of having a junior dentist institute. This institute is designed—was designed at that time to offer high school students who were interested in careers in dentistry and dental hygiene the opportunity to come up here and spend some time with us, and we would arrange—at that time, we arranged a two-week period in the summertime, and we had a two-week schedule for these young people who enrolled in the program in which our faculty, the biological scientists as well as the clinical scientists, would lecture to them. They would also be taken in the laboratories and be allowed to use a hand piece and play with a tooth and try to put a restoration in, and things like that. Anything to kind of, I guess, consolidate their feelings about their career choice and help them with it. Now, after their experience some of the students decided not to do it, but most of them decided to go ahead with it.

Over time this has been so successful that it's become now just the Dental Careers Institute, or something like that, but it's still going on. And now it's only a week long instead of two weeks, but it has been very successful. And, then, they opened it up to anybody, any college student who's interested in dentistry as a career, even a student who might even be ready to graduate who says, I think I chose the wrong major. I think I'll go see what they have to offer. So those people are welcome to come to it as well; it's not just the teenagers in high school anymore.

ASH: Sounds like you had fun doing it, too.

TERKLA: Yeah, it was.

ASH: Then, town-gown, the Oregon Dental Association and...

TERKLA: Right. The town-gown problem that the Medical School talks about and has experience with and that created so much turmoil for them from time to time never existed with the School of Dentistry. The Oregon Dental Association, the University of Oregon Dental School Alumni Association, all the local dental societies, Multnomah County Dental Society, and all the local societies throughout the state have always been very supportive of the School of Dentistry. And it's not only because they feel so strongly about having a dental school in the state of Oregon, but also the fact, I think, that most of them who are practicing in the state of Oregon were graduates of the school, and they feel a very strong tie to it as alumni and alumnae. But anyway, we have never had those kinds of problems.

The only time that I had any kind of a problem that you might call a town and gown one was when the Health Professions Educational Assistance Act of 1963 was passed and then revised in 1965, and then after that they gave opportunities to health professional schools to get federal funds, quite a bit of federal funds, based on a per capita basis of the number of students that you increase your entering class size with. And if you increase your entering class size by a certain percentage, you would be entitled to X thousands of dollars for each one of those additional students you brought into the school.

The reason for that program was that the demographers and the people who project the need for professional dentists and physicians, for example, came up with data to show that there would be a tremendous shortage in the United States of these professionals if this didn't happen. So the way the federal government went about it was this, and I think they went about it in conjunction with the Association of Medical Colleges and the Association of Dental Schools as well. They all felt that the data were probably sound. So anyway, they did that, and a lot of the schools jumped on the bandwagon.

Initially, we didn't, but then I told the faculty—because resources were so bad, and we were being cut back on a regular basis by the state of Oregon. The economy of the state of Oregon almost completely collapsed once, and there was a twelve percent unemployment rate, and the rescissions of our budget were so great that it was creating havoc with us. We

just didn't have the resources even to keep some of our faculty. And it got to the point where the University of Oregon Health Sciences Center, under Leonard Laster, was just at the edge of declaring financial exigency, which is something that just nobody ever wants to do. And it got to the point where we had to identify the tenured faculty who would be let go if financial exigency was declared. That's the only time you can let tenured faculty go other than for moral turpitude or something, or some violation.

And we never did get to the point where we had to let the tenured people go, but emotional wounds were created when those people who were tenured were identified that they were at the top of the list to go if we had financial exigency declared. But because of those kinds of problems, financial problems, I went to the faculty and said, "Look, we can get X number of thousands of dollars by going into this program. Should we do it? Is it worth going from eighty, eighty-five students?" Biological sciences says, absolutely, because, you know, that's five more students in the classroom where you're lecturing to them all at once, no problem. But in a clinic it's different because it's a one-on-one situation. The clinicians were not too happy about it.

So we went ahead and did it, and the result was that some alumni, some who were past presidents of our student body, in fact, without my knowledge went to legislators whom they knew and wrote letters to them telling them the School of Dentistry should be closed, should be closed because there are too many dentists being produced in the United States, and we don't need anymore dentists. And if we need—if there are students in the colleges that want to go to dental school, we can contract with the University of Washington and have them educate so many Oregon students per year and provide the dentists that we need. So they wanted the Dental School closed.

