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Dr. Edward J. Spanier interview (2) conducted on January 8, 1985 about the Boonshoft School of Medicine at Wright State University

Edward J. Spanier

James St. Peter

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WRIGHT STATE UNIVERSITY
School of Medicine Oral History Project

Interview date: January 8, 1985

Interviewer: James St. Peter

Interviewee: Edward Spanier, M.D.
Interview 2

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| JSP | My name is James St. Peter and this is the second in a series of interviews with Dr. Edward Spanier, first assistant Dean for administration for the right State University school of medicine. The date is Tuesday, January 8, 1985 that time is 2:00 PM, and Dr. Spanier and I are in room013B of the television center here at Wright State University. |
| JSP | In our last interview we left off with your role as assistant director of health affairs planning. What that consisted of was it was pretty much the same thing you are doing when you are working on the document for delivery to Cleveland, to Columbus rather? |
| ES | I think a logical extension of that. Sometime after the package was delivered it was still a great deal about activity of political in the state of Ohio they were study groups, accordingly there was a need to develop position papers collaborate on, extend, justify, explained some of the statistics, demographics, and the arguments that were effectively presented in that document. The other things of course locally there was the need to keep lines of communications open with the folks who participated at the other institutions. And then of course the planning itself proceeded basically under the assumption that we have approval rather than sitting back and saying, well we delivered the package. Now wait for them to say yes. I think we might summarize the general approach by saying that, effectively the mode of operation was to assume that approval was a foregone conclusion and therefore we were to the best of our abilities, attempting to reduce the document into practice. |
| JSP | What would've happened if that document had been rejected? Wouldn't that have been a waste of resources and time? |
| ES | While in the sense of the immediate objectives of the School of Medicine, maybe, but rejection presumably as you use the word has implicit in it rejected with no possibility of recourse. I guess I would have to maintain the document was effectively rejected in at least some quarters so therefore anyone who was critical might be perceived to have rejected the document or the needs the study responded to. |
| JSP | How would you categorize the General Assembly's attitude towards the document after you delivered it to them, from between let's say the first half of 1973? |
| ES | My perspective largely from the newspapers I think the local legislators were clearly |

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| | <p>supportive in general I can't feel or don't feel that the legislature of the assembly on the whole recognized the need of the study and I think basically the fact that I delivered a logical compelling argument to any political body has that guaranteed. Largely other than dealing with if you will the political process rather than say, here is a need, stand up, rise up and respond to the need.</p> |
| JSP | <p>Who were the main actors here at Wright State? Who was pushing for the program at Columbus?</p> |
| ES | <p>I think clearly Bob Conley, Bob Kegerreis, Fred White. Largely on the part of Wright State, and I can't speak to the folks on the board. There was involvement in it on the board level as well as far as the folks on campus, I think Conley and Kegerreis were the principals. Dick DeWall also and then of course Clara Weisenborn, and CJ McLin on the other side and I think support probably from [Phil Schriver] and - but again clearly not as actively as saying let's say Conley.</p> |
| JSP | <p>Drs. Conley and Kegerreis were in fact acting in vice presidential capacities, or was Dr. Kegerreis president then?</p> |
| ES | <p>I think Kegerreis became president probably somewhere towards the middle end of '73. Is that fair, or am I wrong? '74? Would you believe I don't know [laughter].</p> |
| JSP | <p>I think it was 74.</p> |
| ES | <p>Golding resigned when I came on. I guess Golding had just left, so about '73, maybe the middle of the year would make sense to me. So I guess the answer would be, yes, that White probably as acting president, and then Bob Kegerreis as the new president.</p> |
| JSP | <p>In your discussions at the time with Dr. Conley would he tell you about the willingness or unwillingness of the general assembly or the various subgroups to talk about the present document?</p> |
| ES | <p>I don't really think that I could really adequately summarize it. It's kind of a dynamic process and again it would not be apparent to me that there was a position by any given committee or the assembly as a whole, I think. What we were very aware of it is the general interest in the assembly, maybe in the area of medical education not necessarily because of their interest for Wright State but because the Wright State proposal was there and there was another proposal from the Northeastern Ohio Consortium, there was if you will a group of from the osteopathic community, the family practice, the docs and the family practice were aggressively talking to these families saying there is a need here for primary care physicians and and family practice. So I think the issue of medical education was placed in the forefront of the assembly simply because the issue was surfacing from several sectors simultaneously on the other hand folks who are presumably knowledgeable the Regents as well as experts in the education community were saying that another medical school was not necessary so the issue then really would be wise the assembly ready to buy one, ready to buy everything, arguments from</p> |

