

OREGON HEALTH & SCIENCE UNIVERSITY

ORAL HISTORY PROGRAM

INTERVIEW

WITH

David A. Nardone, M.D.

Interview conducted April 24, 2013

by

Donald Girard

Narrator: David Nardone
Interviewer: Donald Girard
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Transcribed by: Teresa Bergen

[Begin Track One.]

Producer: Okay. So, you guys are set. We're recording. Whenever you guys are ready.

Girard: Well, hi. I'm Don Girard. And I have the privilege and honor today to interview Dr. David Nardone for the OHSU Oral History Program. And today's date is April 24, 2013. Hi, David.

Nardone: Donald! Good to see you.

Girard: So we go back a long, long way. And Dave has done so much for this place and really for the world. And I'm going to ask questions in sort of chronologic order. And you can certainly waver off the track, which I'm sure you might. But let's start with, tell us about your early education, before you came here. Your early education. What was the motivation? What encouraged you to pursue medicine? How did that come about? And then we'll launch into other issues.

Nardone: Well, you know, I'm from Ohio. I come from a very large family. There's only one in my immediate family. I'm the only son of this family. But I have many, many cousins and multiple generations. But we hail from Columbus, Ohio. My dear mother still counsels me regularly, who's 96. Still living on her own, God bless her. I have never won an argument with her yet and I don't intend to.

But you know, without my parental sort of upbringing and certainly their financial support, I never could have been able to finish the complete training that I was able, so fortunate and privileged to have.

But born and raised in Columbus. Graduated from Saint Charles Borromeo High School in 1960. Went on to South Bend, the University of Notre Dame. And graduated interestingly with an arts degree in 1964. And then on to Georgetown, where I graduated in '68.

You know, when I was a small kid, I mean, people would say, "What do you want to do when you grow up?" I never wavered. I never remember saying anything other than the fact that, "Well, I want to be a doctor." I have no idea. There's no one in my family in medicine.

Girard: Well, it seems like it was a good choice.

Nardone: Well, I hope so. I did have a grade school high school friend, lived three or four blocks from me. His father and his uncle, they were two brothers. And they were general practice, old-time family practitioner physicians. And I'm sure in the back of my mind, that was a model for me. In fact, when I was a medical student, I shadowed them. And you know, that was, I felt that it was an honor to be able to do that.

Girard: Yeah, that may have been an influence, a major influence.

Nardone: Yeah. Surely. Surely. So, but I never thought twice about--

Girard: Well, that's neat.

Nardone: --wanting to enter medicine.

Now my mother's perspective would be is that she's just happy that I graduated from high school. Which is, that's her nature.

Girard: But you eventually (coughs) excuse me. You finished at Georgetown. And then you eventually came to Oregon. But what was, what was in between those two [unclear]

Nardone: I'm a generation, and I think you were as well, is that I started first grade at six, and you know, high school at 14, and college at 18 and medical school at 22. And you know, that isn't the case now, which is probably a good thing. But you know, when I was looking for internships when I was a junior, I felt, you know, I should, I'd never been west of Chicago. I figured oh, I want to go somewhere else in the country. And also, I kind of got the impression from faculty that it's probably wise to go somewhere else. And I think we sort of carried on that tradition of advising students to do that. So I, you know, didn't have any obligations. I had no involvement, romantic involvement with other woman or anything. So I said, you know what? I'm going west.

So I spent a week traveling from DC to Seattle to Portland to San Francisco to L.A. and Denver. And I looked at UW, Oregon, San Francisco General, L.A. County, and then University of Colorado in Denver. And I ranked Oregon number three. And they ranked me. And we just somehow matched on match day. And I—

Girard: Came to Oregon.

Nardone: -- was very fortunate.

Girard: Yeah. In 1968, drove across the country. My father and I drove across the country. Which was great. It took us quite a while. But we had a great time. Great memories. And started my internship in '68.

In fact, I lived at the old VA building 25. I rented a room. And it was right off the old TB ward. I think you remember the TB ward there. So here are the patients with TB. And I'm just right down the hall.

But beautiful sunrises looking to the east every morning. It was just fantastic.

Girard: And as I recall, you lived on campus again.

Nardone: I did! I did.

Girard: So Dave, so that's 1968. Obviously you had a wonderful experience. But then there was a hiatus between then and your return to Oregon.

Nardone: Oh, yeah. But before we go there, I wouldn't mind spending a little bit of time just telling you about my perspective on my first two years. So I spent the first two years of internal medicine, in fact, I was in the first straight internal medicine residency program. It was the time when the VA was expanding their residencies. And as they do with all their seed money and bait money, they went to the affiliation and said, "We have a deal you can't refuse."

So the VA, I think, funded these eight positions. And then they were mixed because we were on both sides of the hill. But there were eight of us. And we were in the first group. Until that time, there had been all rotating internships here.

Girard: Right.

Nardone: But that was the first year of the straight medical internship. But you know, that was a very interesting year. Challenging. You know, physically and emotionally. You know, I have great memories of the attendings, you know, the Frank Klosters and the Herb Griswolds and the Don Kassebaums, David Bristow and Fred Smith and Bob Mass and Bob Koler and Bob—I mean, just on and on and on.

And then, our residents. I mean, I had Scott Goodnight and Walter MacDonald and Carter Boggs and Donald Olson. But the thing is, that the person that I still see occasionally is Curt Holzgang. Curt was our chief resident. And he is just as ebullient and passionate about clinical medicine today as he was as a chief resident. Very, very supportive.

In fact, he told me a story, I saw him several years ago. He told me a story that when I was an intern I was selected to present a case to the guru visiting professor at the VA conference room. I don't remember this. But Curt said that he was infuriated. This visiting professor just apparently blistered me. I mean, I guess this is all denial. I don't remember any of it. But Curt was absolutely infuriated. And when he told me that story, I was really surprised.

I bring it up because Curt, you know, he was so focused on supporting us. Right or wrong, you know, he was there. I mean, he'd counsel us if we were astray. But so that was, some of the memories.

