

Wright State University

CORE Scholar

Boonshoft School of Medicine Oral History
Project

Boonshoft School of Medicine

1-18-1984

Samuel Kolmen interview (2) conducted on January 18, 1984 about the Boonshoft School of Medicine at Wright State University

Samuel Kolmen

James St. Peter

Follow this and additional works at: https://corescholar.libraries.wright.edu/med_oral_history



Part of the [History of Science, Technology, and Medicine Commons](#), and the [Medicine and Health Sciences Commons](#)

Repository Citation

Kolmen, S., & St. Peter, J. (1984). Samuel Kolmen interview (2) conducted on January 18, 1984 about the Boonshoft School of Medicine at Wright State University. .
https://corescholar.libraries.wright.edu/med_oral_history/40

This Oral Recording is brought to you for free and open access by the Boonshoft School of Medicine at CORE Scholar. It has been accepted for inclusion in Boonshoft School of Medicine Oral History Project by an authorized administrator of CORE Scholar. For more information, please contact library-corescholar@wright.edu.

WRIGHT STATE UNIVERSITY

School of Medicine Oral History Project

INTERVIEW INFORMATION

Interview date: January 19, 1984

Interviewer: James St. Peter (JS)

Interviewee: Dr. Samuel Kolmen (SK)
Wright State University
Interview 2

INTERVIEW TRANSCRIPTION

[Beginning of recorded material]

James St. Peter: My name is James St. Peter and this is the second in a series of interviews with Dr. Samuel Kolmen, first chair of the Department of Physiology in the Wright State University School of Medicine. The date is 19 January 1984, the time is 11:00 am, and we are in the office of Dr. Kolmen, Room 235D in the Biological Sciences building at Wright State University. We talked briefly last interview, Dr. Kolmen, about the bylaws in the School of Medicine. What are the purposes of the bylaws in the university?

Dr. Samuel Kolmen: In the School of Medicine, the bylaws were set up so that one could develop a process of governance. Also, the bylaws were set up to incorporate certain philosophies and approaches to the development of a university or medical school. In this case, the Wright State University bylaws were developed as an example to give voluntary clinical faculty equal voting rights and visibility as a composite of the total faculty group. For example, in our bylaws, one of the things that makes it rather unique, is that we divided every committee into four different constituencies. One constituency was full-time faculty, whether they were basic science or clinical science; another constituency was voluntary faculty, or partially affiliated faculty, whether they were basic science or clinical science; a third group was clinical science faculty, irrespective of whether they were full-time or part-time; and then the fourth was basic science faculty, irrespective of [if] they were full-time or part-time. What this did was show the clinical faculty that not only did we want them to help us in the teaching of students

and to participate in the work that needs to be done, but also to provide us input in terms of governance, into curricular design, student admissions, and what have you, all the different types of committees that faculty used to have in a thing. This proved to be a very useful tool to avoid what traditionally occurs in medical schools, namely a town-gown fight. And we not only avoided it, but we as a university gained tremendously, because each of the voluntary faculty, to remain voluntary faculty, have to provide a minimum of 100 hours worth of work, and most of these guys provided a hell of a lot more than 100 hours of work. If you were to pay for those 100-hour hunks, our budget would be certainly \$3 or \$4 million higher than it is anyways.

JS: Was that 100 hours per year?

