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Rudy Vernie interview

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LL:   Today is August 12th, 1997 and we are interviewing Dr. Rudy Vernie, who was the Director of the Infirmary at Central from the late ‘50’s to the late ‘60’s. And, uh, the Interviewer is Larry Louther, operating the equipment is Carla Katz. Before we get to your career at Central, uh, Dr. Vernie, uh, would you tell us a little bit about your personal family background – where you were born, brought up, where you were educated, any career you had before coming, uh, to Central?

RV:   Well, I was born in Rotterdam, the Netherlands, but I only spent about six weeks there. Uh, my family, uh, lived in the jungle in Indonesia, working for Shell Oil, and I was sent to Holland because of OB complications with my birth, so, uh, I basically, the first nine years, grow up in the jungle where I had to homeschool for the simple reason, there were no schools available. Then in – before the Second World War, I came back to Holland, where I went to primary school and secondary school, and ended up at the University of (inaudible), in medicine. In fifty- - after two years of internship in Holland, I came to United States and worked for three years in Brooklyn. That’s why I never learned to speak English well.

LL:   (chuckle)

RV:   . . .uh, and did my Special Interning there in Pediatrics. And after Pediatrics, I was two years in the Airforce, as a Pediatrician in northern Maine before I came to Ellensburg.

LL:   Mm-hmm. And, uh, so part of your medical training was in the Netherlands and, uh, your internship, uh, and residency was in the United States?

RV:   Well, I had two years of internship in Holland. That’s basically required to have a medical degree or arts degree and then I came to United States where I had to repeat the year of internship and did my two years of pediatrics at Kings County, Brooklyn.

LL:   Okay. Now, how did you, uh, happen to, uh, get to Ellensburg?

RV:   Uh, well, uh, you have to think yourself in northern Maine where you abandoned from nearly every civilization. So, I had some hard time getting out there, wanting to go to the West Coast. They advertised for pediatrician in Ellensburg and my initial con – idea was to get here and, if I liked it stay; and if I didn’t like it, I was in a better position to look around for places in the Northwest.

LL:   Now, uh, you started your practice in Ellensburg, uh, in the Taylor-Richardson Clinic, now the Medical Building?

RV:   Right.

LL:   Okay, and, uh, were there any other pediatricians in town at that time?

RV:   Not ‘til about six years ago.

LL:   Uh-huh. Okay. Now, um, then how did you connect up with campus.

RV:   Well, uh, the Taylor-Richardson Clinic was providing, uh, medical services for the college infirmary. I think it was Komola Hall, wasn’t it?
LL: I’m not sure what it was.

RV: Yeah. Uh, I think it’s Komola Hall. At the time, Dr. Gross was doing it, uh, was an Internal medical man, and they needed more time, and being (inaudible) starting, I got into the position for a couple years. And that gradually developed into a full-time – a half-time job. I’m not quite sure whatever that started after I had been here for three or four years.

LL: Okay. So, it was about what, 1958, when you . . .

RV: ’59, I started, in August.

LL: ’59 when you started to work in the clinic on campus?

RV: Yeah.

LL: And, uh, you went to, uh, half-time position . . .

RV: Probably about five or six years later.

LL: I see. I see. Uh, and did you feel that your pediatrics’ training was adequate to deal with college age students?

RV: Hmm. Very interesting question, because many pediatricians have ended up in working in colleges.

LL: Uh-huh.

RV: So the answer is probably, yes.

LL: Okay. And, uh, you were the Director of the clinic?

RV: Uh, I – sounds like a good title for me.

LL: Okay. And, uh, what other personnel were there in the clinic?

RV: Uh, we had Maxine Taylor, who was the nurse, and did a lot of the administrative work. Then, uh, Dr. Gross, uh, worked there too, for several years.

LL: Uh, was he half-time, also in the . . .

RV: No, no, no. When, uh – when I became half-time, uh, they helped me out (inaudible) that I basically spent four hours a day at the infirmary.

LL: I see. Yeah, okay. And, uh, so you had essentially, a nurse on duty, and then another doctor who you could call on.

RV: Yeah.

LL: Uh, and what were your responsibilities or what was the responsibility of the infirmary? Uh, how much, uh, medical treatment would you be doing there?
RV: Yeah. Well, uh, it may be a little difficult to say. Initially, it was just sick call. And it was not the intentions of taking care of very ill students. Uh, the philosophy in the beginning was that the college infirmary which did have – get some students was something like a home situation, meaning if they really were sick, they should go in the hospital; but when they were sick like you would be at home, you would say at home and they would be taken care of. You would feed them and many students who spent time in the infirmary were even able to go to some classes.

LL: I see. Did you have beds in the infirmary?

RV: We had beds in the infirmary.

LL: And you would keep them overnight, uh . . .