I wasn't so sure whether I was more depressed going to the 48-hour rotation in the emergency room here at Multnomah County emergency room, or more fatigued when I got off of those 48 hours. And I don't mean to say that I was anything different than anybody else. Just that I remembered, I just didn't like those 48 hours.

Girard: So Dave, those were 48 hours on.

Nardone: Forty-eight hours on, 48 hours off. And actually I have a funny story about that. So we were in the ER this night, and this very elderly patient comes in. And you know, he's probably got some dementia, that's how it was advertised. And so as the compulsive intern, focused, trying to be conscientious. And I'm sitting there thinking I need to do a four-hour neurological exam on this fellow.

So I'm getting ready to do his cranial nerves. And I said, "Now, Mr. Jones. Mr. Jones. You need to look at my nose, because I need to examine you." And looking right

up to the ceiling. So I put my hand on his shoulder. “Mr. Jones! Mr. Jones! I need to have you look at my nose.” Didn’t give me any attention at all.

And then finally I sort of spoke up a little bit and said, “Mr. Jones! I really need to have your attention!”

And so slowly he turns his head up to me and says, “What’s wrong with your nose?”

So, you know, it’s really nice. And thank God patients put us in our place. You know, it was just great. So his mental status was all right.

Girard: So he passed.

Nardone: He passed, yeah. He passed. I didn’t. But he did. But you know, it was a great, it was a great two years. I mean, I was here for the internship and the year of residency. I thought the second year of internal medicine residency, I thought that was probably the toughest year of my training. It wasn’t so much the fatigue, but it was just the overwhelming, you know, I’m sure people tell you this, the overwhelming responsibility. Can I believe all the neurological exams? Do I need to look at the gram stains myself? Do I need to, you know—

Girard: So Dave, help me. That was an era where, of course, much of the technology we now have had never been thought of. Certainly wasn’t available. Give us just a snapshot of a day where you cared for patients without that kind of technology we now have.

Nardone: Oh, yeah. I mean, I think, I would say, I would say the emphasis there was on talking to the patients and examining them. I mean, the bottom line. And we would be arguing about whether the patient, what the percussion of the chest. I mean, things now, I mean, again, it’s not that I’m being petty about it. But now, those things are deemed to be inconsequential. Just go look at the chest x-ray or the CAT scan. But we would say, ‘Oh, I think this guy’s got crackles.

“No, I don’t think he does.”

And do you hear the third heart sound? You know. So really, there was a tremendous focus on that. And even the history, you know, you spend all this time trying to get the history and then the attending comes in and the patient volunteers some information and you thought wow, I never got that!

Of course, in retrospect, what you learn is that you prep the patient, and the patient then, understandably, gets the story. You know, a couple of times. You think about it. So really, we spent a tremendous amount of time at the bedside. In the morning, making rounds with the attendings. And we relied a tremendous amount, I mean, getting x-rays and charts was a huge deal. I mean now you just go to the electronic record. So we spent time pouring through hard copy charts, spent a lot of time in X-ray.

And you develop, it’s all about relationships. So you go down to the pathology department and look at slides, you know, biopsies. And you go to the radiology department and you’re looking at the x-rays. And the upper GI and the oral [gall?]. You know, we don’t do that anymore. But you’re looking at some of those studies.

But again, you sort of look at it from the standpoint of very limited information. Patients did remarkably well. I'm not sure it was because of us. But, you know, I mean, it's amazing, the resiliency of the patient.

And in retrospect, it was a lot of fun. A lot of fun.

Girard: It was a lot of fun. So, Dave, juxtapose, we hear a lot from young people who are going through their training experiences now about comments from older people, such as ourselves, that when we were going through training it was tough.

Nardone: Yeah.

Girard: And it was tough, tough, tough. And that the current residents, people in training, have it so easy. Thoughts there?

Nardone: You know, I don't think it's any easier now. And I can't say that I have, my firsthand experience is limited now since I don't see patients. But you know, for those years when I first left my administrative and academic positions in 2002, and then I had about that ten-year hiatus where I just saw patients, it wasn't full time, but I saw patients. And for the last several years, I was with the residents in the resident clinic. So it was fabulous to be able to hear them interact and see them interact.

And I would say the biggest thing is that people now, clinicians now, spend much more time in front of a monitor, where we spent a lot more time with hard copy charts. But we spent an awful lot more time, I think, not commiserating, but sharing. Like, what does this mean? And I know the residents do that, because I can hear them with their attendings, and I know docs do that as well. But I think to me, the things that aren't different now, I want to focus on what I think, I think you can tell a good doc resident, anybody that, if you can have a sense that they're fretting. I don't mean fretting in a pathological sense, but fretting from the standpoint, "you know, I don't quite understand this. I wonder if we ought to add two antibiotics, or should we double this?"

And then that pursuit of that additional, additional detail. "I just want a little bit more to cement this." So that willingness to see how, to know that a clinician is thinking. And to know that the clinician is fretting. I think those are the hallmarks. So I don't think that has changed.

What I think has changed, as I said, is the environment. Now I think there's much more focus on technology, much more focus on computer screens, and not nearly as much interaction between clinicians.

What I find very reassuring, though, and maybe this institution's different, and I know it's true on both sides of the hill. You know, the attendings are still as super committed to the house staff and the patients. I mean, still, I can hear, I can just hear the attendings say, "Well, let's go see this patient!" I mean, that's awesome.

Girard: Yeah.

Nardone: And that's really been the culture and tradition of this place for many, many years.

Girard: So Dave, Dr. Howard P. Lewis?

Nardone: I know him well.

Girard: I know you do. Was your chair when you were here. Revive him for a second.

Nardone: Sure. Sure.

Girard: Just give him a place again.

Nardone: Sure. Well, I'm sure many people have discussed him in these oral history interviews. First of all, he's a very physically imposing man. You know, probably 6'3". And very chiseled facial features. He had that, not a mustachio, but a very, very trimmed mustache. And he would always put his pocket, or put his hand in his pocket with his stethoscope. And you just knew that his mind, where his mind was going. So physically very commanding presence.

