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John R. Beljan M.D. interview (1) conducted on October 20, 1983 about the Boonshoft School of Medicine at Wright State University

John R. Beljan

James St. Peter

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WRIGHT STATE UNIVERSITY
School of Medicine Oral History Project

Interview date: October 20, 1983

Interviewer: James St. Peter

Interviewee: John R. Beljan, M.D.
 Founding Dean, WSU School of Medicine
 Interview 1

James St. Peter: A series of interviews with Dr. John Beljan, founding dean of the Wright State University School of Medicine. Dr. Beljan, tell me about your background and the position you held prior to coming to Wright State University.

John Beljan: Prior to coming to Wright State, I was the associate dean for medical education at the University of California-Davis School of Medicine. I had spent ten years approximately at the University of California, helping to develop that new medical school, started out as assistant professor of surgery, and wound up through a series of activities at Davis through assistant dean, assistant dean for student affairs and associate dean for medical education, and also had the academic titles of associate professor of surgery and associate professor of engineering in the college of engineering.

JS: Well, when did you first hear about the position of provost here at Wright State, or dean of the school of medicine?

JB: The first time I heard about this was when they began to advertise for a person to fill the position, although I was aware that there were efforts being made in the community to found a new medical school before that. If you'll recall about that time, Public Law 92541 which is called the VA Medical School Assistance Act was being formulated by Teague for the benefit of Texas A&M and Cranston for the benefit of a program in Fresno, California. It was through the Cranston connection that I became aware of what was going on at Wright State.

JS: When you heard about the program here at Wright State, did you see the original notice in a periodical or chronicle of higher education?

JB: I saw the original notice and the letter of inquiry for nominations that went to the dean of our school of medicine at California, John Tupper.

JS: When you were contacted about it, did you apply for the position?

JB: I was nominated for it by the dean of our school of medicine, and ultimately became a candidate for the position.

JS: When you were nominated, what factors were in your mind that would cause you to come to Dayton, Ohio and Wright State from California?

JB: Well, there's two pieces to that question. One is what were the factors in my mind and what would lead John Tupper to nominate me. I think that to answer the first question first, what was of interest to me was that I felt I was in the position to develop a new school of medicine, at the time I also recognized that there were going to be relatively few new schools of medicine developed after this current series including Wright State, and if I wanted to do that I would have to select one of the new schools currently then in formation, and I thought that that would be a useful step for me and my personal, professional career growth. So, although I was not enamored with the idea of coming back to the Midwest, I thought that the opportunities to build a program were very good. I think I was nominated for the position because the dean of medicine at Davis had obviously interacted with me since the founding days of the Davis medical school, knew that I had some reasonable experience in the area, saw me in operation and felt it was a good fit. I think clearly the complexity of the program that was envisioned here for Wright State was one that probably only a handful of people in the country could have pulled off and I believe the dean thought I was one of those that could do that.

JS: What areas of particular expertise do you feel that you've brought to WSU?

JB: I think I brought a number of expertises to WSU. I think I brought academic maturity and experience that was not here in an adolescent school. I think I brought in a broad understanding of community interactions that were not here at this university, and I think that I had an appreciation for what organized medicine could do if it could be brought into a cooperative mode in a medical education program.

JS: What do you mean by "a cooperative mode"?

JB: I think that anytime in the history of medical school developments are such that what ultimately happens is that the school of medicine becomes an economic competitor for the practitioners in town. One has to recognize that fact and understand it because the members of the practicing community have to in effect become your clinical faculty to teach students. So you have to walk the tender line of having them involved in the medical education process, and at the same time trying to avoid situations in which you or your faculty on a full time basis are in a frank and open competition with them.

JS: Were there any other programs similar to what was set up at Wright State in California or other parts of the country?

JB: There are some roughly analogous situations elsewhere, not in California. In California all of the new schools really developed with a principle university owned and operated teaching model. But ourselves, Southern Illinois University at Springfield,

Eastern Virginia School of Medicine, Eastern Tennessee, and maybe one or two others, the Duluth branch of the University of Minnesota, where a handful of maybe six or seven schools that had a new model in which the community based hospitals became the teaching hospitals. So it was a fairly radical experiment in medical education.