This was a very traumatic period. And what I was getting was letters from the governor's office and the legislature asking me to respond to that. And because I gave reasoned responses to those challenges, the Dental School was never closed.

But any time a fiscal crisis arose during those days, the legislature would always look around the state system of higher education to find out which schools they would like to close to save money. Actually, when you look at the state higher education budget, it's piddly what they would save. You know, the law school went through this for a while, too. Every once in a while somebody comes up and says, "Let's close the law school. We've got too many lawyers anyway." So we went through that. And that's the situation where there was a kind of a town and gown problem. And it wasn't all our alumni. They only represented a small segment, but they were able to get to certain people in the legislature who felt the same way because they were pinched for money. The state system was pinched for money. What a neat thing to do, we'll just shut it down and save X number of dollars.

After that happened, I found out—I learned the names of these people, and I invited them to my office. And after a nice discussion, no rancor whatsoever—that's another thing about me as an administrator. I never held grudges. I don't care how bad things got, I don't care what people called me, I don't care how angry they were with me, I don't care

how much they disagreed with me, I never held grudges. I would wave to them and say good morning the next day just as if it never happened, even though I know it happened, and it was instructive for me to happen, and there were things that had to be done. Never did, and never had any grudges against these people either. So I wasn't angry at them, all I wanted to do was educate them a little bit. And by the time they left the office, they were sorry they ever did it (laughter). So we haven't had any challenges recently.

But with regard to budget, I do want to say one thing. We started out as a private school, and, as you well know, in 1945, when Dean Noyes took it over, it was changed to the University of Oregon Dental School. Very poor financially. Part of that time it was completely self-supporting. And do you realize that because of budget cuts that started in the seventies with me, continued into the eighties and got very severe because of that Oregon collapse of economy, twelve percent unemployment, and continued right up to this day that that Dental School is just almost like the rest of the schools up here, almost totally self-supporting. Back to a private school situation budgetwise, almost back there, which is a great big circle that we've made budgetwise from private school to state school, almost back to private school in the last fifty years—that's a hundred—wait a minute. Yeah, last hundred years, really. And we'll be celebrating our hundredth anniversary at this school, I think next year.

And do you realize, counting my student years, I've been there—I'm in my fifty-first year with that school? I still have a volunteer appointment (laughter). I've been with that school half of its lifetime. Half of its lifetime. Amazing. It's amazing to me.

Okay. Well, anyway, that's the only town and gown thing that I know about. Relationships are still great. The alumni giving program is growing all the time, and it's tremendous. If it weren't for the alumni giving program, that school's physical facility would never pass accreditation requirements. That's the only thing that has kept that facility up, is alumni giving. We cannot get, and could not ever get, the funds out of the state to do that.

ASH: I remember getting funds for the library way back, and that's just a small example.

TERKLA: Exactly, exactly.

But anyway, the relationships with our practicing profession are just absolutely superb; with the alumni, just above reproach. Couldn't be better.

ASH: Let me, then, move on and ask you about women and minorities.

TERKLA: Well, you know, there was legislation passed at the national level at one time putting some pretty rigid requirements on universities and colleges with regard to discrimination, also with businesses as well, and just generally in the United States, especially anybody who was getting federal funds for anything. They had to toe the mark and do everything they could to eliminate discrimination. I thought that was great, and I still

think it's great, because I don't think there's any room for discrimination of any kind, in higher education or anyplace else. Nevertheless, it was going on.

So I went about the job of trying to do everything that I could to increase the number of minority students coming to the school. I applied for a federal grant, and we received it, and for five years we were able to support a small staff. They happened to be all black. Wonderful, wonderful people, did a super job. And they weren't just out recruiting black students, they were out recruiting, in addition, Hispanic students, Hispanic-American students, Native American students, more women. And, of course, Asian students were never much of a problem because—you know, their scholarship is so high that they always end up in the heap anyway. But nevertheless, we set about the minority student recruitment program, and within a few years it began to show some real results, and we began enrolling all these minority people, blacks and more Hispanics, even Native American Indians, and so on.

