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David Buzzard interview (2) conducted on March 9, 1984 about the Boonshoft School of Medicine at Wright State University

David Buzzard

James St. Peter

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WRIGHT STATE UNIVERSITY

School of Medicine Oral History Project

INTERVIEW INFORMATION

Interview date: March 9, 1984

Interviewer: James St. Peter (JS)

Interviewee: David Buzzard (DB)
Director of Communications, WSU School of Medicine
Interview 2

INTERVIEW TRANSCRIPTION

[Beginning of recorded material]

JS: My name is James St. Peter, and this is a second in a series of interviews with Dr. David Buzzard, first Director of Communications of the Wright State School of Medicine. The date is 9 March 1984, the time is 9:00 AM, and Dr. Buzzard and I are at the Kettering Center in Dayton, Ohio. Today I'd like to talk to you about the interactions between the hospitals- the other medical institutions in the area- and the School of Medicine. What interactions did you specifically have as Director of Communications with the hospital?

DB: My main interactions were with the regular public relations directors in the various hospitals. Occasionally, I would also interact with some of the presidents or chief executive officers in those hospitals, but essentially, the public relations directors were my major focus.

JS: What were some of the things that you needed to coordinate with them?

DB: We would coordinate, say, news events, press releases that involved both institutions like, oh, maybe we would have a faculty member, for example, coming to the Medical School, but that person was gonna be based in one of the hospitals, and was gonna be providing services in those hospitals, then we would coordinate our press releases. We were very careful to mention both institutions, both the Medical School and the hospital. And you know, one of the interesting things was that if one or the other of the institutions got left out, then we would hear about it.

JS: Did you ever get a sense of a rivalry between the institutions?

DB: You mean among the hospitals, or among the hospitals and the Medical School?

JS: Either.

DB: Well, there certainly is a rivalry – was then and it's been intensifying for the past number of years between the hospitals. Rivalry between the hospitals and the Medical School was not so great, I think, because we were doing different things. We weren't really competing for the same things. The hospitals were competing for the same things, they were competing for patients. We were competing... we weren't competing with the hospitals for patients since we didn't provide patient care. But if anything, we were competing for visibility and for, you know, public interest.

JS: Were there ever cases where doctors were assigned to more than one hospital?

DB: Assigned to more than one? Hmm... I don't recall doctors being assigned to more than one. Usually, what you would find – and this is still true – that you would take an individual department, such as surgery, and that department is based at Kettering Medical Center, the physician who was a part of our Medical School who had his home base at Kettering presumably could also have privileges – admitting privileges, as they say – at other hospitals in the area. But his assigned department would be at Kettering Medical Center. With the pediatrics department, it would be at Children's Medical Center. The anesthesiologists were over at Miami Valley Hospital. So, I don't recall anybody being assigned to – having two or three different offices in various hospitals.

JS: How would you characterize the degree of support that you got from the various publicity directors?

DB: They were about as supportive as you would expect them to be. I know that's a vague answer, but they were very cooperative with me. They inevitably see one another as competitors, but again, they were cordial to one another and friendly. They would not cooperate with one another as well as they would with me, because I was not seen as a threat to their patient census, as they call it. So, they were very friendly and helpful and cooperative. We never had any problems with them.

JS: Was there an organized program on the part of your department to go out to the hospitals outside the immediate core hospitals in the area?

DB: We – again, we maintained at least a speaking relationship and sometimes closer liaisons with the hospitals a little further out. By that I mean Greene Memorial Hospital in Xenia, some of the hospitals on the northern fringes, such as Stouder Memorial Hospital, Piqua Memorial, Wilson Hospital, up north of Dayton. We didn't go overboard to go out and to be involved with them because, just because we didn't have time, for one thing, and secondly, they didn't have the departments, the academic departments, based in them. Most of the major departments were based in the five or six core hospitals in the Dayton area. So, I think the answer is that we didn't have much to do with the hospitals on the fringes.

JS: What about the other medical schools in the state? Was there a group of-

DB: Strangely enough, if there was, they never invited me or any of my folks to be a part of it. The only thing that I recall and I respect was a guy circulating a survey here, maybe five years ago, wanting to know about salaries. Some guy out of Ohio University wanted to know about the various salary levels of communications directors in the state, but there was no organization of communications directors of medical schools in the state.

JS: Did you have any organized resource for communicating with the other medical schools? Was there any customary types of meetings that you would have with other—

DB: No. No, what we would do, if anything, is simply get on mailing lists of the different schools – not only in Ohio, but really throughout this entire country – and simply receive their publications and literature so that we would know what they were doing. But there was a national group called the Association of American Medical Colleges. That's the parent group, and then within that there is the group on public relations. So, we had some interactions with people from around the country through the public relations group of the American Association of Medical Colleges.

JS: Did you ever get inquiries from other schools about the unique type of programming that Wright State was setting up here?

DB: Yeah, we did. You know, going back to, like, 1976–77, we found that the stuff that we started with our newsletters and our catalogues and things, was really pretty sophisticated compared with what a lot of other schools were doing around the country. So, we began to get inquiries from the other schools like, you know, “How did you decide to do this? What were the problems with doing that?” I even had a couple of highly placed people – one at the University of Nebraska, the chancellor out there, called me and wanted me to come out and interview for a job, just, you know, based on the fact that he had seen some of our literature and things. A few days after that, a guy from the University of Missouri called me and was wanting me to come out there. I didn't interview for another job. I wasn't interested, as it turned out. But it was kind of flattering to think that they were, you know, seeing our stuff and reacting favorably to it. Dr. Beljan, I know, got a lot of letters – congratulatory letters from his colleagues and the deanships around the country – telling him what a nice job we did on our publications and our newsletters and our catalogues and stuff like that, 'cause he used to share those letters with me.

JS: Did the absorption of several other medicalist groups and the specific institutions in the area by the School of Medicine – for instance, the Kettering Foundation, Bob Hipple Lab – did they present any particular problems for you as a director of communications?

DB: Let's see, we – I'm trying to get the chronology straight here, Jim – first of all, we absorbed the, uh... Hmm. Cox Heart Institute. Cox was really kind of a unique animal, in that it had a very, very fixed mission, you know, looking at risk factors involved with heart attacks and that kind of thing. But there was no problem involved. It was simply that when they came on board, we had to do the usual things of getting out press releases, setting a press conference, so that the public would know that this institution was now a part of the Medical School at Wright State.

