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### Dr. Robert J. Kegerreis interview (4) conducted on March 25, 1985 about the Boonshoft School of Medicine at Wright State University

Robert J. Kegerreis

James St. Peter

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# WRIGHT STATE UNIVERSITY

## School of Medicine Oral History Project

### INTERVIEW INFORMATION

Interview date: March 25, 1985

Interviewer: James St. Peter (JS)

Interviewee: Robert J. Kegerreis (RK)  
President, Wright State University  
Interview 4

### INTERVIEW TRANSCRIPTION

[Beginning of recorded material]

James St. Peter: My name is James St. Peter, and this is the fourth in a series of interviews with Wright State University President, Dr. Robert J. Kegerreis. The date is February 5, 1985, the time is 8:30 AM, and Dr. Kegerreis and I are in his office in the executive wing of Wright State University.

[Beginning of interview]

JS: President Kegerreis, what was the search for the first dean of the School of Medicine like? Let's talk about the search committee, first off. Why was the search committee composed in the way it was, and how was it composed?

Robert Kegerreis: The reason for the composition of the committee was that I believed that at the very outset we needed to produce a perception that the community was involved with the medical school. So, we designed participation by practicing physicians and other health practitioners to an extent professionally that we would never imagine doing for any of the other deans. Because the new dean coming into this situation would need to be able to call for cooperation from a number of hospitals, and indeed from two or three hundred practicing physicians, to compose the initial clinical faculty- the so-called "volunteer" faculty. We had an extraordinarily large and diverse search committee. We also, of course, had the typical

distribution of professionals, and administrators, and faculty from the university. The only missing element were students, because there weren't any. But that was how we began. The next step, of course, was to define what we wanted in the founding dean, and that took quite a while to set forth all of the characteristics we were looking for. But the end result was somewhat traditional. Someone who would command the respect from the practicing physician community, the hospital administrators who had the notion of an integrated medical school, integrated in the sense that it was within the university, and within the campus, and within the community of the university. So, once those preliminary steps were out of the way we had to proceed, and the primary recruiting was by advertising in the established academic and medical journals. So, we were really nervous about the response to all of this, but to our astonishment we had an extravagant array of responders to the initial ads.

JS: Was there a specific timeframe that you had for the search process itself?

RK: Yes. I don't remember the dates, but we had a beginning and an end date, [and] a very specific, published cut-off for receiving nominations and applications. We, of course, asked for nominations from a variety of people, but the bulk of the nominations came in from the ads we placed in the various publications. As I recall, we had about 150 applicants. The bulk of them were below the standards that we were looking for, and it was a simple matter to reduce the field to perhaps 25 or 30 truly serious candidates. And at this point, I honestly have forgotten the details, but we all agreed with the size of the committee and the size of the field, it was not possible- as we sometimes do in these searches for deans- to have every member of the committee see every application or nomination. So, a group of committees culled the field, then the committee, as I recall, each member of the committee had an opportunity to see the folders for every one of the final 25 or 30. Then, we started up a rating scheme, and from this point on we held frequent meetings of the entire search committee. We met in the large conference room usually, and we filled it. The committee was monstrous. I chaired the committee, and the physician community is not the easiest to manage, and we had a lot of freewheeling discussion and very open expression of opinions.

JS: A lot of arguments in the sessions?

RK: A lot of arguments, but not... I was very pleased to see that there were always arguments whose essential character was the benefit of the university and the School of Medicine. Many of the physicians were worried that we might get some kind of physician who- physician dean- who was so research-oriented, who had had little administrative experience, that they wouldn't fit the model of the school at all. Of course, we were on the lookout for that sort of mistake and didn't want to make it. When we sifted down through by the business of rating people, we were able to reduce the field to about eight, as I recall, and of the eight there were about three or four candidates that seemed to offer great promise and fit the model very nicely.

JS: What was the criteria to get down to the eight?