The number of women students being admitted to dental school has continued to increase, and it's still increasing, and I would predict that some day in the future that the majority of dentists in the United States will be women, if it continues the way it is.

But anyway, that was a very successful program. Then we lost the federal money, didn't have the state resources to pick it up, and we had to let the people who were really running that go. Nevertheless, the admissions committee were still alert to the fact that we had—conscientiously we wanted to do this and we wanted to continue it. The only problem is, the number of these people in the applicant pool began to drop, with the exception, of course, of the women and the Asians. But the number of blacks in the applicant pool began to drop, the number of Hispanic-American and Native American Indians began to drop because we didn't have anybody out in the field doing that work to get them stimulated and interested and get them into the mainstream to do that.

But I don't know what's happening there now. You know, with the current state of affairs with Congress and what's happened since a Republican Congress has been in control of the legislature, the whole idea of affirmative action has just gone down the drain. I think that is a tragedy in America, but it has. It's just gone down the drain. You know what's happening to California schools.

And the other thing I did during that period was that I wanted to find out how much discrimination occurred in our School of Dentistry among our faculty and staff or among people who felt that it was occurring. I prepared a self-evaluation discrimination document in which everyone would say his or her piece about that and be very frank and open about it.

ASH: This was confidential to you?

TERKLA: Yes, to me.

So I ended up with all these, and I collated them, and I presented them to the faculty. Then, the areas that were critical with regard—or any area of discrimination. They were all critical, but some were more than others. I told them I was going to do something about them, and I did, and we corrected those kinds of problems.

Well, some things could be as what you might—as the sayer might feel is really kind of innocuous, but the recipient of the comment might feel it wasn't innocuous. It could be a feminist remark or a remark that kind of would demean the individual, or something like that, because the person would be a woman or a minority, or something, and that inflection was realized or felt. We tried to get rid of all of that. I think we did a really good job of it.

ASH: How? By training?

TERKLA: Just by talking—well, I knew the principals who were involved in the specific problems. Talking to the perpetrators. Also, generally philosophizing with the faculty about the whole nature of this and how damaging it is and how unproductive it is and how unfair it is, and so on. And they began to think about themselves. And that's what you have to do. You have to get the individual to think inwardly and say, "Am I doing that?" And some of them suddenly realized, I'm doing it, but I didn't know it. And I thought it was harmless, but it wasn't. And then they changed internally. And that's what I had to do.

Now, I don't know how it's developed since then, but I think people today are much more sensitive to that, and I think they are much more cautious. For example, I haven't heard a Polish joke for years. And, you know, I married a Jewish girl, and I don't know if it's got anything to do with her ethnic background or not, but any kind of an ethnic joke really makes her mad, just really angry. And, you know, they were showing up—she's a teacher, and they were showing up in her classroom among the little kids. She'd have to sit them down and talk to them about that and tell them why that's not proper. And I've even had Polish faculty members tell me Polish jokes. I don't hear that anymore. I don't hear any of that stuff going on anymore, which to me means that the public at large is becoming more and more sensitive about that and realizes that it's totally inappropriate.

But anyway, that's a short summary of what I did with that.

ASH: Thank you.

Also, the Japan relationship.

TERKLA: The Japan relationship was something that came along because I'm a strong believer in continuing dental education, any continuing education. I think people should continue to learn their entire lives, and continuing dental education is no different. So we have always had a very strong continuing education department in the School of Dentistry, which includes the clinical facility for practicing dentists who want to form a group and study a specific area and come there with patients, and they have a master clinician or a leader, and they go through all these procedures. They have discussions about

it, they share the treatment of each one of the patients, and they go around and look at what each other has done. We still have those study clubs going very strong.

Well, the Japanese wanted to somehow—I don't know what the original connection was. I think it was with Dr. Vincent Weber, who was a prior chair of the department of continuing ed.

ASH: How are we doing [with time]?

TERKLA: I'm almost through, I think.

Anyway, we started a program where Japanese dentists were encouraged to come here and spend a week to two weeks receiving lectures through our continuing education department on specific subjects, and not doing the clinical work, and also having a shopping trip or a sightseeing trip along with it. This grew immensely, and there were so many of them that they formed the University of Oregon Dental School Alumni Association in Japan over there.

