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Dr. Robert J. Kegerreis interview (2) conducted on December 12, 1984 about the Boonshoft School of Medicine at Wright State University

Robert J. Kegerreis

James St. Peter

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WRIGHT STATE UNIVERSITY

School of Medicine Oral History Project

INTERVIEW INFORMATION

Interview date: December 12, 1984

Interviewer: James St. Peter (JS)

Interviewee: Robert J. Kegerreis (RK)
President, Wright State University
Interview 2

INTERVIEW TRANSCRIPTION

[Beginning of recorded material]

James St. Peter: My name is James St. Peter, and this is the second in a series of interviews with Wright State University President Robert Kegerreis. The date is December 12, 1984, the time is 9 o'clock AM, and we are in President Kegerreis's office in the executive wing at Wright State University.

Robert Kegerreis: Okay.

JS: In our last interview we talked about your becoming the President of the university.

RK: Yes.

JS: But when you were Vice-President, did you have any dealings with the planning for the School of Medicine?

RK: Well in my last of the two years as Vice-President for Administration, we didn't have a President of the university. We had an Acting President, in the form of Fred White. This was ten years after Fred had been, in a sense, Acting President at the start, when he was the only employee, and then the resident boss of the first little clan of employees- staff, faculty and so on. This time, Fred had difficulty with the... what most people would call the extraordinary amount

of communications demands that are placed on the Office of the President. So, I was drawn into the orbit of the Office of the Presidency more than I had imagined I would be under the Acting President, and therefore I was drawn into the very early practical planning for the School of Medicine, which was to inform a report, written almost exclusively by two people- Bob Conley, who was Dean of the College of Science and Engineering, and Richard DeWall, a local cardiovascular surgeon. Conley did most of the academic groundwork for that report. It was a fairly sizeable, moderately impressive looking two-volume work on how a school of medicine would operate and what the clinical plan would be- namely, not using a hospital and so on- what the premises would be- what size class, what the focus would be, primary medicine and so on. We were fairly well thought out with the local community in mind, and I didn't have much to do with writing the report. But at least I had read it and had talked with both DeWall and Conley at length about it and understood some of the budgetary and organizational implications of it. So, when I was made President, in an early conference with the Board of Trustees about what my primary attention ought to be given to, it was- of course- in terms of academic programs- establishment of the School of Medicine was number one. There were other matters- particularly public relations, communications, and visibility of the university- that the trustees wanted me to work on, but academically, the School of Medicine was way out in front with no competitors for number one attention. So, Fred White himself had an enormous amount of work behind him by the time he became Acting President- in the formation of the university, the establishment of it, the choice of the campus, the first building or two, and all that kind of thing. He really didn't- on an intimate, academic basis- have much to do with the School of Medicine. He had a lot to do with setting the community and political stage for it, in the context of the university.

JS: Was he aware of the initial interest, when he came on board, with the community-

RK: The interest of the community in the School of Medicine was evidenced way back in the post-World War II era. There was a movement maybe in the '50s, I believe it was, in Ohio to respond to some regional... what should I say... regional goals by the legislature in the form of at least one new college of medicine, and at that time in the '50s, the two main contenders were Dayton and Toledo. There was and is a publisher of the Toledo Blade who was very politically influential, and without going into the whole story- partly because I don't know the whole story- Toledo won out, and a freestanding, independent state college of medicine- the first one the state had ever created in that form- was established outside of Toledo, and it's called the Medical College of Ohio at Toledo. That was a bitter blow for the spokesmen of Dayton, the movers and shakers, the establishment people here, because they thought that Dayton deserved it. Dayton was, at that time, more focused on a school of medicine than it was on a state university. And somehow the idea got lodged in the Dayton leadership minds that to have a school of medicine, you'd have to enshroud it or accompany it with a state university. You see, in Toledo at least they had Bowling Green State University and the University of Toledo nearby, and while the new school of medicine up there was not connected intimately with either one, legally or