SK: Per year. Minimum. And when we first explained to voluntary faculty what was expected of them - I was speaking for John Belgin at that time - one of the guys asked me, "Oh gee whiz, how can I possibly put in 100 hours a year?" And I said "Man, the problem isn't going to be how can you possibly do 100 hours. The problem is 'How can I possibly NOT do, avoid doing 400-500 hours?'" And again, that's very true, because once the guys start teaching medical students on a ward, they'll spend 3-4 hours a week, and you can see how that time would fly. They would also be involved in these committees. We not only gave them the authority, but our nominating committees would nominate these people, so that we would have elections and there'd be...a voluntary guy gets a voluntary guy so that we'd be certain to have a voluntary faculty member on each of these committees. Well they had to spend time, and so, and they really have proven to be a very valuable asset, this whole concept. The bylaws was also set up in terms of governance to help determine the politics, the political structure of the School of Medicine. Originally, many many bylaws usually are centered around the concept of having a strong chairman, the bylaws are written and situated that the chairmen, in essence, are given a lot of power. This is particularly true in medical schools. In contrast, bylaws at a place such as Wright State University as a whole, the power is distributed in one of two places; very high administration, President Kegerreis and company, or faculty, with minimal power, or strength, or what have you actually within dean shops or chairman positions. So how you write the bylaws will determine where, legally at least, the power will reside. This is an eternal struggle in academia, and fits in with Jessie Unruh's statement that academics, academic politics is so vicious because so little is at stake. This is a true statement. So, these bylaws were set up so that the chairman would not have as strong a power base as is true in the traditional medical school. For example, the chairman doesn't have total autonomy in terms of curriculum. I, as Chairman of Physiology, can't decide that I want to teach 500 hours of cardiovascular physiology and ignore reproductive physiology. [In] some other school I might be able to do that. Okay? Instead, by the bylaws, I had to report to the Curriculum Committee and tell them exactly what I was doing. Secondly, the Curriculum Committee could set up its own processes and decide that they wanted to have external evaluation. Okay? So, the bylaws were written to have some checks and balances. In the bylaws we established that faculty would not have classical tenure, that they would have a sort of

rolling assessment which would occur every three years for the first couple of times, and then every five years thereafter. The actual number of years has been modified with time, but the concept is still there; three years, four years, five years. What that meant was that the faculty member would try to perform at a level that the faculty member was capable of. In those bylaws we rigged it up so that capricious acts by a chairman... What if I didn't like a guy? I could have it in for him, and then when he comes up for review just clobber him. But that is not allowed in the bylaws, because among the things it says is that it says I have to provide evidence for levels of capability and levels of performance. This tended to avoid the capricious and insidious types of activities that might occur with administrators. At the same time, it told the faculty what they were expected to do. Our bylaws are very unique in that it adheres to the standards of the American Association of University Professors, but it makes explicit the statement that the faculty have a responsibility to the university as well as the university having a responsibility for the faculty. So, it states in there that the faculty have to live up to their obligations- most of tenure statements don't say that, they'll just say what the university has as an obligation to the faculty member. So, this makes for a very different type of philosophy.

JS: We touched briefly on the question of tenure [of] science and generic faculty in the School of Medicine. Does that cause any problems in the bylaws context?

SK: Not yet. Uh, it may, down the road. Conceivably, a person could be in a matrix department, could be tenured in Science and Engineering and not in the School of Medicine, therefore have to leave the School of Medicine, therefore would have to perform all their functions as if they were a non-matrixed faculty member in Science and Engineering. And that may occur, [but] it hasn't happened yet. We've had several people whose review has come up, [in the] School of Medicine and S&E. And it was determined that that individual was not living up to the capabilities, the performance standards were not adequate. And as far as I know, [in] every case the individual has resigned, rather than to try to get into one or the other type of situation. So, it hasn't occurred yet, the system is working. But conceivably that could occur, that some person might be totally tenured in Science and Engineering and therefore having to do S&E work but not being able to do School of Medicine work. The bylaws at the School of Medicine also were developed so that the predominant development of policies and philosophies would occur in committees. Here, a particular policy would come up, the executive committee, which is composed of the deans and the chairman... A policy could be proposed, sent to the appropriate committee, whether it be a curricular policy, or a student affairs policy, or an admissions policy, or what have you, a faculty affairs policy. The committee, as I mentioned earlier, the committee of four different types of faculty would get together, discuss the policy, and come up with a suggestion. That policy would then be brought to the executive committee for ratification, which then would either go to the faculty or become a new policy. If the executive committee did not like the proposal, it would send it back for modification and so forth. This doesn't occur in the university. The university, the council, academic council, may receive a report from a committee,

modify it, and, without sending it back, without doing any thinking whatsoever, modify and completely destroy the purpose [of] the committee [that] had sent that policy. A couple years ago I was on the Constitutional Revision committee of the university and tried to get this concept into Wright State University bylaws but was unsuccessful. In a way, it's unfortunate because I think then, as is true in the School of Medicine, the guys who actually had looked at the pros and cons are more likely to come up with a good policy than people voting on a much more superficial base. So, there is a big difference between the School of Medicine bylaws, in that sense, and the university bylaws.