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| | <p>again the governor, and the Regents as well about the cost Toledo and say we don't need another one. So again I think that it was a constantly sort of boiling pot without any real focus about what is the problem that they were what is the issue or who should we talk to because of that point there was still a question of is it going to be the Northeastern group or the Dayton group? And the question was really strategy questions as to do we effectively if you will compare ourselves with the Northeastern making the assumption that it's got to be one or the other. So those were I think relatively high-level strategy positions and I guess one thing you can say looking back is clear that neither side really attacked the other sort never degenerated into an either or type of situation so the dynamics of those interplays I think was a focus for that time period. Question say from the osteopathic community, right State, or Dayton should be, utilize Michigan State as a model for their program and then the need to assess, evaluate those positions, respond, pretty much occupied, I think a lot of that time period.</p> |
| JSP | <p>In April 73 two things happened. The house finance subcommittee allocated \$500,000 for the planning for both the Northeastern Medical School and Wright State; \$250,000 each. And the second thing is that the Dayton legislatures had a meeting with Gov. Gilligan, CJ McLin, Paul Leonard, [Tom Friese], and [Larry Kristin]. What was the reaction on your staff to those two events?</p> |
| ES | <p>I guess basically enthusiasm. On the other hand there was also a lot of ambiguity. I would say the economic news was released planning monies. While indeed funds were made available at times it wasn't indeed perfectly clear that the funds were actually released and potentially able to be spent. So again I would say we went through. Great ambiguity where at least those things were taken as encouragement and we were moving in the right direction, it was not necessarily a guarantee that indeed the program had been approve and we were over the last hurdle. I think if you watched the events after that time. Again it's sort of gray at least to my mind. Still in my mind when I try to point to a specific time and say here this is the date that there is that the native or specific approval for the school of medicine. So again while I would say we were clearly the staff and supporters and the people, were clearly in the news, it wasn't apparent that we had in fact won the battle, or at least won the war.</p> |
| JSP | <p>Did you ever get impatient with the process?</p> |
| ES | <p>Sure. Constantly. In the sense of, perhaps naïvely I believe there were was a compelling need in that we have superb program and the institution clearly that this project and serve as a national model for a new approach to medical education. And why can't these folks in Columbus see that? So again there was a high level of frustration. On the other hand after some time. I can probably understand their feeling that we are probably trying to pull the wool over their eyes saying that we could do this innovative program very quickly and relatively inexpensively and once we had obtained their approval, would probably turn around and say what we need 100 million or \$200 million to build a hospital in Fairborn. So again, it's a bit of a credibility gap, or a daily spectacle about what we were proposing.</p> |

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| JSP | What did you use that extra money is for? That \$250,000 which was eventually increase to \$615,000? Or was that immediately used for-talking to architects, bringing in consultants? |
| ES | No I think if those were literally planning monies then - I might have to go back and check budget documents and things but my recollection is that recognizing staff at the time was Conley, myself, maybe two secretaries I think. So there really wasn't a great deal to spend money on. Were indeed the capital funds became available was there were planning monies or design monies associated with capital project. |
| JSP | That was in July of 73? When they got the \$6 million appropriation? |
| ES | Ya before that there was a so-called Biomedical Science Building Phase 1 program. For construction. Then the 6 million then, was for a phase 2, and then a so-called phase 3 which went to medical science with some education money. Maybe I'm getting too far ahead of you but I guess the simple answer would be, yes, in the sense of buildings. The first capital appropriations were entrusted into the biomedical sciences program phase 2 and those dollars that were used for the architectural sort of planning phase. |
| JSP | Were there plans for a biomedical sciences building regardless of the medical school authorization? |
| ES | Yeah there was a phase 1. Which largely with biological sciences. Biological sciences then, if you will involved, and effectively stayed as biological sciences but effectively split off before new departments of anatomy, physiology, pharmacology, immunology, and I'm missing one - anatomy. So where there was one before now there were five. |
| JSP | Pres. Kegerreis appointed a search committee in July of 73. Were you on that committee? |
| ES | I was the staff assistant to the committee so I guess I was staff to the committee rather than being a member of the committee. |
| JSP | How many applications did you send out? Did you simply post it in the Chronicles of higher education and things like that? |
| ES | No not really. Well we had to do that, put it in the Chronicle. I think we put it in the Journal of the American Medical Association and the New England Journal of Medicine science and what have you. On the other hand both Conley and I believed that by simply putting advertisements in a journal or publication, that's actually serving notice that we are looking for a Dean. That that would not be adequate. So that indeed solicited people attempting to identify folks with experience with new medical schools folks who were oriented towards primary care. So a lot of letter-writing, soliciting nominations, in identifying people to follow up on those nominations, and on occasion a few will traveling to meet people in airports and essentially try to convince them that |