And really, the expert diagnostician. History, physical. In fact, we would become so agitated when we would make rounds with him. Because our goal, on this six weeks, we're going to stump Dr. Lewis. And we never could. I mean, he would go and get a history. And he would do his own physical. He would do some of the history. We'd give him the history, but he would do some. He would do the physical. And maybe an x-ray or something. "Oh, yeah, I think—"

In fact, he made a diagnosis of, I think Eisenmenger's? at the bedside. "Oh, it's because the percussion of the heart is more right-sided in location than left—"

And we're sitting there thinking, how does he do this? So it was very uncanny.

Interestingly, though, I found him to be a very gentle person. You know, when you're an intern, you sort of feel like well maybe I should be intimidated. No, we didn't have any of that.

But my other memory of Dr. Lewis is when we came back and we sort of tried to finagle our way into getting into venues where it would be helpful for us to be promoted, have fun, do some scholarly activity, he was very pleased that, you know, we were engaged in teaching the patient evaluation courses. Because he did that for 30 years, actually, all by himself.

And I would go to his house and visit HIM and Mrs. Lewis, and visit the two of them. And he had written a book about physical diagnosis, so we would talk about that.

But even more important, he would come every year, probably a couple of times a year, to the first year class. And he would interview a patient in front of the class. And then I would use that then interview as a write-up and then the students and I would discuss it. But again, this guy was, you know, gosh, I think probably up in his eighties and he was still coming before the students. And still very impressive with his ability. And also his nonverbal behavior and control of the interview. Not control of the patient, but his ability to put the patient at ease. So the sort of things that you would hope, you would aspire to emulate, but never—

Girard: He was a dear mentor to you.

Nardone: Oh, yeah. Oh, yeah.

Girard: You have carried forth during your career many, many of his themes. Physical diagnosis, you led that program for such a long time. You were very invested in that. So that was a very important relationship.

Nardone: Well that and also when I was a medical student, I had an attending mentor at Arlington County Hospital, Donald Knowlan, who still is engaged with, he's up in his eighties now, and he's still seeing students up at Arlington County Hospital and Georgetown. But he was very focused on clinical medicine. And quite frankly, the people like Dr. Lewis and Don Knowlan are still, I mean, they were people that sort of stimulated me and sort of caught my attention. Boy, this is something I want to do.

Girard: Wonderful.

Nardone: Yeah. Well, I mean, we all need those kinds of role models. In fact, interestingly, well, thanks to you, I was selected to present the white coat lecture this past year to the incoming freshman students. So I send Dr. Knowlan – I keep in touch with him over the years – a copy of my lecture saying, “Dr. Knowlan, I'm delivering this lecture this coming week to the medical students here. And I just want to say thank you for all that you've done for many generations of Georgetown students and for all the patients.”

He sends me this email back. He's not very, he doesn't use email too much. “Congratulations. I'm so thrilled!” He said, “I just delivered the white coat ceremony lecture at Georgetown last Friday.”

Girard: Wow. How wonderful.

Nardone: Yeah. So what an honor! So the student and the, the student and his mentor. But you know, he is the kind of person, Dr. Lewis is the kind of person that I, in retrospect, I mean, I know that that's where my enthusiasm for bedside teaching and some scholarly pursuits. Not too—

Girard: Dave, that's wonderful. That's exciting. Let's go back to that hiatus between the end of your second year here and your return.

Nardone: Oh, sure. Sure.

Girard: That's a story in itself.

Nardone: Yes, it is. Actually, so when I was a sophomore or junior medical student, I made this calculation selfishly that you know, there hasn't been any decade in my lifetime when there wasn't some sort of a global armed conflict in the world. And I figured, you know, I'm going to be drafted sometime.

So I joined the Berry plan. Which allowed me to choose the branch of service that I wanted to enter. And it allowed me to choose when I went into the service. So, that's

pretty good, you know. I have some sort of control. So I signed up for the Berry plan and I chose the Navy. So I could get all my training and then go in, or I could go in in between my training or after my internship or whatever. So that's the decision that I made.

Of course in the interim, I mean, I met my wife, Mary Ellen, three months before I came out here. So, you know, she never was involved with that decision. So I came out here. I spent two years. I was married between my internship year and residency. And then about a year later we had a child. And I thought, we're not cutting it financially here. I think we're in trouble. (laughs) So I figured you know, maybe it's time for me to go into the service. So this was when I was a second-year resident.

So I notified the Navy. And I said, "You know, I want to go in. I'm able, I have a hiatus in July."

And of course in two milliseconds I get this note back, "Boy, do we have a job for you."

Girard: Oh.

Nardone: They said, "We're going to assign you to the First Marine Division. I said oh, that's interesting. Because I thought, since I was in the navy, that I'd be in someplace like Spain or Norfolk, Virginia. You know, that would be my sea duty. Well then I didn't realize, I thought, First Marine Division. Where is the First Marine Division?"

So I found out that the First Marine Division was in Vietnam. So, oh, okay. (laughs) I was here as a, see, I was a second year internal medicine resident on July 14, 1970. And I was in Vietnam August the twelfth, 1970. And you know, not knowing the difference between a .45 pistol and an M16, I mean, I didn't know any of that stuff.

But I can say, though, without batting an eyelash, we had absolutely, unfortunately, we had an absolutely incredible medical experience in Vietnam. There were six of us, all with two years of residency. Our boss was a chief resident before he came on active duty. And we're busy the whole time.

Girard: See, I knew you would say something like that. You made it an important, meaningful experience.

Nardone: Well, I mean, yeah, but you know, that's why we're there. But the first four months that I was with the regiment, I was a regimental surgeon for the First Marine Regiment. And P.X. Kelly, who went on to become the commandant of the Marine Corps, he would have me up in those helicopters virtually every day. I didn't want to fly in those things. I said, "Well, what good am I going to do out there?"

He said, "Well, we're not practicing medicine out here. We're supporting the troops." I mean, he was that kind of guy. Supporting the troops. So I reluctantly agreed to do that.

But anyhow, I was transferred back to the field hospital. And we did. We had a great experience. We saw, you know, we saw cases that we never would have seen here. Actually, two cases do stand out. This is, you know, in some respects kind of humorous, because clinical medicine is so humbling. But sad from the standpoint of the patient, because this poor patient was undiagnosed for so long.