JS: Was there a specific order of events that took place in your department before – when a group was coming-

DB: Well, yeah. It was kind of an informal thing. We didn't have it written down. But usually, you know, Dr. Beljan or somebody would talk with me and say, you know, "You ought to know that we're making – we're in the negotiating process to take over or to merge with Cox Heart Institute." And then I would simply get in touch with, in this case, Dr. Kezdi, who was director of the Institute. We would talk about some sort of a mutual press release that we would send out. Then, we would follow that up a few days later with a formal press conference where Dr. Kezdi, Dr. Beljan, in some cases the president of the university, would be there to answer questions about why this merger was taking place and that sort of thing. And then after that, the Institute would simply begin to use the corporate image or the logo of the School of Medicine on its stationery and its publications, so it would simply become, yeah, just another part of our family. The same thing, then, happened when the [Fellows] Research Institute merged with the School of Medicine in '77 or '78. But Hipple was slightly different in that the Hipple Laboratory was transported here from New York City. And when it came in, we really did a big number because the Director of the Hipple Laboratory was very conscious and aware of the need for visibility, because he realized that he was gonna need a lot of public support to get his work done. He needs to have public funding in many cases, you know, to help out with his work. So, his was slightly different in that he set up a committee of people in the community to help him with his fundraising activities. These were volunteers, and a part of their job also was to do public relations. So, we would work with his group and with the people on his committee, such as Kathy O'Connor, for example, who was a volunteer on this committee. Kathy in her own right was a really good news media person. She had been on television. So she would work with him on a volunteer basis simply to get out the word about what that institute was up to. But there was never any friction or anything like that. It was very, very congenial.

JS: How do you feel the community received the news of the various mergers?

DB: Mm. I would say that the general community received it with complete indifference. Uh, it was no skin off their butt one way or the other. The only people probably who were at all concerned about these mergers would have been the people – the investigators in the various institutions, some of the support people who had perhaps worked there for many, many years and were a bit uneasy about any kind of a merger. This is true, I don't care what you're merging, if you're merging the Bendix Corporation and Martin Marietta, the same kinds of concerns are there any time you're merging organizations. But the general public could've cared less. I mean, they probably didn't know what the Cox Heart Institute even was, or what the Fels Research Institute was. But some of the people within the organizations – within the organizations being merged – were probably concerned. People in the Medical School, for the most part, you know, it was no anxiety causer for them, because they suddenly were becoming the parent organization. The university community, again, probably had very little interest in it, because it simply wasn't a factor in their everyday lives.

JS: At one time, there was a professor for the School of Medicine to take over the Drew Health Center.

DB: Yeah.

JS: That doesn't present any particular problems?

DB: That's a very long story. Uh, it's quite an interesting story. What happened was this. Dr. Beljan, in his role of Dean of Medicine, decided – I don't think it was a unilateral decision, I'm sure that he had consulted with the president of the university and probably a number of key people in the community – but, it seems that his charge was to resurrect what had formerly been known as the Drew Health Center in West Dayton. Dr. Beljan would meet regularly – I mean, like, every week, every two weeks – on campus with a key group of people like the city manager, like Claude Malone, who was the county administrator, professionals from the various – particularly the black professional organizations in town – oh, I'm sorry, and Dr. Vogler, who at that point was county health commissioner. Dr. Beljan would bring this group of people together on campus in the basement of the Medical School, he would buy them lunch, they would sit there, and he would sort of serve as the facilitator, the mediator, the negotiator, the big daddy, the whip-cracker, I mean, all of the above, to try to get this group of disparate people pulled together to resurrect and to reopen the Drew Health Center. Because when it closed, you know, it threw a lot of people in West Dayton into a situation where they didn't have easy access to healthcare, inexpensive healthcare. I'll tell you, I marveled at his ability to serve as a person to pull this group together, because everybody was planning to go in a different direction. They all had their own ulterior motives. He did a bang-up job. As I recall, it took between a year and a half to two years before he finally got this group to agree that, yes, they were gonna reopen this thing, yes, it was gonna provide the same kind of care that it had provided in the past, but no, it wasn't gonna be called the Drew Health Center, because that had a lot of negative connotations for people in the community. Because the Drew Health Center had had some financial problems. As I understand it, when it went out of business, there were some questions about the financing and everything of the place. So, the thing was reborn as the West 3rd Street Health Center. It occupied the same building that the former Drew Health Center had been in. But there, again, we had a big press conference on the morning that it reopened, and we had to involve – Good Samaritan Hospital was another player in this. Good Sam had its representatives there, its president, so we had to interact with their public relations person. The county – uh, Dr. Vogler had his public relations person involved, so we interacted with them. So, it was a, you know, it was a real collection of senior administrators from these places, plus PR people and lots of news media that morning, and we reopened the place. So then, well, it was shortly after that that we did sort of a mirror image of the West 3rd Street Center on East 3rd Street. And that was a collaboration between the Medical School and Miami Valley Hospital and some of the key politicians and influential people on the east side of town. So, we ended up with two healthcare centers separated by, I suspect, five or six miles. One in West Dayton, one in East Dayton. But Beljan was [an] absolutely critical player in all this. He did a marvelous job, I thought.

JS: What motivated the establishment of the East Dayton center?

DB: Yeah, I honestly can't tell you. I don't know if it was simply a way to nullify or pacify politicians on the east side of town or not. I really don't know if that was the case or not. Or if there was some genuine need identified. I would like to think that the latter was the case, although I really don't know.

JS: How did you interact with the Veterans' Administration? Were they important people to keep notified, or—?