JS: How difficult was the transition from California to Dayton?

JB: I don't think the transition was difficult at all, because one is very busy in that kind of activity in the new startup phase, so you tend to lose sight of the other things that maybe would complicate a transition normally. I must admit I did not appreciate coming back to the weather, and didn't appreciate the extreme conservatism of the Midwest. On the other hand, those are the realities and one has to deal with them.

JS: Do you feel that extreme conservatism was a factor in the delay from the initial planning for the medical school to its final implementation?

JB: Oh I think unquestionably so, that is one of them, and the state has always been fiscally conservative as well which I think is underlying that situation of any new growth or development. Ohio, even though it has a plethora of higher education institutions, a good number of them are private as you know, and the others are really not supported to the level that a state with Ohio's reputation ought to have in higher education.

JS: What kind of first impression did you have when you came out to Dayton? Had you been through here before?

JB: I had been to Dayton only passing through. I think I was pleased with the urban renewal- I certainly have been very pleasantly surprised with Dayton because when I was first asked to come here, I said, "hell no". It conjured up an image of a smoke belching, tire making, industrial city, and I was pleasantly surprised to find that there was some culture, and some green area, and I thought a relatively progressive city/county leadership.

JS: Tell me about the interview process, what was it like?

JB: The interview process was ridiculous. Again, it showed the extreme naiveté of this university and its early days in which it was obviously a new institution struggling for recognition and growth and a number of people in the leadership had never been in other institutions. So it was an amateurish situation. Looking beyond that, it was set up in a way that I think has been modified since, but it was an interesting rat race of being shown to a huge number of individuals, largely for political purposes, and relatively few interactions of substance.

JS: What do you mean by interactions of substance?

JB: Where people would sit down and talk about what does it really cost to build a school of medicine, what does it really mean to a university to have a school of medicine

on its campus, what does it really mean to a community in terms of its future growth and development, what are the implications of that program to the existing hospital environment, those kinds of questions. And there were a few people who asked them, but damn few.

JS: Who are the people, in your opinion, who had the experience to ask the right kind of questions?

JB: Maybe not experience to ask the questions, but the maturity to ask the questions. One of them that stands out is Sam Sava, who at that time was with the Kettering Foundation as I believe its director of educational research, who was on the search committee. Another one who I think had a better feel in terms of this than many was Carl Jenkins, who was at that time a trustee at Central State University and I think very instrumental in the early growth of the school of medicine in a number of ways that probably will never be chronicled. Let's see, who were some of the others... even Bud Crowl, [Harry Crowl¹], who owned WAVI, [radio station], and at that time had just come off the Board of Trustees at Wright State. Those were people who stood out in terms of a better appreciation of what an impact of a major academic would mean on a fledgling university.

JS: What are some of the ways that the interview process could have been improved?

JB: Well, I think for one it could have been, instead of having a thousand and one meetings with a whole group of people that could have been improved by clustering those kinds of events broader, into a reception or other kind of format, and the individual one on one meetings could have been more selective, made a little longer and with some of the key people who would be instrumental in interacting with this new beast.

JS: When you had gone through the interview process, did you have any second thoughts about coming here?

JB: Sure, it was a hell of a risk. It was a hell of a risk in a number of ways. Wright State wasn't in fact... a relatively young university, had not achieved its early maturity; I felt I was leaving one of the premiere universities in the United States, at least university systems; if it did not go, which there's always a reasonable possibility of, it would have been very difficult for me in my professional career, so it was a large roll of the dice. One doesn't know the level of support you're going to get until you actually need it, when you start talking to university and community leadership, political leadership. It is the realities in these kinds of situations that count, not the promises.

JS: What were some of the challenges that you anticipated coming in to the position?

JB: I think the greatest challenge was trying... there were two. One was to mobilize the level of community support so that this community based activity could be put together there. Secondly, was a concern about the ability to recruit qualified individuals here, who

¹ Name verified through WSU Board of Trustees Minutes

also would be taking a hell of a risk to help start a new medical school in an unknown university.

JS: Do you feel there was a large pool of possible recruits at Wright State for faculty?

JB: There were a reasonable number of people who would fit in as qualified members of the clinical, voluntary faculty. There were relatively few in the basic sciences, one or two at most, that would have the potential of being full time, clinical faculty members.