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| | they should be a candidate or what great plans we essentially had in Dayton, Ohio. |
| JSP | Approximately how many candidates were there? |
| ES | Again I think ballpark anywhere in the area of 120 - 130. So good number if my memory recalls correctly. |
| JSP | How long did it take to where the numbers that you wanted to go down to at certain intervals? What was the first cut? |
| ES | Well basically a series of reviews and qualifications by the committee breaking essentially matched them, developed criteria, and-a relatively large committee and again my memory recollection would be anywhere in the order of 18-20 people. Effectively evaluated individual resumes, we tabulated and essentially balanced sort of a quantitative kind of approach to, if you will, numerically rank each application based on our desired qualifications, which those folks presented to us on paper. Having gone through that batch several reiterations went from largely a scorecard or grading down to a letter of recommendation and making phone calls obviously, then to invite several folks in. |
| JSP | What kind of people were on the search committee? Were there any specific numbers which were defined by the administration? |
| ES | Well I think I would say it was probably one of the most lovely base committees I have ever seen. Community docs, hospital administrators, Wright State faculty also Miami, Central State. I think it was representative of the relatively diverse constituency who had an interest in the development of the school of medicine. |
| JSP | How long did that take? |
| ES | Basically through the early spring or early winter so that by essentially January February March of next year we are pretty much down to two or three candidates-three if my memory is good again. |
| JSP | Those were invited in for how many visits? |
| ES | Again the collection is two cycles each. |
| JSP | What do you mean by cycle? |
| ES | Oh we put them through the wringer I think. Again recognizing that there wasn't much there wasn't much of anything at Wright State short of a planning proposal that many of them probably were somewhat skeptical of or at least felt could not be reduced to practice quite efficiently so again when those folks came in addition to going to the University community and then visiting Miami, and then visiting Central State also had to essentially see hospital administrators see the medical society, basically be |

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| | <p>comfortable with this community. So again to run folks through that gauntlet, you really require two or three days just to sort of orient them expose them to some of the players in the community because [if] they could sustain that process to remember why they were here, and who they spoke to, you're pretty much a viable candidate. That's somewhat cynical but I think recognizing again you're coming from-those folks came in – three of them, one from Michigan, one from Nebraska, and one from California, which were eventually the sort of finalists, having gone through that cycle and coming back a second time perhaps with a spouse and having escalate it to higher levels of management, board of trustees, community kind of leaders the legislative folks who have helped us. Again they were given, I think a really rigorous review, exposed to the broadest constituency. Newspapers were involved, and again these were the players that were very important to the development of the school having played major roles up to that point and clearly would be important as the community-based school evolved. So I think it goes to the very nature of what we were about and we proposed to do a terribly broad group of people who had to be involved in at least the process is not the decision-making and their opinions at least factored so they had a voice.</p> |
| JSP | <p>Let's leave the search process now and talk about I'm sure is one of your biggest bones that you had to deal with. The governor had a task force, it released a negative report in November of 73 against the making the recommendation not to have a medical school in Dayton. How did it affect you and your group?</p> |
| ES | <p>Oh [laughter] terribly. Because it wasn't clear. Was this an advisory group or was this essentially a body that was going to deliver a definitive ruling, or that the governor would essentially implement the recommendations of the committee as delivered. And again that's largely again I think the political process, at least in hindsight it was political. At the time I think perhaps the fear was that indeed this broadly based group would essentially see these recommendations inflicted by the governor. So it was in November I recall which was devastating enough but if you will that snake probably seem to have been killed at least two or three times. My recollection was that it was probably in the timeframe of January or February, where we had candidates in town interviewing for the Dean's position that there was still newspaper reports and statements evolving from that committee, speaking against the development of a new school of medicine in Dayton and again I think it ultimately perhaps proved to be a test for some of the candidates as well. Who would continue to be candidate in the midst of such turmoil or at least uncertainty? So the answer is yes a great deal, the ambiguity uncertainty and recognizing the potential implications of this thing. So again in the sense of your earlier questions recognizing you have task force even though you have funds released or made available from the controlling Board From an institutional perspective is it appropriate to spend those funds commit those funds to- develop a medical school when the question of a medical school apparently is not definitively resolved.</p> |
| JSP | <p>In the interim you kept on doing what you been doing all along developing new plans, response to the program?</p> |