DB: Yeah, the VA Center, of course, had provided a lot of money – I mean, we're talking over twenty million dollars – in the early going, to help to get the Medical School here off the ground, particularly with salary support. They provided space for us. I know when I first came to work at Wright State, I had an office out at the Veterans' Administration Center in West Dayton. The Veterans' Administration people felt a real paternity, or had a very paternalistic attitude towards the medical school. They felt that – and probably quite rightly so because of the huge amount of money that the VA had put into the thing – they felt that they needed to be consulted an awful lot on things. They felt that news releases, press conferences, and things like that should carry their name as well as the School of Medicine's name. So, we tried very hard to, you know, to involve them and keep their names in things. There were times when we'd drop the ball, and we would announce that, you know, something had just been finalized, and we would forget to mention the VA, and we would hear about it from them on Monday morning. We would, you know, be appropriately apologetic, because you don't leave them out because you don't like them – it was simply an oversight, usually. There were some times when there were so many key players involved that you would literally just forget to mention somebody or some institution and, uh, create hard feelings, you know. So, you would have to go back and explain to them that there was no intent to deliberately leave them out. It was a simple oversight. You're human, and you do make mistakes occasionally.

JS: How much of your time was spent actually making sure that everybody else was informed on what was going on? Did that take up a large part of your time as Director?

DB: Yeah, I spent an awful lot of time simply trying to keep other institutions informed, and other key people in those institutions informed, of where we were, what we were planning. Also, of course, a lot of internal communications with our own people so that they would know what we were doing. One of the reasons that we had probably a bigger job than you would at most schools was that, again, we were spread out. We were community based, hospital based, we had people in hospitals throughout the city. In many cases, these people didn't even know one another although they worked for the same medical school. They simply were not in the same buildings. They were on opposite sides of town. They didn't know each other. So, we had to do the internal communications with our own people also.

JS: Did you ever have a priority list of people you'd notify first?

DB: No.

JS: Internally or externally?

DB: No. No.

JS: What were some of the human interest type things that you used to generate for your newsletter? Was it just basically the things that doctors sent you, or did you have a list of all the physicians that you'd—

DB: No.

JS: —you'd go through periodically, see what they were doing, or—?

DB: Well, the newsletter – the first one that we created was in '76, early '76, and you probably could've created one that would've existed solely on what physicians would send you in the way of their activities. That becomes really rather dreary reading after you've gone through a couple of hundred guys' names and the fact that they presented a paper, attended a meeting or something. So, we had that kind of thing in our newsletter, but we also tried to do a little more in the way of human interest or real reportage by looking at, for example, we had a guy who was doing some studies, I think in the Andes, with heart patients up at the twenty-thousand foot level, and things like that. We had a lot of [building] programs going on back in '76 and '77, so we tried to keep our readers informed of where we stood. For example, with the new Medical Sciences building on campus, we'd show them pictures of it. Really the kind of things that you would expect if you were gonna communicate with any organization or any group of people. You were just telling them what was happening, trying to call attention to some of the people who were doing unique and interesting things. I remember Roger Glaser in the physiology department was heavily involved in wheelchair research at that point, and we did a couple of stories on Glaser. We did something with the laboratory animal program that we had, because we wanted to be sure that the public and the university understood the need to have an active laboratory animal research program in a medical school. You know, in other words, you're dependent upon animals for research, if you're gonna do medical research, and yet you've got to treat those animals very, very well or otherwise the public interest groups will really come down hard on you. So, we were very eager to get out the word that we had a very fine veterinarian who headed up this program, and that the animals probably got better care than a lot of the people working at the university. So those kinds of things. Nothing earth shattering, just, you know, normal, run-of-the-mill kinds of stories, I think.

JS: With the newsletter, did you do most of the reporting yourself, or did you have a set of contributing reporters—?

DB: Uh, I did it in the early – the first year, I did the whole thing. Not only did I write the damn thing, I also typed it, laid it out, you know, carried it to campus, indicated what the colors were gonna be, and the whole bit. A year or so later, then, when Ruth Hardin joined me, then Ruth started doing some of the stuff. And then we added a secretary as I've already told you, and she did some of the writing. Usually, we would do our own writing. Occasionally, we would receive something from one of the departments, and we might massage it a little bit and use it. But for the most part, we did the writing. We didn't rely on so-called reporters in the various departments to do that for us.

JS: What do you mean by "it" when you say "massage?"

DB: Oh, go over it looking for needs to have editorial changes. Maybe it's too long winded. Maybe it's too technical. You realize that the average person wouldn't understand it or be interested in it. Mechanical editing, simply moving the commas and apostrophes around on the page. To me, massaging a story is just putting it in a shape – a form – that's more journalistic.

JS: Did you get much stuff from the publicity directors of the hospitals?

DB: No.

JS: Were they regular contributors?

DB: No, not very much. Don't forget, they're in the business also that we're in, and that is they in most cases have their own newsletters. So, they were not about to share a lot of their own stuff with us. Sometimes you would get it after they had already published it, you see, in which case you'd have to make a decision about whether you thought it was still appropriate to run it in your own newsletter if they had already used it.

JS: Did you ever send stuff to them?

DB: Well, we pretty much played the same game that they played with us. We would wanna be sure that we used it first, and then if they wanted to use it afterwards we were delighted. But yeah, it really was a journalistic kind of thing, whereas – where the New York Times isn't gonna give Pittsburgh Press news that the Press can use before the Times has a chance to use it. It's really that simple. So, the answer is yes, but we were playing the same game they were.

JS: The School of Medicine has had an illustrious relationship with the Wright-Patterson Air Force Base's hospital.

DB: Mm-hmm.

JS: What were some of the programs you set up with them? Did you have a similar relationship with that hospital as you did with the others?

DB: Yeah, we had the same affiliation with Wright-Patterson. Again, you're dealing with a federal institution, or a federal agency. They have very fixed limitations on what they can and can't do in terms of public information. So we were really kind of reluctant to get too involved with them in terms of communications and public relations and public information. Because, you know, that meant really dealing with people at the base, and there's a tremendous turnover there as you can appreciate. So you would no sooner get to know the newest public information officer when he would be transferred to Taiwan or something, and there'd be another person in there who might or might not be cooperative, who might simply hide behind the smokescreen that you have to go through the Pentagon for information and all of that. So, we did the best we could to deal with the base, but usually I would deal with the commander, rather than with the public relations officer – public information officer there. Dr. Halki, for example, Col. Halki, Jack Halki, later became General Halki, and now he's a part of the Medical School, as it turns out. He's since retired from the military. Dr. Halki was a guy that we worked with very closely,

particularly when he was announcing back in '76,'77, the plans to expand and renovate Wright-Patterson's hospital. We worked with him rather than with some of the public information officers there. We just felt that, you know, he was a very good spokesman for the place, and we simply used him.