JS: What's the term "voluntary, clinical faculty" mean?

JB: That means someone in the community whose primary source of income is due to his private practice activities and who volunteers his time to educate medical students.

JS: Is that a substantial amount of the overall faculty in most medical schools?

JB: Yes, it's absolutely critical. You cannot run a medical school without that kind of support, because it is an absolute necessity to have a large number, a cadre, of willing people to do that. Because the full time faculty numbers, generally, are relatively small and they have to be the ones who organize the program for someone else to execute.

JS: When you got here as dean and when you were finally hired, did you feel the status of planning was up to date, or did you feel we were behind or ahead of the...

JB: There was a plan that had been submitted to the legislature in which the proposed program was sold. It was obviously a very political document. It did not have in it I think realistic projections or really a reasonable understanding of what a program like this would entail. Matter of fact, when the first site visiting came from the accrediting body, the first thing they made me promise was that I would burn the book and write them a new précis of what the program would look like.

JS: What was the accrediting body in this case?

JB: That's the Liaison Committee on Medical Education, which is a joint effort by the American Medical Association and the Association of American Medical Colleges.

JS: What were some of the problems with the original précis?

JB: It was underfunded, undermanned, and hopelessly optimistic.

JS: What do you mean by that?

JB: Well, first the numbers in there were obviously numbers that would not support a program in medical education in terms of either people or dollars, because they were not based in fact, they were based on wish. And the timetable was one which was ridiculous, because it called for entering classes in an absolutely unrealistic timeframe.

JS: What was the timeframe that it actually called for?

JB: I don't recall offhand, but I think it was something on the order of eighteen months or something like that, and in many instances it takes you eighteen months to recruit a class person to be the head of a department or something like that, let alone design all of the infrastructure, the curriculum, do the organization that had to take place, it was obviously not considered in the sense of what it really takes to run a program. It was unrealistic; why Columbus ever bought off on it is beyond me.

JS: Do you feel the political atmosphere in Dayton was a result of, contributed to that what you considered shoddy planning?

JB: It isn't shoddy planning, it was carefully done, but it was unrealistic and naïve, and it was inexperienced. So I wouldn't call that shoddy, I think the intent was good, it was put together reasonably well and it read well, and I suppose that's what you want for a political document. But for the blueprint to build a medical school, it was like trying to design the proverbial horse from a committee, you end up with a camel. And that's what it was, it was an albatross and it was one that the site visitors on the first visit, who are people experienced in medical education, after having read it were kind enough not to laugh. So, it was an interesting experience. The first site visit occurred when I was still commuting from California. They had arrived, and I pulled into the meeting unshaven from a redeye flight and they told me what they wanted in the exit interview, and I wrote the plan on the next flight back to California and submitted I think a twenty-two or twenty-four page outline of what the thing would really look like. But that's the way things go. [Laughs]

JS: Was it difficult organizing support for the new plan?

JB: No, because that's one of the promises I had extracted before I would come, and that is that I would have no resistance on the part of the university administration in terms of rewriting and redirecting the plan and its curriculum. The curriculum was also one that was unrealistic.

JS: How was it unrealistic?

JB: It called for one of the new, abbreviated articulation programs where you would move from sophomore collegiate status into medical school status in a short period of time and that the total period for medical education would be reduced from eight years to six. And all that's fine when it's done in an institution which has been in business for a long time, but it's absolutely ridiculous for starters and would never have floated here.

JS: Why not?

JB: Two reasons. The complexity of the operation, number one, and two the relative immaturity of the university, for who you have to rely on to be your principle feeders.

JS: Were there adequate feeder institutions in the area, do you feel?

JB: A few, a few, but one that would have no guarantees that you could find those linkages to make that happen. I would think that there would be a couple. Miami stands out as one that I would think would have the potential of doing that, but still, it's a tough fight to try to do a radically innovative program like that in a brand new medical school. Miami I think, Cincinnati, Ohio State- although I question that a little bit- might have the ability to articulate that kind of program in a way that would maintain academic strength. I think I am not impugning Wright State, it was just an unknown quantity in an adolescent university, and at that at that time I don't think had established any reputation for academic excellence.