JS: Do you have student participation on any of your committees?

SK: Oh yes. In fact, almost all of them, with the possible exception of the Faculty Affairs committee, I think. And, the Faculty Affairs committee really hasn't met, because so far we haven't had any faculty that have had any affairs. I think that's just about the only committee we don't have students on; I think they're on Admissions, Curriculum, and so forth, research committees. So, student involvement is quite extensive in the School of Medicine.

JS: How do you feel the bylaws have affected the development of the school? Have they accelerated it in some cases, and held it back in others?

SK: I...I may be biased. I do not see a single instance where it's held back the medical school. I think it has helped to expedite activities. About the only thing I can think of, of a negative nature, is that it has made the School of Medicine general faculty meeting absolutely sterile, because it prevents rump sessions coming up at a general faculty meeting. It prevents someone with an idea coming up at the last minute, trying to propose it to faculty that meets once a month, or once every three months, and acting at that time. So, the meetings are generally very sterile, they consist of reports of other activities that have been going on by the committees. With that exception, I think the bylaws have been fantastically successful, and one way of looking at that is the number of modifications that have occurred over the last nine years, or eight years. Almost no major substantive change has occurred. There have been some modifications of bylaws, but those have been very minimal. Most of the changes were things that shouldn't have been in the bylaws in the first place, things such as process. Process should not be in bylaws.

JS: What do you mean by that?

SK: How does a committee work. To say the committee shall meet once a month, and it shall take a vote at the beginning or at the end of a meeting, or this or that, is putting process into bylaws. What should be in bylaws are things such as what is the function of the committee, what is its guiding line, how is it developed, you know, by election or by appointment or what have you. But then the committees should be allowed the flexibility of developing their own process.

Process 1970 would be very different from Process 1980. By putting process into bylaws then one restricts unnecessarily the ability of a committee to respond to a particular need. So, a lot of processes have been removed from the bylaws. Second thing that has happened over a period of years is a need to expand stated memberships in committees. For example, Admissions Committee. It was realized several years after the bylaws were written that minimal representation was occurring with minorities or some other group, so the bylaws was amended to allow a broader representation on the Admissions Committee. So, this is an example of a process, namely who shall be a member of the committee, being modified.

JS: The structure of the School of Medicine is remarkably similar to most academic functions, or academic organizations, like the University Affairs, Faculty Affairs committee, Curriculum, Admissions, Student Affairs committee. Has that helped your integration into the overall university in terms of integrating the faculty in the university community? Are there barriers there, or...?

SK: The bylaws have had minimal influence on the interaction between the School of Medicine Faculty and the university faculty. The university faculty has looked on the School of Medicine faculty, and I'm being very general now, in a very suspicious mode. One aspect, and we did finally get the university bylaws changed to take care of this aspect, one aspect was their concern, general university concern, that the voluntary faculty would outnumber the full-time faculty both in the medical school and the university, and therefore be able to outvote them on central issues and what have you. Indeed, there was an episode that occurred at Ohio State University which justified that particular concern, where voluntary faculty had a rump session, got rid of, as I recall, the President of Ohio State University by voting the rascal out, and this upset the rest of the Ohio State University faculty. So, I'm not saying that the university didn't have any reasons for concern, but their concerns were such that it did affect the ability of others of us who were full-time faculty, who came here to be full-time faculty, from being able to participate in various activities. This view of suspicion saw itself in other activities, the nursing controversy, the ability of School of Medicine faculty to get on to university committees. There have been some rather interesting events that have occurred in the last couple [of] years, where some members of the university faculty have said, "Hey, we should have School of Medicine faculty on our Budget Review Committee" or this committee or that. And it's taken quite a bit of activity to get these people on these particular committees, at the university level.

JS: How did you handle the question of voluntary faculty? Did you have to write something in your own bylaws excluding them from impact on the university decisions?