JS: Were there any special programs that you set up, like student outreach programs or anything like that, that you helped to set up for the School of Medicine?

DB: The major thing that we did in the way of outreach – you gotta remember, again, that medical schools generally don't have any trouble filling up their classes, so unlike the rest of the university, where you may feel student slump, you may think you need to improve the enrollments – increase the enrollments – medical schools never have that problem because there are always a lot more people standing out there wanting to get in than could possibly be accepted. By the same token, here, we felt the need to have a good pool of minority students. The state in general, throughout Ohio, has a very small pool of qualified – and that's the key word – of qualified minority applicants. I mean, I can recall some years when you would have maybe only fifty or sixty minority students in the entire state who were trying to get into medical schools. What they do is apply to all of the medical schools, and this is true of non-minorities as well. If you know you've got the qualifications, you simply apply to Ohio State, Cincinnati, Toledo, Case Western, Wright State – you do 'em all, and then you simply sit back and wait for the best offer. It's not unlike, you know, a seven-foot-one star center. You know, you really can negotiate a little bit if you really understand the system. To answer your question specifically, though, we did work with Allan Pope, who was the – I guess the assistant director of the admissions office in the Medical School, to try to increase – first of all, we tried to get good high school students to come out to campus in the summertime and work with some of the instructors in their laboratories. That meant that we had to do an outreach program to the Montgomery County public schools, and we created some literature and things that we would send out to try to get those students to come to Wright State. A second, then, pitch was to the qualified applicants – minority applicants – around the state, and we did literature aimed at explaining to those minority students what we could do for them. So in terms of minority outreach, yeah. In terms of non-minority outreach, it simply was not necessary because the pool was already there.

JS: What types of programs did you have to generate for minority students? Was it a different kind of information you had to put out? Was it a different kind of writing that you had to do?

DB: No, the writing wasn't all that different. What we did, though, we had to show in our photographs – we had to show black students in particular, occasionally Orientals, but for the most part black. When we're talking minority, we really, I think, do mean black students. We would show black students in a laboratory or some academic endeavor, doing something. So we would show them differently – or not differently, we would simply show them in the brochures. And we would design – the first one that we designed, the graphic design of it was, I think, very appealing and very attractive because it used an African motif, sort of earth tones. So the design reflected a minority approach. The writing itself, though, was not pitched any differently, as I recall, than it would be to any student, you know, because, let's face it, I don't care whether you're black or white or green, the information that you have to assimilate as a student in a medical school is the same. You know, you don't change the words for the kneecap just because

it's a minority student who is learning it. So, we didn't write it differently. The information was pretty much the same. We told them how to – you know, what the opportunities were for careers in medicine, we talked about how to get into medical schools, uh, something about the requirements. Really that was it. But we wanted to do, again, was simply increase their awareness of the fact that if they were qualified, talented, gifted people, this was a career that they could definitely, you know, use, or that they could succeed in if they were willing to, you know, to do that.

JS: When you were first setting up shop as a communications director, did you utilize any of the other medical school communications directors as resources?

DB: No.

JS: Why not?

DB: Oh... When I say I didn't use them, I didn't call people on the phone and talk with them. What I did do was look at some of their literature and some of the things that they were doing. Then – as James Dickey once told me in a letter, he said, “Even though I admire Theodore Roethke, my dictum to myself is to go thou and do otherwise.” I think that was probably Buzzard's dictum to himself, to look at what others were doing and then go and do otherwise. Not because I didn't like what they were doing. It's just that I felt that we could be more sophisticated, more professional, than many of the other schools around the country, simply because we were new. And being new has the advantage of, I think, you try harder. At least, I tried harder when we were new. I'd had a background in writing and graphics in public, so I didn't really need to talk with [the] communications directors about publications, for example. I knew about setting up press conferences and working with the media, so I didn't need to talk with those people around the country about how to do that. I already knew those things. It's probably partly ego on my part, but I just didn't feel any great need to talk with them about how to do my business. And John Beljan probably wouldn't have stood for that for very long, and if he realized that I had to go ask other people – he didn't go out asking other deans how to set up a medical school. He already had a sense of how to do that, and he got on with it. And I was pretty much the same way.

JS: When the Liaison Committee for Medical Education came on their visits, did you have a specific role in that?

DB: My specific role would be to help coordinate, put together whatever written material Dr. Beljan and the chairman were going to submit to the LCME group. I don't recall ever being questioned by the LCME visitation group. Usually, they were more interested in the academic people – the chairman, senior professors, some junior professors also, they would talk with them – but they were more concerned with curriculum and the academics side of the Medical School as opposed to my side of it, which was primarily a support function. So while they didn't talk with me directly, indirectly they got information from me because I was the one that helped put it together. And as I recall, I would also – there was a section of the written report which was submitted to them, which dealt with public information and communications. So, to that extent, I talked to them, but not directly.

JS: What was the atmosphere in the School of Medicine when the LCME came around?

DB: Oh, pretty much like it was, the atmosphere that pervaded our barracks when I was in basic training and it was inspection day, and the First Sergeant would arrive at the door of the barracks and call us to attention, and then the First Lieutenant would walk in and go down the aisles with white gloves on and run his fingers over windowsills, and... I'm being facetious, but I think it illustrates that – when you're a new medical school and you're looking for accreditation, you bend over backwards to be accommodating, to be intelligent, to be bright, dynamic, aggressive, and all those good things, when you're being visited by an accrediting team. So – we weren't uptight. I don't mean to imply that. We simply had all of our ducks in order. We knew what they expected of us. And we know that because, again, Dr. Beljan had been through the process when he was in California. So he really knew how to set up – or to get his team organized for these visits. He knew what the expectations were of the people coming in, and he anticipated, so he had us ready. And the things went very smoothly, but everybody was ready to be questioned at any time. But no particular anxiety, just eagerness to do a good job.

JS: When the School of Medicine finally got established on campus, how would you characterize the integration process between the school of medicine and the university? Was it a difficult one? Was it easy for you and your department as opposed to the school as a whole?

