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Robert Brandt Interview for the Boonshoft School of Medicine 50th Anniversary Oral History Project

Robert Brandt

Kristen Dilger

Wright State University - Main Campus

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WRIGHT STATE UNIVERSITY
Boonshoft School of Medicine 50th Anniversary Oral History Project
Interview with Robert “Bob” Brandt (BB)

Interview Date: February 17, 2022

Interviewed by: Kirsten Dilger (KD)

TRANSCRIPT

KD

So, basically, we're just going through your whole career at Wright State and talking about, like, your experience. So, whenever you're ready, say your name, you're graduating class, and what you're doing right now.

BB

Well, since I graduated undergrad there, and is this only for Boonshoft, or does this include undergrad and my masters there?

KD

We can talk about that, too. I want to hear everything.

BB

Oh, okay. I'll just start off with after high school. I moved to the Dayton area in 1970, and came out here with my dad who was in the Air Force at the time and was stationed at Wright-Patt. When I graduated from high school in Maryland- Camp Springs, Maryland- I was scheduled to actually be at the University of Albuquerque, in New Mexico, because that's where my parents were living or going to live, and right at the last minute they changed his orders to come to Dayton. So, I just came out here with my family, and it was a little late to get into any colleges at the time. So, I wound up just finding a part-time job- actually, full-time- that summer, construction work, close by where we were living, because we moved into a new housing development in Beavercreek. So, I actually wanted to go to- I wanted to be a fine artist, and I wanted to go to art school. At that time, Dayton Art Institute had an accredited art school, so I applied and got into there. So, I spent a year at the Dayton Art Institute, and found out that it didn't fulfill me as I thought it would. First of all, I was disappointed because I wasn't even allowed to approach the media of clay sculpture, which is what I really wanted to do. I wanted to work in porcelain. That first year, they don't let you do that. You have to do all the basics. And I loved everything art school, except for the studio drawing and that was three hours every day so that I didn't like. A history professor was so boring. I couldn't stand it. But the one thing that was amazing to me, we had to take English and the English professor... so, I don't know, just made made English a great subject, a thing I didn't really like in high school. I thought about it, I said,

well, if I like English maybe I'm missing out on other stuff. So, at the end of my second semester at the Art Institute, I transferred to Wright state as an undergrad. I think for my first year I lived at home, in Beavercreek, and commuted. Because back then Wright State was very much a commuter school. The housing available was only the one residence hall. I think it's called Hamilton, still has that name. After my first year of classes going back and forth, and really not having any kind of social life, I wound up getting a 4.0 average. Then, for my sophomore year, I guess? What is that year? It's freshman, sophomore. Right.

So, my sophomore year, I got a letter from the school that said, "We'll pay your room and board if you come and move into Hamilton Hall", and I just thought, well, that's very accommodating of them. The letter said something about because of your academic achievements. Once I got there, I thought, "Oh, it wasn't because I got a 4.0, it was because they want a better quality of students living here", because I thought it was a pretty dunkey place at the time. It needed a lot of sprucing up. And so, when I got there I found out the real reason, which I think they didn't tell me before I moved in, but I was assigned to the first floor, and each of the first-floor rooms, the male side and the female side of the dorm, each room had what they called "an able-bodied student and a disabled student". So, I wound up with a roommate, about 32 years old, had a car accident and a traumatic brain injury. So, all this, he got around school with a little electric scooter, but he had a walker, he had a cane, he had all this other extra stuff. And they didn't allow two disabled students to live in the same room. They always needed to have an able-bodied student close to the door for safety reasons. So, twice a day, my roommate, there would be a knock on the door and I would have to let in the personal attendant. I'm sure this guy would get him ready for the day, and in the evening to make sure he was ready for bed.

The reason I'm bringing this up is because it will eventually turn out that part of this is why I wind up going to medical. So, as I went through, this personal attendant actually talked me into applying to be a personal attendant. At the time it was the highest paying job that you could get on campus and I just told him, "I help out my roommate all the time. I see what you're doing for him, I could do that. But I wouldn't mind getting paid for it", and then Nick said to me, "Oh, what kind of things do you do for your roommate?" and I gave him some examples, and he shook his head. He said, "No, no, no. Stop doing those things. Stop that". "Your roommate can do those things on his own. It takes you a lot shorter time to do it. He's tricking you and getting you to do this stuff that he could normally do. The whole program set up to try to teach independence. Independency for people". I just said, "Wow, that is a fantastic philosophy. I like that". So, then I wound up going to orientation and wound up becoming a personal attendant, which I did for the next three years that I was in the dorm. I worked with all sorts of people, with quadriplegics, paraplegics, spina bifida, different birth defects, that kind of thing. But the other rule that they had was if you are a personal attendant, you are not allowed to live in the dorm with a disabled person. They didn't want it to be an all 24 hours a day situation, so that meant that I had to move. The only space on the guy's side was third floor in a corner room, it was really nice and big, but it turned out my roommate was actually blind, and I just had a fantastic experience living with a blind person. That was a real eye opening and learning experience for me. I wound up becoming a resident advisor in the dorm.

