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Dr. Robert D. Reece interview (2) conducted on November 7, 1984 about the Boonshoft School of Medicine at Wright State University

Robert D. Reece

James St. Peter

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WRIGHT STATE UNIVERSITY
School of Medicine Oral History Project

Interview date: November 7, 1984

Interviewer: James St. Peter

Interviewee: Robert D. Reece, Associate Professor and Chair, Department of Religion and Society, Wright State University

James St. Peter: My name is James St. Peter and this is the second in a series of interviews with Dr. Robert D. Reece, Associate Professor and Chairman of the Department of Medicine in Society in the Wright State University School of Medicine. The date is November 7, 1984. The time is 1:00pm and Dr. Reece and I are in Room 013b at the Television Center here at the Wright State University. Dr. Reece, in our last interview we talked about a few of the specific items in the department curriculum of the Medicine in Society Department. How did you go about developing a departmental curriculum?

Robert Reece: Well in our case, what we did was to look first of all at the variety of programs that were developed across the country to get ideas for the kinds of things they were including, but obviously we had to respond to our own particular environment in this new school. Trying to condense into the number of hours that we were being allotted in the curriculum the topics from the social sciences and humanities that we felt were important. In fact, we had an interesting process in which we laid out on a table after a long period of discussion. We had a lot of notes and we began to just lay out on a table various pieces of the curriculum that we thought might go together, began rearranging the pieces of paper and ultimately taped them together into a long strip and, in fact, we humorously referred to that as the sacred scroll that, one point in the development if I am not mistaken, that roll of paper is still in the file somewhere in the departmental office. The process then was to take that and develop that in what was the required procedure at that time developing a course outline but also developing objectives, which would be presented to a curriculum committee and ultimately this went through the School of Medicine curriculum committee and was adopted, since that time we have made modifications. Most minor modifications do not require any additional review by the committee but any major overhaul would require curriculum committee review. It's interesting in the School of Medicine I think for those of us who come from a Liberal Arts background where the notion of kind of discrete and individual faculty members developing their own ideas and so forth and obviously requiring some committee approval before you can offer a course but there is a lot latitude I think in the Liberal Arts curriculum in terms of what an individual professor proposes to do. A medical school curriculum, because it is a professional school, has the goal of producing a professional product and therefore there is lot more scrutiny of the various components of the curriculum by school committees. That was a bit of an adjustment, not difficult to make, but certainly was a different way of doing things than I was accustomed to back over in Liberal Arts. In fact even when I was chairman of the University Curriculum Committee, we did not have the same kind of oversight that you have in the School of Medicine.

J.S: How is the School of Medicine relations with the Liaison Committee on Medical Education affect your department? Are you reviewed by the LC?

R.R: Oh yes. Every time there is a site visit for accreditation purposes I am scheduled in for an interview with the visiting team and we have to prepare materials for the report that goes to the committee before their arrival on the campus, as all the departments are. That's varied over the years, sometimes the teams have chosen to meet with a group of science chairmen together as a group, and I've often been grouped with them for that purpose. In the last visit, they had chosen to meet with each individual chairman separately, so I was visited in my office by two members of the site team and discussed the curriculum that we've developed and so forth. It's interesting in dealing with the LCME and well with the site team that the LCME sends that some of the people seem to have a very good idea about the kind of things we are trying to do and some have absolutely no idea why we are in a School of Medicine and they politely ask a few questions and then are ready to say that they are done with me a move onto something important. I think that's changing and I think we're going to see more changes in that there are some revised guidelines now in the making for accreditation purposes, by no means finalized yet but it's my understanding that the new guidelines are going to be given to schools facing accreditation are going to focus much more attention on this values and social dimension of medicine than they have in the past.

J.S: Have you ever been visited by an LCME site team that had a professional on the team that was in your field?

R.R: Not trained in my field, no. I've had some people who have had varying degrees of kind of amateur interest in the area, but there's nobody on the team who has been trained in my area or even designated by their school as in charge in some fashion on this part of the curriculum.

J.S: How much would you say that you've changed your curriculum since the development of the program?

R.R: There has not been a lot of change, I don't think. It has evolved and the way in which the material is presented has changed. There are obviously changes each year as new material becomes available there are new questions that are raised, so there are modest changes, but there's been no major overhaul in terms of the content. In terms of the way it's presented, that has changed significantly as I think I mentioned in our last interview. We began with one hour per week, extending over a, I forget how many weeks it was now, that was subsequently reorganized into two hour sessions. And as the school and class size began to increase, we developed a system of alternating so for part of the material we would be dealing with groups of 25 students and part with 50 students. And then we would flip flop things back and forth and around and we've changed the mechanics of it somewhat that way. With the addition of a lawyer to the faculty, I think the law component of the program increased significantly, and there is some variation that occurred just based on the personnel who happen to be involved.

J.S: One of the more publicized of the programs has been the Weekend Intervention Program. How was that developed, and was it developed for a specific need, or has it grown out of a very small program?