RK: We hoped to have someone who already had experience- as a dean, associate dean, assistant dean- of an established medical school. Ideally, we hoped to have someone who participated in the formation of a medical school, as an administrator. We hoped to have someone who had sufficient history of administrative experience and medical practice, if possible, that we could test the qualifications, with references and observers, and get more confident in the candidate who might come here. If you-

JS: At this point was there-

RK: Let me just try to summarize it in one sentence. We hoped to find somebody who would be able to begin immediately to go to work to build a medical school, to help us lobby in Congress and in the statehouse, help us get the cooperation of the practicing medical community, who knew what a dean was supposed to do. That's what we really hoped for.

JS: Was the primary care emphasis, did it enter in at this point during that winnowing down to eight individuals?

RK: Was it what?

JS: The primary care emphasis. The developmental emphasis for the medical school.

RK: Oh, yes. We sent to all of the serious finalists our concept for the medical school and the fact that it was primary care oriented, that it was going to emphasize minority recruitment, it was going to emphasize retention, that it was not a traditional research-oriented medical school- although, of course, we hoped research would take place- and we gave all those cues and clues to the character of the school, expecting those that were really interested in that to respond, and those who wanted a traditional Tufts medical school or something like that not to respond. So, the final four or five that we looked at, I think probably any one of them could have filled neatly the boxes that we had set up for qualifications, because every one of them was in some kind of administrative position. One managed, for example, the branch of a medical school in the Midwest, and had extremely high ratings from some people that we respected. Another one had been the founding dean of a medical school that still hadn't quite made it, hadn't received the state funding that it needed to get underway, and he was tired of that situation and wanted to get to someplace with a more promising set of features. And then there was this fellow from California who was already associate dean of a medical school, and who had helped... who had arrived on the scene and helped establish the school. So, for a variety of reasons- a good medical school background, Phi Beta Kappa at the University of Michigan, and so forth- we rated him

number one. At this point, we literally sent people to check the candidate's reputation on their home campus. We sent somebody all the way to California to check on this fellow.

JS: Who was that?

RK: John Beljan.

JS: But who was the person you sent?

RK: Oh. Uh, the person- I forget whom we sent to the various places, but I remember we sent Dave Atwater to the California campus. Dave at that time was our legislative liaison to Columbus, and we coached him on the kind of questions we wanted to ask, that we wanted to know if this fellow had any experience in Sacramento with the California legislature, and things like that. We wanted to know what his colleagues thought of him. We wanted to check with one or two hospital administrators at least, to find out if he had good relationships with them and so forth. The scorecard came back with fairly high marks.

JS: Were there any areas that weren't as high as you would expect or had hoped for?

RK: I don't recall that there were. There were [*long pause*], um, he hadn't practiced medicine for some time, but that was to be expected in a medical school administrator. No, there were no danger signals or anything like that, and so we decided- the committee, pretty much in camera and in terms of the committee as a whole, decided to make our first offer to John Beljan. Although we had two or three others who were very close seconds, and we had a second one all primed to be approached if Dr. Beljan had said no.

JS: Was this the doctor from Nebraska?

RK: No. This one was the one from the Midwest, but not Nebraska.

JS: Michigan?

RK: Hmm?

JS: Was it from, um, Michigan State?

RK: No. No, but you have ticked off the four by that- well, you didn't mention the one that was number two. But anyhow, these other three were all from closer positions and knew about us a little bit more completely than John Beljan. But John Beljan accepted our offer and moved here fairly soon after his appointment, and really hit the ground running. He began to work

immediately in Columbus and with the legislators and with the community, and in Washington D.C. And was effective in Washington D.C. particularly, with the Veterans Administration bill that offered financial assistance to emerging medical schools who had a connection with the local VA hospital.

JS: Let me back up a bit. When you were considering the candidates, did you start the first series of visits after you'd winnowed down to the eight?

RK: You mean visits to their campuses?

JS: To here. Of them to here.

RK: Oh, here? Did we wait until we'd gone down to eight before we-

JS: -started the visits?

RK: Oh, yes.

JS: What was your first impression of Dr. Beljan when you first met him on his visit here? And what was the circumstances of that meeting? Was it here in this office?

RK: Yes, and other places. He met a lot of people when he was here, as did all the candidates.

JS: What was your first impression of him?