DB: No, it wasn't easy. I would not call it easy. It was – again, if I can use perhaps an overblown simile – it was a bit like cooking – if you were female – a bit like cooking in your mother-in-law's kitchen, at first at least. You felt like you were somewhere where you weren't entirely welcome. You gotta remember that the university itself at that time had been in existence for maybe ten or twelve years, so the university wasn't that old, and yet it was old enough to have some things in place. It had a public communications department, it had – obviously – the various colleges and schools were already set up. So here comes this new thing called a “medical school,” and I think a lot of the folks in the university saw that as the tail that was gonna begin to wag the dog. There was that marvelous example that one of the faculty members used once about the elephant that was gonna roll over in bed on the university. [LAUGHS] So, it was not easy because we were perceived – the Medical School was perceived as a big, potentially wealthy entity that was gonna be tacked onto the university, and that was gonna sort of suck off resources in every sense of the word, both people resources and human – and fiscal resources. In many cases, we did hire people who were already in the university. They decided to, you know, take jobs in the Medical School. So, the people over in the university saw that as a siphoning off of talent. Of course, we had – you know, with doctors, inevitably they're gonna make more money as faculty members than the average professor in the university was. So again, that was something that I think was a sticking point for a lot of the university faculty members. In my particular case, we had needs for publication support, we had needs for graphic support, we had needs for media relations support. It was not easy getting those things from the university because in most cases, the people doing that work for the university were already up to their eyeballs in alligators as it was. So suddenly they see this darn Medical School coming on-line, and they're thinking, “My God, how can we possibly meet the needs over there, if, you know, we're just barely keeping our heads above water with our own constituencies already in the university?” So it was not easy, is the bottom line.

JS: You were used to operating somewhat autonomously as the Communications Director in the School of Medicine when it was outside the university.

DB: That's right.

JS: When you came on at the university—

DB: Yeah.

JS: Were you then placed under University Communications, or did you retain autonomy?

DB: We did retain the autonomy. I continued to carry the title of Communications Director for the School of Medicine. As I recall, I believe that at one point I had an additional title assigned, like Associate Director of University Communications. That really never amounted to anything because I didn't do anything for University Communications as such. I mean, I continued to work as the Medical School's Communications Director. But I did interact with University Communications people. Larry Kinnear, for example, and I had, I think, a very good working relationship. Again, recognizing the fact that, you know, a lot of the things that I was doing were really parallel to the kinds of things that he was doing for the university. But again, considering that it's an imperfect world, I think we did a pretty good job of keeping everybody happy with what we were doing. Again, what I was doing and what the School of Medicine was doing was so unique to the medical field that we couldn't just bounce around easily to the – the other thing is the people in University Communications at the university, more often than not, did not know what we were doing. And even if we had asked them to support us and to help us, it would have been a frustrating process for everyone, because would've had to have brought them up to speed and taken time out to bring them up to speed as to what we were doing. So really, I think in the end it was a better relationship for us just to do our own thing. And that's true, again, of most medical colleges throughout this entire country. Where a medical school exists on [the] university campus, usually, the medical school has its own separate support functions, like personnel, communications, and those kinds of things, has its own library, its own admissions function. You know, again, when you think about it, the School of Medicine on campus is the only college – only school – that has its own admissions office. You know, everybody else – all the other colleges use the university admissions office, but the Medical School has its own. That's because, well, their needs are so different from the rest of the university. Well, the same thing was true with communications. The needs were very different.

JS: If you had to characterize all the development that took place in the School of Medicine when you were there, how would you characterize that? You know, key phrases.

DB: Well, it's been rapid. I think it's been well planned. Again, now I'm speaking now as a person who hasn't really been involved with the Medical School for about four years. Nevertheless, it appears to me now – I know that I would say that sort of – the first four or five years were well planned. It appears to me as if the latter – the last four or five years have been carefully planned. Inevitably, it has not been so rapid in the last four years, we'll say, because most of the development in the early – rapid development occurred in the first couple of years, as you would expect. So, it's slowed down a bit, but it seems to be well planned, rapid, uh, I'm

searching for other words to talk about the development. I can't think of anything else. Rapid and well planned. The Executive Committee was composed of all of the deans, assistant and associate deans plus Dr. Beljan as chairman, and then all of the department chairmen were members of the Executive Committee – the Chairman of Physiology, the Chairman of Medicine, the Chairman of Surgery – all of those people sat as members of the Executive Committee, which met once a week, beginning at 4:30 on Thursday evening. I'll never forget because the damn thing would run sometimes three or four hours and you'd be there half the night. But what we would do, we would meet in the basement of the Medical Building, all of the chairmen would come from the various hospitals, the assistant and associate deans would show up, and then Dr. Beljan, as I said, was the Chair. I was there as a non-voting member. Early in the game, Dr. Beljan had said to me, "You're certainly welcome to sit in on these things, simply, strictly for information purposes. You're not there to vote. If you have – if you want to say something in the meetings, you're certainly welcome to do that, or if you want to make contributions, you can do that also. But I really would like to just offer you the option of attending or not attending for information purposes." Well, naturally, I found it – it was invaluable for me to attend those things. Because not only did I learn a lot about the personalities of the people involved, but I did pick up a lot of information, some of it sensitive, most of it just basic, routine information about the functions of the various departments. Things which, then, I could use when I talked with media people, and perhaps generate a story or two every once and a while, based on things that I had heard in the Executive Committee meetings. Dr. Beljan ran these in the following way. He would arrive, he would share with the group things which had come across his desk in the last week which he felt were of general interest to the group, and then he would go around the table and allow each member of that committee to take as long as he or she wanted to, talking about things that were unique to his or her department. And as I said, these things could sometimes run three hours, four hours. Rarely, though, did they get down to the point of really being – uh, there was no hostility, there was no viciousness, there weren't screaming matches or anything like that. And again, that's a tribute, first of all, to the quality of people in the room. Secondly, I think it's a tribute to Beljan's ability to work, or to facilitate a group interaction like that. In this case, he was the boss. In medical circles, you gotta remember that physicians are generally more, I think, more cooperative with one another than any other group of people on the face of the earth. I mean, I've been an academe a long time, and you can't get twelve senior professors together from any discipline and expect them to have a harmonious relationship over a very long period of time. In this case, the MDs were a little different. They were more inclined to allow Beljan to sort of facilitate, to lead them – and I don't mean to imply that they were sheepish, it was simply that they were not as vocal about things as you might expect other faculty or other groups of people to be.