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| ES | Precisely yes. |
| JSP | Dr. Kegerreis was inaugurated as the new president in November of 73 on the seventh. And two days later the executive committee on the task force recommended dropping the schools. Did you sense renewed energy on the part of the staff after that hit in order to counter the negative activity in Columbus? |
| ES | I can't really recall response. A-renewed energy? I don't think I would go [laughter] quite that far - I mean certainly there is anxiety and uncertainty. Maybe immediately there isn't even a forum which is apparent to respond and would anyone listen? His best definitive word? The other question of course would be the governor's task force delivering a report or recommendation on essentially healthcare in Ohio, had us in Bob Kegerreis or Bob Conley or even a single institution get the forum or an arena to respond to those recommendations or who do even speak to? Where do you direct your response? So again the question of where is the enemy, and how do you refute the arguments? You're dealing again with the kind of nebulous kind of thing in the terms of a committee that has delivered its report presumably the report being the best and last word on the subject. |
| JSP | By that time though you had gotten substantial private donations towards the development of the medical school. |
| ES | Right. |
| JSP | From the people at Kettering? |
| ES | That's right. I think we probably at that point if my memory's good, had the money for Fordham as well, the Fordham Library. |
| JSP | What impact did they have? Do you believe they had any impact in Columbus? |
| ES | Again my recollection in hindsight was that the Kettering gift was not really formally announced. I do remember the announcement of the Fordham gift, but that was for the library. That was when the governor was for a physical education building and I think Kegerreis did indeed make the announcement and very shortly after that the governor left onto his helicopter and flew off into the darkness. I'd say he was not particularly impressed by the surprise that was laid at his doorstep. And possibly the Kettering gift if you will was even larger of course was sort of held in reserve is another if you will silver bullet or what have you. To kill the ghost that if it would rise up again. From the governor's perspective I would say that his response was somewhat less than enthusiastic. |
| JSP | What made-do you feel, made the Chancellor, Chancellor Norton's from the Ohio Board of Regents change his position about the medical school? Political pressure? |
| ES | I can't-I wouldn't want to conjecture on it. I really don't know. I don't have enough |

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| | insight into Norton to assess why. |
| JSP | When he made that recommendation public, that the two medical schools would in fact be built was that kind of the final sigh of relief and one of the final hurdles to be crossed then here at Wright State? |
| ES | I would say no because here again, it wasn't clear. Much like recognizing what we had been through, if you think back to the previous spring-summer the release of the planning money at that point, you would've thought, well that's the definitive word. And then we went through the valley of iniquity with the task force and the health recommendation that also could have been the final word but unfortunately the final word we did not want to have said. That now that the Chancellor would make a recommendation, again there were other hurdles and again I think it was apparent by that point that now I wouldn't go so far as to say a sigh of relief, because it wasn't clear that we were home yet. |
| JSP | But two things happened in the winter of 74 in February. You applied-the school applied for the VA grant under the Teague Cranston Law. And in March Dr. Beljan was hired as Dean. There was not final approval for the medical school at that time? |
| ES | Not in my mind no, I think that we were confident, but again I'd have to go back and say when was – what is the definitive day on which the school of medicine was established? Well, what I think you could point to clearly was the first time Wright State University School of Medicine appears as a line item in the budget bill, that's pretty clear. But back away from that and say when did it happen? Maybe you have a date or an event and we clearly have pointed at some things, but again from the perspective of breathing the proverbial sigh of relief, we got into the summer when Beljan showed up I guess it look like we have school of medicine but speaking for myself I don't think I'd go so far as to say that even then I wasn't completely comfortable or occasionally maybe looking over my shoulder to see someone still wasn't coming after me, or after the school of medicine for one last go at it. Here because then the other question even though you have perhaps some things. We do have approval, we do have a go, the next question is funding. So again we could be all well and good and then we have approval for school of medicine, the dilemma however is that the regents did not appropriate the dollars to begin the development. Even if the VA grant were granted it's useless because there was a 90-10 match for salaries and clearly other things were necessary. So again I think there was always some level of discomfort till again clearly things began to fall into place and then we were confident that there would be a- |
| JSP | When were you comfortable with the idea? Finally? |
| ES | That indeed we were home free? |
| JSP | Uh-huh. |

