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### Dr. Edward J. Spanier interview (5) conducted on May 1, 1985 about the Boonshoft School of Medicine at Wright State University

Edward J. Spanier

James St. Peter

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Spanier, E. J., & St. Peter, J. (1985). Dr. Edward J. Spanier interview (5) conducted on May 1, 1985 about the Boonshoft School of Medicine at Wright State University. .  
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**WRIGHT STATE UNIVERSITY**  
**School of Medicine Oral History Project**

Interview date: May 1, 1985

Interviewer: James St. Peter

Interviewee: Edward Spanier, M.D.  
 Interview 5

JSP	Dr. Spanier let me continue my discussion with you on Dr. Beljan's tenure as the dean of the school of medicine. The school had just entered into its quarters here at the medical sciences building. How would you describe Dr. Beljan's continued interaction with the school and the community?
ES	I think still at the time the primary emphasis was still outside of the institution because the first class was admitted there were fairly nominal involvements with the community, the hospitals, so it was increasingly important to develop a clinical basis for the medical education program. Particularly if the class increased in size. There was also other attention which was necessary for the practice plan which was also threatening to the community. And even the placement and recruitment of physicians for the School of Medicine, their placement in the community and the assurance that they would get full staff privileges particularly the right to admit patients at the local hospital. Because of the obvious potential for an economic threat to the existing doctors, John Beljan spent a fair amount of time looking outward, or it is my assessment that more attention was paid to the medical community, the hospitals, than at the time there was a need to look inward to the university.
JSP	How would you describe the community interaction? With respect to your responsibilities, what kinds of things took you off the campus, as Associate Dean for Administration?
ES	Largely in that time frame the external involvements were more with respect to logistics and perhaps supporting our faculty who were in those sites. Beljan was clearly assuming or had assumed by that time a leadership, in the sense of negotiating or the public face with the medical community. So in a sense of going forward largely would be in a mode of supporting Beljan. Clearly at the time he was the spokesman, the focus, and myself really a secondary role at that time.
JSP	Was he effective as a spokesman?
ES	Beljan? Superb. With respect to developing a rapport with the county medical society, with the hospitals, I won't say there were no problems or that he was welcomed with open arms at every hospital, but indeed over all I think you have to give him a grade of A.

JSP	How would you describe his interaction with Dr. Conley, who was at this time the vice president for health affairs and planning? Was there any formal interaction between them as they develop the medical school?
ES	Yes. Conley at the time in the sense that he was vice president nominally of health affairs. And Beljan as a surgeon, M.D., dean of the school of medicine, I think associate provost or some other title. Beljan clearly saw himself as the University health spokesman. Therefore, Conley was in the traditional position of being the sort of fifth wheel. Bob at the time I think still managed construction. The relationships with Columbus, but then again I think it's obvious if one were to reflect on a dean, a surgeon, building a school of medicine-he really doesn't want to run interference around-Conley, or anyone. He wants to deal with the community and the board and the president and himself. So yeah I think there was interface, but not necessarily productive. I won't go so far as to say it was nonproductive or stressful. I think at that time the office of planning of health affairs had perhaps outlived its usefulness as essentially a full-time office. Recognizing that there wasn't really another major new development.
JSP	Did you perceive any sustained involvement by the president?
ES	No I think Beljan largely carried the ball himself and when he needed the president, Bob Kegerreis was there. I think he can Beljan and the nature of the beast was-and the nature of the enterprise, there had to be one spokesman. And I think the only descriptive word that I would attach is the medical community is somewhat provincial. If were going to talk seriously, if were going to negotiate, if were going to play hardball, they don't want to talk to PhD's, they don't want to talk to presidents, they don't want to talk to VP for health affairs or anything else. There is only one person that can communicate and that is another physicians. So with respect to credibility and entry into the medical society and Dayton organized medicine, Beljan had to do it and I think anyone else appearing in that arena generally would not lead to any constructive positive outcome. Once in a while you roll the president out or you roll other people out, either for show and tell or talk, but again that was the politics of this system-the protocols. But in general if were going to negotiate, if were going to get commitments, the docs are going to do it with the docs in the county society.
JSP	When Dr. Beljan was outside of the school of medicine, away on a trip who was in charge? Who was the second in command?
ES	Well again I guess it depends on how you look at it. In some ways I would say there was no second in command, but then again things nevertheless continued to run. Largely I think Bob Jewett who was associate dean for-or senior associate dean, something of that sort. I think Bob and to some extent myself, we largely saw to it that things continued along. But then again largely in a developmental mode. Operationally it's trivial, it's like saying Wright State today, the president is gone, the provost is gone, who runs the institution? It runs by-not by itself, but by the mass of people who are here who know what their job is that continue to see that the place operates, we buy