R.R: It's one of those things that kind of grew from a small beginning in unanticipated ways. As I think I've mentioned when we last talked, the first person that I recruited in the department was D. Harvey Siegal, whose educational background was medical sociology and within that he had a strong interest in drug and alcohol abuse and, before coming to Wright State, had been involved with a private corporation doing assessments and evaluations in the drug and alcohol area. After we got the basic structure of the department and its curriculum going, Dr. Seagull naturally wanted to do something in that particular area, and he observed that there was some unrest or some uneasiness I should say on the part of some judges in the area who were not entirely comfortable with sending people convicted for alcohol-related driving offenses to jail because they weren't sure that a whole lot of good and yet there didn't seem to be any other alternative. He developed the Weekend Intervention Program as an alternative in which someone would spend the equivalent amount of time in the program that they might spend in jail. But it would be an education, a counseling, an assessment, and a referral program. And so we began operating this out of the Department of Medicine in Society about, I think its seven years ago this month, in fact. It began in a small way. Dr. Siegal would run maybe one program every six weeks and we would have about 30 people per program and the idea was that it was providing a service to the community and it was housed within a school of medicine, associated with a school of medicine, which gave us the opportunity of allowing students to sit in as observers and learn something from the program. It was originally developed in conjunction with the Western Ohio Regional Alcoholism Council, jointly sponsored by them and the School of Medicine, and over the early years there, the mechanics of administering that and so forth led to its becoming simply a School of Medicine program, and it grew. So that it's now serving a thirteen county area and we have anywhere between fifty and seventy participants at any given weekend, three to four weekends a month. And we are now approaching about 9,000 clients during the last seven years and most of those have been in the last three to four years. And the educational nature of this has really taken off because we are offering more programs, it is now possible to have more students through and we have had not only medical students but nursing students and sociology, social work students, a variety of students have, professional psychology students, have come through the program. It is now a requirement that all medical students spend one weekend in an observation in this program during their first two years and it's been organized as part of the introduction to clinical and medicine course. The effect of that is that I think students have learned firsthand, not only a lot of information about alcohol, which they could learn other ways, but actually see the process of talking with and dealing with people with alcohol problems. And I think that's significant because even learning information doesn't really acquaint you. People are embarrassed to talk about alcohol problems. You don't know how to go about it, and I think seeing that being done, in a setting for people who are total strangers when they enter the program on an afternoon is a good experience for students, that's my own judgement about the program. I began doing some counseling in the program when it began to grow and Harvey was needing some assistance in that area and as it became increasingly demanding on his time because of the increasing number of weekends, I began serving as a weekend director for the program. I am now an associate director of the program we kid a lot, that during the week I am Harvey's boss and on the weekends he's my boss. We have a very good working relationship and this has worked very well. I think, in talking about the future of the school of, and of my department in particular, in the very near future we are going to see some kind of administrative separation of substance abuse activities from the department. I think that is in the offer and probably will come to pass within the next several months.

J.S: When an individual enters the weekend intervention program, is it an all-day for two days?

R.R: They enter, well, now there are two variations of the theme, actually about three variations. As it originally was designed, people would come in on Friday evening and would stay until Sunday afternoon. We would house them in a motel overnight on Friday and Saturday evening, so it's a full time activity and both to provide security and also to give the air of that is indeed for some of these a substitute for jail, we have police officers who are on duty at the hotel in the evenings. With the new state law that led to the notion of a three day sentence, some of the judges in the area felt that they needed a way of getting three full days in the program. And so we now offer a program in which some people come in on Thursday evening and are here until Sunday afternoon and the Friday activities consist largely of lectures and films dealing with driving and alcohol and then the more general alcohol problem orientation begins on Friday evening. Different judges have interpreted the law differently and if chosen to, some judges for example will use the city statute, not judges I guess it's the prosecutor, really, will use the city statutes on DWI, driving while intoxicated, while state statute will hereby avoid the full three day period. So we now have some people come in on Thursday and some come in on Friday and some who go to jail on Thursday and then arrive to the program on Friday. And that group, very small in number, but that is the group who most appreciates the motel accommodations that we have for them. It is clearly an improvement over spending another night in jail.

J.S: I understand that the program has gotten some state-wide and national recognition.

R.R: Oh yes, it's been one of those things that the School of Medicine has attracted some national attention. Its association with the School of Medicine is, I think, unique. The concept, if not entirely original, certainly has been developed in its own original way here and its association with the School of Medicine is unusual. With new state statute, there was also some provision for accrediting programs that would satisfy the alternative to jail kind of thing and when the guidelines for accreditation were developed and first implemented, Wright State's program was the first program to be certified by the state of Ohio and we have people coming in from various states and Dr. Siegal has actually had a contract to help develop a program in Missouri and there are several other states that have visited and are perhaps going to be having him help in setting up programs in those states as well. So it's gotten a lot of attention. In fact, he's even made a presentations, a couple years ago in Australia and just very recently in Sweden about the program.

J.S: How would you characterize the early period of development for the School of Medicine when you were in association with the other early members of the School of Medicine staff?

R.R: It was a really exciting period. It was also very demanding because there was a lot to be done. You had the sense of the beginning of something new and exciting and it wasn't just new because it was a new school, but there were new ideas that were going to be embodied in the school here. It was an age of talking about primary care in which education needs to adapt to the notion that that is where the shortage in physicians is and where the need for physicians is. It was new in the sense that there were new ideas about curriculum and about the organization of an educational program increased emphasis on student initiative and learning, minimizing class

hours, making some changes in educational philosophy and so forth. So it was a very exciting period and as we, most of us who were involved in that, many of us who were involved in that had had no real previous history, some of us had not had any previous history in medical education, and many had not been at it for terribly long, but there were a lot of new people with a lot of new ideas and, so it was exciting.