SK: Our bylaws do state that they have full voting rights, and so forth, strictly within the School of Medicine, and that their rights and privileges at the university will be written in the university bylaws. Yes, that is part of the School of Medicine bylaws. In terms of voting rights of faculty,

however, at the university level, I'm a little cloudy now because it's been a couple [of] years since I looked at it, there was some sort of a statement that, depending on where the funding was coming from, as to who was a fully affiliated faculty of Wright State University. Well, the School of Medicine can exist at Wright State University, in Dayton, Ohio, only by virtue of someone else paying for all the clinical faculty. Clinical faculty are very expensive faculty members. And so here, fully affiliated clinical faculty members, whose salaries were being paid say by Children's Medical Center, were being deprived of the functions of a fully affiliated faculty member strictly because the university couldn't afford to pay the guy's salary and Children's Medical Center was willing to. Okay? And it took quite a bit of, and we finally did [it], we revised the university constitution such that these people can, in fact, be active members of the university faculty. But it took quite a bit of doing.

JS: How do you see the bylaws affecting the future of the School of Medicine? Do you see any radical changes down the path?

SK: I have to answer that in a tangential way, because in a way, what you're asking is do I see any dangers in the development of the medical school, or do I see any problems in the school, bearing in mind that the bylaws are a method of governance, a description of governance. Therefore, if one modifies the bylaws significantly, one can change the power structure. Let's say as an example a chairman become all-powerful, become autonomous, okay? Or one can change the bylaws such as the dean becomes all powerful or totally autonomous. And so, I'm hedging on your question, because you're asking me to look into a crystal ball and see whether I'm worried that chairmen are going to become all-powerful, or deans, or what have you. And I can tell you, in my usual open statement, that I am worried that there is and will be a power struggle in the next five years. And so, I think that maintaining the bylaws in their current structure will prevent that particular power struggle from having negative impact on the functioning of the medical school.

JS: How would you describe or characterize Dean Belgin's interaction with the committee, and structure, and the bylaws? Was he very much an organization person, pushing things up and down the line, or did he tend to impact directly, at times, on the decision-making process? How much influence did he have?

SK: John Beljan had...an interesting relationship in that he charged me, as the chairman of that bylaws committee, with certain things that he would like to see incorporated into the bylaws. For example, he wanted to see that voluntary faculty members would be able to participate in activities of the medical school. He wanted to see that the chairman would not have total authority, but that the committees would be stronger. Okay? Which transferred the power really to the faculty, more activity to the faculty, it took it away from the Executive Committee which is sort of like academic council. Not quite, but it's a different process. So, John, yes, he did

interact, there's no question about it. And if there were things that he didn't like, he let us know it. But to the extent that a committee does work on its own, he left us alone. If we decided, as we did, that we didn't want to have full permanent tenure, we didn't want to have classical tenure, we didn't want to have dead wood faculty, and we addressed it through our bylaws by saying we're going to have a five-year assessment thing. Okay? To that extent he didn't say yes, do it, no don't do it. So, he allowed us a lot of freedom. There were certain areas that he wanted in the bylaws that we didn't put in. For example, he wanted us to put into the bylaws that a faculty member could not apply for admission into a medical school. It's a common problem in a lot of schools, basic science faculty decide, "To hell with it. Why teach medicine when I can become a physician?" And in essence, you have self-rating. So, he wanted in the bylaws some sort of stipulation that that would not occur. Well, that's not in the bylaws. But there is a policy that he then had to set up as a dean, that faculty members who were associate professor or higher are not eligible for admission into a medical school.

JS: Why wasn't that included in the bylaws?

SK: Because that's a process again, it's a procedural sort of thing. Telling an admissions committee exactly who they shall or shall not consider for admissions is getting into process, and rather you should have admissions committee, you know, we want you all to bring in the best bunch of students with the most cosmopolitan, etc., etc., and you all decide how, and when, and where, and so forth. So, I'm just giving you an example, but there are other cases in point.

JS: How much leeway did the dean have in setting up procedural policies?

SK: Oh, all of them, today...

JS: When Dr. Beljan first started out.

SK: Well, it was infinite...

JS: Has it changed?