	<p>things, we teach the program, traffic moves in and out, by God the world doesn't fall apart. And by the same parallel, the federal government, you replace presidents, people die, the bureaucracy is large enough to run despite itself.</p>
JSP	<p>How would you describe the relationship between the Dean's, associate deans, senior Dean's, and Dr. Beljan?</p>
ES	<p>They were a group of gentlemen. And largely I think everyone got along very well together. Everybody knew their job. And sometimes we might say there were too many of them. Beljan would on occasion referred to them as his general staff. And I think it's fair to say that if one of them stumbled, we'd probably push the body aside and there would be someone to move into the place, and maybe that was a conscious plan. There were always more than enough horses to pull the wagon along if you will at the rate Beljan wanted to move it.</p>
JSP	<p>Do you perceive that there wasn't any time a conscious diffusion of power and are already below the level of dean?</p>
ES	<p>Try it again. Was there-?</p>
JSP	<p>Did Dr. Beljan like to keep the reins in his own hands?</p>
ES	<p>Oh sure. But in the sense of diffusion of authority-I don't know if I want to answer that precisely. There was sort of an interpretation there. But yeah Beljan was clearly the boss, saw himself as the benevolent dictator, the commander. Again his background was essentially military, Air Force. And I think the way he structured it, the way he operated it, was [as] a benevolent dictator. He didn't need assistance other than to carry out his instructions. And then Beljan would be involved in the most intimate details if he were invited in, sometimes even when he wasn't invited in. Again we'd have to flip back to the early days of the school of medicine, before there was staff or quarters, and I still can't fully comprehend the amount of time we spent with designers selecting colors and stationary and logos for the school of medicine. And again Beljan was involved in that to the intimate detail level. Virtually to the point of picking up a box of crayons and doing it himself even though we had professional staff. So yes Beljan I think clearly saw it as his school of medicine and really wanted to control-I don't think that's bad, or that that should be interpreted as a criticism. I think again that if you look at an enterprise, or you look at people. There are two kinds of enterprises-there are sort of growing developing innovating kinds of things and then things that sort of bump along, just sort of survives. And I think there are basically two kinds of people, the folks that are oriented to the two kinds of institutions. You know the builders, changers, movers and essentially the operators. And folks that want to build or conquer, well they aren't inclined to consult. They're like let's get on, we'll make some mistakes. Like Napoleon, we're going to go to Moscow. Sometimes you sort of messed up, go off with 400,000 people and come back with 10,000 and obviously made a mistake. On the other hand I don't think he would've done any better if he had consulted and run a great democracy. Again they just made an honest to God mistake. Again the nature of the</p>