RV: If necessary.

LL: Uh-huh.

RV: About six or seven beds, I think.

LL: I see. Uh, and, uh, do you recall any particularly interesting cases, uh . . .

RV: Uh, well, when you deal with college students, you run into many interesting cases, but the most significant case, I think, would change the philosophy of college infirmary, was a patient who came in with meningococcal septicemia. Uh, this is, uh, an organism who can – can very – can be very tricky, and the patient came in feeling well, kept overnight and the following morning, was no fever, wasn’t really that sick, but wasn’t feeling well. They did the adequate lab studies which were not too dramatic, but she died by having a fatal bleeding in the adrenal glands and they go in shock. And that happened overnight. And the reason why – it’s not so much an interesting story, but that was the big momentum to build a new college health center.

LL: New college?

RV: Health center.

LL: Health center. Oh (inaudible)

RV: That was really the idea that we had to commit ourself to. I don’t think this case would actually have made the difference, because the person was not presenting self as a very sick person. It was kind of a catastroph who happened at night when there was a nurse present, but it was basically, too late.

LL: Was it the feeling then, that you needed more of a capability, uh, to deal with the more serious cases?

RV: No, because, you know, it’s kind of a P.R. type of thing. It got people’s emotions in thinking what the infirmary should and could be doing.

LL: Uh-huh.

RV: And that they needed to have expanded and more services.

LL: I see. And, uh, what services would the new health center offer that the old infirmary did not?
RV: Well, first of all, uh, we would expand our laboratory facilities. Uh, there would be x-ray . . .

LL: Would you have a lab technician?

RV: We would have a lab technician. We would have, uh, x-ray facilities, if I am not incorrect. And, uh, there would be, probably, more personnel and more physicians (inaudible). At one time, that infirmary had three physicians.

LL: Oh, is that right?

RV: Yeah.

LL: Oh. And, were they all half-time physicians or . . .

RV: Some were full-time.

LL: Some full-time.

RV: Yeah.

LL: Uh-huh. And, uh, when was that change – when was that new health center built?

RV: The new health center was probably opened in, uh, '96. I’m sorry, '69.

LL: ’69? So, it was just about the time when you were, uh . . .

RV: Quit.

LL: Uh, leaving?

RV: Yeah. Yeah, because at the time, also, they committed themselves to having a full-time physician there.

LL: I see. Okay. Okay. Um, now during, uh, your work in the clinic. I guess it would be, mostly the – I mean in the, uh, infirmary. Uh, did you have much contact with, uh, other staff members or faculty on campus, or administrators, or were you working pretty much, in isolation to the rest of the campus?

RV: Uh, how long is that tape?

LL: (chuckle)

RV: Uh, the reason why I’m kind of smiling at you is I was – I tried to be very, very much involved. Uh, involved meaning I worked very close together with Mark Miller, who was in counseling center, and, uh, Trujillo, uh what’s his . . .

LL: Greg?

RV: Greg Trujillo, uh, and a number of people and I spent one afternoon, oh a couple of hours, one afternoon a week, talking about him, because I felt that we need to get closer together. I did surveys in the different dorms to find out what students really wanted from the college health center. Uh, I went to a great number of halls where I asked them to put whatever questions in a box and I would read every question
what I picked out. You know. They didn’t have to identify themselves. I did it before we started planning to really build a more permanent structure they have right now. Uh, I spent quite a lot of time with the Athletic Department, uh, because they were very interested in, uh, college health services, but only when they needed the service. Uh . . .

LL: Did you have to, uh, go to all the ballgames and be available?

RV: Oh, no. No, uh, I did went to a lot of them, but that was not a requirement. But, uh – so, uh . . .

LL: I was just thinking, you know, the football players often get injured on the field . . .

RV: Yeah. Yeah.

LL: . . . and what do they do? Uh, do they call on you then?

RV: Well, they, they – They – well, you know, I was at quite a number games, most of them basketball, I remember. So, now, uh, one of the top basketball players, during half-time, behind Nicholson Pavilion, (inaudible) the equipment and he played the second half.

LL: (chuckle)

RV: Yeah. Uh, so he (inaudible). Okay. So, yes. I was doing some of those things and, uh, I also, uh, was pretty well involved in the camaraderie of the college. I remember there was, uh, uh, college faculty meeting, I think of the Highway Grill, with different disciplines, where I learned. Do you remember that, Carla? And I was there very often, and was quite involved in symposiums and things like that. So, uh, this is basically of my philosophy, that to be a good college physician, you really need to have a feeling of what college kids’ life is all about. I had, uh, many get-togethers with students. So, I did quite a little bit of that kind of stuff. Yeah.

LL: That thing going on at the Highway Grill, was that called the “Society of Intellectual Idiots?”

RV: Right.

LL: Uh-huh. And you were part of that, too?