SK: At ground zero, when there is no faculty, and there are no departments, and so forth, he had infinite abilities, he could've set all the policies up, and said "This is the autocracy, this is the way it's going to be, and that's it, and anyone who comes in to be a faculty member will live by these dictates." But he didn't do it. But he had that capacity, the capacity to do so. I think he was very wise in trying to develop the academic flavor through this process of developing bylaws and what have you. And to my knowledge, he did not interfere on these kinds of things. Now, the bylaws in certain areas state that something will be recommended, a committee will recommend to a dean. For example, the Student Promotions committee has the responsibility of worrying

about whether a student shall pass or not, and if not make recommendations to the dean, okay? And then there's a whole process of appeals and so forth. Well, most of these processes are not in the bylaws but are in policies and procedures. And John wanted to have the buck stop at his desk. So, the committee would make a recommendation, but the dean would have the ultimate responsibility of making the final decision, whether this student will be or will not be, say, kicked out of school. Although not in the bylaws, it certainly was in the Procedure and Policies section

JS: Let's move away from the bylaws then, a little bit, and talk about the future of the School of Medicine in the context of university relations, okay? Do you feel like the School of Medicine faculty are fully integrated into the university now?

SK: I think a most remarkable sequence of events have occurred since that key event, namely the nursing controversy.

JS: Why is that a key event?

SK: It was a key event because those people who, in the university community, who had latent fears of the School of Medicine being the elephant that was going to roll all over the rest of the university, or eat up all of its resources, or consume all of its resources, or convert Liberal Arts into a pre-medical science technology group, or any one of a myriad [of] other kinds of things, had an opportunity to delve into their areas of ignorance and try to resolve an issue as if it were a university issue. Finally [they] recognize[d] that the issue, namely the nursing controversy, was not a university issue at all but a national issue of which direction nursing education was to take. And that the School of Medicine, through John Beljan, was indirectly sucked into that thing and was given the onus. But what it did was provide the university faculty with a forum, to express all of their fears, their hates, whatever, their prejudices, their biases, whatever you want to call them, about the School of Medicine. And this catharsis was fantastic. It made the School of Medicine faculty very, very, feel very unwanted, and unloved, and all those kinds of things. In fact, there were quite a few who said, "Well, to hell with it. If that's the way these people feel, why don't we go across the town and set up our medical school at [the] VA campus and to hell with the university." So, you know, there were all kinds of different reactions, and the voluntary faculty members all of a sudden realize [that] if they take pot shots at the medical school, and the university takes pot shots at the medical school, there might not be a medical school. So, there were all kinds of very interesting interactions that were occurring as a result of that thing. But one of the outcomes, and I think this is extremely important, and I wish I had the historical sense to be able to pull out the players, and the actors, and what have you. But one of the outcomes was that the more reasonable leaders of the university faculty began to see that you cannot take pokes and what have you of a small segment of your faculty and expect the faculty to be unified. And so, little by little this segment of community, whether through plan, or spontaneously, or

accidental, in terms of who became the Vice President elect, year one, year two, year three. The matter of fact has been to incorporate the School of Medicine faculty into the university faculty. And so, it's been more of the outsidership, in relationship to the medical faculty, it's been more the university faculty leadership that has recognized that you just can't be paranoid all the time, you have to work these guys in, and that has caused a change, and I would say the peak point was the nursing controversy.

JS: Do you ever expect a School of Medicine full-time faculty member to become faculty Vice President?

SK: I think it's conceivable. I could even name a couple of people that might've done that. I think, as an example, last year many people were pushing me to run for that particular position, and out of consideration for other things I decided at the last moment not to do so. Another person who has been asked to do it already has been Bob Weisman, chairman of Biochemistry, very popular here on campus, very effective director of the Ph.D. program in addition to being chairman of Biochemistry, very much involved in the School of Medicine, his nuclear magnetic resonance programs and what have you. Yeah, I think people such as myself or he could very easily have, in the past or in the future, been selected to lead the faculty. I think sooner or later it will occur.

JS: What were your responsibilities outside the School of Medicine when you first got here? Were you delineated any specific tasks to perform outside of the School of Medicine context, in the community, with other organizations?