	Beljan in the Connolly's of the world are, you know, let's get on with it.
JSP	Dr. Beljan's tenure lasted how long?
ES	Oh I guess he came in 74. 74 sounds right through - This is 85? He left in 83, December of 83 the resignation was effective. So that's nine years. Thereabouts.
JSP	Is that a long period of time for a school of medicine Dean?
ES	Yeah on the average I think probably yes. He was dean effectively, carried the title most of that time, not the whole time. I guess he carried the title from 74 to probably 81. But then again recognizing the development of the school, there weren't people that were stimulating the creation of rival factions were jockeying for leadership because again I think folks in general sacrificed their own goals and objectives for the development of the school. On the one hand I'd say yeah on the other hand I'd say no. In the framework a Wright state and even Bob Kegerreis's term, do I think Kegerreis has served for a long time or do I think he has served longer than I would have anticipated? Yeah. But I'm not sure it means anything for Beljan in particular.
JSP	Why did he make the move from Dean to Vice President right off the bat?
ES	Again I think clearly Beljan was a creator, mover, doer and he went on to go doing something else.
JSP	So were the challenges exhausted for him?
ES	Well don't think the challenges are ever exhausted. One can always polish and refine. But I guess a lot of the excitement was gone. And indeed the school was there, we had achieved 100 planned class-size, there was full accreditation, he had staffed the thing, what else could you do? And if you think about that in the sense of running for office or some other objectives, as a political strategist I'd say now holds the time to move on and get another job because there's only one place to go from here and that's down. On the other hand folks again are inclined sometimes to say well, well we still need to climb now we're just going to keep success upon success upon success. And again I think that Beljan felt in the area of health affairs, that it would be a step on the ladder and we could do some things with allied health and with nursing and really overall health affairs and turn that mighty valve into all sorts of things.
JSP	What impact did that have on your decision to remain the administrative [indecipherable].
ES	Oh very serious. Beljan told me to pack my stuff up we were moving. So when the sense of decision, there really wasn't any. Well really there was, the question would've been to say, I want to go find another job, or yes. And since I was already here, I can't say I went and looked for another job, so I packed my stuff up and moved. But there really wasn't from where I sit a conscious decision. Beljan and I did have a talk where I

	said I don't want to. And he said you're going to pack your stuff up and move because I'm ordering you to. So I did.
JSP	Why did you just naturally follow that command?
ES	Well, the boss said do it. It's kind of like today. How did I go from science and engineering, to planning for health affairs, to medicine, to health affairs, to financial management? People said we want a job done I want you to do that, and I want you to move. So you go and you do the job. Yeah I guess that is the simple answer. There isn't a vast amount more to say.
JSP	What were your new responsibilities and what was your exact position under the vice president of health affairs?
ES	Assistant vice president for health affairs. For a period of time I think, I carried the title associate dean for ministrations and assistant vice president for health affairs. So when we moved in some of the staff also came along, nominally what we were going to do for allied health, nursing, professional psychology what we did for medicine. And by that, coordinate budget, supporting services, mail distribution, facilities, planning and so on. And also of course the inventory care center was involved in that. Early on I guess some of us spent a fair amount of time trying to strategize with respect to marketing studies, position of the center for ambulatory care in Greene County, how to market it. So we also did some modeling in the sense of how could we operate effectively. How can we make it a model of efficiency in the country? So there was a graft of things that were really interesting and exciting in the area of health affairs. It didn't work though obviously.
JSP	Why didn't it work?
ES	I can't really tell you why it didn't work. I don't know. I don't want to criticize Beljan or to say the institution wasn't ready or to say the timing wasn't right or-the honest answer is I don't know. We brought some folks in with some expertise in allied health. And after a fair amount of wheel spinning and-the person properly packed up and left. Nursing I guess was anxious about reporting to an M.D. president. Medicine there was a new Dean who wanted to properly speak out his own turf and his own control and make his own mark. And he did not want to be compromised or second-guessed by the father of the school of medicine. So I think there were a number of things that existed. Ambulatory care-did the community really need it, was the University going to threaten the medical practice in Greene County? Were we going to take money away from the docks, were we going to preferentially send patients to Greene Memorial, or St. Elizabeth's? And once you get into those kind of problems I can appreciate that it's difficult to do anything in so far as regardless of what you do you're going to upset somebody. And therefore I guess we try to jockey and number of balls, again we weren't really moving forward we were sort of status quo. At the same point I think maybe John Beljan decided that he would like to be president. And rather are then again attempting to exercise the leadership that he might have exercised in the