So I'm on call. I mean, not on call. I'm it when I'm in my regimental duty, regimental surgeon duties. I didn't do surgery, by the way. It was an administrative title, military title. So this young man came in sick. I mean, high fever. And I went over, I did a history and physical. I couldn't make any diagnosis. I said, you know, "We need to send him back to the hospital there and admit him."

So that next week I get assigned to the hospital. He's my patient. And we're drawing all these malaria preps and we're thinking about you know, scrub typhus and Tsutsugamushi fever and we could not diagnose malaria. So I thought you know— And we said, let's Medevac him back to Japan. I'm sure then he sort of went back to the States.

So a year later, I'm on call at Quantico. This is my second year in the navy. I get a call from the emergency room on a Saturday night and they're admitting the same patient. With intermittent fever. Well, we found that he had malaria. I mean, I remembered the patient very well. I hope he didn't remember me. No, actually, I'm sure he did. But what a great patient.

Girard: Yes. Amazing.

Nardone: Yeah. So a very patient patient, right? But I thought, wow. You know, what, another very powerful lesson.

Girard: So he did have it.

Nardone: He did! He had vivax malaria. And you know, we just, I don't know, the smears never just, they were just always negative.

Girard: Wow.

Nardone: Yeah. Amazing, amazing story. So the first year I was there, I came home with the Marines. They came home in May of '70. then I spent my second year at Quantico. And I was sort of a, we were a two-man service. We made rounds. We were hospitalists. Oh, not hospitalists. We didn't have those hospitalists then. But we were in-patient docs and we had our practice.

I need to share one more story. Because I mean, again, it's how exciting it is to be a clinician. And also sometimes how humorous and so humbling. So I see on my clinic schedule that there's a couple to come to see me. Now this is a person who just had two years of training, two years in the service. But their request to me is to get some advice about how to conceive a child. I'm thinking wow, I have no clue. I have no recollection what I advised them. I think maybe I advised them to go see the obstetrician. I mean, I have no idea.

So you know, maybe about three months later, I see them on my schedule again. I thought wow, that's interesting. And I, you know, say hello to them. Try to be very cordial.

And the first thing out of the lady's mouth is, "Dr. Nardone, I just want to tell you how thankful WE are for getting me pregnant." And I thought, oh. You know, I'm never at a loss for words. But I'm sure I blushed. I didn't know what to say. Of course, I'm sure

in the back of my mind was saying boy, I hope my wife doesn't hear this conversation. (laughter) But you know, it was a cute, cute situation. But I thought, I didn't have anything to do with this. (laughs) It was cute. It was really a cute story.

Girard: That's wonderful. The attribution there was wonderful.

Nardone: But actually, my time in the military, I mean, if you were in an armed conflict, you know, you want the Marines on your side. They're good people. They work hard. They play hard. They get in trouble a lot. But I was impressed. I don't know whether I would have chosen to do it if I didn't have to do it, but it was a valuable time for me.

I know I was not in harm's way when I was in Vietnam. I know that. But I'm sure there were times that I was frightened. And probably the most humbling moment I had when I was in Vietnam was, you know, it's kind of a typical MASH unit. You get these CH53ers, CH46 helicopters coming in. And I still, for years I'd have that visceral response when I would hear the helicopter. I thought oh, we're going to be up all night. That was my response.

But anyhow, they'd Medevac all sorts of kids that were just sick. Just sick. And I walked in to see a young Marine. And you know, he had been out in the field, I'm sure, for weeks. He was just absolutely unkempt and unshaven. And just dispirited and sick and dirty and filthy and you know, clothes were ragged. And I really thought oh, God, this poor kid, you know? Just trying to separate that emotional part to say we've got to focus on what's wrong with this kid.

But I introduced myself to him, shook his hand. And the first thing out of his mouth was, "I just want to apologize for being so filthy."

I had a hard time with my composure. I thought man, I need to get out of here. I can't, I was overwhelmed. And I'm just sitting there thinking, this kid's apologizing to me. I mean, I had a meal. And I've had a shower. So these kids, they're very resilient kids, you know. But it just makes you realize the value of what these—especially in Vietnam, when these kids were kind of ridiculed. Makes your realize that. So I had a great experience medically.

Girard: Yes. It sounds like it was wonderful.

Producer: Let me interrupt you guys for a second. I'm going to replace the battery on your mike. You can just relax. And take a water break.

Girard: How are we doing on time?

Nardone: Are we okay with time?

Maija Anderson: It's about ten minutes to ten. So I think we should probably break at just a few minutes before 10:30.

Nardone: Okay. So we have another 40 minutes? Okay.

Anderson: Another 40 minutes.

Nardone: Sure.

Anderson: It's going great so far.

Nardone: Okay. Thank you. Thank you.

Producer: You guys can [unclear] and relax, if you want.

Nardone: Oh, yeah.

Girard: I'm afraid if we relaxed anymore, we'd—

Nardone: Yeah, there you go. I'd be napping. By the way, did you get my note about Marion Krippaehne?

Girard: Yes. The funeral's on the fourth?

Nardone: You know what? I think it's a memorial. I don't know what, well, it's the church, so maybe it is. But you know, I've not seen an obituary on her.

Anderson: She passed away?

Nardone: She did. A week ago today, maybe?

Anderson: Oh, I hadn't heard that.

Nardone: Well, there's nothing in the paper. I learned it from my neighbor, who was one of our students. Connie Rosson. And a pharmacist who worked with us on the, as part of the pharmacy program at the VA. And they're our neighbors. And she and one of the Krippaehne children were good friends. And went to high school and I think the college together. And she told me last week.

Girard: One of Bill and Marion's kids [had died?]

Nardone: Yes. I don't know which one. I can't, in fact, she was here as a student. I think we had her as a student. We had her as a student.

And you know the year you were on sabbatical, that was the only thing I did that was anything that was close to being, well, that was worthwhile, because Marion's so special. But that's when we named that humanism award after, remember that?

Girard: When did Bill die?

Nardone: I want to say '84.

Girard: So he had been gone a few years.

Nardone: Oh, Bill's been gone a long time.