RK: My first impression of him was that he was decisive. That he did not... that he did not aggregate evidence to an extraordinary length before being willing to make a decision, and that was a characteristic that attracted me for this position, because there was so much we had to do. Frankly, I was getting to the point of absolute burnout, and I'd only been president less than a year and I was already just frazzled, and I had quite a bit of stamina. I guess the simple fact was that I needed help on this project, and there were so many other claims on the part of the university, and I was spending an inordinate amount of time on this project. It deserved it, but it really was a wearying project, or process. So, I think to answer your question as flatly as I can, it was decisiveness. The other candidates, some of them were... oh, gave the impression of being somewhat more politically and communicatively slick. Polished. But Beljan, in response to a torrent of questions about what he was going to do- what he thought ought to be done, I should say- he ticked off the answers in a very organized way. He could anticipate, because of his great experience in building the school in California, almost every concern that we had. And he had an idea about how to approach it. I think that most of those characteristics that we observed were also displayed when he actually began work here. His decisiveness, for example. He knew that

he could not dominate a hospital administrator. He could not go into that domain and use an arm as leverage to get what he wanted, because he had so little leverage, so while Beljan would very much liked to have told some of the hospital administrators exactly what he wanted done and have them do it in a week, he knew he couldn't. But on the other hand, he knew what he wanted from each hospital, after being here awhile. The crazy quilt experience of establishing clinical departments in various hospitals was an extraordinarily tricky thing, and he was able to get enough evidence about who was the most likely or the most beneficial location for say the Department of Pathology, or the Department of Internal Medicine, or something like that. He knew, after a reasonable search, where to put the departments, and he went ahead and did it. It took a great deal of self-confidence and decisiveness, and those were the things I was looking for all along, those were the things John Beljan brought to the scene, and they paid off.

JS: During the interview process, did the interviewing of the candidates on campus follow the usual pattern of search processes, or-

RK: Yes, it was fairly traditional. Other deans interviewed them, particularly faculty members in the proposed matrixed departments- I mean, department chairmen- and Biological Sciences, especially. But the other deans, every one of the other deans interviewed them also. We may have missed one or two because of conflicts in schedules, but that part of it was fairly routine.

JS: In the committee itself, the meetings and deliberations of the search committee, was the fact that Dr. Beljan was a surgeon, did that have any impact on the organization's-

RK: -Oh, there was a lot of light-hearted banter about that, because surgeons in the medical profession have a reputation, deserved or not, of being... domineering, brusque, overly forceful, and so on and on and on. So, the physicians on the committee, and others who knew enough about the medical community to know the various... oh, I don't know, the traditions, cults, or fables about the various practitioner categories, had some fun with the fact that Dr. Beljan was a surgeon. Although, I must say that he I think probably fits the cliché model of a surgeon. He does tend to be domineering- or dominant, I should say- in a group. He's a very... not outlandishly outspoken, but he's not hesitant, either. And we didn't begin the search process hoping to find a surgeon, as the dean. On the other hand, if we had done a psychological profile of the medical profession and matched it against what we needed, it might very well have indicated we needed a surgeon. But that was accidental.

JS: In many search processes, candidates seem to be eliminated sometimes by their presentations, in-person.

RK: Mm hmm.

JS: Were there any people in the search that did that to themselves during the process, and in fact eliminated themselves during the process?

RK: None of the... well, let me think about that. Certainly, the majority of the finalists came through the search process in about the way that we expected them to. There may have been one person who eliminated himself by being- it seems to me that there was one who eliminated himself by being less articulate than we thought we needed, a little less awkward. A little defensive and hesitant. I honestly don't remember the name or the location of that person, but they were not- that person was not in the top three or four, as I recall. The close second's of the search all looked good up close, as good or better as they looked on paper.

JS: So, in the final analysis, the final determination, what was the one thing that set Dr. Beljan aside? Was it the decisiveness factor? Was that it?