	community that may be subconsciously, maybe consciously, he directed his efforts to the University and set an objective of maybe becoming a provost and in due course may be an upcoming president.
JSP	How long were you in that office of vice president of health affairs?
ES	Well tie it all, probably I'd have to look it up, but I'd say a ballpark a year. Physically in the office that was identified as health affairs, again probably somewhat less than a year.
JSP	And when he made the move to provost, what did you do?
ES	Well I guess at that point, would that happened, Beljan-I was sent to up here.
JSP	When did he make the move to provost?
ES	Let's see I'd say he left and 83. I think roughly 2 years, so I would say probably August, September of 81. Beljan had an office at the time encompassed things like health sciences library with Palmer, administrative assistant, Regina Borum. Dave Buzzard in communications. Frankie, [Joe Frankie] and myself. Stuhlman, laboratory animal resources. Probably a few others-well of course the Dean came in, and [Hazel] came in for ambulatory care. I'm blanking on a name in-hospital affairs. Essentially that group was disbanded, reorganized, relocated. At the same time, specifically with myself there was a vacancy in the financial management area. There was also a level of uncertainty or discomfort associated with the vice president of administration at that time, George Kirk. The institution had made the decision to go on and install a new accounting system. We were eminently scheduled to install a new payroll personnel system. A year or two years prior [Bud Reagan], the controller had left. They've done a search, they put an acting individual who was killed, they put another person in who then asked to be relieved. So there was sort of a format of flux and uncertainty in the area and Beljan just essentially said go and take care of it.
JSP	So you went and took care of it?
ES	Well I guess after a fashion yeah. We've installed the systems and had some fun I think. Again in the sense that I fancy we made some progress and things are better than they were two years ago or five years ago or even presumptuously I will say 10 years ago. But obviously to get an assessment of that you have to go where I'd have to go outside and ask what do you think? But I think things are better yeah.
JSP	Let's look at how Dr. Beljan was perceived at the school of medicine Dean by the campus. How would you describe that perception? Especially with the pace of the school of medicine being what it was.
ES	Again it's difficult to get an accurate insight because I'm on the other side of the fence. I perception, and it's obviously very subjective, I would like to believe there was

	<p>grudging respect, maybe some distrust, maybe some jealousy. But I suppose it probably also depends on where one goes and asks the question.</p>
JSP	<p>Why?</p>
ES	<p>Some areas would admit that we gain something by the presence of the school. Others might say that it's taken away from, or diluted resources, or attention that would've come to them. And Beljan did a number of things that depending where you sat might get you excited-for instance all the faculty are going to get 12 month contracts where the rest of the institution has a nine-month academic contract. Come in and say we're not going to have tenure when everyone else has tenure. Came in and said well we expect you guys to go out and do consulting or be involved in the community but if you do that turn over all of the money to an organization that the school controls. So there were some very unique things that Beljan pushed forward. And depending on where you stood, when you talk about pocketbook or economic issues, it's easy to imagine that people would be unhappy. We sit back and say medicine came in here and they put up one, two, three, four, five buildings on campus or parts of buildings. As a result of them getting that we didn't get whatever it is we wanted. So yeah I think there was some level of dissatisfaction, unhappiness, jealousy. And Beljan again, we were committed to an objective. Accreditation, maximum growth, 100 students in here and honestly I say some of the programs might talk a little bit, but you bring out the steamroller and the elephant. Again we knew where we were going Beljan would not broke any dallying while we go forward.</p>
JSP	<p>So how would he react to some of that perception on campus? Just ignore it?</p>
ES	<p>Yeah essentially. I mean after a while we did so many things differently that people would pretty much throw up their hands and say that's the school of medicine they're going to do their own thing anyway. And the issue of structure-and again you start with the most trivial issue, if you wanted a copy machine, you have to go before copy committee. We didn't have time to mess around with a copy committee. Because we had people at the Kettering Center, we had people at West Dayton. I'm not maybe able to have people walking and standing in line for copies. So we negotiated and said we're going to install copiers. And we had the money to do it and it was necessary and after a few of those battles by God they let us go and do our own thing. We put our own mailroom in. I'd like to believe we work closely and well. Even with copier. We deal with purchasing and coordinate the acquisition with the institution. Mail service. Mail distribution. The same thing. We interface with the University shop and again-I'd like to believe it's sort of a two-way street. We help them, we did some university mail distribution and we didn't put our hands out or say you owe us or you have to pay us money. Lab animal development for the general University. We spent huge amounts of money and manpower into developing back and again it was made available to whoever had the need. On the other hand the fact that a Dean comes in and says he can't get copier and the school of medicine wants something. Or you get into the area of the audiovisual equipment, again the institution's equipment was sort of adequate, on the other hand medicine had everything brand-new. The furniture was new and was</p>