organizationally, it was supposed to and actually does cooperate with the two universities. A school of medicine in Dayton would have had no such attachments possible. Miami and Cincinnati were both forty-five miles away or so, and Ohio State was sixty-five, and it wouldn't have worked in the same context. So, Dayton began to look upon the school of medicine-state university as sort of a combination goal. So, therefore, Fred White knew about the desires of the community for a school of medicine, but it was not in the cards to do that at the time that the university was established. The legislature and the brand-new Board of Regents tend to see these two things as separate issues, not as a single issue, because obviously not every state university in Ohio has a medical school. Medical schools are complex institutions in themselves- extremely complex- and their budget is far bigger than some colleges- some, I mean, independent, freestanding colleges. So, it was I think exactly the correct sequence to have a state university first, and then to go on later with the notion of a school of medicine.

JS: In looking back at the history of the planning for the School of Medicine, it doesn't seem like the documents that came forth- first from Dr. DeWall and Dr. Conley, and then from Dr. Spanier, Dr. Conley, Dr. DeWall- it doesn't seem like the documentation went through the normal- what we consider today to be normal- process, for approving major plans at a university. It seemed to have come right from that desk straight to the statehouse.

RK: Well, it wasn't quite that simple. The traditional overtures were made to the Ohio Board of Regents. The School of Medicine documents were formally approved by the university, and formally endorsed by the Board of Trustees here, and formally went to the Ohio Board of Regents. But this is a professional doctoral program, which ordinarily would go through some statewide advisory committee. I honestly don't remember whether the Regents had then formally established their advisory committee of graduate deans or not. What we call conveniently now, "RAGS", or Regents Advisory Committee of Graduate Studies, or something like that. But in any event, I think you could say that a formal attempt was studiously made, following a traditional channel of approval. The Ohio Board of Regents rejected the notion, as being ill-advised for a young university like Wright State- only ten years old- to take it on. Second, that the budgets of the State of Ohio would be probably stretched by such a school of medicine, and so on and on. They had what amounted to a combination of political, economic, bureaucratic, and academic reasons for saying no. But the sentiment in this part of the state was building powerfully by that time, and that was not a satisfactory... that was not an effective rebuff, simply to have the Board of Regents say no. So, at the encouragement- the active encouragement of a local delegation of legislators, which in those days was more cohesive than I had ever seen it before, and probably than it has since. This became a fairly solidifying battle cry for twelve or thirteen legislators from this part of the state, and some of those were veterans from the establishment of the university itself, which of course was a legislative matter, not a Board of Regents matter. So, some of them had no hesitation whatever to bypass the Board of Regents. The Board of Regents wasn't all that old and had virtually no political clout itself. So, the

legislators decided to take it to the legislature, you might say, although that was the obvious route for the university to take and the community to take, we didn't have to convince the legislators to do that. Well, at about this time, we encountered gubernatorial opposition. We had a relatively new governor, by that I mean he was, I believe, in his second year of a term- Governor Gilligan, from Cincinnati- and he was violently opposed to a medical school in Dayton, Ohio, on grounds that were somewhat overlapping with the Board of Regents grounds, but containing some unique ideas.

JS: Like what?