J.S: You've been described to me by others as a very, as an individual with a very laid back personality. How would you say your- would that characterize your activities in those first early days?

R.R: Oh, I think so. I was very much learning at that point what medical education was about. So that my own contribution to the early development of the school, overall, was not that great. I think that I did, you know, enable us to develop a unique, not a unique, but an unusual School of Medicine in a way that I think was reasonably effective. But, I supported I think some of the other things that were going on at the time, but I wouldn't say that I contributed a lot to any of the major structure of the school. Both because, you know I don't have the background that enabled me to do it I had to learn what medical education was all about myself and secondly because I am not the aggressive-type personality that would be in that kind of position.

J.S: There were, however, a good many other aggressive personalities in the School of Medicine development and did you ever find yourself acting as a peacemaker?

R.R: Not a great deal, I don't think. To the extent that there were people who were very aggressive, I doubt that I would have had the stature that was able to meet to be the peacemaker between them. I am, after all, a PhD in a medical school setting, an MD setting and so you'd have to have some clout to gain the kind of respect that would enable people to look to you as the peacemaker, I would think. So I would have to have had a little more clout or a little bit more personal drive, charisma or whatever than I possess in order to have performed that role.

J.S: How would you characterize your interaction with Dean Beljan?

R.R: I always appreciated Dean Beljan for what I think is a magnificent job in starting a new school. And I think many of us recognize the importance in those early days of having a strong leader because any kind of educational thing can involve difficulties in ever making decisions, and all the standard jokes about educators, you know, forming committees and never reaching any conclusions. That's true of education in general but I think specifically, particularly, in medical school because you can get very strong personalities and very strong convictions, and that is one of the reasons that it is so hard to change an existing school. So I think many of us recognize that you need a strong leader and many of us I think- and I'm not alone on this- I think some of the clinical chairmen who would be the traditional ones who would go head to toe with the dean over an issue in the developmental stage of a new school would ultimately acquiesce, and I would certainly characterize myself as having a not simply accepted everything he said but I would argue or we would discuss. But finally, being very supportive, and I think that was very true in those early days that all kinds of people were after the argument after the discussion which were not usually heated, we were prepared to follow.

J.S: As a faculty member holding a direct appointment in a college other than science and engineering, you're in a pretty unique vantage point to view how the other aspects of the university have viewed the development of the medical school. How would you characterize that view point?

R.R: Well, I can speak more simply about the College of Liberal Arts than any place else because that is where my other appointment is and has been in and those are the people that I am most associated with during those days and I think there was a mixture of some excitement in the part of some recognition that here was a new school that would be offering a doctoral program which would enhance the reputation of Wright State as a whole. Mixed, not necessarily even between people but often within the same person I think, with the fear that you will have an overly heavy School of Medicine that will somehow overshadow or get more, and there is also some jealousy, only getting more from the University, or more than the University or other parts of the University, but that there are special things that the School of Medicine would get that other people wouldn't get, some jealousy goes with that I think. And I'm sure that continues to the present. I think a lot of it is debated, or at least in my own perception and a lot of people would look to Dean Beljan who was a strong leader and I think an excellent leader not only in the School of Medicine but also in the University and he would be looked upon with probably considerable suspicion because he was a powerful person who was able to get what he wanted, and that makes you very fearful. When you see someone who is getting what he wants in you're afraid that may come out of your hide.

J.S: Was there any definite problems arising from the financial aspects of it?

R.R: None that I am aware of. Simply because in the early days the budget was entirely separate and, I might add, closely guarded as well. In the early days, Dean Beljan managed to keep the School of Medicine budget entirely out of the public domain as it were. So a lot of the things that would go in terms of budget would be speculation or a rumor rather than anything anybody knew. I think it is clear that Dean Beljan was able to do some things for the School of Medicine for which others might rightly envy the school.

J.S: For instance?

R.R: Travel budgets, for example. It was easier for travel in the School of Medicine than it was to get similar money in the rest of the University. Just the kind of simple things that I come from liberal arts and kind of an impoverished background and it just seemed that, not that it was as affluent or as luxurious as the image of medicine, you think about physicians all being wealthy I think and I've learned over the years that those kind of stereotypes are not entirely valid, but certainly there was a little bit more of that in the School of Medicine than there was back in the College of Liberal Arts. At that time in particular and during the financial crisis of the University and the School of Medicine because of its heavy external funding, was able to weather some of those things without the same trauma that the University had. The School of Medicine's financial trauma came really at the time when there was a state budgetary crisis and the VA grant was winding down and we had our own trauma at that particular time.

J.S: Would you say that the integration of the School of Medicine to the Wright State community is complete?

R.R: I suspect that it is about as complete as it's going to be. I don't know how other parts of the University see the School of Medicine now. I think there are many people in the School of Medicine who have made a real effort to become part of the University campus and there are representatives on a variety of committees in the University from the School of Medicine. I suspect that there are many people who still see the School of Medicine as kind of an adjunct stuck off over on the side and I think that is inevitable with any kind of professional educational program. Indeed the primary orientation of a professional school is inward and my hunch is that Wright State has done a better job integrating the School of Medicine or, to put it the other way around, the School of Medicine has done a better job integrating itself, or whichever combination of those two things, than probably happens in most schools of medicine and another university. And I think the size of the School of Medicine and the size of the University contribute to that. If the University or the School of Medicine becomes a huge institution, as it does in some places, then I think that it naturally carries more autonomy and less concern for the university as a whole.