JS: So besides the problem with the précis that you already had when you arrived here, what were other immediate problems confronting you as dean?

JB: Well, I think there were a number of problems. One was that, well, let me categorize the problems in several areas. There's always an intra-campus or institutional problem, a set of problems that are associated, and Wright State, this was no exception. And then there are a series of political and community problems that are of a different order and different kind of character. The intra-institutional problems are that unless there has been experience with a medical educational program, the tendency is, by the university administration, is to look at that in a relatively simplistic kind of way. As a matter of fact, the Provost at that time didn't understand why I needed all the help I was asking for; this was just nothing more than putting together another department of history, for example. I found that a very interesting statement and matter of fact discussed that at a little later date, because I had tremendous resistance from the institutional leadership at the time to hire a series of assistant and associate deans to help build a complex program, and it came down to a statement by me that if they wished to have a school of medicine that either had to happen or they could find a new dean. I think they made the right decision and decided that they didn't really know what was going on and that they ought to let someone at least sink or swim on their own efforts, and did. But when one comes in and recognizes the complexity of that operation and finds that the university's highest levels sense that it's nothing more than putting together a major department in a university, it showed an incredible lack of, not understanding. A second set of problems that occurs deal with how the rest of the university community look at it. I think that a number of folks on campus were status quo-ers who were deeply concerned by the implications of what it would mean to have a medical educational program, and therefore were very worried about change, and there were another group who saw it as a real opportunity and in many ways tried to couple so extensively and made such demands for that kind of coupling that in certain instances it would compromise the academic program to have done that. Then the question of funding always comes up, and imbedded in that is not only the funding questions but comparative salaries and things of that sort, which are a whole series of issues on a university campus. In the community, I've already alluded to the fact that the worry about competition for private practice patients and the need to have the community involved is a very difficult one, but I think it was pulled off here with some finesse. We did probably spend more time in the community than we did at the

university level because it was absolutely essential to have total support out of that community, so that was my prime goal, at least for the first year that I was year, was to work in that arena in order to establish the power base that would permit the operation to move ahead, and that was time well spent and I think worked very well. There's an interesting anecdote, though, that goes along with that that may be of interest to you. I had also tried to bring along with me relatively few people because that's always a concern in a new campus about a whole group of gangbusters coming in and the worries about what these folks might mean to a power base that's already there, and so I came with only one associate, Dr. Zappala, who was an MD/PhD anatomist, and came as my assistant dean to help start some of the early inside work with curriculum and so forth, and came with an administrative assistant. The administrative assistant, interestingly enough, forgot at one of the key times to put on my calendar a commitment I had made to speak to the Montgomery County Medical Society for the first time. As I was driving home late out of the office, I had a sinking feeling that there was something I was supposed to be doing, and I called the medical society offices and asked when the meeting was, and they said, "it was tonight and you're speaking". So I got there right after dinner was closed and just in time to be introduced, and gave a talk, but in that one moment the whole thing could have gone down the tubes if something hadn't gotten to me in the subconscious that I had a commitment to make. Life, I guess, is based on a lot of little things, but I'll never forget that incident for my life, because that was a seemingly innocuous thing that was absolutely pivotal in terms of the success or failure of the institution.

JS: So you had to resell the program, essentially.

JB: Pardon me?

JS: You had to resell your program to the community.

JB: Sure. Yeah, I had to sell a program on the academic community, and I had to resell a program in the medical community.

JS: In your attempts to resell this program- and they were successful, obviously, because we're here now- were there any individuals who sort of popped up out of the masses who had real enthusiasm for the program?

JB: Yeah, there were a number of people, and like every other group, I suppose, there are a small minority who are very enthusiastic about the program, a small minority who wish that you would go away, and a large group who don't give a damn. The small group who were very enthusiastic, I think there were a number of people that came to mind who were very, very helpful in the early days of the program. They were folks like Junius Cromartie, who is a general surgeon; Frank Shively, general surgeon; folks like- let me think of some of the names- obviously Dick DeWall, who helped draft the program for medical education, although Dick became less visible after time went on; a number of people in family medicine were very supportive; Jack Lewis, who at that time was the impact chairman for the America Medical Association; folks at the VA, Jim Taguchi;

some of the medical directors, directors of medical education, Al Hicks from the Valley [Miami Valley Hospital], and Manny Cowder at Children's Hospital. So there were- Arnie Allen, who later became chairman of Psychiatry- so there were a cluster of people like this who were very, very helpful- Nick Thompson was another, who became chairman of Ob/Gyn- and these were key players who were very supportive, helped me a lot, and interacted with me in dealing with the uncommitted majority.