JS: How – did the Executive Committee meetings follow a set agenda?

DB: I guess you would say that. It wasn't written out, but again, it was understood that Dr. Beljan would make his announcements, that then he would one of these around-the-table—

JS: Right.

DB: —kinds of things. Interestingly – and again, I can't explain why this was, but interestingly – the Senior Associate Dean, who at that point was Dr. Jewitt, uh, Bob Jewitt was the guy that

would take the minutes for this group of people. Again, I remember I asked Dr. Beljan why he had his Senior Associate Dean take the minutes. I was always kinda curious, though, why you wouldn't have a secretary do that. But I never asked the question. I don't know why. But that was just sort of one of the interesting things that happened.

JS: Did you ever have to re – uh, were the minutes ever redone? Or did you accept Dr. Jewitt's notes as the official minutes?

DB: Now as I recall, the way it worked was that Dr. Jewitt would then go back to his office, usually that very evening, and sit down and dictate the minutes. As I recall, he would share those with Dr. Beljan – I think he did – before they were finally typed. And then they would go out to the chairmen. I think it's safe to say that as with many minute – or, uh, minutes of the many meetings, to try to review those minutes now would give you only a superficial impression of what went on. They were historically accurate, you know, and I'm sure that they reflected the general nature of the discussions. But they were – inevitably with minutes, there are a lot of things that get left out, simply because you don't wanna go on record, you know, pointing out that Professor So-and-So was disturbed with somebody else for not doing something, we'll say. So, the minutes are somewhat sanitized, I think. At least, that was my impression in those days. Having been in the meeting and then reading the minutes afterwards, you would think, "Well, okay, they're accurate," but they were sanitized.

JS: How much decision-making power rested in that Executive Committee? Was it simply a forum, or did they make specific decisions, specific types of decisions?

DB: It was both a forum for discussing things – but the Executive Committee was empowered to make, you know, major decisions for the School of Medicine, personnel decisions, for example, regarding promotion of the faculty members. Those promotion recommendations from the departments would ultimately come to the Executive Committee. And occasionally, I would get asked to leave the room because they would go into executive session, particularly over promotions. And they would take their votes, and in some cases, not approve a person for promotion. So they did have considerable power to make decisions, and to do things like ruling on a promotion and tenure matter.

JS: Dr. Beljan as dean, how did he – did he abdicate power to the committee? Did he willingly share out his... his delegated powers to the Executive Committee?

DB: I don't really believe that he delegated power to the Executive Committee too often. I think that he realized, again, [that] if the school was gonna succeed, and if we were gonna succeed early and well, that there were things that only he knew about, I suspect. He felt, I think, that he had to lead that group to certain decisions. Now if that translates to manipulation, then I guess that's what it was.

JS: What were some of the kinds of things that only he knew about?

DB: Uh, I'm trying to think – after I said that, I'm trying to think what the heck – what I was thinking of there. I think that as a leader, there were things that he realized the ultimate value of having certain decisions made about something, and I can't give you specific examples.

JS: Political matters?

DB: Probably, or perhaps matters involving medical politics, or matters involving relationships with hospitals or individuals in hospitals. Things that perhaps had come to his attention. He would lead the group, as I recall, into saying yea or nay about things. In many cases, the group probably didn't even know what it was saying yea or nay about. But I think they were willing to trust his judgment, so they would go ahead and say yea or nay based on where he wanted to lead them. As I said, [if that's] manipulation, then I guess that's what it is, but I would like to characterize it as simply leadership and relying on a person to perhaps lead people in the right direction. Usually I think that their perceptions were very accurate, and that they – whatever they relinquished to the Dean probably was appropriate. But they were not a group of people who were inclined to get into, you know, fisticuffs or arguments. There were some strong opinions, and they had very strong opinions individually and as a group, but—

JS: Who were some of the strongest opinions on the—

DB: Yeah, okay. Dr. Kolmen, for example, Sam Kolmen always had strongly held opinions. Barry Blackwell was the Chairman of the Department of Psychology. His opinions were often 180 degrees off what the general opinion was in the group. Again, I don't know if it was because he was a psychiatrist and saw things differently, I don't know whether it was the fact that he was also from England and perhaps viewed things differently, but his opinions were often divergent from the rest of the group. I'm trying to think of others. Dr. Cudkowicz, Leon Cudkowicz, who was the first Chairman of the Medicine Department, had ideas and opinions that were often counter to what other people were thinking. Again, Cudkowicz, interestingly enough, was also English, even though he has a Polish name. He was from England. I'm trying to think of others. I guess those would be the three people who I would recall most vividly as being – running counter usually to the rest of the group. Kolmen, when I say that his were different, he would simply just, sometimes, I think, just do a devil's advocate kind of thing, and simply say something that was opposite, just to try to stimulate some reaction or some discussion. Alan Ashare was another one. Ashare was the Chairman of Radiology, and he often had opinions which were different from the rest of the group. He left eventually and went to Tufts Medical School, I think. But, uh, he would speak his mind occasionally.

JS: Were there any key or crucial decisions that you've seen the Executive Committee make that stick out more than others?

DB: No. No.

JS: But it wasn't quite a housekeeping committee either?

DB: No, it wasn't – I wouldn't characterize it as a housekeeping committee exactly. On the other hand, I wouldn't say that every week in there that earth-shattering matters got discussed, or

major issues were resolved. It could be pretty mundane. Although even when it was mundane, it usually dealt with something that was important to the Medical School, but it was not something that couldn't wait another two weeks for resolution in many cases. So it fell somewhere in between occasional housekeeping and matters of great moment, but none of those matters of great moment stick out in my mind.

JS: Did Dr. Beljan ever use it a sounding board for new ideas?

DB: Yeah, he did. He would throw ideas out or have other chairmen throw ideas out, and you know, like the proverbial – ran it up the flag to see who was gonna salute. He would do that, sure. And then maybe [he'd] bring it up a few weeks later and say, you know, “We’ve had a chance to think about this. Let’s get on and make a decision now.” But again, I don’t recall specific things that he would do that with. But yeah, he did that.

JS: Was there ever a discussion of a flagship department in the School of Medicine? One department that may—

DB: Mm-hmm.