J.S: How would you describe the development of your program since the arrival of Dean Sawyer?

R.R: It's basically been a period of gaining stability and maintaining a position. We've not really done a lot of developing since then. In fact, if anything, we have taken a step back. As Dean Sawyer arrived, we had five faculty members, we now have four. One of the members of the department left shortly, well I guess it was two years after Dean Sawyer arrived and it was simply not possible at that time to replace him because of financing problems. So we've had to fill in and make due. Anytime you have a change in leadership, there is bound to be a period of uneasiness. What will this man be like? How will he view our program? What kind of support will we get? I had known Dean Beljan's support. He and I did not always agree on matters, but I felt like he was committed to the program, and in fact he tried to leave it in a position in such that it would be durable beyond his tenure, and that was one of the reasons he wanted to move us as I wanted to move programs status to departmental status. Not that it made any big difference in his own time, but the term makes it a little more stable over the long run. So I was a little uneasy when Dean Sawyer first arrived, but I have found him as supportive as Dean Beljan was and had been delighted not only by what he has done for our, you know, continuing our program, but for what he has done for the school. In general, he's carried us through the financial crisis that we all knew would come, when the V.A grant ran out to a period of stability and I have to say that I have really admired him not only as a leader but as a scholar and as a well-educated man generally. His own education embodies some of the qualities of general liberal education that I would hope to see in physicians that we might train. When he makes a speech and quotes some literary figure I know that he has read that literary figure. He's not just pulling a quote out of a book of quotes somewhere.

J.S: How would you differentiate between the leadership style of Dean Sawyer and that of Dean Beljan?

R.R: Well, I think in part, Beljan arrived on the scene with a new school in which he had to be very forceful, sometimes subtle, but forceful in taking control and making things happen. And people were, at that stage in the early days, willing to let him do that. Anytime a school begins to mature, then the people who have developed the program and who come into the program later now begin to want to exert some control themselves and a shift in style is then required which becomes more negotiating. And my sense is that, well it may well be, that Dean Beljan can make that adjustment himself. It is probably easier to make that adjustment by changing schools, however, than it is by trying to change within the same school where you were to remain Dean of the School of Medicine and try to change probably would be somewhat difficult going to be dean of another school, probably makes it a little bit easier to make that kind of a shift, but Dean Sawyer I think came in with a need for some strong leadership during a critical period and yet really needing to work with faculty and departmental chairmen in going through this transitional stage and so he's worked gradually I think to make that kind of change. I guess I see Dean Beljan as relying a great deal on personality in being able to smooth over rough waters and he also had the advantage in the early days of having more money, and money can solve a lot of problems. Dean Sawyer is, perhaps not quite the same degree of warmth or personality, but he does come across, at least to me, as a genuinely caring concerned individual who really wants to listen people and take in to account what they are facing and has had to make some adjustments with less money to do it with. So he's been, I think, a good transitional person and it would be my own hope that he would be with us for a while longer and I know the tenure of deans and schools of medicine is not all that great and I suspect we will be looking at another change within the at least foreseeable future.

J.S: Let's go into the future then. What do you see as the future of your program?

R.R: Well, there is, I sense, a need for the department now to begin addressing, once again, some of the questions that we have had to put on the back burner for a while. For one thing, even if a curriculum is developed that is good for medical students no matter what the age, however long it has been, I think simply in terms of a program itself is necessary to in order to keep yourself alive. So I think we need to be looking again now at our overall curriculum and seeing what kind of changes we need to keep us lively. More importantly, I think there are some things that we have had to neglect, simply for lack of time in the stages that we've gone through in the past that we need to begin to look at again and one of those is the involvement during clinical years and I think I have been given some thought to that recently myself. We have made several efforts to be involved in that that third years I think we have discussed in our last interview. I see that as being one of the priorities for the future is to look again at that and see if we can find a way of systematically becoming involved in year three. If not across year three at least to find some niche in year three where we can count on seeing every student at least once during some sort of regular basis, two or three times during year three and so I am looking to try to relook some of these issues.

J.S: What I'd like to do now is I'd like to get your thoughts and recollections on some of the key individuals who played a role in the development and the initiation of the School of Medicine and what I would like to do is I'm going to give you the name and let you comment on them a bit. Let's start out with the obvious, Dr. John Beljan.