RV: I was one of the idiots, yes (chuckle).

LL: (chuckle) Okay. All right. And did you have anything to do with the symposia? Not, not really in organizing, no. No, definitely not. But, it was certainly something we encouraged. I should make an exception. They had Kierkegaard here, I think, from Oregon, wasn’t it, to talk about, uh, sexual symposium and, uh, I was involved in developing that with, uh, Austin Cooper, at the time, who was the Student Body President, and, uh, Bob Miller and things like that. I also was involved in, uh, dealing with drug abuse and in students; and is kind of an interesting story about that that when I came to these meetings, I threw all kind of pamphlets out about, uh, alcohol. And at that time, I think, the people who were invited to go to the meeting, which was town and gown, didn’t know what alcohol had anything to do with it. But after about four or five meetings, they decided that we should go in front of the students in, what I called – it’s now called the “Pit,” but it used to be the . . .

KC: The Sub.

LL: The Sub Pit?
RV: Yeah, but it was before the Sub was built, so it was in the cafeteria and, uh, the first unanimously, we felt, we had to inform kids about the difficulties with alcohol. Very interesting.

LL: Yeah. Part of the drug problem.

RV: Yeah. And we had even meeting with the town prosecutor, uh, Ellen Tony, uh, talking about the responsibility of the campus physician, when a kid who was on drugs would come, and when we had to report or not. And this was kind of very awkward meeting for Ellen Tony, because that was just about a week or two before they put the big bust on, do you remember that? Where one student went around trying to sell marijuana, then the police was right after would pick these different people up.

LL: Mm-hmm. Well, it sounds to me as though, in addition to taking care of sick kids, that, uh, you saw your responsibilities as also, educational?

RV: Uh, well, I think everything you do is somewhat educational, I guess. But, basically, it was that you need to address the students' interests. You know. We were not taking care of very sick people, you see. We were taking care of people who did have some problems. And, uh, we had, uh, a kid who was controlled schizophrenia, who was able, by contacting us, finding a sympathetic ear, helping his medications come through college doing fairly well. I remember him.

LL: But when you – when you took the, uh, the job here, were you given any, uh – any charge with regard to educating the students concerning health matters?

RV: I don’t think so.

LL: Okay, so this is something that just developed out of, uh, other responsibilities? You were involved in drug and alcohol education.

RV: Uh, well, it kind of goes back a little bit. It’s kind of difficult. I also was, uh, very active in mental health, mental retardation programs, here in this community, especially dealing with, uh, handicapped kids before maybe seven or eight years I was Director of Mental Health, Mental Retardation, so this kind of fit in very well with the other things I was doing.

LL: I see. Okay. Uh, but you didn’t, uh, for example, uh, go into dorms and, uh, hold, uh, forums about drug and alcohol problems or mental health or, uh . . .

RV: No. No, I didn’t do that. The only thing we did was giving a presentation at the, uh, cafeteria to students with . . .

LL: Okay. Okay. All right. Do you think that, uh, the infirmary and the personnel there should be involved more in health education, perhaps than they currently are?

RV: Uh, you know, uh, I don’t know how to answer it because I’m not sure what’s going on right now.

LL: Oh. Okay.

RV: Now, let me put it this way, uh, I remember one kid in the hospital, who, by the way was a diabetic, who later died from this disease about ten, fifteen years later. He was a teacher in Seattle. But he had pneumonia and he was taking penicillin by mouth and he was asking me why he wasn’t receiving penicillin because it had to be a shot, and you see, that kind of stuff. So, it’s very hard to figure out where students come from, you know? And I would lie to you if we had enough time to give them all the education. You know, the infirmary, we had about four hours or two hours and you were trying to cram in as much students as you could see and see what you could do with them. So, education was not the major thing.
LL: Yeah. I think there is a, a health education program in connection with the Physical Education Department.

RV: Yeah.

LL: Were you ever called in to speak to, uh, classes?

RV: No.

LL: Uh, or any . . .

RV: Well, I spoke to a class from, uh, Perry, who was a football coach, you know, (inaudible) the classes and things like that; and, uh, that’s also something else, I was for a couple of years also advising the school psych program, uh, with (inaudible) and for a couple years, I was working with Helen Michaelson . . .

LL: Mm-hmm.

RV: . . . from Home Ec, in dealing with newborns; but that was kind of separate, not – that has nothing to do with the infirmary work. That was something else again. I was a man of many traits.

LL: I see. I see. In other words, you would’ve been asked to, uh, participate in those responsibilities, even if you hadn’t been assigned to the infirmary?

RV: I think so. Yes.

LL: Yeah. Okay. And, uh, since, uh, leaving the infirmary, have you had occasion to come onto campus to cooperate and work with people on campus?