JS: Do you feel like there was a lot of university support for your efforts to keep up enthusiasm for the medical school?

JB: Yes and no. I think there was in terms of the leadership. I think there was in terms of some of the elements on campus. I think that there was not in terms of other elements. I think that there were real concerns among liberal arts faculty, and I think there were concerns in the College of Education. I think there was split action in terms of S&E, [College of Science and Engineering]. Business, like anything else, doesn't give a damn as long as you let them alone. There were concerns, I think- not initially, but later- in nursing. Initially, one of the things that brought me here was the dean of nursing who I had known from the past, and we had talked a lot about some joint programs together, and in the time from when I was recruited and when I came there had been the first of many palace revolts within the School of Nursing, and she was deposed-

JS: Was that Dean Maloney?

JB: No, no, no. This was Joyce Randall, who came- she's still here in town- she came from Wayne State University, where is the place that I had known her from way back when. She was the first of five deans in that short period of time over there. But I think she had a pretty clear understanding of what that meant and how that could be useful for the School of Nursing. That was not shared by the new dean who subsequently created some interesting situations for me, and that was Gert Torres, who came later from the National League of Nursing. That's another interesting time, my first encounter with her was... a gigantic chip on her shoulder when she said, "You do your thing and I'll do mine", and I had found out that she had extracted a promise from the administration that I was not to interact with her until she was hired and on the scene. So, you know, when you start talking about cooperation you've got to take into account some interesting deals like that that are made that complicated an already complicated situation even more.

JS: In what ways did you go about addressing the problems that the liberal arts faculty, for instance, had about the medical school? How did you go about addressing those?

JB: Well, one never addresses all of those things as well as one would like, because there are so many things to do and so few people to do them. But one of the things that we did do I think was to actively involve them in some of the planning for the early years of the program, to involve them with a medical humanities program which became now known as the Medicine in Society Program, and Bob Reece, by the way, was very active and a real leader in helping to bridge that gap. Dr. Zappala- I call him **ZAPP**ala but it is really Zappa**LA**- was active in terms of some of his interests, which were broader than his field

of anatomy, and he was very active not only on this campus but on the Miami University campus with some of his interests, particularly in international relations, and so some of those people actively tried to develop linkages with those folks. We also tried to assure that they would be instrumental when we started talking about admission requirements and things of that sort, which they have been. But there was a conscious attempt made from the beginning to involve as broad a constituency as we could in the affairs of the School of Medicine, and that included the liberal arts faculty and others who would want to play a role with it.

JS: In the community were there any specific points of resistance that you had to overcome?

JB: There were several. Some of them [were] points of resistance not for the School of Medicine, but for who was going to be the power structure within the School of Medicine and that relates primarily to Miami Valley Hospital, and I'll get back to that in a moment. Then there were also major concerns in the Black community. As you know, there were concerns that Wright State had been developed as a racial response to Central State University, and the term, "White State" is still being used. However erroneous that was, there were still periods of concern in the Black community as to whether this school of medicine was going to be another continuation of health discrimination opportunities for black folks, and there were a couple of very outspoken folks in the Black community who others in that community were helpful to me in overcoming. I probably shouldn't mention names, but there were several individuals there who were absolutely counter-productive to the role of trying to put the school together, and these are the places where folks like Cromartie and Jenkins and Dwight Pemberton became very useful, and C.J. McLin. They were very helpful to me and I think as we worked together more, I think they recognized that we in fact had a commitment to what they wanted to achieve in terms of opportunities for education and as a result some of the most successful programs that this institution has relate to programs we developed with the Black community. The Miami Valley Hospital situation is a very different kind of thing. That relates to the situation in which they had been the primary purveyors of medical education in the community since time immemorial, and felt that because of that preeminent position that they should be the ones who figured most prominently in the affairs of the School of Medicine, and that thesis is correct. But the problem was they wanted it on their terms instead of joint terms, and that became an interesting series of interactions where it became clear that if we did what they wanted to do I would not have the support of any other hospital in town, and so what I did was to work with every other hospital and "the Valley"² [Miami Valley Hospital], and as a matter of fact made an effort to exaggerate the roles of the other institutions to downplay the political influence of the Valley, which they resented of course, and saw, but to have done otherwise would have meant that the Valley would become the only institution that would be central and pivotal to the program. That has historical roots, by the way, that have not been well appreciated, and that one of the early proposals for a school of medicine here in the area was to locate the basic science component in the current fairgrounds, and then build a bridge over into the Valley and then you had an instant medical school. That was the concept of at least one