R.R: Well, he was the man who came in as the founding dean, having been reviewed by a number of people including the committee that I mentioned, the Committee on Health and Humanities and Social Sciences and Liberal Arts, and it's kind of interesting we interviewed several candidates. I may have misstated, I may not have stated it quite the best way when we interviewed him but I said he looks like a dean. He had the bearing, he had the kind of the personal forcefulness for this that would be required for a dean of a school of medicine and indeed I think that that assessment was born and he had the gregarious personality that enabled him to relate across many kinds of lines to be one who could relate to faculty, but also to community leaders to positions in the community and to a variety of community agencies. He had the kind of personality that enabled him to do that. I don't think that he was probably the quality of scholar of our present dean, for example, he didn't have the same kind of education, a liberal education, but he certainly had experience in administration in a school of medicine and the kind of personal commitment, personal forcefulness and commitment to the job. The long hours he put in during those early days certainly did a great deal and it enabled him to build a medical school. His goal was to start up the school as quickly as possible and I suppose the record we set still holds, I don't know at that time from the arrival of the dean on campus until the arrival of the first students, as I recall, was twenty-six months and to weeks which beat the old record by a couple of months. That's quite a feat and I think John Beljan deserves the credit for that. Obviously other people worked, we all worked for that but being able to pull that off I think was tribute to him and his work and that, in spite of the fact that shortly after arriving here he was hospitalized for a while. In fact, he arrived I believe in July of '74 as I recall and I think I mentioned last time that I was appointed to my position in January of '75 and I, well I guess I interviewed with him in late December and was to report to work on January the first, or the first working day after the new year, and I arrived on the scene and as I recall, I arrived on the scene to find that he was already in the hospital and I hoped that my appointment hadn't had anything to do with his illness. He continued to carry on from the hospital. Message bearers would come in and out and, despite I'm sure some severe pain he managed to carry on during those early days and carry the school forward. So, he was a very determined man, very dedicated, and very hard working and thorough. You would prepare a report for him and go in to talk with him about it, you could be assured that he had read the report before you had got there. He would have picked out the key issues, come straight to the point, I always found him to be honest. That is to say, I never had the feeling that he would tell me one thing and then do something else behind my back. If he didn't like something, he would tell me he didn't like it so that I was never uncertain as to what I was supposed to do and that was very important to me in working with him. I felt like I could speak to him, you know, tell him what I thought and then you know, if he didn't like that, he would tell me he didn't like that and that if he wanted me to do something he would tell me to do it, and I'd do it.

J.S: Mrs. Regina Borum.

R.R: She was the administrative assistant to the dean, had been working on I believe previously at Good Samaritan Hospital, and joined up sometime fairly early and she was not the original administrative assistant, but came in fairly early and had a quiet and friendly manner that was very disarming and would make you feel like that you really were being listened to. In that sense then she was very effective in working with Dean Beljan and being able to take care of a lot of the busy work that would relieve him, that was my sense anyway, and would not make you

feel that you were being put off if she said I'm sorry, the dean can't see you this week, we will have to arrange something next week. So she had a manner that was just very effective in dealing with people. She is still with the university, and as I looked over the list you had prepared that I might think about a little bit, I started thinking about all the people that are on there. It's not that I would wish them back so that somebody who was here currently in the position would be gone, because I have good feelings about them, too. But there's a little nostalgia in this, in thinking about the folks that we worked with and kind of good feeling there was in the school in those early days.

J.S: Dr. David Buzzard

R.R: I think we owe a great deal to David. I have had more contact with David over the years even though he's no longer with the School of Medicine than with a lot of the other people, but he is an unusual man with a PhD in communications and English, a combination degree, who had a real knack, a real flare for being able to see how to pick out the unusual features to cut to the heart of something and present it in a public way which was very forceful, very persuasive, and different. Something publicitive, that would catch your eye. He always seemed to me to be insightful. Recognize what was going on and to kind of see through things and, particularly during the early days, it was important to have somebody like him to kind of set the standard, to set the stage for what would come. I still see David with some regularity at a soccer game or baseball game or something, we have kids about the same age and I continue to be impressed with him but I enjoyed having him around very much during those days and I am sorry I don't see him around school more now these days.

J.S: Dr. Robert Connelly.

R.R: I didn't have much direct dealing with Dr. Conley. Bob was the chairman of, no he was the Dean of Science and Engineering, who then became Vice President for Health Planning, I think that was the title, and it was he and Ed Spanier who really put together the grant proposal as I understand, that led to the V.A funding for the School of Medicine. A really significant piece of work, and I wonder if the university appropriately appreciates what he did. It's kind of one of those misfortunes that somebody who does a very important piece of work then kind of fades into the background when the school actually comes into being and eventually fades into the scene. But, in terms of personal contact, I didn't have a lot of personal contact with him but I sense that he had some real vision and commitment to a variety of concerns including the concern that was embodied in the committee that led to my program.

J.S: Dr. Ira Fritz.

R.R: I had known Ira as a biology teacher almost from the time that I arrived at Wright State and it was a lot of fun working with Ira during the early days. He was the original chairman of biochemistry. He had not had, as far as I know, any or much prior involvement with medical education. I am not in a position to judge what should and should not be in a medical school curriculum and some of these basic science areas, and I don't know to what extent Ira could have strengthened that biochemistry program had he had more prior experience with medical students.

I admit that I don't really know what happened, I know that he kind of faded away after the very early days there and I miss seeing him, it was fun working with him.

J.S: Dr. John Halki.

R.R: Dr. Halki was the Commander at the base hospital at Wright Patterson, which is certainly one of the important positions as far as the School of Medicine is concerned. The cooperation with the base, as well as the other hospitals in this area, is very important. The School of Medicine here is, I think unique in having the kind of affiliation agreement that we have with the military hospital here and having a cooperative person in the commanding position there is very important. He is kind of appealing and mild-mannered man that certainly does not fit my stereotype of military officers. I guess one of the things that's happened to me as a result of affiliation both with him and with other people in the School of Medicine who have military appointments is to realize that some of those stereotypes don't hold. So he is a forceful man, he's decisive, he you know, is a commander, but doesn't have the domineering kind of personality that I usually associate with those people who, as he did, was promoted to General. In fact, his promotion was the occasion for his leaving the area and I was sorry to see him go and delighted when he came back, and since that time he's served several different functions in the School of Medicine and is now the chairman of the Doctors in Gynecology. He's a good leader, my sense is that he does not have the strong academic background that one would look for in some schools, I suspect he was simply not be able to be the chairman of a department because of his academic background, but in terms of his leadership and building, or rebuilding, a department, I think he's been a very important person.