RV: Uh, I, uh, on and off. I can’t tell you about whatever it was, some of the activities I had, whatever it was, I was still full-time – uh, half-time college position, or whatever it was after that time.

LL: Mm-hmm. Okay

RV: Interesting thing, what happened on that area, is that we hired, uh, a college physician. He advertised for full-time position. Dr. Berman. Uh, Dr. Berman, uh, worked in the college infirmary, I think, back east; and he came here and, uh, obviously, I spent a lot of time with Dean Wickerath, who was the Dean of Students, at the time, setting up – trying to find what you would call, quality assurance issues, which is now the word. At that time, we saying, “How can we assist?” and “How can we supervise them?” because you could not – I was, for example, you know, supervised so - to speak with my colleagues, you know. When I worked with them. And, uh, Dr. Berman felt very uncomfortable with that supervision and, uh, cut out – stopped every involvement with the medical society, so to speak. He also, um, uh, I think, ended up firing about thirty nurses who (inaudible). He just – anytime somebody questions him, you were out.

LL: Oh.

RV: Maxine Taylor, was, I think, fired within three months. She was the kind of active Director of the Infirmary. The reason I am saying all these things is not to malign him. He was obviously in a job he felt uncomfortable with, uh, and threatened. But that’s was the reason why he doesn’t want any more involvement and then closed it off.
LL: Mm-hmm.

RV: I think after him – I’m not sure. I think the fellow who was hired after me had been Dave Lundy.

LL: Yeah. Probably would have been in the ‘70’s.

RV: Yeah.


RV: I quit Central when we’d been discussing where we gonna put the incinerator in the new infirmary. That’s when I quit. I went to, uh – I was fairly actively engaged in the planning of this college health center, including several visits, I went to Olympia and we had – The funniest story there, if you want a funny story . . .

LL: Sure.

RV: . . . was, uh, we had a pharmaceutical inspector, and this man would come into the old infirmary and everything was a mess; and he was the most disgruntled person you could look at, because there was so many medications that were not properly locked up, there was no pharmacy, so, uh, it was really – It wouldn’t have been possible to function, nowadays. In that days, he just had to compromise, I guess. So, uh, when the new infirmary was in the planning stages, I wrote this man a letter and says, “Look, we gonna have a new infirmary and we want to be up-to-date with the pharmaceutical inspector. Any assistance you can give us, any help you can give us, we want to do it right.” Uh, two days later, he was hitting the infirmary with his traditionally grumpy face, waiting for attention; and I walked up to him and said, “My goodness, I don’t know – the mail must have passed.” He said, “What mail?” I said, “Well, I wrote you a letter. Here is a copy from the letter.” And this man has become one of the nicest guys in the span of two minutes that he read the letter. And he always thought that we kind of laugh behind his back or whatever it was; but whenever we said that we want to work with him, he was the nicest person you could deal with.

LL: Hmm. Uh, now, since you were, um, practicing in town at the same time that you were working on campus, uh, I suppose your relationship with the other members of the medical community was a smooth and harmonious one?

RV: Yes, it could be in profession like that, yes.

LL: Okay. And, uh, so when students came to the infirmary and they had something that required more than the infirmary could take care of, would you refer them to a local physician or to the hospital, uh . . .

RV: Uh, usually local physician, or, if the patient is very sick, to the hospital, yes.

LL: Mm-kay. Now, uh, how – what was the process for doing that? Did you just tell the student, “Well, you should see a doctor in town,

RV: Oh, no. No, no.

LL: . . . or did you actually say, “Go see Dr. So and So.”

RV: That’s right. We’ll make some arrangements with the doctor he’d been seeing. Typical example is the kid who comes in at 2:00 in the morning with a sprained ankle. Uh, you can send them to the hospital, to make x-rays and that’s fine. But the best thing, in my mind, for a sprained ankle is put it up with ice on it, because if it’s sprained, it would be a lot better; and if it’s not sprained and broken, uh, at least most of
the initial swelling is gone or has subsided so they could put a cast on. There would be less problems. So, we have these people then, transported to the clinic, uh, to the clinics for x-rays, in the morning.

LL: Mm-kay. Uh, did you have any, um, have very much association with the higher administration of, uh, the college deans, uh, the – I guess it was Dean of Faculty, at that time; oh, and the President?

RV: Uh, I knew Jim Brooks, but - and I met with him about some of the problems a couple of times, but I had a very close relationship with Dean Witherspoon and uh, and then, of course, with Bob Miller, who wasn’t a Dean. But Witherspoon, I would meet at least once a week and talk about problems.

LL: I see. Did you feel that the infirmary received, uh, adequate support from the . . .

RV: After the death on campus, yes.

LL: Okay.