Girard: [unclear]

Nardone: Oh, yeah, yeah, yeah. I think before—

Girard: We can just rattle on here.

Producer: Yeah, you could. Here you go. [adjusting microphone] No worries.

Nardone: Yeah she's a, Marion's a delightful, you know.

Anderson: I never got to meet her. We did an interview with her a few years ago.

Nardone: Oh, really? She worked in the division on this side for a long time. And still, when she retired, she went across the world and did practice and locums.

Girard: Yeah. Right. Okay. Okay. So Dave, what a wonderful experience the service was. And so here you are two years through your internal medicine training. You're back stateside. You're now rich from your experience, both financially and experientially. (Nardone laughs) And you are preparing to finish your residency.

Nardone: Sure.

Girard: Tell us about that.

Nardone: You know, when I was in the service finishing, my family's in Ohio, my wife's family is in Maryland. And we thought we would want to stay on the—we ultimately always wanted to come back to Oregon. I don't think there was any question about that. But we thought well, you know, it would be nice for the grandkids. And we thought we'd stay on the east coast. And I looked at Medical College of Virginia, University of North Carolina and Medical College of Georgia and decided to go to MCG, finish my training there. And then spent a year there as a chief resident. And then a year there on the faculty. And that was a very, very good experience. Again, a different part of the country. And different set of diseases. The South has a different disease burden. It's because of many cultural things. And wonderful, wonderful people.

And again, our chairman, Jay Bollet was a rheumatologist. But good chief. Good clinician. The chief of the VA, Paul Webster, gastroenterologist. Actually he hired me there at the VA. And Malcolm Page is an infectious disease specialist, but he was a generalist. And he's the one that started the medical diagnostic clinic at the Medical College of Georgia that we transplanted here. So those people were really very, very, very influential.

Girard: And was Greg Magarian—

Nardone: Greg Magarian was one of my residents when I was a chief resident. Mm
hmm. He was.

Girard: And then Dave, you spent a year on the faculty at the VA.

Nardone: I did. Yeah, I did. I spent a year on the faculty. And that was a grand time. I
mean, I was the only generalist at the VA. I was the only generalist at the VA.

And actually during that year, Dr. Walsh, who was, as we know, the chief of
medicine here at the VA and obviously in the faculty, was coming through the VA
Augusta on a site visit.

Girard: Really.

Nardone: And I guess it was American Board of Internal Medicine thing, or maybe it
was a VA site visit, I'm not sure. So I go wow, I've got to see Dr. Walsh, you know. So
he and I were chatting—

Girard: Had you met him?

Nardone: Oh, yeah. He was the chief of medicine at the VA when I was here as an intern
and resident. Oh, yeah. So I'd known him. Oh, sure.

So he said, "What are your plans? What are you thinking?"

I said, "Well, I'd really like to come to Oregon."

He said, "Well, you know, there's this guy, Girard." He said, "Do you know

Girard?"

I said, "Nope." Because you came the year after I left.

He said, "Well, Don's in the service. He's in Columbus. He's in the army in
Columbus, Georgia. And he's coming back to the VA sometime in September." And this
was in '75.

And I said, "Well, I'd like to come back to Oregon." (laughter)

So he said, "Well, let me see what I can do."

He called me a week or two later and said, "You want to come? Come."

I said, "Fine, I'll sign the line now."

And then he said, "Well, do you want to meet with Don Girard first?"

I said, "No. But I will meet with him."

So you and I actually, now your version of the story may be different than mine.
But I'm going to tell you mine. I'm going to tell you mine.

Girard: Right. We'll find out.

Nardone: So this is about a week before I leave Augusta, coming out here. Don flies up
250 miles from Columbus, Georgia, to Augusta. Of course, I only drove to the airport.
And we had lunch together. And I mean, we hit it right off. It was a delight. We had a
great time. A lot of common experiences, you know, from the standpoint of his residency
here, my residency here.

And then we got into talking about the real meat and potatoes. Who in their right mind would ever agree to be the first generalist at the VA in an academic division? Who could ever survive that? They must be crazy.

And we sort of weighed the pros and cons. And we said, you know what? We're going to do it. But we say, we're only going to do it for one year.

Girard: Yeah. That's right.

Nardone: We're only going to do it. And we shook on that. And for about 15 years later, we shook on that anniversary and said, "Just one more year."

Now actually, to put it in perspective, though, I mean, I think, I don't think, I know this. I think the VA was very good to us. I think we were good to the VA, too. I don't think there was any question about that. It was a great fit. But I mean, during that time in the history of the VA and the history of academic affiliations, I'm not so sure that was a smart thing to do. But we did it. And it was fun.

Girard: We never did necessarily do the smart thing.

Nardone: Well, that's true. That's true.

Girard: So, Dave, this is a very interesting part of your career, some of which I shared with you. Walk us through this a little bit. I mean, you came back. You came back to Oregon in June of 1975. We talked frequently.

Nardone: Oh, did we ever. Yeah.

Girard: And I was well aware of many issues that you had insightfully identified. Walk us through some of those themes.

Nardone: Well, actually, we inherited a mess, actually, was what happened. We got us responsibility for the emergency room admitting office. And you know, as typical of institutions, it was very poorly managed. And not very well organized. And there, and again, I'm not trying to be petty, but there was an nidus of enthusiastic, there wasn't an nidus of an enthusiastic clinical presence to make it run. I mean, you just have to have, you just have to have a critical core, a mass of people to make it happen. I'm not faulting individuals, but it just wasn't there. And you know, I figured what are we doing? What are we doing? I mean, and there was—

And at that time, although Paul Schick was the chief of staff, and I know for years I had all sorts of bad thoughts about Paul Schick. But you know, quite frankly, I think he supported us much more than we ever—

Girard: Knew.