All this time, I'm taking science classes and environmental studies, getting really good grades in that, thinking that I would teach or do research. The more I got into my research project, the more I was like, no, I don't like working in the lab. I wanted to be able to work more with people. But I didn't know if I could be a teacher or not. I didn't really go that academic route. My advisor was a biology professor and I talked to him about it. I has been talking with some of the disabled people that I was working with, and we had- there was some kind of a social event and all the attendants were there and there and some disabled people, too, some party or something, and talking to somebody and saying, "Oh, I don't know what I'm going to do when I graduate, I've got 6 months to decide". Somebody said, "Have you ever thought of going in the medicine? I think you could make a great physician". I said, well, there's nobody in my family in medicine". They said, "Well, look at what you do outside of school. You're a fantastic resident advisor, you've worked with all sorts of disabled people, and you work great with folks". So, I just said, Well, I have to look into it", so that's when I went to my academic advisor, and he thought it was a great idea. He thought I would be a good candidate for medical school. He also said, "You have two weeks to fill out all these forms and get all this in, because you gotta take an MCAT test and jump through all these hoops to apply", and I just said, "Whoa, wait a minute, I'm not ready. I need some time here".

I spent my graduate year as a graduate teaching assistant that I applied that year to. Another thing, I'm living in the dorm at the time, looking outside my window, watching them actually build the school. I was telling myself, "This is where I'm gonna go to school. I'm going to go to school here". So, I wound up applying to the seven schools in Ohio, I got four interviews, Ohio State was the very first interview. They accepted me into their class, of course I said, "Yeah, I'll go", but I didn't really want to. Their class, entering class size was like 300, I didn't want to get lost. The thing was, I'd have to start a whole new support system. I knew med school was going to be tough. I had two other interviews, I got declined, I don't know why, but that was fine because they didn't suit me at all. Last interview was at Wright State, and I waited and waited, and I guess- I think they probably went down the waitlist a little bit, but I did get accepted. So, I said I would certainly come to Wright State and not Ohio State. The main thing was, I knew the first entering class was only going to be 32 students, even though at the time that we entered in 1976 the school had not gotten its full accreditation. In fact, it wouldn't get it full accreditation until they graduated a class, as far as I remember. But, to me, that didn't matter, because I figured with 32 students, with the community behind the school, they would want this school to succeed and the administration would make sure this first class did as best as they could. I figured I would get a lot of individual attention. Probably did. Then we started. So, that was July, 1976. I remember we had our first class meeting together as a whole group, and we were like, "Okay, how are we going to approach medical school?" This was new for all of us, and we knew it wasn't going to be real easy. There was some class discussion, and then one particular person, his name was Rick Pearl. Richard Pearl. Did you talk to Rick Pearl yet?

KD

Not yet. He hasn't replied to my email.

BB

Okay, so he was... I don't know if he was in the Army Reserves then or what, but he said, "Well, I think we should do it like the military does it". A lot of people in the class who were a little more skeptical of the military-industrial complex and were like, "Well, we don't know if we want to do it that way". Rick said, "Yeah, we just have this motto that we use. That motto is cooperate and graduate". The class was like, "Oh, that sounds like a good plan. Let's do that". So, from the very get-go, it was a group effort and we all tried to help each other out. There were a lot of things that the school did back then that I don't know if they do now. First thing that was very important in my academic time there was the fact that the very first week they assigned us individually a different primary care provider and we spent every Friday with that person for the next two years for our clinical medicine experience. By the luck of the draw, I happen to get a particular individual, his name was Dr. Richard Falls, family practice physician with an office right across the street from the hospital. I got to spend every Friday with him and over the next two years he became such a fantastic role model for me. It was just a great experience, I loved going there every Friday. The time was new and to learn from a great teacher. Big influence, probably the main reason why I was going into family practice, although as time went on, I knew I didn't want to do surgery and I didn't want to do emergency room. Too high pressure and too much blood and all that. I would rather be in a situation where I could take my time and do problem-solving rather than this instantaneous decisions all the time. The first two years of med school were pretty much like undergrad college. We had lectures back then. They don't have the lectures like we did back then. Let's see, what else can I say about it?