RV: Before that, uh, it was something they felt like doing, but they were not that committed. And, uh, benefit of having a college infirmary is we were a kind of triage situation. Uh, for example, the students at Central paid for their health care, at the time, for a quarter, three-month period, as much as the students at Western, who had no infirmary, per month, just because a lot of the little things could be taken care of relatively inexpensively. So the big benefit was the college insurance breaks they were getting.

LL: Uh, so, uh, the infirmary was supported out of student fees, was it?

RV: Uh, I don’t – students had to pay some insurance, but it’s fairly difficult to figure all the things out. For example, we wanted the new infirmary, where we did have pharmacist, one hour a day, fill the prescriptions for students because the college could buy the prescriptions through federal channels and you would get penicillin for a fraction of the price kids would buy in town. And the reason why that’s important is that a lot of kids either did not get the prescription filled or, what happened in those days is they would go to the pharmacist and say, “Only give me half of what I need.” You see? So, uh, at that time, we, uh, say, “Well, why don’t the students just pay a dollar for whatever medication they get in the infirmary?” And it could not be done because the money we would accumulate through that process had to go in the General Fund and did not automatically go back to the infirmary. That’s because I wasn’t smart enough to sell popcorn like the Athletic Department who apparently could manage it. You see?

LL: (chuckle) So, so, you were just given a budget, as any other department was, uh . . .

RV: Well, if there was a budget, uh, Maxine Taylor took care of it.

LL: Okay. And she was the nurse?

RV: Yeah.

LL: Uh, and, uh, was there someone in the infirmary twenty-four hours a day?

RV: Yes. A nurse.

LL: A nurse. Now, so you must have had two or three nurses?

RV: Yes.

LL: And, and they would have different shifts?
RV: Shifts.

LL: But somebody would be there all the time?

RV: Yeah. Yeah.

LL: Okay. You mentioned, uh, that you had a close relationship with Bob Miller, who I believe had – was head of Student Counseling?

RV: Yes. Counseling and Testing.

LL: Yeah. And, uh, what brought about that close working relationship? Why would you be . . .

RV: Personalities.

LL: Oh. Oh, just somebody you got along with?

RV: Yeah. And it was very nice, because he would call and say, “I’ve a kid I’d like you to see.” I’d say, “Send him right over.” Or I would say, “I have a student who needs your help.” He says, “I’m glad to see him.” You know. That kind of stuff, instead of saying, “Well, I’m very busy,” and things like that. It’s nice to have somebody who’s spontaneous and I really cherished that relationship with him.

LL: Was Bob the only counselor on campus?

RV: Oh, no. Mr. Trujillo was there too.

LL: Oh, he was in counseling at that time?

RV: He was there too; and, uh, Wells Macinally. And then, the third one whose name I forgot. He was a kind of a student. And they were all the same type of attitude of being very helpful with the students.

LL: Okay. Now, uh, you just served under one President – Jim Brooks. Right?

RV: Correct. Yeah.

LL: And, uh . . .

RV: And I think I may have . . .

LL: You may have come right at the end of McConnell’s.

RV: Yeah. McConnell.

LL: But you didn’t have any association with McConnell?

RV: No. No. No.

LL: Okay. Okay. Um, what, uh, kind of, uh, work occupied you the majority of the time you were in the infirmary? Was it, uh, . . .

RV: Basically, seeing, uh, students who were – were ill or had some problems.
LL: Okay. Okay. All right. Um, do you have any, uh, comments about, uh, the relationship between the campus and the community at that time? The quality of the relationship – the “town-gown” thing.

RV: Uh, that has always surprised me a little bit, how, uh, little planning went into town and gown relationships; like, uh, when we were looking for a physician, uh, in the college infirmary, or when the college developed these services, uh, they are so dependent on back-up from the local community; and it was kind of lacking in that kind of developing relationship. You see. Uh, I think one thing I noticed, uh, for example, if the college infirmary would hire three physicians, it would be more difficult for the community to attract physicians, themselves. Right?

LL: Because the college would be doing the work . . .

RV: College would go do – they would do a lot more. See?

LL: Yeah.

RV: On the other hand, if they suddenly dropped two physicians, which also has happened, then the rest of the facility has to pick up, you know? That would be nice if they could talk a little bit about these things.

LL: Was that ever done? Was there ever joint planning?

RV: No. Not that I know. No.

LL: Uh-huh. Okay. Um, . . .

RV: It worked out fairly well, but it could have been nicer, I think.

LL: Okay. Um, now, did you notice any change over time, in the kinds of problems that students brought to you, or were they pretty much standard during the ten years you were there?

RV: Uh, I would say, basically standard, except that students became more interested in the whole area of sexuality. Uh, when I went to different dorms, I would say that 95% of the questions dealt with that area, and we did not have any family planning there or any contraceptive information. At that time, that was kind of tricky, you know.