Along with that came the—we were receiving a lot of students, or quite a few students, from the University of Hokkaido School of Dentistry who wanted to come here and do postgraduate work with some of our faculty. It was in 1973 that the then dean of the Hokkaido University School of Dentistry—Kenai Tomita was his name—and I decided to establish a sister school affiliation. And I should have brought the document to you to show you establishing that affiliation. It's a founding document which I made out of a stock certificate. Stock certificates, some of them are beautiful, and they have these beautiful, pretty, colored edges. And then we did the official affiliation on that, similar to this document I showed you, and we both signed. Every five years or so we celebrate the anniversary of that signing. Once there in Hokkaido, Sapporo, once over here.

And that developed into a really strong relationship until, unfortunately, Dean Van Hassel replaced me. And Dean Van Hassel, for reasons unknown to me, was not as keen about a Japanese connection, and it was allowed to kind of just slowly disappear. I think they tried on one occasion to come back and reinstitute that, and it was not too successful. The Japanese are very sensitive about human interrelationships, politeness, proper protocol, and so on, and I think when they saw some of that wasn't too evident, not like what we had when I was the dean, they kind of just fell by the wayside. And that relationship needs to be reconstituted, as does the relationship with the other people who used to be coming here for continuing education. That also slowly faded away.

Last September I was invited to lecture in Japan to a group that calls itself the OHSU Association/Japan. And I spoke in Shizuoka, Japan to about thirty of these people. After that we met, and they want to come over here, a group of them—a representative group of them wanted to come over here and visit our new dean, Dean Sharon Turner, and try to see whether this relationship can be—the embers can be fanned and it can be brought into being again into a more active situation than it is now. And before she became the dean—or, at the

time she was appointed dean, I asked for her e-mail address or address so I could get in touch with her and talk to her about my September trip, because I knew she wasn't coming till October. That address was refused to me by the office of the dean of the School of Dentistry. There was an acting dean in there at the time, and that address was refused to me. It was very upsetting to me, because of all the people she needed protection from, I was the least one she needed any from. And maybe that was the whole idea. We'll just protect her from being bombarded by letters and stuff. So I didn't get it.

So I called Carol, who is the secretary—or, administrative assistant to Peter Kohler. I've known Carol for a hundred years. We're great friends. So I told her, I said, "You know, Carol, I need to get in touch with Sharon Turner. I need her e-mail address." (raising voice) "No problem, Dr. Terkla, no problem." And she not only gave me that, she gave me her home address, and she said, "Do you want me to read her curriculum vitae to you" (laughter)?

So I wrote her an e-mail, and she was kind enough to write back and says, "By all means, fan the embers." She said, "I don't know what we can do resource-wise, but I do want to get involved." So we have an appointment now for this group from Japan on January 9 in Sharon Turner's office, and we hope that that, plus anything that I can do to instigate some similar activity with the University of Hokkaido School of Dentistry, we might be able to get all this started again.

ASH: How exciting.

TERKLA: It's wonderful, because the cultural exchange is great, they're so appreciative, and it's so much fun to go over there and help them out. It's a wonderful thing. And, you know, we have to realize that all the brains in the world aren't situated in the United States. There's a lot of wonderful science going on elsewhere.

ASH: Now, my final question. What is it that you would be most proud of in your tenure as dean here?

TERKLA: I think the thing that I would be most proud of is the fact that when I left the school it was really in an excellent condition. It was well funded, the programs were very sound, they were extremely high quality, there were a lot of wonderful things in place, not the least of which was the scholarship requirements, the student conduct code, and a lot of other things. The faculty was high spirited and together, used to a highly democratic situation. And so I guess I would say that the thing I am most proud of is the fact that I was part—or, just one person in the process of keeping that school strong and keeping its reputation very high in the United States. And I was a very active person in national dentistry and in the dental schools in the United States, throughout the dental schools in the United States, and the reputation of this school in the eyes of many of my fellow deans throughout the country at that time was extremely high, even though many of them had never been here. Evidently, the personal image I presented and the high standards that I endorsed led these deans to infer that Oregon's dental school had to rank high in quality.

[End of Interview]

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