RK: Well, Governor Gilligan was a, uh, sometime academic. He was an economics prof at Xavier, a dyed in the wool Cincinnati, and this was my first education in the extraordinary regional snobbishness of the typical Cincinnati establishment person. There is a palpable snobbery about Dayton- or anyplace else that exists but Cincinnati- but especially about Dayton. It's not an exaggeration to say that Cincinnatians think of Dayton as kind of a second-class suburb somewhere north of town- but nobody knows quite where- kind of small, about the size of an Indian reservation, and inhabited with people who really can't cope with the intellectual quality of Cincinnati, or the extraordinary cultural development of that area. It was a revelation to me, at first I couldn't believe it. I thought it was funny. But seeing it come out of the mouth of the governor, and recognizing it for this kind of extraordinarily untempered bias- which I'd encountered in other places, having lived in Cleveland, Cincinnati, and born in Detroit and so on, I knew something about that provincialism. It was laughable, and then not very funny at all. So, that was one distinction that Gilligan brought to the process, and the other was that he thought medical schools were much too expensive to be treated as legislative dispensations. He thought- he was in possession of a report from the federal government, a man named Dr. Edwards issued a report saying there were enough medical schools. There was a nationwide swell toward more medical education at this time- more medical education output, I should say. There was a general belief at that time that there was a shortage of physicians, and by increasing the supply of physicians per se, one would decrease the problems with medical attention. Many people felt they had too much trouble getting medical care, that there were drastically under-served areas, and so on and so on. That was another era. So, the response was [to] build more medical schools or enlarge the ones we have, and both of those things were done. Well, the Edwards report, and other similar reports, indicated that there was a forthcoming oversupply of physicians, and that everybody should just be patient and wait for that to happen, and not have any more medical schools. So, Gilligan used that. But I think at root his objections were probably a combination of political and budgetary. And when I say political, I mean by that the fact that the University of Cincinnati and its medical school and its medical establishment was violently opposed to the establishment of any other medical school in Ohio, but most especially not in Dayton. The Ohio State University's medical school and its establishment was less vehement, but opposed, and regrettably, a surgeon on the faculty- full-time medical faculty at Ohio State- was on the Ohio

State Board of Trustees, having been put there by Governor Gilligan. He married a Lazarus, of Columbus- his name is Sirak, s-i-r-a-k, and he is a sophisticated, um, suave, articulate person of some commanding presence, and he was very influential on Governor Gilligan, and very outspoken against the Wright State proposal. So, here he was, a political appointee to the Board of Trustees of Ohio State, speaking out against another university's program. We thought that was terribly unprofessional, and we questioned whether or not it was appropriate for him to be on the Board of Trustees while he was a full-time faculty member of the College of Medicine, but that was another issue, partly. Governor Gilligan then decided to establish a statewide task force to study the need for more medical schools and healthcare and associated issues. It was a very, very thinly disguised device to discredit the Wright State attempt, and even though C.J. McLin, Clara Weisenborn, and a couple of other local representatives were on the task force, they were hopelessly outnumbered by known critics and opponents of our plan. So, you can see how the stage was set. Here we had a group of Ohio legislators- very much a minority of the House and Senate of the state- fairly solidly in favor of the Wright State proposal. We had the youngest university in the system trying to get for itself and for its community- trying to acquire the most expensive, the most sought after, the most influential kind of professional graduate educational element that you could imagine. And you had a raid against that notion [by] old, super-large, somewhat prestigious institutions, the governor of the state, medical societies around the state, and the other universities- less vehement and less conspicuous- but also opposed.

JS: Was the Northeast contingent involved at this stage?

RK: Not at this stage. The Northeast group- Akron, Youngstown, Cleveland- began to see the possibilities in the situation, and they had had uncoordinated efforts in the past to get- to acquire medical schools for the various cities there- Akron, Canton, Youngstown, Cleveland. So, they began to see that maybe there was a virtue... they couldn't get three new medical schools, they knew that was silly on the face of it, so they began to test the idea of working together to get a Northeast Ohio school of medicine in which they would all share. So, then down here in Southwest Ohio, we began to see the possibilities of working with them. About this time, some of our legislative friends started to agitate- not agitate, really, that's probably an improper word- began to urge [laughs] Wright State University's concept to be enlarged to include Miami University and Central State University, and to adopt the model of the Northeast, which was to have a freestanding medical school- à la the Medical College of Ohio at Toledo- in which the three universities would have people on the Board Trustees. I adamantly opposed that. I still think it's a ridiculous construct for a professional graduate education to have a freestanding school. If it is to be state-supported, and if it is going to be truly educational, how can one claim it should be outside the university family. So, I was 180 degrees from that point of view, but was not so narrow-minded that I couldn't see the advantage of bringing in Miami and Central State.

JS: Were the steadily escalating costs of Toledo a factor at this time, the cost of building the school there?