LL: Did students ask that kind of question more in the late ‘60’s than in the early ‘60’s? Uh . . .

RV: I – I think that they became more and more in the later ‘60’s.

LL: Yeah. Now, uh, this was before the Roe vs. Wade decision – Did you ever have students come to you, uh, asking abortion-type questions?

RV: Uh, not to the best of my recollection.

LL: Okay. Okay.

RV: I know about students who had abortions, who came to the infirmary because of some problems, yes.

LL: Uh-huh.

RV: And I don’t think that they went to the infirmary to ask that question.
Okay. And, uh, did – now, you said that when you got these types of questions, it was usually when you were out speaking in the dorms. Did students come to the infirmary with, uh, these kinds of questions at all?

Very little. Very little. And it was after the meeting that I tried to convince the (inaudible) that maybe they needed some more family planning. And the way that was resolved is the college suggested that if they would eventually get a physician, that he would be working with the County Health Department, uh, who had the Family Planning Clinic.

There was a Family Planning Clinic in the community at that time?

Yes.

And so, the students could be referred there?

Right. And could you guess who was the first Director of the Family Planning Clinic in the County?

It wasn’t you, was it?

Yes.

(chuckle) No, I didn’t know that.

I knew anything about family planning, but the reason was, that the physician who did the work there, did not want to have that title, you see? Because it was kind of a taboo-type of thing. You get it?

Yeah.

Bob Messner was the first, uh, fellow who really did some work, although I did meet with the people there. I was, uh, the head who had no brain, but I made it possible for Dr. Messner to get involved in that area. And then, later on, uh, Dr. Wickerath, the one who died and – Mrs. Caulkins – (was she a physician?), as a matter of fact, did spend time in the infirmary to, uh, do some family planning work. And then after about a year or so, they wanted to be paid and I said, “The college, uh, made the agreement that the college physicians would work there, so that kind of reimbursement was gone.” But that’s the way college, in a way, got into the family planning bit.

Okay.

Kind of Machiavellian, isn’t it?

Yeah, but – well, uh, didn’t the County have any family planning program before . . .

Came about the same time, I would say.

About the same time as the – as the college began offering . . .

Yeah. Yeah. Right. And you know, there was some benefits from it, because we didn’t know how much it would be used, and we also found it was a little bit more of anonymity if a whole group of people came there than – than one high school kid, or something like that, you know.
LL: Yeah. Yeah. And of course, this was a time when, uh, people didn’t talk much about family planning problems. In fact, uh, uh, didn’t pharmacies still have, uh, condoms underneath the, uh, the counter or something? At least in the ‘50’s, I think that was true, but I’m not sure about the ‘60’s.

RV: They were (inaudible) up in the restrooms, for a long time.

LL: (chuckle)

RV: No. You, you know, I understand the physician who, uh, did not want to work there before having obligation. It was a little bit worried to, uh – and I’m kind of foolish. I just (inaudible).

LL: (chuckle)

RV: Yeah.

LL: Were there any repercussions, uh, from the community?

RV: No, not really.

LL: Uh-huh.

RV: Let me put it this way. If you do something, you know, which is active, there will some people who think you’re terrible.

LL: Yeah.

RV: You know. Uh, but for that, there are some people who say, “I think he did the right thing.” And for me, that’s more important.

LL: Uh-huh.

RV: You know. I mean, if you are a Democrat in this county, you realize that there is a physician.

LL: You mean, you’re a lonely person? (chuckle)

RV: Yeah, you know, a little Democrat and things like that. I’m, I’m – But you know, you have to live with your own conscience, in a way, and I felt comfortable that this is a good thing and should be done and we worked on that.

LL: Uh, as you look back on it, do you look upon your tenure on campus as a pleasant time or, uh, does it have negative . . .

RV: Very enjoyable.

LL: Very enjoyable.

RV: I really liked students as students; meaning I sympathize with some of the problems they have, and students were fine.

LL: Did you find that you were apt to get, uh, more students coming to you, uh, at times of stress, you know? Exam week or toward the end of the quarter when papers are due, uh . . .
RV: You know, very, very – really, I feel that’s not just an iffy answer. I felt pretty strongly that, uh, that wasn’t done very much.

LL: Okay. Okay. Uh, can you recall any, uh, humorous events that you would like to pass on to us?