RK: No, I think it was probably experience. As I recall it- and it's been long enough that I could have lost some of the details in my memory cells- as I recall, he was the only associate dean of a medical school. There were some others who were heads of this or that department, who had worked on broad medical school policies, and who had experience in governance of medical schools and all that. But as I recall, he was the highest-ranking administrator in the final group. There were others. I mentioned this fellow who was the dean of another school that wasn't, apparently, going to make it. He wasn't even in the finalists. But of the group of final finalists, Beljan was the most experienced with a new medical school, and was the highest ranking. I think that probably had the greatest weight.

JS: When the announcement was made, when you announced that you had a new dean, we didn't even have all of the materials and approvals at the state level.

RK: Hmm, that's right.

JS: What did the university or did you know that could give you the impetus to make that announcement prior to final approval? Were you that sure of getting final approval?

RK: Well, we were almost that sure. But we also needed a dean in order to be more impressive at the state level.

JS: Isn't that getting the cart before the horse?

RK: Oh yes, absolutely.

JS: Well, what if you hadn't gotten the state approval?



RK: Well, then we would have had to compensate Dr. Beljan, and sent him on to some other opportunity.

JS: That's taking a lot of risk.

RK: I measured the risk as being manageable. There was a risk, though, you're accurate in saying there was that risk. We could have had a cataclysmic political gaffe of some sort. We could have had a monstrous, sudden fiscal problem in the state. I don't know, I suppose if your imagination is sufficiently lively, you could imagine all sorts of catastrophes. On the other hand, by this time we had built some momentum, and we had consolidated our political base with the Northeastern Ohio people. We had just absolutely firm, solid commitments on the part of some legislative leaders, and I had finally assumed that we were going to have to go around the Board of Regents and through the legislature in order to win this thing, and I needed at that juncture- I, as president needed, and the university needed- to show an absolute resolve, and to have a forceful, believable spokesman for the school. I was not a physician, not a medical educator, and I was doing- Bob Conley and I, the ex-dean of the College of Engineering, and I- were doing most of the representations. Some of it we drafted some physicians in town and people like that to do some talking for us. But we needed to show a dean, very frankly. So, I thought it was a manageable risk, and Beljan was I think impressive to audiences. He was a fairly good speaker, a commanding presence, and I think he was almost exactly what we needed.

JS: When he first arrived on the scene and started the commuting between California and Ohio, what was your first meeting with him on an official basis like?

RK: I honestly don't remember. I remember the general impressions of our first few meetings, and the themes that we first struck. Our first job was to agree on a set of action priorities. What needs to be done first, what do you need to tackle first, and he and I had no trouble at all getting that sorted out.

JS: What were your first priorities?

RK: Well, they were fairly equal. We needed, of course, positive action on the part of the legislature, we needed to help write the final version of the VA bill in Congress, and we needed to get some commitments- not commitments, we already had commitments from the hospitals in town- but we needed to assemble a relatively uniform and unanimous face to the general public on the part of the community hospitals we were going to use as a part of the medical school. And finally, we needed to establish very concrete relationships with the VA hospital if we were going to be effective in getting the VA money, which all of us thought was very, very critical to get a

fast start for the medical school, and it turned out to be that that was indeed the key to why we wound up two, three, four years ahead of the Northeast school.

JS: When you had allocated these priorities to Dr. Beljan and said, 'here's what we agree that you need to work on', did you leave anything to yourself that you felt that was more appropriate that you had to do, apart from-

RK: Oh, I still had to be the master lobbyist. Uh, there were many members of the legislature, and many people on the press, and indeed people even at the Liaison Committee on Medical Accreditation, that- Education, I mean. LCME, Liaison Committee and Medical Education- who had to see and hear from the president in order to be convinced that we were moving along, that we had allocated sufficient resources, that we were going to have a separate building for the medical school, that we had sufficient clinical connections and resources, that the medical school would have a place to do it's third and fourth year's, and so forth. So, I still had- I guess you would call it with a small "p", most of the political apparatus to exercise.

JS: When you were a "practicing lobbyist" in this effort, how did most of your... where did most of your lobbying efforts take place? Was it the-

RK: You mean, geographically?