JS: —bring in brilliant type faculty in, to make that the—

DB: Mm-hmm. No, there was never a discussion of that. You know, that would probably not be a wise thing in a group of physicians, each of whom has a specialty area. To talk about a flagship department probably would have been courting professional disaster, because each of them would think that his or her department was the one that ought to be the flagship. And you know, when you look back on it, no department, I think, was singled out as being the leading department in the Medical School. Unless you believe that, since Family Practice and Primary Care was the focus of the Medical School, you might say, “Well, it therefore follows that that department should’ve been singled out for special treatment – let’s say more resources, more faculty, more money to do [this, that, and the other].” As I recall, that wasn’t even the case. Family Practice was treated like any of the other departments. It just got mentioned more often, I think, since the Primary Care focus was there.

JS: Did he ever bring outside individuals in to either address the group or so the group could ask questions?

DB: No. The only time I recall an external person coming in was when Russell Jordan, who is now the President of Miami Valley Hospital, came to town as the new President of Miami Valley, and Jordan simply requested a half an hour to come out and talk to the Executive Committee of the Medical School. And Mr. Jordan came in, did a tremendous job of presenting his plans for Miami Valley Hospital, and he did it in a half an hour. Lo and behold, a few weeks later, we get a request from one of the other hospitals administrators in town. He wanted to do it, see? Nobody had ever thought about it before that. And I can’t recall who the other one was, it seems to me it may have been Jim Fitzgerald at Good Sam’s, who then decided he would like to do that. But we didn’t have external people in there for the most part.

JS: Why not?

DB: No particular reason, just – I guess, no need to have them in there. I assume that nobody wanted or felt a great need to come in, again, until Jordan decided he just wanted to talk about his hospital. No reason.

JS: Were there student representatives on the Executive Committee?

DB: No. No, there weren't. I don't believe so, wait a minute. I don't think so. I know there was a faculty representative. I can't even recall who [that someone] was. I think Harvey Segal was the faculty representative once. I think Bob Se – Bob Weiss would have been on there because he was chairman of a department. Segal was a faculty rep. Tony Phelps was a faculty rep once. Dan Organisciak. But I think that was – those were the only non-chairmen or deans who were on that committee. They were there as faculty representatives.

JS: Did that handle matters of not only policy for the Medical School, but for normal details like financial reports, did the – did Dr. Spengler report to the Executive Committee?

DB: Well, Spengler was a member of the Executive Committee because he was Associate Dean. So he was automatically on the committee. And he sat in each week as a member of that committee. He would occasionally brief them, particularly at budget time, about upcoming budget matters. In fact, he was gonna get out the budget packages to each of them. He would try to alert them to any blips on the budget screen that they might be attentive to. But generally, they didn't talk an awful lot about budget in there, no.

JS: Did each of the major committees – I think there were thirteen of them in the School of Medicine – did they all report to the Executive Committee?

DB: Hmm, no. I don't recall that. Huh-uh. No, I think the Executive Committee was simply a committee like all the rest, except that it was sort of – it was understood the chairmen would be on it and all the deans and the faculty rep. The other committees, as I recall, were elected. I think this was – well, it was a standing committee with faculty representation.

JS: Let's talk about fundraising.

DB: Okay.

JS: What was your specific responsibilities in regards to fundraising?

DB: Let me give you just a quick, twenty-five word or less impression of fundraising. Most medical schools around this country or health science centers will have a pretty darned aggressive fundraising component of a school. They may call it "development" or whatever fancy word they choose to identify it as, but it still boils down to raising funds for – either for building support, or for research, or for something like that. Again, Dr. Beljan – being an old and wise administrator, having spent years in the California system – when he came here, realized the value of generating funds from the community, from individuals and from corporations in the

form of philanthropy. So, he hired a guy named Paul Harris. And Paul Harris, at that point, was – oh, I don't know, he was a senior administrator at Pepperdine University in Malibu, out in California. And Harris was supposed to come here to Wright State to put together our development office. He was gonna be our Senior Development Officer, and develop a staff, and aggressively go after, you know, the funding here in the Dayton area – well, presumably throughout the country. As it turned out, Harris never actually came to Dayton, because – he would commute a couple of days a week from California, and he would do this maybe every two weeks. In the end, though, he sent back all of his checks unopened, about three or four months' worth of checks unopened, with a note to Dr. Beljan simply saying that he'd had a chance to reconsider. He just felt that for a variety of professional and personal reasons, he didn't want to leave California, and he was sorry but he wasn't gonna do it. So that put us behind the eight ball again. We had to go out and find another development officer. We found a man from New York, Syracuse as I recall. He came to town – well, I think within nine months was gone. I don't think he was comfortable here in Dayton. Dr. Beljan wasn't comfortable with him. It was just not a good marriage. So he's gone. So now we're behind the eight ball once again. So now we've lost like two years of time. The next person we hired was Joyce Young. Joyce Young was, I thought, a very capable development officer. She was with us for two or three years, as I recall, and then got a job with Metropolitan Insurance, and left the Medical School to go into that. And then we hired a man named Gavin Pitt, who currently – still in 1984 is the, what they call the health affairs development officer. But the development function has been kind of spotty over the years, simply because of the change-over or turnover of people in that position. Also the fact that the university has a development office, a development function, and in an organization as large and complex as that, you've got to be very sensitive to who is out knocking on doors, what they're asking for, and all of that. So, the thing I think is still almost in its infancy stages in terms of the amount of money that's being raised – I don't think, and I don't know the numbers, but I don't think [that there] are any significant dollar amounts being raised by the Medical School alumni – or, I'm sorry, development office. There were some sizable contributions in the early days. I think Mrs. Kettering-Kampf gave something in the neighborhood of a million dollars to the Medical School. I know also that Mrs. Pruett, Thelma Fordham Pruett, gave what I recall as like a half a million dollars to help establish the Health Sciences library. So, there were a couple of sizable gifts of that nature, but for the most part, the place has not completely gotten its act together, I think, in terms of reaching out and tapping into the various sources of philanthropy in the community, and the region, throughout the nation. I suspect that someday, you know, they will probably get people in there who will really do an outstanding job. We were involved, though, as a communications department, in trying to simply support the people who were trying to put together the development activities. But they – in most cases, they had no staff. They were an individual, presumably a professional, in a role where they had no staff to speak of. So they couldn't – they were kind of spinning their wheels, I think. And we would try to help them out, but we had our own responsibilities and duties, and Beljan never said to me, you know, "Go work with the development people and devote yourself to them," because there were just too many other things to do. So I would characterize that as kind of a spotty effort over the years. We've had some, I think, pretty skillful people in the position, but for whatever reason, it just hasn't blossomed.