RV: (chuckle) Humor. Well, maybe this is not humorous, but you know, uh, I, uh – Let me see what I can – You know, humor always has kind of a negative side to it, too. You have to be a little careful. But, uh, one of the things I remembered is that, uh, we used to do college physicals – lineup physicals, see? And we had, uh, we had two hundred kids trying to turn out for football with three physicians, a cup, in one room. Uh, as far as I’m concerned, ninety percent of eight percent – ninety percent of the physical is asking questions pertinent to the person’s health. And so I looked at this whole thing and I said, “We have to change that.” So, what I did is I got all the students records who wanted to participate in sports, who usually had the physical done by their local physician just in the last two months; uh, looked at some questions on these physicals to see whether they were, uh, up-to-date. Some people (inaudible) or some people would say this student should not participate in P.E., and I would not even call the physician and say what is it. Uh, and then I would schedule about - uh, several evenings a week, I would schedule, let’s say, maybe about twenty students; and go to their records, ask them any problems. And if he says, “My knee hurt me last month,” I would check on his knees. Uh, the disaster about that is, uh, number one, I had a student in football, who was knocked three time unconscious, has headache after every practice, had knee surgery, has back pain and, uh, so, uh, I felt, looking at him, that he has probably a post-concussion syndrome and other problems, that this is not a student Central should be letting play, even if whoever says, “Let the kid take his own responsibility.” There’s a tiny difference. (inaudible) The college has a responsibility of – Anyhow, turned out to be a son of a football coach in Kennewick, which doesn’t work out very well, you see? I thought it was kind of sad and humorous. But we also had a lot of, uh, we had another girl

who . . .

LL: What did you do about that student?

RV: I didn’t let him play.

LL: Okay. And did you hear from the parents?

RV: Oh yeah. He says, “What’s the difference? He’ll drink alcohol, get in a car and get wracked up, if he doesn’t play football.” I said, “Yeah. But I’m not giving him the keys to the car.”

LL: What was your recommendation? That he lay out for a year and wait until he recovered from . . .

RV: Well, there are some situations where you wonder that maybe he should look at a sport which is less damaging to him. Another situation – same thing. It was a woman athlete who had diabetes and chronic infections in the legs and she was a field hockey player. So, when I met with the P.E. – female P.E., I, uh, tell her that, uh – They ask me, “Why don’t you let her play? Every time, you know, you turn her down. Her family physician says, “Oh, let her play.” You know. And I took exception to that and I showed them a letter of the family physician who agreed with me fully. She always signed her own slips.

LL: Oh, the student signed her own slips?

RV: Yeah. Yeah, that’s right. So, they let her play, which makes the P.E. Department look, somewhat inadequate. I think that, you know, the college has a – we have certain (inaudible). Anyhow, I did this for about six months; and then I asked for a meeting with the P.E. Department and, uh, - Basically, the meeting was to develop concept for the college infirmary. You know, what would you like to do? Stretcher? How close it has to be? And I said, “I want to change the format of the physicals and I want to do it this and this
way. And the college administrator said, at the time, Dean Veemer said, uh, he saw a lot of difficulties. And we said, “Well, what kind of difficulties do you see?” He says he wasn’t quite sure, but he saw a lot of difficulties. So I said, “Dean, you know I’ve been doing it for a year and a half?”

LL: (chuckle)

RV: It’s kind of sad.

LL: Yeah. Uh, did you get much pressure, uh, from the, uh, Athletic Department . . .

RV: Yes.

LL: . . . to let students play who may be . . .

RV: Yes, it’s not very easy to drop some, but I think I put my foot down . . .

LL: Uh-huh.

RV: . . . and – because it’s then on their responsibility. And, I wasn’t quite that dictatorial. We had a kid who had (????) collapsed lung three times on one side, one time on the other side; and I said to him, “You go to just a pulmunologist and if he says you can play, uh, I will – that’s okay with me.” So, he had this option. He went to his own physician. Uh, anyhow, it’s a big kafuffle. He did turn out in the first practice and decided he didn’t want to play football.

LL: Uh-huh.

RV: But, you know, if a student had some condition, I’m not – I said, “Well, you can get somebody who’s an authority in the field, if he thinks that’s fine.” But I didn’t like the answer I got from one specialist who says, “He’s over the age of 21. Let him sign relief of damage to the college.” That’s not a philosophy I think a college infirmary should have.

LL: Did you have, uh, the authority to bar a student from playing? Or can you just recommend that he not play?

RV: I don’t think I have the authority, but it gets very, very difficult if a person says that this kid would be damage to his health. You know, litigation, the way America survives, is a very damaging act – thing, to let him go over.

LL: Okay. And, uh, so there really were no instances in which the Athletic Department overruled you?

RV: No. Although, when I quit, I noticed that some of the kids who shouldn’t be playing, were playing again. And one of them did got in trouble with, uh, a neck injury, I remember, that had to quit; but not because I said it, because of the damage to him.

LL: All right. Um . . .