RK: Yes. You see, the Medical College of Ohio at Toledo was built without a teaching hospital as a part of their master plan, and they were going to use the nearby semi-abandoned tuberculosis hospital- a relic of an earlier era- as their teaching hospital. Well, the costs of renovating that were equal to or greater than building a new hospital from scratch. So, in the wisdom of Ohio politics, they eventually did both. They finished renovating it, and then they started building other buildings. So, while Toledo I don't think would claim to have a full-fledged, full-blown teaching hospital- such as exists at Ohio State- they have built both clinical and academic buildings now, and everyone finally agreed that the conversion of the old, ramshackle hospital was a bad idea. So therefore, here Toledo had been in business now for several years, and as I recall- and this may be fuzzy- they were not yet accredited, had not yet graduated a class, and had spent millions and millions of dollars. So, partly because the state was so grudging about giving them enough money fast enough- I mean, it takes a certain amount of money and it takes a certain speed to get things up and running very rapidly- and so partly from the inertia of the institution and the uncertain ground they were plowing, together with an inadequate flow of dollars, and an inadequate amount of those dollars, the school up there was spending a lot of money without any visible output. So, that didn't help us at all. And you could imagine their attitude towards any new schools with the struggle they were having. So, it was an interesting climate in which to try and operate. Without going into a lot of details, the two legislative delegations from Northeast Ohio and from Southwest Ohio joined together and were able to get a bill passed establishing both schools, one on the freestanding notion with the three universities having Trustee representatives, and the other an integral part of Wright State University, with an advisory committee in which Miami and Central State had prominent roles.

JS: How did you get away from the idea of Trustees?

RK: I think just by standing firm against the idea. You see, in Northeast Ohio you had at least three or four cities to contend with, and so I don't mean that I was a magician, but I think part of the fact was just simply not paying any attention to it, and simply claiming at one point that we really weren't interested if it was going to be a freestanding medical college. We had only one metropolitan area to work with in terms of establishing our clinical base for the medical school, and there was only one university in that metropolitan area, and that was Wright State. So, we had a little easier format to work with, but I... as I said, I was truly very audibly and very visibly opposed to the notion of a freestanding professional school. This was later repeated in my opposition to establishing a school of professional psychology as a freestanding institution. I was willing for Wright State and eager for Wright State to be the home of that school, but only if it were an integral part of the university. It emerged, as you know, five years later, as an idea promulgated by the practicing psychology community as a need, and it truly was and is a need.

But they wanted it freestanding. Accountants would like to have- these societies- would like to have freestanding schools of accountancy. So, presumably, every profession would like to have its own college or school, unfettered and untampered with. But again, I think that's maybe understandable, but lousy organizational premises. Anyhow, back to that, that the reason I got away with it was a combination of circumstances, including that I just didn't... I had very, very visible opposition to the notion.

JS: You recounted in an earlier discussion with me how you convinced Governor Gilligan to finally accept the idea of a Wright State medical school.

RK: Did I use that word? I don't think he ever did accept the idea. I think he yielded, finally, to the political reality of the situation, and in a sense to the inevitability of the situation, but he... he's Irish, he's very stubborn, very self-confident, and after all, he was governor. So, there was a certain combination of characteristics there that produce a relatively unyielding kind of personality. By contrast, I'm German, and a perfectly lovable and reasonable person, you see. [Laughs] So, we really... even though I discovered that he and I were both in the same Destroyer squadron in World War II, and that he was on my ship's sister ship, we had never met during that time, and I tried- one ploy I tried was at my inauguration. The inauguration came in November- late November, as I recall- and I was notified in May that I would be President. I'd been, in a sense, sort of in the shadow Cabinet, you might say, and there wasn't much of a transition. So, for several months I had been working on this matter, but at inauguration I had a very carefully orchestrated scene in which the governor was the principal speaker, the principal attraction, the featured person- and at the same time, we had been able to arrange for a million dollar private gift for the new School of Medicine- not yet approved- for Wright State University. And so in introducing the governor, I lauded his interest in higher education- the fact that he was a former professor himself, and that I knew that Wright State and the Dayton community could count on his support for our school of medicine concept, and that to show the kind of support that the governor could count on from the community, that we didn't expect a free ride- that I was able to announce then at that moment, for the first time, the gift of a million dollars from a private donor in Dayton, Ohio, the largest gift ever made at that time to a medical school in Ohio. And thereupon I turned the microphone and the podium over to the governor. I don't think he ever forgave me for that.