JS: Did they do any – their development efforts, were they independent or did they have to work through the Wright State University Foundation?

DB: [LAUGHS] That, I believe, may have been a part of the problem, and it was never really clearly spelled out, cut and dry, black and white, as to what the development officers' relationship with the University Foundation and with the university development office was really supposed to be. As I say, I'm willing to believe that a good development officer working for the Medical School could go out and drum up a heck of a lot of dollar support, just because it's easier to sell medical schools probably, and cancer research and things like that, than anything else. And people will contribute to those kinds of things. But it requires a really organized effort. You can't just go out and knock on doors occasionally and say, "Hi, I'm here, would you like to contribute?" You really have to get your ducks in order. In many cases, the big half-million, million, two million dollar kinds of contributions are things that you must develop over a period of years. You don't just walk in and somebody will give you that kind of money. You have to set it all up. You've got to understand a lot of things to be a good development officer. You've got to understand deferred giving, annual support, corporate support, all kinds of things to get involved, [state] planning, financial planning, and all those things. And make – as I say, it's a long-term process. And if you're looking for a development officer to give you an immediate turnaround and an infusion of big bucks within three or four months after he or she comes onboard, you're really not being very realistic. Because they have to develop contacts in the community and, as I said, set these things up sometimes two, three, four, five years in advance.

JS: What do you see as the future for development for the Medical School?

DB: I think, as I said, I really believe that there's a lot of work yet to be done with the individuals in the community – and when I'm talking about individuals, I'm talking about the twenty-five to a hundred dollar type contributors, people who are not gonna make or break you individually, but collectively they can have significant influence. So I think there's a lot of work to be done there. I think there's work to be done in the corporate world in Dayton. With corporate philanthropy, the ARMCOs of the world, NCR, and those kinds of places, I think, probably have yet to be approached in any rational or reasonable way and asked for significant support. Finally, I think that there are individuals – wealthy, influential people in the community – who have yet to be approached, again, in a professional, sophisticated way, and asked to provide support. So I think that there's a lot of potential and a lot of challenge for development in the community yet, but – and I think it will be done eventually – but it hasn't been done yet, at least from my point of view.

JS: Here's the sixty-four thousand dollar question: how do you perceive the School of Medicine today as opposed to when you became involved with it, and the rapid developments...?

DB: I think I would prefer to answer that in the context of what it was. As you characterize it, in the early days, it was dynamic, it was wide open, it was exciting, colorful, sort of uptight. Because, again, when you're developing something like that, you're never actually certain if you're gonna get approval, or accreditation, things like that. So there was an element of uptightness. I guess I would prefer to talk about it as "creative tension," but call it whatever you want to. It was all of those things. It was the excitement you would have with any new and developing organization. It was particularly true of a medical school, though, because there just

aren't that many of them in the country. My perception of it today is that there's still excitement there, but again, it's an inevitable function, I think, of the evolution of an organization that some of that newness is gonna have to wear off. Some of the energies of the people involved inevitably will dissipate. You cannot maintain a ten-year high, at least I can't. I know if I were a part of it today, I would probably be more lethargic than I am. Just because it's like anything in your life. You do lose a bit of the edge after a while. I think it's a far more mature organization, from my point of view now as I look in, compared with its infancy when there would be false starts. People would get excited about something, spend two months working on it, only to discover that, hell, they were going down the wrong road. I think now there's probably more opportunity for the people there to sit back and to take a reasoned approach to problems and to possibilities and opportunities than there were in the old days. Is it still an aggressive, growing organization? My impression is that the growth has probably leveled off. I don't think we're gonna see any major influx of new faculty positions, for example, in the School of Medicine. Again, that's a guess on my part. I just can't imagine that happening, though. The thing that I think would be most exciting – but again, I don't know how practical it would be – but the most exciting thing would be the creation of some sort of a hospital for the campus. Again, that may be foolish, wishful thinking, but I think it would be nice. I think that would give a whole new perspective to medical education at Wright State. Because – to use the cliché, or the simile that I used before, talking about something else – when you are a medical school that must rely on the community hospitals, you are in effect out there, again, cooking in your mother-in-law's kitchen. You really are at the mercy of those hospitals, and if they become recalcitrant or reluctant to cooperate with you, then you've got real problems. Whereas if you control the hospital, and it's on your campus, I think that it gives you a lot of freedom to do things that you couldn't do otherwise. I see that as something that would be marvelous to have at Wright State in the next twenty to fifty years, probably. That would create, or rekindle, I think, some of that excitement that had to be lost after the first four or five years of existence of the place. But it looks to me – again, and I see their publications. I hear their dean speak. He's dynamic. Dr. Sawyer I'm talking about now, he is one fine dean, I think. He's very verbal. I think he's a good dean for the Medical School here at Wright State at this point. He's very different from Beljan. He's not quite so willing, I think, to go out in the community and get involved with a whole lot of people, and to be nice to them all the time. Beljan, again, was sort of the consummate politician, and he'd go out and at least make the people think that he was being nice to them, simply because he wanted to develop a medical school, and so he did whatever he had to do in many cases to get that done. I think Dr. Sawyer has the luxury of not having to be quite so accommodating with people in the community and with other physicians, for example, as Beljan had to be. And that's not a criticism of either one of them. It's simply, I think, different people at different times in the development of the school, and they are each able to behave as he wanted to. But I think that I see really dynamic people still at the Medical School. As an entity, as an organization, I don't think it has the same kind of momentum that it had in 1975, and again, I think that's an inevitable evolution. The university – Wright State probably doesn't have the momentum that it had in '67 before you and I ever came here. I would assume that that's the case, anyway.

JS: Well, thanks a lot for the interview. This has been informative, for sure. You've given me a good viewpoint that I don't think I could have [gotten] anywhere else. So, thank you very much, and what I'll do is I'll go back and take a look at the notes, and I'll come back with any detailed questions that I have.

DB: Okay, good, good.