J.S: Dr. Robert Jewett.

R.R: Dr. Jewett was the associate... the Senior Associate Dean and Associate Dean for Faculty Affairs, I believe, and Academic Affairs. That was the title. He came here from having been a Dean in a new medical school in Tennessee, which had been, had had some real problems because of the political environment. So he'd had a lot of experience and he came to a position in which, my own sense was, that he was looked to for advice from a number of different people, but despite the title, did not have the power that that title ought to embody. And, I think in talking about leadership styles, I think that's one of the ways in which I would describe Dean Beljan. He had to control things and that was important in the early stages and my sense was that he had trouble in relinquishing control and delegating, I felt that Dr. Jewett could have been used more effectively had he been given more authority. I enjoy him personally, he was a delightful man and he was very accessible. I always felt like I could go down and talk about anything or nothing that if I needed some advice, it was frequently much easier to get some advice and some insight from him than it was to try to get into the Dean who, of course, was always very busy, though I found Dean Beljan quite accessible as well. He tried to make himself accessible within the limits of his time.

J.S: Dr. Robert Kegerreis.

R.R: I had known Dr. Kegerreis from the time that he first arrived at Wright State. I was, at that time, was in the religion department, and he came in as dean of, I think he came as dean- or

did he become Dean after he arrived- of the College of Business. He may have come as a departmental chairman, and then became dean. I worked with him in making arrangements for a course that we offered jointly with the School of Medicine and the School of Business, the Business College, and the Liberal Arts College, and so I was associated with him all the way through his rise through the ranks to the presidency. I guess in some ways I knew him better back earlier than I did following my involvement with the School of Medicine, I'm not really sure I have a lot to say except that, in terms of all the public events that I would be involved with the, seemed to be a friend with the School of Medicine, seemed to see this as something valuable for the university.

J.S: Did he have much of a presence with the School of Medicine? I guess in its developmental phase?

R.R: Only on the formal kinds of occasions. Before that, I mean I don't know what his involvement with the dean was, I have no access to that, but on those ceremonial occasions, conjugations, graduations, public events, he would attend, generally. Receptions, farewell occasions, he would be there on occasion and apart from that, I don't recall for example, him attending a faculty meeting. I don't know if that's important, but I don't recall the involvement that would get down to the day to day operations of a school.

J.S: So it was more of a peripheral type of involvement?

R.R: That's what it would appear from what I sit. Now, I'm sure that in working with the Dean, there had to be involvement, but I don't know that nature of that involvement.

J.S: Dr. Samuel Kolmen.

R.R: Dr. Kolmen came to Wright State from the University of Texas medical branch at Galveston as the Chairman of Physiology. He was, he arrived sometime after I did, I don't know when his appointment was really effective, but I was already hold up in an office down in the Kettering Center when he arrived and he's a lively guy. A kind of enthusiasm, not charismatic, but a kind of enthusiasm and rigor. He is one of those people that you would define as a strong personality that had some visions of what needed to be done and was really one of the leaders by virtue of not only by personality but also by his own experience. He had been through the medical education process for a long time and would be able to talk about what an LCME as it was going to be like. He's also a person who is given to playing the devil's advocate and you sometimes had to wonder whether what the position he was taking was really a position that he held or was he kind of playing that game to get us to think about an issue. But over the important issues, I think he really came clean and would let it be known where he stood and would accept contrary views and would, you know, if his view would not carry the day, he certainly didn't go off and pout in the corner anywhere, he would carry on, but he did have some strong views and he would stand by them. I had many private conversations with him which I enjoyed very much. He would really let his hair down and talk about a whole variety of issues, very sensitive kind of way. His departure, as far as I'm concerned, was a real loss to the school.

J.S: Dr. Emanuel Cowder.

R.R: Dr. Cowder was the founding chairman of pediatrics and at the same time, was the Chief Executive Officer of the Children's Medical Center, which was a very important thing I think in the early days. Hospital affiliations are difficult. I think there is an advantage to the community hospitals in being associated with a school of medicine, but this also some threat there. This was one of the ways in which we were at least able to focus those conflicts within the single person. He would have to resolve his own conflicts with himself. Many was not primarily an academician. My sense is, that he did develop a very respectable, with the assistance of others, obviously, a very respectable pediatrics curriculum but strength really was in administration and he was able to, I think, provide some guidance for the school. He was one of the kind of the guiding lights, in some ways at least in the early development, and was one of the people who put some humanity in to the school. A very caring kind of person and concerned questions of values and ethics and social impact of medicine and so forth.

J.S: Dr. John Lindower.