SK: Not officially. You know, the deans didn't sit down with me and say "Sam, I want you to do this or that." But unofficially, there's a certain feeling of responsibility, if you're a leader, to enter or react, to utilize the resources of the community to the extent possible, to make better ties with the community, ultimately to help your, if you look at it from a selfish standpoint, ultimately to help your unit, either through better understanding, or through financial, or research, or grants, or what have you. So, I would say that, although none of us were ever charged to go and become the head of the Optimist Club or something of that nature, that each of us recognized, as leaders, that we had to integrate with the community. I was involved in the development of the first Jewish Association in South Dayton. There are many Jewish Associations in the northern segment of Dayton, but not in the southern part, and I was one of the pioneers, if you can call it that, who set up a very viable organization down there, which still exists and serves a very valuable purpose. I was involved in upgrading the Jewish Bureau of Education, an educational program, for the young people. Very much involved with the development of the American Heart Association's programs to encourage medical students to consider research or academic medicine as a career, because that happens to be a real problem; there aren't enough physicians going into academic medicine, and we really should be concerned

about who's going to be the future teacher of the medical student of tomorrow. So, yes, we got involved in all kinds of things. The Fels Institute, how to integrate the people of the Fels with the School of Medicine BEFORE the School of Medicine had any affiliation with them. Or the Kettering Foundation, the nutritionists over there in Yellow Springs, who were worried about food population problems, and they were trying to come to grips with how to better integrate with the world, well we were trying to help them too. AirMed Research Labs, the Cox Institute. So, we were involved with a lot of things, but none of those officially, all of those were unofficially. There were other activities that we did have to get involved in, for example interactions between Miami University, Central State University, University of Dayton, and ourselves. That was an external thing. Politically, it was necessary because part of the promise made, I wasn't here at the time, but part of the promise made was that the School of Medicine would be interdigitated somehow with these other schools being beneficiary of the existence of the school. Well, how do you do it? Well, do you do it just by admitting a certain quota of students from each school? Do you do it by just having faculty from that school participate in the medical school? How do you do it? So, we were very active in that area. We used to have meetings, Beljan would have a council which involved the provosts of these other schools, and then try to discuss how we could best accommodate these kinds of responsibilities. We were involved in the development of the VA Center. The VA Center has been here long before the medical school, or even University of Dayton, or Wright State University; it's been here since Civil War days. But the VA campus, which is the blood that provided for the development of this medical school, needed support in the other direction. They wanted us to be a medical school for their reasons, and we had to, in turn, provide them with viability. So, we developed research programs there, all kinds of programs there. So yes, we were involved in community activities, but not as an official charge.

JS: Do you feel that there are ways that the School of Medicine can go out further into the community? Are there ties that need to be strengthened or developed?

SK: Um...I would hesitate to discuss that because my involvement, say with hospitals, has been minimal. The school does have its Hospital Administration people, and so forth, that're always working on those kinds of things. The school has a very strong Allied Health Education program, AHEC program, that started out with Ohio State University, and then with Cincinnati, and then finally it has developed on its own here. The school has developed other programs, the Alcohol Abuse program, which has been very effective and very valuable to the school, and one could consider these outside community projects. If I were more knowledgeable, I think I'd be more comfortable in answering the question. Do I think it could, or should? I think it can, I think capability is always there. Whether it should, I don't know, because I don't have the perspective of whether we are currently in a period of consolidation, or are we in a period of new growth? I don't have that perspective. Maybe five years from now I could look back and tell you, but at this moment I don't know whether we're in a period of consolidation or a period of growth. Last

year, I think we were in consolidation, with the recession, with budgetary restrictions, and so forth. If we're in a period of growth, my answer is yes, it should. But if we're still in the period of consolidation, I think we need to restrict ourselves.

JS: What were some of the early ties with the University of Dayton?

SK: The University of Dayton, the history between Wright State University itself and the University of Dayton preceded the medical school, and at issue were decisions by the Ohio Board of Regents, number one to restrict the development of new programs, and number two to incorporate the concept of regional distribution of programs, whether they are in private schools or public schools. The end result was that Wright State University and University of Dayton developed some strong antagonisms, related to Engineering School, Law School, School of Education, so that when the School of Medicine was being conceived of, or at least this is what I'm told, it was a matter of surprise that University of Dayton supported the development of the medical school. Nevertheless, administration at Wright State was rather suspicious of University of Dayton, and what their activities would be related to the School of Medicine, to Ph.D. programs that would be integral to the School of Medicine, and so on. So, it was with some degree of, uh...reluctance? That's not the right word. Concern, perhaps, that, trepidation would probably be the best word, that any of us as entrepreneurs, as individual...individuals, okay, rather than as a university or as a School of Medicine approached the utilization of, or conceptualization of, University of Dayton as a resource center. We did in Physiology, because there was an outstanding reproductive physiologist by the name of P.K. Bajpai on that campus at the University of Dayton, and he was particularly also doing some very beautiful work on making artificial heart valves, through treatment, teleological treatment, so P.K. was known to me before I came here, and when I arrived, I wanted him to be part of the faculty and actively got involved with getting P.K. here. Well to do that, I had to work with the chairman.