² Miami Valley Hospital

iteration of some of the early planners and obviously that fed the expectations within the Valley. We've come a long way since then, but I would say that it has only been within the recent past that some of those major tensions have been eased. So what I had done also was that because I obviously do not see the role of medical education in vacuo, that it is part of a overall activity within a community that deals with health services and a variety of other issues, that I felt that I would use the medical educational program to help every institution develop in terms of its own vision of what it wanted to be, and to use that as some leverage to have that happen. And so I capitalized on some of the strengths that existed here and used that in a way to help those institutions accentuate those areas of expertise, and I think that was a very successful strategy.

JS: Did you involve all the hospitals in Dayton?

JB: Yes, all of the hospitals except Grandview, and that's another interesting story which probably would be worth a novel on along some point in the future, and that was not as a result of our unwillingness to include Grandview, it was their desire to be part of the medical education program, again, on their own terms. Take Grandview as an osteopathic institution, and one of the first interesting dilemmas that hit me when I first came to town was the demand that Wright State put together a model similar to Michigan State, which has as you know both human medicine and osteopathic medicine on its campus, and they wanted me to do the same event here at Wright State, using Grandview as the osteopathic model. I worried about that and came up with one of my most creative and brilliant ideas in order to resolve the political problem, and I offered them a department of osteopathic medicine. They decided that was not enough and went ahead and finally got helped with the other osteopaths in Ohio to get the College of Osteopathic Medicine formed and authorized at Ohio University. But that's its genesis, and they found that I had put them in a position where that was their only alternative, other than to cooperate in a different kind of model, and it was one that I think made good sense. Understand I had nothing against osteopathy, as a matter of fact we have a number of very fine osteopaths on our faculty, but within osteopathy there is that desire to hang on to that identification and they were worried that if they become involved with this medical program here they would lose that identification, and that was therefore then their choice to withdraw.

JS: So therefore, the problem of maintaining separate identities of all the various organizations, that proved to be a real problem.

JB: Sure, it always is. You know, that's tribal behavior.

JS: Do you feel that problem has been overcome to this date?

JB: I think it's been largely overcome, but it will never be eliminated because there are too many foci of identification that are outside and extraneous and external to the medical educational program. For example, hospital staffs tend to be largely loyal to one institution, and that's just because it's too darn hard to cover the entire town with patients all over town, so you find that there's a staff at the Valley, and a staff at Kettering [Kettering Memorial Hospital], and a staff at Good Sam [Good Samaritan Hospital], and

they therefore then adopt that institutional identification and loyalty and you have to recognize and deal with it and not try to counter it.

JS: Was there a lot of political problems when you came to Wright State? Was there a lot of political heat put on you?

JB: Oh yeah. There was not much directly at me, but a lot dealing with the medical educational program. I think I developed very quickly good relationships with our political representatives- city, county, state, and national as a matter of fact- so we had kept them well informed of what was going on and they were very helpful. Again, people like C.J. McLin, Bud Brown from Urbana, were absolutely outstanding as were people in the city and state structure. Previous city manager who went out to California, Jim...- I'm blocking out his name- very helpful... Allaway [sp?], Tim Allaway. These all were very super people, but there were some very interesting things at the state level. We had a new governor come in who really thought that this was a stupid thing to do, had been on the faculty at the University of Cincinnati, had known that those folks got thrown out of town when they suggested that the Wright State initiative be canned and that Cincinnati put up a satellite in Dayton-

JS: Let me go back on that once I change the tape here.