JS: Well, what types of meetings did you have? Was it the typical luncheon circuit, or-

RK: Oh, well, all kinds. I met in legislator's offices, I met in their local offices- in other words, I met in Columbus and I met in the Dayton area in their offices, I met with them for breakfast, lunch, and dinner, I met wherever they were. It was not a stereotype-thing. If I needed to talk to CJ McLin, I found out where he was, tried to get him to say he would see me, and went there and waited until he saw me, and we just met. Sometimes in the hall, sometimes in his office, sometimes for a drink, sometimes for a meal. It didn't matter where it was.

JS: Were there any complications from the Board of Regents? When you made the determination that you had to go around the Board of Regents to the political level, did that mean that you still kept communicating with them letting them know what you were doing, or did you more or less write them off?

RK: Well, yes, I had to continue to communicate with the Board of Regents for two reasons. I was very worried, frankly, about damaging the relationship of the university as a whole with the Regents by forcing the issue with this one school. I had the same worries later with the School of Professional Psychology. In each case, I honestly felt that the Board of Regents was extraordinarily unimaginative and backward-looking. It seemed to me in both cases they should

have seized the initiative. They would have looked a lot better if they had. Once they realized that the political momentum and leverage had shifted from them to the university, they should have- in terms of simple political science- they should have seized the initiative, taken a leadership position, and ordered us to establish a medical school. They should have done that with the School of Professional Psychology. They should have done and should do it now with our PhD in Computer Science. The evidence was overwhelming in those first two cases, and is overwhelming now, and I said that two them in each of these three occasions. They are not particularly an educatable group. They tend to hunker down more than they should, and not take enough risks. In any event, to answer your question, I did maintain communications with them, primarily to protect the university in its other commitments and hopes for the future. And I think because of that we were able- once the legislature acted- immediately went back to the Board of Regents and said, "Now looks fellas, I'm not trying to unseat the Board of Regents". There was some talk about it at the time, as talk does appear periodically- 'Well, what have we got these clowns for? If we're going to make decisions on our own anyway'- So, I wanted to reassure the Board of Regents that I was not trying to unseat them, I was not trying to as a matter of fact embarrass them. This seemed to me to be something that had to be done educationally, the legislature agreed with us, and now I said, "How do you want us to operate in this ensuing period?" And frankly, once the legislature acted, the Board of Regents was- I think to an outside observer would have found them to be surprisingly compliant. In other words, it's one thing to defy the legislature, because the legislature... if they had held up the emergence of this medical school, they probably would have... the Board of Regents probably would have been dissolved. The legislature created them, the legislature can de-create them at any time that they want to, and the Board of Regents knew that. So, they weren't stupid, they didn't defy the legislature. But my point was different from that. They could have caused us all kinds of bureaucratic trouble. Holding up the subsidies, you know, just delaying. A bureaucratic organization can do a lot of things without appearing to be uncooperative, that have the effect of just grinding things to a halt. The Board of Regents did not do that. Once the word came from the legislature, they were professional about their relationships with us, and did not impede the progress of the school any more than they impede the progress of any of our other activities. And the same thing happened later with the School of Professional Psychology. They were against the notion, against the concept for anyplace in Ohio, and they were influenced by the established PhD programs in clinical psychology, which said, 'Give us more money, we can produce these people'. So, they were battling us on that case on conceptual grounds, but once the legislature spoke, again, they did cooperate with us and set up an oversight committee, which we were happy to work with, and which gave us A+ marks. The only problem we've had with them is they will not use the appropriate subsidy model for the School of Professional Psychology, they just use a standard PhD instead of a medical PhD. So, we're still struggling financially with that school, and they are going to do the same thing with the PhD, but we are not going to have to go to the legislature for the PhD in Computer Science, I don't think. They are going to play that one a little bit

straighter, but they have been reluctant. Anyhow, the answer is yes, I did communicate regularly, and for my part with the best humor and pleasantness that I could muster.

JS: When the process went from a purely bureaucratic one involving the Board of Regents, to a mostly political one involving the legislature, you mentioned in one of our earlier interviews that the Democratic Party wanted to be the party that brought a medical school to Dayton. Did you see any problems with that? Did you try to make it a more bipartisan process, and if so, how did you do that?