R.R: Dr. Lindower came as the founding chairman from of pharmacology from Ohio State University. I think at the same time, he was given the title Assistant Dean for a Curricular Affair, or Curriculum or whatever the title was at that point, I think those were simultaneous. And he wore those two hats for a long time. It's been only fairly recently that he's relinquished the leadership of the department and has focused all of his energies on the other administrative responsibilities. John is a relatively quiet, that is to say he's not the bubbly, outgoing, and backslapping type of person, but is quiet but forceful. He has been one of those people who I think has been the peacemaker between a variety of people here in the course of the history of this school as he has tried to provide leadership and developing a curriculum in which there is a lot of conflict over time and what needs to be taught and how it needs to be taught. He's been supportive of me and my program over the years. He was involved in Columbus before coming here with the, what was to become the Commission on Inter Professional Education and Practice, early fields of that kind of thing is very important and it's to him that I owe being able to involve Dr. Jesse Zeigler and my own department. He had served as an outside member of an advisory committee to the Association of Theological Schools, of which Jesse Zeigler worked and it was he who knew that Jesse would be retiring and that we might be able to hire him to come to the School of Medicine. So I owe John a lot and am pleased that he's been able to continue over the years to provide leadership for the school.

J.S: Raymond Palmer.

R.R: That was a real catch for the University. Mr. Palmer was the first librarian of what was to become the Health Sciences Library. From all of what I can tell from talking to other people, a first rate librarian. Really did a magnificent job in establishing a library and the procedures and so forth that were to set the ground work for the future and the fact that the position that he left to go to after this I think testifies to the quality of the man. Ray was involved in a variety of ways. He was with the School of Medicine from the very beginning. He predated me, which means that sometime between July and January, he was already on board and though he focused his energies, you know, primarily in the area of the library, he would be seen in a variety of places around the school talking about things. He was a warm kind of person. Very good manner and very good, therefore, at negotiating, you know, in areas that would affect the curriculum. I think

he saw the library as a service to the school and wanted to know what he could do to help the development of the school and its curriculum.

J.S: Dr. Alvin Rodin.

R.R: I may have worked more with Dr. Rodin than almost anybody else outside of my own department. He came also from the University of Texas medical branch in Galveston. He was in the pathology department. He is a pathologist by training. He came as the chairman of the department of post-graduate medicine and continuing education. I don't know who's idea it was, but creating a, as a department, as an academic department in the School of Medicine, a program that normally operates on the Dean's office for purposes of evaluation and curriculum development and those kind of things. It's unusual, and he has been insistent over the years that we ought to see this as an academic department and he has maintained that. It was a very important department in the early days, when you are trying to develop a curriculum, learning how to write objectives, and that's something that perhaps not even all the people in the traditional medical school had done, but certainly many of us in this new school are familiar with that. He was responsible for conducting a lot of workshops in trying to prepare us for how you develop a curriculum and how you write objectives and how you do evaluations and so forth. His voice was heard loud and clear in countless committee meetings in the early days first several years of the school. My sense was that Dean Beljan had chosen him because of some convergence of their own thinking about these kinds of issues because he seemed to have the Dean's ear and was put in to positions where he could have a lot of influence in the school. His own position has been, I think, eroded somewhat, my sense is, to Dr. Dean Sawyer does not share some of the same philosophies about the importance of some of those concerns and the department does not have the central position that it had in the earlier days and Al's own interest has kind of moved around. He has, at one point, had to assume the responsibility for leading the pathology department and has continued to teach in the pathology area but now some of his other interests, which had been there all along, have really come to the forefront. He's interested in medical history and has published in that area. I think I mentioned in the last interview about the course that he developed in medical history and he's continuing to think and publish and write in that area. He also has an interest in theatre and is involved in one of the local theatres. In connection with that, has done some work that fits in, I suppose, with some of his departmental responsibilities in trying to develop video tapes that provide case studies, vignettes, that can be used for discussion.

J.S: Dr. Edward Spanier.

R.R: Now there's a man I really miss. He was in the ground floor and worked very closely with Dean Beljan all the way through the early days and I guess there were some things I would say about Ed. First of all, he is a very likeable guy. I have very warm feelings about him and am sorry when I walk downstairs, I don't run into him. He is, by training, a scholar. He's an academician and for somebody who is essentially the business coordinator for an institution, I always appreciated the fact that he seemed to appreciate the academic purpose for which we were there. It's easy, for somebody whose orientation is business to see the "business" business and to not see the real purpose for it all. You know, Ed always knew what the educational process was about and was a person would tend to, rather than being one who would try to throw

cold water on the idea, saw himself as being somebody that would help, “how can I help make this happen”, and he seemed to have some real skill in thinking of ways which one might approach a problem, financial or structural or whatever that would enable you to do what you wanted to do rather than trying to prevent you from doing what you thought you wanted to do. That didn’t mean that he always agreed or that he always would encourage you, and certainly didn’t mean that because you thought up a way of doing it that it ultimately would happen that way or that the Dean would approve it or whatever. But the kind of person who would try to think of ways of doing things rather than thinking of ways not to do things.

J.S: Dr. J. Robert Suriano.