RV: You know, that’s the consequence of doing a more thorough job, you see? None of that information I would have gotten from the students would have come out in the line of physicals, you see? The other interesting thing, in the same meeting – it’s only - probably the only funny I have (inaudible) (chuckle) was that, uh, the college infirmary, uh, wanted us to sign slips for students who were sick and not in the clinic and not in the class, you know? And, uh, including students who were sick a week ago with an asthma attack at home, you know? And I’m not any better than a college professor to
figure out when a guy is putting on or not, you see? So, uh, I said to them, uh, the P.E. Department – I said, “Do you people have a secretary?” and they say, “Yes.” “Is she sick once in awhile?” They said, “Yes.” I said, “When she comes after being sick for a week or so, does she have a slip from a doctor saying, “I was sick for a week.” And they said, “No.” I said, “Why should students have it then?” Students basically should benefit from being in your class and getting educated. They pay you for it. Why should the person who you pay who has nothing to benefit – who can only benefit from being sick, so to speak – You feel the difference between how students are being treated sometimes?

LL: Mm-hmm. All right. I – I’ve, uh, asked a lot of questions. Did you have anything, concerning your experience with Central, that you would like to, uh, talk about or, uh, do you have any comments on, uh, the college, as a whole, at that time?

RV: Well, uh, first of all, obviously, I probably was a little bit too involved, if you know what I mean.

LL: Mm-hmm.

RV: Uh, I was even at meetings at what to do about, uh, students who failed, you know? And one suggestion from the administrative personnel in about five or six meetings is, um, to have students, uh, have a mandatory study program between 8:00 and 10:00 when they have to study. And I said, “Why don’t we find out why they’re failing school first, before we make them study work – or more, you know? I remember one student who failed and failed and turned out - and spent an awful lot of time in the infirmary – find out she was never enrolled in college, therefore she wouldn’t show up in the, uh, classrooms, where they could probably find her out, you see?

LL: Mm-hmm.

RV: Uh, the other thing about, uh, uh, - and, anyhow, uh. I’m losing it here a little bit. Uh, I think that the other thing which I talked to Bob Miller about is we had a great number of students who, uh, not only flunked out of college, but with grade point averages with decimals, you see, point 4, or things like that, you know? There must be a college professor who managed to give them something. Uh, and I suggested that maybe we should do separation counseling, telling the kid, “Hey, what do you want to do? What do you have to do?” Because I think kids who fail probably, in a way, need more help to go on with their academic career, than a kid who does fairly well, gets straight “A’s.” He might need some help, too; but it’s a different type of help.

LL: Mm-hmm.

RV: You got it? So, we kind of – I’m not for education for all. I think everybody should have – one of the things you can say to a failing student, “Maybe you’re not in the field; maybe you’re demanding more; maybe you should go to your (inaudible).” But, I feel very strongly that students who failed in college needed more help.

LL: Yeah. Yeah. And, uh, I’ve noticed that, uh, a great many students who are failing are just simply immature.

RV: Yeah.

LL: They need to get out and do something else for awhile, then, maybe come back and they might do a lot better. Okay, well, uh . . .

RV: You need to that I also was the table tennis coach for a couple years?

LL: I didn’t know that. Tell us about it (chuckle).
RV: We had some, uh, . . .

LL: When was this? While you were working . . .

RV: Oh, I still play, quite actively, but used to be gamesmanship meetings with the University of Washington, Montana would come together; and we always had a table tennis team who always got third place, which is pretty good.

LL: (laugh) Was, was this, uh, - were you coaching the table tennis team while you were, uh, managing the infirmary?


LL: And did you continue to do this after you left the infirmary?

RV: Uh, on and off. Yeah.

LL: On and off. Uh, I’d never heard of a table tennis team. Uh, do they - does Central still have one?

RV: No. No. They don’t. They have some pretty decent players and they have had some things, but this gamesmanship, they also put billiards, bowling, chess, uh, uh, bridge and things like that. Things which I would rather encourage than pinballs machines and slot machines.

LL: Did you originate this?

RV: No. Well, there were a couple of tables. People were very interested. I was right in the Viet Nam era, where students were much closer together, it seemed to me, than they are now; and there were much more social activities among students.

LL: Yeah. Do you have any recollection of, uh, events on campus during the Viet Nam era?

RV: Sure.

LL: Disturbances or anything?

RV: Yeah. Uh, no, but I remember that I wrote a letter to, uh, the Dean of Students when they were breaking up – was it that Walnut? – no, the other street, they were breaking up and with all kind of rocks there; and there was this conflict about the American flag going up and down. And I was worried that there were too many stones available, you know what I mean? For throwing and things like that.

LL: Mm-hmm. Yeah. I see.

RV: Careful with confrontations and things like that.

LL: Uh-huh.

RV: And students were pretty anxious in those days.

LL: Okay. Is there anything else that we should cover in this, uh, interview?

RV: No. No.
LL: Well, I want to thank you very much, Dr. Rudy Vernie, for being here and sharing your experiences at Central.

RV: Thank you. Nice to be here.

END OF TRANSCRIPTION