KD

What kind of classes did you have? Like, how... did you find them difficult? Like, how were they for you?

BB

It was, you know, well, the interesting fact was every class that we took, every class that we took, was the very first time that class was taught. So, after every class that we took, they also gave us this piece of paper with questions and we had to evaluate everything about what we were being taught, and then make comments about the professor. Also- and I tell you that after you do that for so long, it gets... it's difficult. It wasn't easy, I thought. I'm sure they got great feedback from us. I don't know how it impacted so much the years behind us, but it probably did to some extent. I know that some of the classes that we took, especially, the department- I don't know if they were taught in the Department of Family Medicine, or if it was Behavioral Sciences, whatever, but we had lots of psycho-social topics that came up all the time. The other thing was the school was interested in making sure that we kept our sanity during that time. What they wound up doing was breaking us up by alphabet, the first eight, the second eight, third and fourth eight students by alphabet. We were put in these groups. So, there were four groups and we were assigned either a psychiatrist or a psychologist, [*choppy audio*], it seemed to me like they were either weekly or every other week. We'd meet in the evening, off campus, because they wanted to say, this is your support group, you can vent, you can complain, you can do whatever you want in this group. I don't know what the other groups did, but I could say in my

group we had a- I believe he was a psychologist, not a psychiatrist, from the Air Force who taught us hypnotism stuff that we used for self-relaxation, or to hypnotize other people if we wanted to. I can't remember his name. Then we also- I remember we had a psychiatrist, and I think he was from Children's Hospital. But he was our "Group Leader". I don't know if they do that kind of thing anymore. But I found it to be very helpful for reducing stress, the small group kind of made us a little more cohesive. It was a lot easier to do stuff in a group of eight than it was thirty-two. So, I got a lot out of it. So, that was something I wouldn't expect a medical school to do.

KD

Mm hmm.

BB

The other thing back then was there was a big push for certain electives that you could take in sexuality. So, I end up taking those, you could also help participate and help run those for students beneath our group. That was one way to help with class. Let's see, what am I trying to say. So, the first two years were like college, and then your third and fourth years are your clerkship years out there in the real world and facing real life situations, relying on your instinct. [*Very choppy audio*] Depending on where you're at- it might be very conservative hospital where you did your clerkship or a fairly relaxed place- but I did appreciate the fact that I got to spend time at the VA, I spent time at Wright-Patterson, I spent time at Miami Valley and Good Sam. Not so much the Kettering system. I did spend some time- [*break in audio*] The interesting thing was during my third and fourth year, Dr. Richard Falls, who practiced in Xenia, actually moved his practice to Yellow Springs. He became the medical director of the Wright State Family Practice Residency program. Their main office was based in Yellow Springs, and by the time I graduated and looked at different places to do my residency program, as far as I was concerned, there wasn't any better role model than Dr. Falls, so I made a big point to try to get into that program since they knew me already. I spent two years every Friday in their office, and that was a big help for me getting accepted to the program. The best thing in being in the residency program there, I knew a lot of his nurses and support staff, so they would always watch out for me, trying to steer certain patients my way for various reasons. It was a great experience and on May 1st, 1983, Greene Memorial gave me an office and a solo practice, and I wound up just replicating Dr Falls old office. It was like working in his old office. So, I had a ready-made practice by the time I graduated from my residency there. Any patients that I saw there obviously just followed me. So, busy right from the get-go. So, I was in Xenia from 1983 until 1990. During residency, I really enjoyed accepting medical students that would go through the program. Actually, because I learned obstetrics, there was one medical student in particular who was married and I wound up delivering their two boys. We've been close friends ever since. He graduated from Wright State, too, and he became a surgeon. I tried to get him to go into pediatrics. He was going to go into pediatrics. I tried to get him to go to family medicine, then he opted for general surgery. He's a great general surgeon.

KD

So, did you like the... having, like, the community be the hospital, instead of having a hospital attached to the university?