R.R: Another person that I have very warm feelings for and have a lot of association with. Our offices are on the same floor of the Medical Sciences building, so I see him a lot. I was on the original Admissions Committee for the School of Medicine, and so I worked with him in that regard and I have been on numerous committees that he has been involved with. He was, or is I should say, the Associate Dean for Student Affairs and Admissions came to us from Toledo. Always very insightful, sees things, I think, clearly and tries to analyze and can present controversial ideas in such a calm fashion that you don’t even realize that they are controversial. He has the capacity, I think, to be a peacemaker just by his very manner and has certainly embodied, in his own commitment, the goals of the school and I think has been in no small measure, responsible for some of the success that we’ve had in recruiting students that fit the mission and goals of the school. His own education include biochemistry as his background, but he has the educational process involved being in a Jesuit college, and consequently, he has a lot of background in ethics, simply by virtue of education and an interest in that sort of thing, continues reading. And I could have as interesting conversation with him about some of the issues that I discuss as with anybody else on the campus. I think there’s a reasonably good chance that my office is going to be removed sometime within the next year probably, to a new location on campus. There is probably going to be some renovation that is going to be occurring. I suppose this is appropriate to put into a history document and one of the things that I will miss most in making that move, which I think generally will be a good move for us, but as far as the things I will miss the most include the association that I have by just walking down the hall and running into Bob.

J.S: Dr. Nicholas J. Thompson.

R.R: Dr. Thompson was the founding chairman of the Department of Obstetrics and Gynecology. A real gentleman and a real compassionate human being. I developed a strong residency program in obstetrics and gynecology in the very, very early days and was able to integrate that into the School of Medicine. My wife went to him as a physician before his death, which was a great misfortune, and said that from the patients’ point of view, he came across just as warmly as he did with my associations with him. I’m not sure the he ever really fully appreciated what I was about, but he seemed to tolerate me. We had a good professional relationship, even though we did not have a lot to do with one another in terms of curriculum and so forth, and I suspect that part of the reason for that is, is that he wonders what you need with somebody like me when he embodies those kinds of concerns in his own person, and I think he

did. If I were to pick out five or six physicians that I know in the School of Medicine as ideals, models for students to emulate, certainly he would have been one of them.

J.S: Did he feel that you were superfluous?

R.R: I don't know. We never really discussed this, so I don't know what he really thought. I think I did a grand rounds for them once and we would have some conversations occasionally, but he was always very warm and friendly you know, but we didn't have any close professional interaction and I don't know whether he maybe thought that you don't need this sort of stuff because, after all, this is part of what medical education is about. It could well be, because I think some of the best people in that regard don't realize that other people may need more direct kinds of teaching.

J.S: Dr. Robert A. Goldenberg.

R.R: Dr. Goldenberg is the chairman of otolaryngology. At one point, I think it was actually being called otorhinolaryngology. ENT. Ear, nose and throat. I think he's a symbol for us for the importance of community physicians in the School of Medicine. He is a practicing physician in the community who, so far as I know, does not get any money from the School of Medicine. He has taken on the chairmanship of his department as a voluntary effort and has been willing to commit a lot of time, both to developing curriculum and teaching students. We have a lot of faculty out there in the community that spend a lot of time with our medical students having voluntary faculty titles, clinical professor of, clinical associate professor, and Dr. Goldenberg in serving as a departmental chairman, kind of does that one better by actually taking leadership responsibility. I've not had the occasion to work with him a lot because for one thing, his involvement with the School of Medicine is limited because he is primarily a physician earning his living out there in the community and also just the subject matter. There are not a lot of ethical issues that I have had occasion to grapple with and I'm sure they are there if we had the time to sit down and talk some of them through but I see him in committee meetings and social settings and so forth and I think we owe a real debt to people like him. He kind of stands as a symbol as I said for those people out there who give a lot of time to us.

J.S: Dr. Dan W. Elliott.

R.R: Dr. Elliott is the chairman of surgery, founding chairman of surgery in fact. A difficult position to fill in the School of Medicine, particularly one that is a new school with not a lot of money to hire full-time faculty, in which you are going to have to depend on a lot of voluntary faculty. Because, and in part simply because I think surgeons frequently have the capacity for higher earning power and therefore it's more difficult to recruit them into an academic position, particularly when there are limits set on income that one can have in the School of Medicine. At the time that we started the School of Medicine, no state employee could make more than the governor of the state and that meant physicians in the School of Medicine as well and many people simply would say I can't afford to take that kind of cut in pay for a surgeon to take that kind of cut in pay to become an academic physician. So Dan, it was difficult recruiting Dan and as I recall, he was one of the later chairman to be recruited and has done a super job. He has put together an integrated residency program and has managed to negotiate and cajole, I don't know

how he's done it, but he's put together a coalition of surgeons in this community who provide an enormous amount of service to the School of Medicine. We do have, you know, a few full-time faculty, but not an awful amount of teaching is done by these voluntary faculty and being able to do that, particularly in the area of surgery, where again stereotypes never hold completely, but the old stereotype about the surgeon is the aggressive bull-headed strong-willed person and it takes somebody unusual to be able to work with that. I think that there is some truth to that stereotype. Most of the bad things that one would say about physicians would be embodied more by surgeons than anybody else, and so Dan has done just a marvelous job. I'm not sure how he sees me and my kind of program. We are friends, we even attend the same church, and I've never really asked him directly what you think about what we're trying to do. I've had him in some classes. I think he accepts, at one level, the importance of this but I think it is not a top priority for him, and we have not had a lot of occasion in which we have worked together apart from the general committee structure and that sort of thing.

J.S: Well our time seems to be up. It's amazing how the time flies when you are getting into an excellent interesting subject like this. In our next interview, I'd like to continue our discussion about key people and go through a few more.

R.R: Okay.