JS: When we flip over to the other side of the tape, let's talk about Dr. Bajpai.

(tape is flipped)

JS: It seems like Dr. Bajpai was in a rather unique position. How does a faculty member like that exist, between two, flitting between two universities that are sometimes openly hostile towards each other?

SK: Well, what happened is that Bajpai's chairman, can't think of his name right now, who became the dean of the Graduate School there, who now has gone up even higher in the administration of the University of Dayton under Brother [Raymond] Fitz. His chairman and I got together and we decided that we were going to ignore the politics of those above us, and we were going to develop something beautiful between Biology and Physiology, or Biology and

Chemistry, Biochemistry, Biology and Anatomy, or Biology and Microbiology. And in fact, that has occurred. P.K., you hear a lot of P.K. from me because of Physiology, but Biochemistry has its Dr. Singer, and so forth. There are other guys at UD that worked with Microbiology and also with Anatomy. P.K. would get paid by us for 25% of his time. Well, the contract at UD is only for nine months, so we would pay him for the summer months; now, we couldn't use him during the summer months, but we'd pay him then. And in turn, he would do the teaching that we needed, which usually occurred in the Spring quarter, by doubling up the loads and what have you. So that's basically how one can do it at two different universities.

JS: When did he come on board here?

SK: Oh, he had to be one of the first people, I would say in seventy, I don't have the exact date, I would say '75 or '76, certainly by the summer of '75, I think. I would have to look it up to give example. As I said, last discussion, we had Ron Wiley from the University of Miami, we had Melvin Johnson, still do, from Central State University.

JS: Is that a traditional method of recruiting faculty?

SK: Hell no, ha ha! (Kolmen laughs heartily while he responds) No way! No no no no no! The concept of faculty, traditionally, is like property; "I have him, you can't touch him!" You know, "No cut contracts!" Ha ha ha! Can you imagine Pete Rose playing for the Cincinnati Reds and the Cleveland Indians because they're in two different leagues? Ha ha ha! Hell would freeze over before they'd have that! But conceptually, this was a brand-new medical school, we were willing to try new things, this is that spirit, I don't even know that I can convey it enough. But, we were willing to try anything, you know. John Beljan was willing to have [the] entire clinical faculty to be voluntary, if need be. Okay? If that would work that would have been beautiful. The reality is it can't work, because the guys don't know what it is, don't remember what it is, that they learned when they were medical students, they can't relate to that far back. They've been trained to do something, but they haven't been trained to teach medical students! So, that didn't work, but- it worked, but not, not to the extent that John and others had envisioned. Same thing here. We had these voluntary faculty members, and gee, I would have loved to have had- and in fact did, we had about five or six guys who were essentially voluntary faculty members. If that could have worked, that would be great. But it falls down on one very important criteria, and that's dependability. You cannot always depend on that individual to be free or available to do what needs to be done, and that is, that's the point at which voluntary faculty issues fall down, the dependability issue. P.K. was very dependable, until one year and then all of a sudden, he couldn't perform a particular service. Same thing was true of other voluntary guys that we've had in the past. So, dependability becomes the thing. But the concept's a great concept; if you can have enough voluntary guys around, they can really help augment your basic faculty. And so, we are starker, we have to go back to the basic concept, that you need to have a hard core of

faculty for a department, an educational process to work, and then you can augment it with your voluntary people. It's almost like frosting on the cake.

JS: Who would you consider to be the most outstanding Physiology faculty member, who made the highest amount of contribution to the department, in the development of the School of Medicine and the department?

SK: You mean in the last ten years...(sighs) I would hesitate to...