JS: It sounds like a classic set-up.

RK: Yes, it was a classic set-up. It was kind of a risk, but he was so rigid in his ideas about it, I didn't think I could do much damage on that side, and that I might nudge him toward a more realistic and appreciative position. I don't know if that ploy worked all that well, but it was fun [laughs]. I'd had a lot of frustration up to that point. Well, after the legislature acted, the Board of Regents then, like good soldiers, stepped into line and included conventional funding. Not

generous funding, but conventional funding. So, had we been forced to rely only on that source of funds, we would not have had as rapidly developing a school as we did, and at the same time as all of this was going on, we were lobbying in Washington for a bill that came out of the Veterans Affairs Committee, which would provide start-up funds for any school of medicine in the country that would have an intimate connection with any local VA hospital.

JS: That was the Teague-Cranston bill.

RK: Yes, and this particular piece of legislation, finally, in its- Dr. Conley made several trips to Washington, I worked with our consultant that we had hired, our lobbyist, in Washington, and we- Conley in person, and we as a university in a sense helped write the final version of the bill, which in order to get it passed by Congress, limited these funds to the first five acceptable applicants, and we were the first university in the country to qualify to receive those funds, and that helped us a lot, I think, in our credibility. Our fast start, you might say. Then at about this same time- this was a jam packed year, my first year as president- we launched a nationwide search for the founding dean of the school, and our first choice was a fellow named John Beljan, who was Associate Dean at the University of California at Davis. He was very energetic, and he immediately jumped into the Veterans Administration-Veterans Affairs, the Washington scene- and picked up where Dr. Conley had left off very nicely and became quite influential in both the language of the bill and its administration. So, we were able then to have a spokesman other than Dr. Conley, who was a non-physician, and Kegerreis, who was a non-physician, someone who could speak with the language that other physicians recognize exclusively, which is the... even though the words may be the same, the vehicle is important to professionals. So, Beljan got here you might say just in time. I was exhausted, not just physically, but weary mentally, too. So, Beljan with his then nearly boundless energy came at just about the right time and picked up the burdens, some of the political lobbying burdens, and most of the burdens of staffing the school. We had to build some buildings, we had to work out the correct relationships with seventeen area hospitals, we had to hire people, and finally the campus here began to see the dimensions of a school of medicine, and understand why a school of medicine is such an occasionally controversial and always imposing academic institution.

JS: When the planning was initiated by Dr. Conley, do you feel the university was ready for a medical school?

RK: I would say just barely. Two years earlier, I don't think... we would have had to build up our sciences and our biosciences and our related structures, we would have had to build up some of our physical facilities, all at the same time. It might have been too much. Now, if the university had had a medical school in its original planning, all this could have been done very nicely, and the integration and the coordination could have gone along in a relatively coherent fashion. As it was, with the university ten years old, there was a lot of apprehension in faculty

groups and certain staff groups around the campus that this new School of Medicine would drain funds away from the regular university allocation strategies; that the new School of Medicine would drain attention away from the regular university, and it would become too big for the fragility of the young university to cope with; we would become virtually a medical university, in other words, instead of a well-balanced, full-fledged, wide-ranging university. So, that was one of my internal organizational concerns to try to allay that, and try to make it appear what I wanted to happen- I wanted it to happen, actually, but I also wanted it to be perceived clearly as happening- and that was that the School of Medicine was an absolutely integral part of the university, and not something just accidentally residing here. And that kind of would not have been necessary had the university been started with the notion of a medical school. But in the traditional minded nature of these things, one starts with an undergraduate curriculum, then adds graduate programs, and then finally adds the senior graduate program called doctoral studies. It isn't necessary at all to do that, but that's the way most people think about it. So, when you add something as imposing as a medical school at the juncture we did, at the juncture that was kind of partly accidental, and partly planned, you do run the risks of a great deal of organizational disruption and produce a disconcerted, discontinuous sort of feeling among people.