Nardone: --thought at the time, or knew, or cared to admit. Because I think he let us really, of course we were doing his work for him. You know, because I think he wanted to see a lot of change in just a, he felt probably better for somebody else to do it than

himself. And again, so I mean, the bottom line is, we viewed him as our adversary. But I think in retrospect, he gave us free hand. But it was a lot of work. I mean, we had some adverse disciplinary issues. But, you know, ultimately it came out and you know, no matter what trouble we got into when we were here, when push came to shove, it was people like, you know, John Kendall, who always were either telling us, “Don’t go there.” He may not have said that, but you know what he was thinking. Or, “Oh, yeah, I’m with you. Keep on, if you need any help, I’ll shovel with you.” That was the thing. And then Walt MacDonald, who was our peer. But he was still kind of a mentor to us in many ways. And Dr. Walsh. I mean, you know, he—so the three of them really were in our corner. You know, every, every step of the way.

Girard: So Dave, tell us, give us a picture of admitting office—

Nardone: Oh, yeah.

Girard: The J.K. Gill building.

Nardone: Oh, yeah. Oh, yeah.

Girard: How did we operate?

Nardone: Well you know what we decided was that in order to be successful in an academic setting, you had to, I mean, this wasn’t my philosophy. This was your philosophy. But the point is, is that we figured, you know, you sort of have to assume responsibility for things, garner the FTE that go along with it and just start picking up the sticks. So we did a lot of picking up sticks. I mean, it ultimately paid off. So, the bottom line was we figured well, you know, the admitting office, a lot of employee FTE there. Clinicians and we converted some to house staff FTE, we did all sorts of things. Thankfully, I say this tongue in cheek, I don’t think any of them were illegal. But I mean, you know, we sort of do a lot of innovative things. And we let other people kind of handle that stuff. But we’d sort of turn that place upside down. But then it was hospital-based home care. It was the J.K. Gill building, which focused a tremendous amount on the patients who were service connected.

And again, this is an issue of Congress. This is not the VA. But the VA was only commissioned to take care of body parts. Which just infuriated us. We couldn’t imagine how there ever could be a healthcare system that only took care of a guy’s back. Or his aorta. Or his headaches. I mean, it was just unconscionable. These were patients.

So we got in a lot of trouble. I say trouble, but you know, people in headquarters would probably view us as, say, “These guys are just causing us trouble.” You know, I’m kind of overstating that. But you know, we just sort of tried to use that wedge. You know, you’re not taking care of patients. You’re not being holistic.

And you know, public law 9382, you know, in 1982, really changed a lot of that. So we fought a lot against that.

And the J.K. Gill, but I remember we were there with God bless Max Cleland, the Vietnam veteran, triple amputee. A saint of a guy. You and I are down at the JK Gill

building with Max Cleland and Joe Ferry the director. And I'm overstating this. But Max Cleland turned to Joe Ferry and said, "You clean up this mess. And you clean it up now."

And of course Joe Ferry looked to us and said, "These are the guys to do it."

But again, another tremendous opportunity. I mean, a lot of work. But having taken over the compensation pension program, I mean, you know, now that's still getting negative publicity. And I can't fault the VA for that. I mean, it's a congressional issue. But those are the bureaucratic, administrative. That Venn diagram of clinical care administrative adjudication service connection. And people have, many people had different priorities on how to do things.

Girard: Dave, one of the stories that will always stick in my mind was, this was your idea, but we did it together. And that was to eliminate smoking.

Nardone: Oh, yeah.

Girard: In an era where it wasn't even talked about. Do you, can you tell us—

Nardone: You know, I'm not so sure that was my idea at all. And I'm sitting here thinking we've got these patients that are dying of, having angina, smoking their cigarettes, and being admitted to the ICU. And these poor people coming in coughing up blood. And we're sitting there thinking, you know, we are party to this. You know, this doesn't, I mean, forget about medicine. This doesn't even make common sense. You know, I don't remember, I just remember being infuriated and so agitated about that. I don't really recall whether, I mean, if we were change agents, it was because we were vocal. I don't know, I don't remember anything specific. But I remember, I believe it was like in the early '80s where it went smoke-free, which was unheard of.

Girard: We did, well, yes. We sneaked in.

Nardone: Good.

Girard: On a weekend. And removed the ashtrays.

Nardone: Ah! See, I don't remember that.

Girard: No smoking and—

Nardone: See, I don't remember that. I don't remember that. So the bottom line was is that we were, we were nefarious.

Girard: It did work, for six weeks, as I recall.

Nardone: Okay. See, I don't remember that.

Girard: The veterans' rights were being—

Nardone: Violated or something.

Girard: Violated, yeah. Anyway. So, Dave, so let's, so here we are, new, starting this huge program potentially. In minor affiliation with the school. We're general internists. How did we do it?

Nardone: Well you know, I get to interview you next, so you're going to be part of this. (laughs) But here's the thing. The bottom line is, is that you were the first Associate Chief of Staff for ambulatory care. You then became the chief of the division of general internal medicine. And I really think that that was the start of legitimacy for academic general medicine. I mean, not only locally but then it was happening around the country.

And so when you left to come to the school and I stayed at the VA, that gave us another opportunity to establish credibility. And you're going to tell that story. But the point is, is that many of the things that we did together at the VA, you started to do at the university.

And I want to get into perception. You know, I would say that when I was here as a house officer, I feel that the VA faculty felt second class. And I'm not criticizing them. I just think they felt that way. And maybe I'm totally naïve. But I never felt second class. I think that we were very well accepted. Very well respected. And I don't mean that because I think we're special or anything. Just what I'm getting at is that I think that the faculty who were very, I mean, on both sides of the hill, they were very appreciative to allow the generalists to come in. I never really felt that in the sea of specialists, I never felt that we were outcast as generalists. I mean, I'm sure that they probably looked at us and said man, these guys are crazy. They're doing all these things.

And our philosophy was, and this comes back to you, is that pick up the things that maybe other groups don't want to do. Garner some staff. And then focus on some scholarly pursuits. That was your idea, not mine. And the point is, is that that's really what allowed us to get credibility not only locally but regionally and nationally.

Again, we were at the right place at the right time. I mean, in retrospect, our role models, you know, Herb Fred in your case. Howard Lewis for both of us. Donald Knowlan, in my case. But we were at the birth, we came in at the birth of general medicine as an academic discipline in the mid '70s.