JS: Say, not THE most important, give me a list of important people.

SK: Let me give you an example. The hooker is that everybody has importance because everybody has a different function that needs to be done, and in the absence of that function being done someone else either has to do it or it doesn't get done. Let me, as an example, pick on two of the faculty members that aren't Ph.Ds., Katie Meclan and Eleanor Weisman, they have Masters Degrees, Master of Science degrees. They spend 12 months a year teaching undergraduate physiology, Physiology 218/19. Okay? They teach that course twice a year; once at Wright State, another at Miami Valley Hospital. The program at Miami Valley Hospital is going to end this year as a matter of fact, we're at a historic end, by the way, on that program. By their teaching those undergraduate programs, on their own with some graduate teaching assistance, spending the fantastic number of hours doing tutorials- you know, here we are with students who are not accustomed to thinking, problem solving, and so forth, as sophomores. And they will spend their lecture hours, and not just conference or live hours but in addition office hours, thousands of hours, willingly, lovingly. Okay? How do you weigh that contribution, okay? Do you say, "Well, gee whiz, I didn't do any research?" Well, that may be. They didn't do any research themselves, although they have- they've written the lab manuals, they continue to improve it, they do all kinds of analysis of how to improve their teaching, and stuff like that. They may not publish it, but they are doing educational research. How do you equate that to research? Well, by their doing it, people such as Roger Glaser and Sam Kolmen and others are not doing it, and therefore are free, in that case, to do administration, in Roger's case to do research. So how can you weigh these things? I don't know how. It's very difficult to say. I can just go through every single faculty member and in a Christ-like fashion point out the virtues of each individual. I'm certain we do have a rather good group of guys. So, I really can't, or I guess I don't really want to, answer your question.

JS: How would you describe your personal relationship with Dr. Beljan?

SK: Between myself and Beljan? Or between...

JS: Or, the dean of the School of Medicine and the chairman of the Department of Physiology?

SK: Well, I think John Beljan, as dean, was looked on, not just by the chairman of Physiology but practically every chairman in the School of Medicine, as being a white knight on a shiny, armored knight on a white horse, a guy who was trying to do the right things, had the knack for making good decisions, and so forth and so on. There were occasions where we didn't like what John did, as one might expect. He'd make a decision and wouldn't back out of it soon enough or what have you, and we'd be upset about it. But in general, we were very supportive of him. The whole process of being strong supporters of John Beljan changed when John became provost, and here the problem may well have been that John, by trying to gain the support of non-medical faculty, sort of bent over backwards to kick his children in the rear end. And some of the faculty felt it, and resented it, and John lost support of these people. I think it was tragic, but I think it was realistic, namely that John did in fact kick people in the ass, and in a way that was very much non-John Beljan, at least not the John Beljan I used to know and hope to be able to work with in the future. But, you know, he, as an example, had a brown bag lunch with faculty almost as soon as he became provost, and he sat down with the basic science faculty and had the unmitigated gall to say "You guys are a bunch of lazy bastards"- perhaps not that colorful a language—"You should be on nine month salary instead of twelve month because you guys aren't working twelve months out of the year. I looked at the data about the number of grants you're writing, and you're not writing off as many grants as you used to. And so, I think you guys are lazy guys and should be put on a nine-month base." Okay? And the faculty responded quite vigorously at that meeting, but John held to his guns. He ultimately set up several committees at the university level to discuss nine-month salary versus twelve month and a lot of other things, and ultimately found that to his own, I'm sure, chagrin- I've never talked to him about it, but I would guess he was really sorry that he had said some of these things publicly, I think just unfortunately it ended up as a public issue rather than a private issue. So, was he Christ-like? Hell no, he's a human. And the faculty appreciated him and not only respected him but followed him very closely during his tenure as dean. But when he got into the provost shop, something happened and he changed, whether it's, as I'm supposing, trying to show impartiality or some other event, I don't know, but something did happen and it cost him the strong support of the people in the School of Medicine as a result.

JS: Well, thank you for [unintelligible] from this interview, and the next time, let's try to cover some new areas and take a look into the future, let you look into a crystal ball, and tell me what you think's going to happen [Kolmen chuckles].

[End of recorded material]