	color-coordinated, and there was carpeting down. And again we just broke a lot of ground and did a lot of things that really were not accepted in the institution or were not common practice in the institution. People going to meetings or support of research.
JSP	[Indecipherable].
ES	I'd like to believe we did what was necessary. However if I were on the other side I can imagine I wouldn't be too happy, too enthusiastic about Beljan and this new group of people coming in here and essentially doing what they damn well please while I'm begging for paper or what have you.
JSP	How would you describe the search for the new Dean?
ES	By a new dean you mean Bill Sawyer?
JSP	Yes. Were you involved in that search?
ES	Yeah I was on the committee.
JSP	How was that? Compare that committee with the one for Dean Beljan.
ES	In many ways similar. Broadly represented big group. On the other hand I think. Honestly I don't know what happened in that search. We went out and there was clearly a feeling they wanted another candidate. There was a pathologist out of Kansas City who was generally perceived as a candidate. My own favorite was a chap out of New York, and a score environment that closely paralleled Wright State University. And then there was Bill Sawyer and other folks. The pathologist didn't come and the offer was made to Bill. I have to say I didn't understand it then and I don't understand it today. But that doesn't mean anything in the sense of not understanding it. What was perplexing was that on my own list I would've placed high the one practicing M.D., from basically a nontraditional medical environment. I didn't understand the pathologist either. But Sawyer came from Indiana, largely a traditional medical school, largely a non-practicing physician, heavily oriented towards research in microbiology. The mix didn't seem to fit. Bill has obviously been successful and that choice was undoubtedly the correct one but it surprised me and perhaps it surprised some others.
JSP	What were you looking for in a second Dean?
ES	Again let's say that the chat from New York, Binghamton, was a model in the sense of a school similar to Wright State. Community oriented, negotiating with area hospitals, sharing basic science, departments, again the corporate kind of thing-the sword of innovative nontraditional as opposed to again Indiana which was a traditional school. What I saw as desirable was the nontraditional innovative background as opposed to the traditional. So any sense of why? I don't know. I can't respond to that.
JSP	What were your first impressions of Dr. Sawyer when you first met him?

ES	<p>Again I don't have a vast amount of contact with him. Bill Sawyer seemed like, and is today, a diplomat, a superb craftsman with words. A polished speaker. So I have to save my initial impressions were very favorable. I was impressed simply by the man's ability to represent himself, the institution. He's an eloquent speaker. He's better than Beljan. So again he's impressive in his own way, in the sense of priorities or what's happened since then. And again I haven't been there so I can't make an assessment as to right or wrong, relative priorities, as to where they're going or shifting direction. But again the school is maturing and it changes appropriately.</p>
JSP	<p>In Dr. Beljan's time here at Wright State, how would you characterize the growth of the University and the growth of the medical school? Have they been together? Has the school of medicine integrated into the University community?</p>
ES	<p>Again there is a judgment as to what the word integration means. Maybe let me redefine integration. Closely or intimately integrated-no. However there is a degree of integration. There is involvement, there is commitment. My senses there is still a we-they kind of thing and being on the other side of the table I'm not overjoyed when I see medicine go out and do things unilaterally that I don't think, based on the information available to me, are in the best interests of the institution. Either in the short, or intermediate, or the long-term, kind of thing.</p>
JSP	<p>For example?</p>
ES	<p>Well, I became recently involved in- medicine wanted to go off and install a computer system in student affairs admissions. They have looked at IBM, they have looked at Wang, Burroughs and some of the other products. And for some reason they decided on NCR. All of a sudden I started getting phone calls saying do something, it's the wrong decision.</p>
JSP	<p>From who?</p>
ES	<p>From folks on our own computer center. People from outside saying to me I know it's the wrong decision and I'm a taxpayer, damn it, do something. My own feeling is the initiative for that kind of development should not reside with medicine which is part of the institution. And I think they want to fulfill any of their needs and I think the institution ought to respond to say yeah, but we're an IBM shop so therefore you're going to have to make a few concessions, but we think the water though IBM for the sake of common welfare. My attitude is that I agree with that. That we're in this together and it's not appropriate to optimize one if I compromise another thing. Nevertheless I've got myself injected into that thing-and again my regrets still is that the decision ultimately resides with medicine. Ambulatory care. Obviously they have to rethink the program down there for whatever reason. My own assessment is let's stand back and let's look at the proper use of that space. More crudely put, simply because medicine can afford the space, should they control the whole building? My answer is no.</p>