BB

Right, and yeah, because I think having had some experience in some of the larger hospitals, the atmosphere is- like in Cincinnati at UC, especially in like the Wexner Center, and they're very academic-type... I won't necessarily say ivory-tower-type attitude there, but some of the places kind of felt more competitive. But the atmosphere in the Dayton area, and all the places that I went to as an underclassman in school, you could always tell that the people you were working with were really behind the school. This was something real important and was going to make a great impact. What I found to be interesting was the fact that being the very first class of medical students out in clerkships during the third year of medical school, then actually having a little more time for a social life. I just thought it was very interesting that working on the floors, the nurses would say, "Oh, this is the first group of medical students that we had". So, you wind up getting... I got a lot of invites and proposals from nurses and stuff that made me a little uncomfortable, because also there were a lot of other issues that I was going through with medical school then, and so I wasn't "out", "being gay" back then. It wasn't a trendy thing at all, and so I was pretty closeted all the way through. It came to a big roadblock for me when I was doing my surgical rotation. I just had to take a break. I wound up getting some help through the Department of Family Practice. I went there and started- because I wasn't sleeping well, also- and got started on an antidepressant low dose thing that would help with anxiety, but also sleep.

So, I took a break from my surgery clerkships. Instead of doing that I worked at the lab to continue clinical work with Dr. Richard Falls office. So, he'd go through a little counseling through there, but I knew what my issue was then, and I wasn't ready to tell them. So, the other thing is I didn't take the antidepressant very long, because I said this is not a depression thing, this is a problem with coming out. So, that year I just called up the local gay center and I'm talking with people there and getting involved with the local gay center, more or less coming out more to myself, and then over time developing a gay set of friends that I never had. It was a support group for me. Another thing that they appreciated was the fact that, "Oh, we're gonna have a gay doctor in town". So, I know that during my residency program, I knew I wanted to come out directly to my residency director, Dr. Falls, and I finally did, and then he said, "Bob, you didn't need to tell me, I already knew". And I said, "Well, how did you know?" "Well, I really didn't. It was my wife that told me." His wife was a nurse that worked there in the residency program. "Well, how did she figure things out?" He said, "Well, she put two and two together, because she thought it was awful interesting that all these new patients that were coming from Dayton and wanted to see me in particular, coming from Dayton all the way to Yellow Springs to be seen, and they were all of a certain 'persuasion'". So, she kind of put two and two together, and so we all had a laugh over that. Everything was fine at that time. In fact, I started dating a guy who I brought to some of the social functions right before then. Everything turned out fine.

Interesting thing that affected my whole career, of course, was in 1981- so, this is during my residency there- that's when HIV came upon the scene, and I started seeing patients who were

concerned about it, and I said, "Well, this isn't something they taught us at medical school so I'll have to look into more for you". I Started just getting more involved in that part of medicine.

Just as I was transitioning to a solo office, that's when I diagnosed my first AIDS patient. He died within like five days. Just amazing, I just couldn't understand how things could happen so quickly, also to somebody who thought they were totally healthy. *[break in audio]* But there were no HIV tests back then. *[break in audio]* Because of that, and as being part of the gay community, I felt that I needed to take a role in helping people out. On Mondays, I gave up my office hours and would go to Miami Valley Hospital to their infectious disease clinic there *[break in audio]* to learn different things about HIV and for things like opportunistic infections. Mondays I would be there and I would get frustrated, as people weren't being treated well, their psycho-social needs weren't being met, their primary care needs weren't being met, and their primary care doctors weren't doing anything for them, basically. Patients would come in and the infectious disease person would say, "Oh, you just have a cold, go back to your primary care doctor and they'll take care of it, and the patient would just sit there and cry, and say, "I've been there, done that, they won't treat me for anything, they think everything that's wrong with me is HIV related". They weren't getting their primary care things taken care of, so that's when I said a new approach needs to be adopted *[break in audio]* we need to approach it from a primary care point of view. So, that's when I moved my office from Dayton, I mean, to Dayton, in 1990, as a solo practitioner, doing that from '90 until 2008. At that time things were bad, depressing, it was a dark time before triple drug therapy came along. But I got a lot of support from my staff, and I had a full-time social worker and a full-time nutritionist. That kind of thing made it tolerable. I was supposed to get some help brought in, but they never found the right person, and they were not able to get me into a group situation, and I kind of got burned out by 2000. Then as my patients were getting better, the people who were sponsoring my office also were not making the money that they used to make when it was, when it took a lot of intensive therapy and care to keep people alive.