And then in addition to that is that you then became more active nationally first. Which again gave us that credibility nationally. Which again allowed us to do things to get promoted.

And you know, again, you may not have said this, but when you start writing about the admitting office experience, when you start writing about what it means to be depressed as an intern, when you start writing about the attending physician, when you start writing about the compensation and pension, think, in other words, evaluate, analyze and write about the things that you do. And that's how we sort of came—

Girard: It was great.

Nardone: Yeah. That was a fun thing. And I remember, you and I and Jim were at a SGIM meeting, excuse me, SREPCIM meeting in San Francisco. One of the first ones.

Girard: Do you remember how to spell SREPCIM?

Nardone: Yes. I won't accommodate you. No, I will. SREPCIM, I think. But here's the thing. You and I and Jim were at one of the first meetings of SREPCIM in San Francisco. We were coming back on the airplane. And we were all seated in the same row. And we were nonstop just jabbering. We were excited about a thousand things. And when we got off the plane, I don't know if it was a woman or a man, looked at us. And I know they were upset. But what they were upset about was the fact that we didn't shut up the whole darn time. We were so excited about, you know, what was going on. And I just remember that excitement, sort of. That's just kind of how it worked.

And again, the sort of support we had nationally from our peers. That was also a, also a huge [unclear]

Girard: That's a very important point. I've thought about that a lot over the years. And I'll tell more about this from my perspective in a little bit. But it really was our mentors who allowed the light to shine on us to a degree that we could move into that kind of a stage. It was very much.

Nardone: Yeah.

Girard: I think that, and you have certainly served in a mentor role to many, many, many young people as they've come through.

Nardone: Sure.

Girard: I think that's a very, very, very important part of what we are here to—that's payback.

Nardone: Well that's true. That's true. But you know, I think that we had great role models.

Girard: Yes.

Nardone: I'll go back to Jim Metcalfe for a second. When I went to see Jim Metcalfe for the first time, and I don't remember the story correctly. But really why I went to see Jim Metcalfe is, I'll just say it raw out, "Jim, move over. I'd like to take over the patient evaluation course on behalf of the division. It's something I think the generalists should do." I don't think, that's not what I told him. But I'm sure that's how he perceived it.

He said, "Oh. Yeah." But not only did he sort of allow us to do it, I mean, he wouldn't have done it if he didn't think we were capable, which is a good thing. But the second thing is, he was always there saying, you know, I'd go to him and complain about the curriculum committee and the faculty. I mean, I was in Ransom Arthur's office all the time complaining about the faculty.

So again, we had people like Dick Walsh, John Kendall, Jim Metcalfe, Ransom Arthur, Carol Lindeman, who was the Dean of the School of Nursing, and my next door neighbor. I mean, Carol and I had many conversations about the bureaucracy here. And

but those people, I mean, really, I guess they role modeled mentoring for us. So yeah, I would say that we've had many opportunities to be role models for many people. But I think we learned it well.

And I know that there were times that John Kendall was thinking geez, these guys, they're just not thinking here. They're going to get in trouble. And there were times that he may not have been direct, but he let us know.

And the other person who, and you know better than I, is Dutch Reinschmidt. When I was at a time in my career where I was thinking gosh, you know, I'm really struggling, I'm not sure, you know—Dutch Reinschmidt sort of engaged me in some things with the curriculum and with the rural program for the students. And involved me with some other activities. Sort of, I mean, picked me up when I was in trouble. But there were people there, there were people here, I mean, that really, I mean, their goal was to make sure that those around them were successful. I mean, I think that's, maybe that's true in other institutions. But I know it's true here, and I think it's unique.

Girard: Yeah. I will hold that memory, also. That there is a uniqueness here and collegiality and support that I'm not sure, I didn't feel in other institutions where I was. And that's been wonderful.

Nardone: Oh, absolutely.

Girard: So Dave, there are so many things that we could ask. On this list here, there's something about Friday sessions.

Nardone: Oh, yeah. Mm hmm.

Girard: Do you want to share?

Nardone: Yeah, I mean, it's just another one of those humorous things. It was part of growth. But you know, the first couple of years, well, the first year and a half that we were back, Mary Ellen and I lived in quarters. On the VA grounds, about 100 feet from building five. I used to get called--

Girard: They were beautiful. They were beautiful.

Nardone: Oh, yeah, it was beautiful. I used to get called all the time, you know, because I was the closest person. But it was an amazing house. We had a basement and we had three floors. In fact, one of our daughters, we would lose. She'd be upstairs somewhere in a closet playing with puzzles or something. And we had a sandbox down in the basement. And skating rink. I mean, it was an amazing facility.

But because it was such a close proximity, and of course it was off limits of the hospital, there was a group of us who were, you know, we were, we just wanted to overthrow the bureaucracy at the school, and overthrow the bureaucracy at the VA. And just, we wanted to be able to complain.

So Mary Ellen said, “Sure, come.” I mean, you probably remember more the people that were there than I do. But I know that, you know, Steve Fausti and Tom Ward and Gene Fuchs and John Barry and Mary Burry and—

Girard: Walt.

Nardone: Walter McDonald. I think John Kendall came. He wasn’t allowed to come, but he came. I’m sure he came a few times. I mean, but we were just angry at the VA and angry at the university.

Girard: But what it turned out to be was a support group. (laughs)

Nardone: It was! Yeah, yeah, yeah. And actually, in all honesty, I don’t think we were really desirous of fomenting discord. We just wanted to complain. But it was really awesome. And we met every Friday for probably six months or so.

Girard: Yeah.

Nardone: And it was really a tremendous, again, in retrospect, it was all about relationships. All about collegiality. I mean, it was kind of fun.

Girard: It was fun.

Nardone: I still don’t know why my wife allowed us to do that. God bless her.

Girard: It was helpful.

Nardone: Yeah, it was. Yeah. It was. Yeah, those were the infamous Friday sessions.

Girard: Oh, brother. So Dave, as you look back, I mean, you’ve had a stunning career. But as you look back, obviously there were a number of challenges you faced. But you have lived your entire career as a general internist in a world of increasing subspecialties, sub-subspecialties, sub-sub-sub-sub-subspecialties. How do you feel about that?