JSP	Why not?
ES	<p>Let's look at medicine space utilization. Do they need that space? Is it programmatically necessary? Based on the information that I had, the answer is absolutely not. So therefore should the institution-or is it appropriate to allow the institution- to allow them to control essentially Bio II, Med Sci, Health Sciences, Ambulatory Care, simply because they have the bucks or the resources at this time to effectively pay the rent? And again my answer is no. I think we are part of the same institution and its appropriate then to sit down and say come let us reason together, let us look at what is in our best collective long-term interests. So the fact that they can hold the real estate today, and essentially underwrite the operating expense, has two impacts, or several impacts. One, on our utilization reports to the Board of Regents which impacts us in other ways, we show up as relatively inefficient in certain sectors because of the space that is empty. The other thing is that people or other people have real or perceived needs which are going to be responding to, which means we attempt to go off and build more real estate, more square footage. Down the road if something goes wrong and medicine falls on economically hard times, we know what is going to happen. They are going to say, "Well, we don't need the space. It's yours." And the thought then of the institution in a period of steady, perhaps declining enrollment, I'm not very enthused about picking up 50-60,000 ft. of space that I don't need. But then again this is an attitude. My own feeling is that I'd rather be lean- renting space, borrowing space- and have some flexibility in my budget rather than being overbilled. I'm not very enthused about having acres of space available, or allowing faculty administrators or whoever to just expand space, and it's nice to have a 250 square-foot office and a dedicated conference room and a secretarial space to spread out, but again, recognizing the nature of the enterprise, I really can't subscribe to that.</p>
JSP	Looking back on the development of the medical school, if you have the opportunity to change anything, is there anything you would change?
ES	<p>No. It was perfect [laughter]. I don't know. Probably. If we had to do it all over again, what would I do differently? Or what would I have liked to have seen be done differently? I suspect there are some things, but right now I can't think of one. Recognizing human nature. You have to allow for some waste, inefficiencies, mistakes. Recognizing the constraints of the real world. The accrediting body. You have to make some accommodations there. Which again lead to some concessions, some waste, some inefficiencies. You need again the cooperation of the local hospitals, of the local physicians, the other cooperating schools. And again one must make some political concessions. If you go through it you can say well we made some mistakes in hiring people. I suspect that in hindsight they were folks that may have been treated unjustly. Weren't given a fair shot. On balance though in a sense of major kinds of problems that I would have liked to have changed, but if I temper that like with the realization that because of the factors that I mentioned, even with the benefit of hindsight would that change be achievable? I would have to come back and say no, I don't see that there is a vast amount. I'll give you one. I have to get one. I wouldn't</p>

	<p>have built Ambulatory Care. Or else if we built Ambulatory Care, I'd say we're going to go forward with the bloody thing and we're going to market it and do what we said we were going to do; not essentially put up a 60,000 ft. building and then decide or determine or find that, one, there is no particular need for the bloody thing in the Fairborn area. And, if indeed we attempt to become very aggressive to market the bugger, then we're going to get everybody upset at us. So again in the sense of if I could do it over again, recognizing where we are today, I'd say we should have built an office building or classroom building and not effectively built that monument.</p>
JSP	<p>Well I would like to thank you for taking time to talk to me today. And in our next interview I would like to get your thoughts, perceptions, memories on some of the key individuals.</p>
ES	<p>Okay. Fine. I would be happy to.</p>
JSP	<p>Thank you again.</p>
	<p>[End of recording]</p>