RK: The answer is yes. The reason why the Democratic Party had problems delivering that clear-cut initiative as a party was that Governor Gilligan was so strongly against it, the leader of the party. So, that made things very difficult to portray as a Democratic initiative. And yes, I was very worried about having it bipartisan all the way, and Clara Weisenborn, a Republican state senator, helped a lot in diffusing the notion that it was strictly a Democratic program. She was an absolutely outspoken, convincingly determined, implacable foe of those who were opposed it. So, she became a very visible leader in the fight for the medical school. So, that was one of the ways we helped. There were some Republican legislators who rallied around it also, so it did not come to be perceived as a pure Democratic party initiative. I think that probably the two most prominent legislators were C.J. McLin, and Clara Weisenborn, since they were from the two parties, that kind of took care of that obstacle problem.

JS: One from the Senate, and one from the House.

RK: Yes. Then, as you know, we had to do some compromising along the way in order to work with the Northeast Ohio people, in order to satisfy the constituencies of a couple of other universities. We had to establish an advisory committee that included Miami and Central State, and as a matter of fact, the bill creating the medical school insisted on- I think the phrase was "in cooperation with Miami and Central State". So, one of the things Beljan did, for example, with my heavy-handed oversight, was to draft- and it took several drafts- the document that set up the advisory committee, and we recruited the people from the two universities to serve on it, and started holding meetings, and they took themselves very seriously. We still have that committee today, although you don't hear much about it anymore.

JS: Did the Board of Regents set up a supervisory committee, similar to what they've developed and set up for the School of Professional Psychology?

RK: No.

JS: Why not?

RK: I don't know. I think maybe they didn't think of it. I think they may have been so overwhelmed with the legislative mandate that they may not have thought of it. It would have been a good idea- I thought it was a good idea- for them. I don't relish those things, because it's just one more bureaucratic factor to deal with, but I think from their point of view, it was a good gesture. A good technique, I should say. I don't know why they didn't do it. Maybe, not only that they may not have thought of it, but they may not have known exactly how to do it, because unlike the schools of professional psychology, there is a very forceful, very well recognized, very dominant medical school accrediting group, and for the Board of Regents to have interfered in that process would have been very messy. There also may have been, and I think there was, some members of the Board of Regents, and the Board of Regents staff, that did not think that we would be able to get accredited. Certainly not as rapidly as we did. I wouldn't say that they did anything that I could detect to try to prevent us from becoming accredited. But unlike our PhD in Computer Science, once the Board of Regents authorizes that, I mean, [*snaps*], we're in business. But not so with the medical school. You get an extremely arduous workout on your preliminary plans, and your facilities, and your commitments from the state, and your finances, and whether you have recruited anybody yet, and all that kind of stuff. So, I can't imagine anything the Regents could have done that would have rivaled the rigor of the regular, already in place medical school education very, very, doctrinal group that was in place. And who indeed were not all that excited about new medical schools. So, they made it tough on us.

JS: At what point in the political process did you feel that the medical school was safe?

RK: I-

JS: That the battle had been won-

RK: Yes. I was very worried about the creation and the publicity generated by a task force that Governor Gilligan, um... booted up. It was the... what the devil did he call it? Task Force on Healthcare and Education, or some fuzzy title. The real intent was to scuttle both new medical schools. I mean, to scuttle the propositions for two new medical schools, and it was loaded with opponents from the classically opposed centers of Columbus and Cincinnati. And Toledo. But they also had- in a minority position- some advocates, like C.J. McLin. So, at least we had a pipeline as to what the strategies being followed by the task force.

JS: Was Clara Weisenborn also on the committee?