JS: Do you feel that the matrixing of certain faculty in the basic sciences, between the science and engineering college and the School of Medicine, do you feel that helped alleviate that feeling in the university?

RK: Yes. Two things that were very deliberately done to try to- well, three things, I guess you'd say- to try to produce this integrative effect, one was the actual physical location. I wanted the medical school to be in a place where students, freshmen English students, would walk through it in a very natural way. So, we put the medical school right in the middle of campus, between the Student Center and the Quadrangle, and I think the daily intercourse, the daily traffic, has helped to reduce some of the unnecessary mystique and the like from the medical school and its separation. Second, the clinical activities of the medical school- for the most part, almost exclusively- are done off-campus and in a sense out of sight. Had we had the funds- it would have taken 120 million dollars, more or less, greater than the value then residing in the entire university- to build a university hospital. We couldn't find any evidence anywhere that that was justified. Dayton was superbly equipped with community hospitals, it was not underserved in terms of hospitals, and the burden of a medical school on existing hospitals is not as great as most people would have you think. And physicians have built into them, somehow, a sense of obligation to teach, to be preceptors. So, that's another story, but a very interesting one. But anyhow, most of the clinical-patient related activity was off-campus, so the academic center of the medical school, and all of its administrative offices and the like, and its first two years of instruction were on our campus. So, and the third thing, of course, were these celebrated, matrixed four departments, and that was a genuine risk-

JS: Why?

RK: Because in other places, matrixed departments have come apart at the seams, and caused more trouble than they're worth, and been a source of a great deal of disruption and agitation and dissatisfaction. In order for matrixed departments of any kind to work, not just between a medical school and a college of science or engineering, you have to have a very well agreed upon theme or philosophy, from the department chairmen level, to both deans involved- more than two, in some cases- and then the academic vice-president or provost, and the president, and the trustees- all have to want this to happen, all have to make it very clear that they expect it to happen, and that people are accountable for making it happen. Lots of apprehensions, not the least of which was that if you had a purely medical background, you're likely to be much higher compensated than if you have a traditional academic PhD background. So that in Physiology, for instance, you might have PhDs and MDs working as colleagues, and that's true in the other departments as well. I remember one of the early visits of the accrediting agencies for the medical school- which is still another story about Wright State that's worth somebody's telling- the accreditors gave this device five years. They said it's only because you're new, and you so desperately want the medical school to succeed, and everybody's willing to cooperate, but eh, the novelty will wear off, and five years later things will be in a shambles and you'll have to have separate departments. Well, I was determined that the... and this was the structuring, the negotiations for these departments I left pretty much to John Beljan, to the dean, because it's easier- less formidable, less threatening- for deans to work with deans than it is for presidents to work with deans. But I was determined for those things to work, and of course if they didn't work, we'd deal with it. But it was through those devices, the main motivation for all of that was to make the university conscious that the School of Medicine was part of it, and not apart from it, and also to convince the incoming faculty of the School of Medicine that they were coming to a university, and not just to a school of medicine, in the traditional, separatist sense. So, I'm really pleased that the matrixed departments are healthier than ever. And we've added to their burden- the matrix burden- by adding a doctoral program which is shared, also.

JS: Is that the Biomedical PhD Program?

RK: Yes. So, there is a real sense of I think sharing and community and collegial relationships there that result from all these different factors. Those are the three most prominent factors. The others are having the School of Medicine faculty be on university committees, and in other words more subtle devices than these three that were visible devices. But it was a very interesting adventure for a relatively young university to undertake.

JS: Well, it looks like we've run out of time, and your secretary was-

RK: -and there she is.

JS: Thank you very much for the interview, I appreciate that, and in our next one I'd like to cover a couple of areas in-depth, like your lobbying in DC, the hiring of the dean, and some of the other areas that we've glanced over.

RK: Yes, and I don't know whether you want to cover the accrediting, but it was fascinating to have this new scheme in a new university, and deal with the crusty, old establishment people that operate-

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