Once the medicines started kicking in, and you didn't have to use all the ancillary medical supports that people needed before, and so they didn't make that money. Due to cost cutting measures, they got rid of my nutritionist and it eventually got to the point where they said, "you don't need to have a social worker in the office, you can do this without the social worker", and I said, "No, it's not the same, if you can't get me in the right situation then I'm going to have to find something different". Then in 2008, I ended up going back to the School of Medicine and going back to the Family Practice Department, and by that time I had over 450 patients who would follow me anywhere, and I approached the Family Practice Department with the idea of treating HIV patients in the practice, it would be a good way to introduce the subject to medical students and to take care of it from a family care approach. They thought it was a great idea, and so they invited me to join the Department of Family Practice, and so I was with the Department of Family Practice from 2009 to 2018, and that's when I retired. But I am still on the [?] committee, and I am one of the faculty advisors for Boonshoft Prof [?], which keeps me tied with the school. Well, that's kind of my whole story, with a lot of stuff in between, but-

KD

It's just really amazing, like, what you did, you know, as soon as you graduated, with the AIDS Epidemic that happened. I just want to mention that. Um, do you want to talk a little bit- so, the 1980 class was very social. I mean, it was a small group, right? Do you want to talk a little bit about your social events and what not?

BB

Well, since I was closeted back then, too, I kind of was a little on the outside. I had a couple of closer people that I... there were a couple of people that I felt fairly close to. I don't recall that I actually came out to any of them in medical school. I wound up getting involved with class in terms of having been an undergrad at Wright State and knowing how the Student Government worked and all that kind of thing. I got involved a lot with being the class representative for the university, and becoming president of the class my last year. So, I kind of had a different group of social friends.

KD

For sure.

BB

So, but, I don't know, there wasn't anybody I disliked, and I probably... I'm sure that there were a lot of people a lot closer to each other going through school. I've kept up with a few people, mostly just by Christmas cards, and a few physicians that stayed in the area here. John Lyman, and Famia... I'm blocking her name... she was the WHIO TV personality for a while. I'm blocking her name. She lived in Dayton for a while. She went into internal medicine. You'll have to look at my picture list. So, I don't know how else to answer that question.

KD

No, that's totally good. So, but as we're wrapping up our little interview, is there anything you wanted to add, anything like that we missed talking? Something you want to say for all the future classes?

BB

Well, I guess having stayed around all this time and going over the years, anyways, I think the school has been pretty true, so I think that's a good thing. The fact that it's so community involved instills that with who we work with, but that's what we look for in terms of admitting students. Yeah, it's... seeing the school being very supportive of the students and doing their best to make sure they succeed without vanity. That they're going to be successful without [break in audio], I don't know, it's the whole part of starting off with cooperating graduates, I think it's even better at this point. [Break in audio] I felt that I got so much from the medical training, as opposed to so many fantastic professors, and other role models to go along with it, it was just a fantastic experience. I can't... there's no way to really thank people enough for that, so the only way I can do that is to try to give back, and that's what keeps me involved. 53:25

KD

For sure. All right, well, that's the end of everything I have for you. Do you have any questions for me about this? Who I am?

BB

Well, what's this going to wind up being now?

KD

Well, this is a project that the Boonshoft is doing with the Archives- I'm a Graduate Assistant with the Archives- and it's ultimately for the fiftieth anniversary. I'm interviewing around 16 different people from the first four classes. So, it will all be compiled. It's all going to be in the Archives, once I download the videos, and make the transcripts and stuff, so you'll be able to see yours. And I think there's three other people from the 1980 class that I'm doing, and then everyone else below you. So, yeah.

BB

Well, that's mostly what I was curious about.

KD

Yeah.

BB

Well, I'll be around, then.

KD

I'll go as fast as I can for you.

BB

Well, let's see, 19... when will be the 50th? It was 1980, that will be 2030, right?

KD

Is it? I guess so. I think they do it by '80, not by '76. Well, I don't know, I'll have to get back on that. It might be the '76.

BB

Oh. Yeah.

KB

Because I feel like it's a lot closer than 2030.

BB

Okay, could be.

KD

Yeah, I'll ask them and see when they-

BB

If they're talking about the start of the school, yeah.

KD

Yeah. So, I don't know when they exactly say the... when the medical school started, I guess, but-

BB

When they started its 1st class, not necessarily when it got its full accreditation.

KD

Mm Hmm.

BB

So, yeah, they're probably looking at two thousand... twenty-six?

KD

Like, 2026? Would that be...yeah. So, alright, thanks so much for talking to me. It's been so great. I'll email you if I have any questions about anything.

BB

Yep, that works.

KD

Alright. Thank you. Have a great day, Dr. Brandt.

BB

Alright, you, too. Bye bye.

KD

Bye.