Nardone: I’d do it again. I’d absolutely to it again. I mean, you know, and I can say, what reaffirms this in my mind is just in terms of my own relationship with my own primary care provider, and I said this a little while ago. I mean, I think the thing that’s so unique about a generalist is, it’s, the metaphor, to me, is the fellow who was a catcher in a baseball team. Who, I mean, has a view of the entire field. And has sort of the responsibility of conducting or orchestrating what’s going on. Or the fellow who, you know, plays goalie. Or the gal who plays goalie. Or the person who’s the quarterback of the football team.

So there is a huge role for the generalist. I mean, as we know. Whether that’s, the fancy term now is medication reconciliation. I mean, medication management. Prioritization. Tempo of workup. Letting go. Communication. I think I said priorities already. A base. There’s no question in my mind.

And even with healthcare reform, you know, sometimes I get a little discouraged. But I think that there's still a, there's a role for the academic generalist. And again, it's still the role of doing things that maybe nobody else will do. I still see that.

Girard: Yeah. Yeah.

Nardone: Which excites me. Because you know, if nobody's going to do it, wow, that generalist can do it. So I mean, I go to the conference that many of the people that you support. I see what the generalists are talking about. They're still talking about the things, and nobody else cares to talk about it. But they're writing about it and getting published. It's exciting.

Girard: Yeah.

Nardone: So I mean, number one, I would do it again. I mean, in all honesty, I don't think I could get into medical school now. In all honesty, I don't think I could get in this internship now. But I mean, if I had the chance, I'd do it again.

Girard: Wonderful. I would, too.

Nardone: Yeah. Good. Good.

Anderson: We have about 10 more minutes if there's anything else you want to make sure you get.

Nardone: Yeah. Actually, a couple of things. You know, one of the other things that we all learn is about giving back. And you know, I have no qualms about leaving clinical practice. I had a great run at it. But I just think there comes a time. I mean, my goal, my wife would say, well, what do you think? I said well, Mary Ellen, I want to be gone 18 months before anyone would begin to think that I should be gone. I hope I fulfill that. But you know, to me it's all about, it's not about me, it's about patient safety. So that decision wasn't so hard.

But on the other hand, what you learn, again, from the people who precede you, is you're really not worth your grain of salt unless you're giving back. So the other thing that I've been very fortunate to do is just to be involved. And I find that, I mean, that's, again, the sort of thing that you learn. I get, still am so impressed of the resiliency and the toughness of not only patients, but their caregivers. I never, ever appreciated the significance of a caregiver nearly as much as a clinician as I did when I retired. As I do a fair amount of volunteer work. And just realizing that the caregiver is just the forgotten—they're not forgotten. But I mean, that's a hard job.

Girard: Yes, it is.

Nardone: That's a very hard job. And we lose sight of that so much. So I mean I think really, even though I'm not seeing patients, you know, I still feel you've got to give back. And I feel that, you know, there's a certain fulfillment in that. I do a fair amount of

volunteer work for Washington County Disabled, Aging and Veteran services. And actually I'm sitting on the workforce committee of the Oregon Health Authority, which is very intellectually stimulating. It's a good group of people. Academic people of different venues. I mean, community colleges. People that run major healthcare institutions. It's certainly kind of nice to see that energy and enthusiasm. And sort of the zeal to get it done.

So really the point I'm making is, is that even though I left clinical medicine, I find it so healthy, I guess. But I also find it so rewarding to sort of stay involved. And you still carry some of those same skills, critical thinking skills. And I've enjoyed that so much.

But I do want to, I want to close with two other points, though. First, I want to make a few comments about Jim Reuler. Jim couldn't join us today. And Jim and I and Don go way back. And Jim's a remarkable guy. I hope maybe he can be part of the oral history program at some time. You know, a person of tremendous zeal and enthusiasm and energy. And productivity.

Girard: Yeah.

Nardone: And you know, whether it's with students or faculty, whether it's with, his starting the Wallace Concern. So Jim is really a star in many ways.

Which leads me to the point that, you know, people ask me what were you most excited about when you were here? To me, the thing is, you know, when I was—let me go back. It goes back to, you know, people will say, what did you, what did you enjoy most about—

So I said, you know, I just kind of enjoyed being on the team. You know, I mean, whether it was grade school, whatever. But in terms of what are you most proud of here? You know, I'm really kind of most proud of the fact that I had the opportunity to work with people like Tom Cooney and Jim Reuler and Mark Helfand and these people. And you know, Martha Gerrity, I mean, Martha, God bless her, editor of the *Journal of General Internal Medicine*. And Elizabeth Allen. David, I mentioned David Hickham. But you know, these people that have really, you know, done some good things. It's a great feeling.

And I still was telling residents, up until I left, I said, "My only claim to fame is that Don Girard and I hired Jim Reuler and Tom Cooney. (Girard laughs) That's my only claim to fame."

And then my last comment is just to focus on the interviewer for a second. So, you know, you win with people. So I also know that you're not successful on your own. We were fortunate to have a lot of people support us, starting with family and spouses and kids and all that kind of stuff. But Don Girard is a unique guy. And what I think, my sort of putting this in simple terms, he was steadfast in his pursuit to position his faculty to develop their credentials to get promoted, which gave credibility to the division and the department and, ultimately, the institution. And I think the key to that was, is to be curious. The key to that was, is, go out of your comfort level. And the key to that was to write about it. So when I interview you, I'm going to focus on some of those things. But because of your role, many of your roles locally, but also regionally and nationally. So I

did want to make sure that I mentioned that. Because I figured I wanted to get my two cents in before my time was up.

Girard: Thank you.

Nardone: But I mean, it was a great run. And boy, I'd sure do it again. And I guess the highlight to me is when Jim Reuler is presenting the two of us an award at the ACP meeting last November. And then we got our chance to get our picture taken again after. So 1977 and 2002 and 2012. I guess the intervals will get shorter because we won't be here that long. Thanks for the time.

Girard: Wonderful.

Nardone: It was fun.

Girard: Dave, wonderful. Wow. Thank you.

Nardone: Thank you. Thank you.

[End Interview.]