RK: I don't remember, I don't think so. I don't think so. I think that C.J. was our only insider, and he was, at that time, so powerful that he couldn't be ignored. If he wanted on the task force, he would get on the task force. He wanted on it, so he got on it. He didn't attend every meeting or anything, because he had such a cynical view of what the task force was set up to do. But it

proceeded along a relatively well-organized course of publicity, public hearings, and the like to try to develop a case in the public's mind, and in the media's mind, that would say that it was frivolous and unnecessary to have a couple of new medical schools. So, I was very worried about that. When the task force concluded its work, issued its report, and our straw votes and political temperature-taking didn't indicate that the opponents had developed a majority support in the legislature, it was at that point that I thought we had finally overcome the last major hurdle. This was a period, too, in which the first report from the federal bureaucracy came out saying that we had enough medical schools and didn't need anymore, [and] probably had too many already. That new medical schools where they formed would probably be too weak, draw on thin resources, and would probably be an embarrassment and so forth. We had a lot of adverse propaganda to combat. I tell you, Gilligan took on this issue with a lot of adroitness. So, I think it was probably at the point of the final days of the task force, that I believed we had it made.

JS: Was there ever a threat from the governor to veto?

RK: No. Well, there were threats, but I accessed them as empty. I didn't think he'd risk it, and he didn't.

JS: Was there ever a time when the political approval process and the development process were going parallel at some points-

RK: Oh, yes.

JS: -that you had to hold Dr. Beljan back and say, "We can't do this yet".

RK: No, we just kept going on my original premise that the greatest danger was in allowing lag-a lag to develop. My operational plan was, I can't control the pace of the political process. I can control the preparations the university makes to start the medical school. I can't employ and expend enormous resources until we have a clear-cut decision, but I can do one hell of a lot of planning- and indeed recruiting, conditionally. So, it was- particularly in Washington, with the VA bill, I saw that as just an extraordinarily important leverage point for us to use. So, we did a lot of groundwork here in the community and a lot of hard work in Washington while all this other hubbub was going on.

JS: In the recruiting process, how much of the political situation explained to the candidates, and how did they react to the idea?

RK: All that they wanted to know. There was, at this time in this country, probably a situation in state after state- maybe a dozen or fifteen states were considering, and two or three private groups, were considering the establishment of new medical schools. There was a modest furor

over the unavailability of physicians, and... I don't know all the genesis of it, but it was a favorable climate for considering medical schools, on the one hand, even though data was coming out and reports which tended to decry the trend. So, we had a fairly widespread understanding on the part of potential recruits that a lot of these battles were political, and not just university decisions. Most of them, in other words, were sufficiently aware of the situation, not to be turned aside necessarily because everything hadn't been settled. But there was a self-filtering process here. Anybody without some spirit of adventure would not be interested, they'd want to stay put, and physicians and medical educators in general have higher incomes than their colleagues, professional colleagues in other fields, and so most of them were gainfully employed and reasonably well compensated where they were. The kind of people who wanted to come here, or to any other medical school that was being built, were those that wanted to do something different. Something not necessarily radical, but they wanted to escape from the frustrations of a situation where they had no influence whatsoever, and in which they thought medical education was lagging behind a place where it should have been. So, it was a great pleasure for me to see the caliber of people who were attracted to this situation, who were willing to come to a school before its financial future was secure, before buildings were built, just in order to get in on the excitement of building the curriculum and the concept of a community-based medical school. We got some surprisingly well qualified, experienced people to come in as our department chairpersons, and lead faculty, and so on.

JS: How did Dr. Beljan react to a conditional contract?

RK: Well, it wasn't a conditional contract. It was a contract for a year, [*laughs*] it was a flat, unconditional contract. What was conditional was that I couldn't guarantee five years of it. His idea was that it was worth the risk. He wanted to be a dean, and he wanted at that time to return to the Midwest, he wanted to get out of the California political scene which was extremely lurid. So, somebody in his category is so employable that you don't have the risks that an English prof would have, moving from California to Wright State for a tenuous, somewhat probabilistically imperfect situation. So, it wasn't all that great a risk on John's part, except that he had a family, and all of the problems of moving, and to have to move again in a year or two would have been a burden. But there's no question about his being employable somewhere else. So, his reaction- he didn't dwell much on the conditional part of it, as you put it.

JS: Well, thank you for this hour of interview. In the next interview, I'd like to concentrate on the highlights of the developmental process, and your philosophy of oversight in the development process of the School of Medicine and talk a little bit about the future.

RK: Mm hmm, okay.