JB: Yes, sure, okay.

[Gap of approx. 1 minute before interview re-starts]

JS: Tell me about the Cincinnati incident.

JB: Okay, yeah. First, the governor was Gilligan- who I considered to be if not the greatest, next to the greatest horse's ass, and you can quote me on that- was a faculty member at Cincinnati before he became governor. But the story that went on was, and there's déjà vu in all of this, you'll recall that one of the recent recommendations that came out of the Ohio Board of Regents was a reduction in medical schools or a reduction in numbers or to make the new schools clinical campuses of established universities. Well, the latter point was one of the ploys that had been used by Ohio State and Cincinnati in case, in their efforts to kill the legislation that was leading to the new medical schools. Their thesis was that through the goodness of their hearts these institutions would come in and develop a satellite program that would meet all the needs of the community. So a year or two before the initiative got started here at Wright State, there were representatives that visited the Dayton Campus and Wright State University- and you should ask Kegerreis, [former WSU President Robert Kegerreis], about this because he will describe some of the interactions that I was not privy to in a more vivid and descriptive way for you- but by hearsay through one of the people who was a member of that contingent, they came to town with that proposal, and their idea was that they would build a satellite program, they would staff the intern and resident house officer programs, they would assist Dayton and Montgomery County and Miami Valley area people to help people get into medical school and all those good things if the

university and others would withdraw their support for that legislation. I think the decision time probably could be measured in nanoseconds and was rather stormy, relatively abrupt, and obviously short-lived, but that was an interesting initiative that is emblazoned in a lot of people's mind because of the extent of the reaction to the proposal and the fact that they would even make it in the face of what had happened and transpired up to that time. To have it come up again now in the Regent's thing just shows you that people never learn from history, Jim, and they ought to. But the event apparently was one of great interest to a lot of people and caused a lot of repercussions from it in the sense that people knew what the answer was going to be before they even embarked on it, and to have had them think that they could do that anyway I guess really prove the statement I made about Cincinnati and Ohio State, who have really been dogs in the manger with this program, that we existed as a valley of humility between two mountains of conceit, and that kind of behavior I think typifies what went on at that time.

JS: Was there any particular problems in the legislature after the legislation was advanced enough that they could hire a dean?

JB: There were always problems in the legislature and I think there was one that I chronicled in the history, when one of the local representatives was a member of the controlling board, and Ohio State came in with a relatively trivial request which got turned down at the controlling board level, and this was before the school really got authorized, but it is an example of what finally was required to make some of the players more cooperative. Fred Young, who is currently on the board, at that time was on the controlling board and a member of the legislature, was instrumental in having that relatively trivial request refused and made the public statement that that was a warning shot across their bow, and that if they wished to have easier consideration in the future they ought to reassess their situation regarding new developments in Dayton and Northeast Ohio. I think Ohio State was smart enough to get the message at that time and they became reasonably cooperative, although not totally so. I had a lot of interesting interactions over the past ten years with that institution which shows that some of those old feelings do not die very easily. But there were oftentimes initiatives that would come up in the legislature and I would say that some of our sister institutions were less than humane in how they might have approached their own legislatures vis-à-vis the new kids on the block. There are always interesting games played with some of the capital bills and things of that sort, and one of the real stabilizing, direct influences on the new school occurred when Dick Rupert [sp?], moved to the role for vice president for health affairs at the Board of Regents. And Dick, to his credit and I will always respect and admire him for it, said that the legislature had enabled these new institutions and he would try to find efforts to make equitable distributions among all of them, and he did. But until his influence was felt, it was really power politics in terms of who had the biggest constituencies in Columbus.

JS: Did you ever ally yourself with the Northeastern Ohio medical contingent?

JB: Not in a direct way. I think the plea was made by their then provost to do that, it was a fellow names Olsen [sp?]. He thought that there was a real need for us to link and

protect ourselves because that's the way the enabling legislation really got developed. I chose not to do that; we did not in any way sever that chord but I did not build, if you will, a political alliance that could have been felt. One, I suppose, it was a sense of what our self interest was, that in many ways that program up there was far more rudimentary than ours. Secondly, I didn't see the-

[Loud buzzer sounds, then recording ends. Discussion continues in interview 2]