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| ES | <p>Oh again as a pragmatist and as a conservative I would say that I was probably comfortable probably about couple years down the road. The dilemma was there again a constant series of obstacles. There were at least things to be concerned about in the sense of dollars, would we get the VA grant, we needed a letter of reasonable assurance based on the time frame we had available, the staffing, the plans again in that site team visit. Did we have enough to show them a letter of assurance to get the VA grant to get the school of medicine? Against other - constantly, there were new obstacles and hurdles tasks to be addressed in a short period of time as quickly as you jump on this, there seemed to be at least two more that you could see in a very short timeline. Any one of those things could've been devastating. So having gone through again the exercise of the state; that we would get this so-called letter of reasonable assurance recognizing that we were nontraditional entity probably again a development that was not greeted with fast and easy on the part of the other schools, recognizing what was said about the need for physicians and physicians supplied even at that point the question. Was it conceivable or thinkable or possible? Was it a foregone conclusion or were we on a greased slide? The VA grant, I think once we had the letter of reasonable assurance I think we were reasonably comfortable that if you will was in the bag, but again how much is in the bag when it lasted a full time. How much flexibility could you offer at the local VA? Again recognized tight timeframe.</p> |
| JSP | <p>What were you doing in the interim? Were you writing the grant request for the VA?</p> |
| ES | <p>Yes.</p> |
| JSP | <p>How long did it take you to come up with that?</p> |
| ES | <p>I don't know probably a couple weeks. I think I've done, I don't think I did I guess every VA grant. And I don't even have to go out and pull paper I suspect we submitted an application and perhaps two revisions on the first application and again done a short sort of timeframe</p> |
| JSP | <p>It was a lot of work.</p> |
| ES | <p>It was a lot of money [laughter]. Again it was the success of the school-that program was vital to the success of the school. Again when I was in medicine or still have my office and medicine there was a collection of those things. Without exaggeration I think Conley and I did one Beljan came in and said no I don't like that, change the staffing model, increased salaries, do this, do that. We submitted another one, got some feedback from the VA. I think we did a third one.</p> |
| JSP | <p>How long were you assistant director for health affairs planning?</p> |
| ES | <p>It happened in 73, Beljan got here and 74. I suspect probably by the middle of 74, middle of June July August kind of thing I was assistant Dean for administration in the school of medicine. That's off the top of my head without checking, but that sounds about right.</p> |

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| JSP | Did you always know you were going into the school of medicine as assistant Dean? |
| ES | No. They made an offer I couldn't refuse [laughter]. |
| JSP | When did they make that offer to you? |
| ES | It wasn't really an offer. Again, Beljan in hindsight said that I was coming. |
| JSP | In other words he appropriated you out of the office? |
| ES | That's right yeah. For better or for worse. And I don't know again even today I can't say why he did it, but nevertheless he did. So again never was I formally asked ,do you want to? The next thing I knew I was in medical school or in an office with John Beljan and awaiting, and then off to the Kettering Center. |
| JSP | What was your impression of that first early group of staff people? |
| ES | Super. An organ come back to it but I think maybe it's worth staying for the record that from the first day, for the first time Beljan walked in to the search committee, or the institution, the first time I saw him in that group, in my mind he was the man. |
| JSP | Why? |
| ES | Total command of the community and of the committee. The ability to walk into a room and deal on a human level and be able to establish a relationship with two dozen folks around the table. To be able to remarkably remember people's names. The first time that he met them, address them by first name develop a rapport and seem to garner the support of that group of people. Recognizing again we were trying to build, a community, school which would rely on community resources, the fact that this person could come in and grab hold of these folks and develop a rapport with them in my book was probably the most important skill that John Beljan possessed or demonstrated in that interview process. Not the fact that he was an M.D. or that he had experience modeling a new school of medicine, were almost incidental. The fact that he was a surgeon of course was negligible because we were looking at primary care. Again in the framework of the folks that came through I was impressed with Beljan, acting for the first time I saw him in a group session. |
| JSP | What do you think the rest of the steering committee felt? |
| ES | Again I can't assess steering committee. Because recognize again we're in the midst of a great process and committees and more committees, who make the decision. Ultimately it's the three presidents. Probably the three presidents in the board. I think in general the committee was impressed with Beljan. On the other hand I would say they were as well impressed with the two other people. I think solid candidates-the other two had the advantage of again one basically a background in primary care medicine in a |

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| | <p>school that was also relatively new. The second one, the pediatrician who had been in a more traditional school and John Beljan, the surgeon who is associate dean from a California school. When you think of that in the context of Dayton in Ohio I think someone from the East-Coast/West-Coast either they were initially from Detroit or the Midwest probably would be not as attractive as the one from the Midwest and clearly recognizing that we were attempting to do-primary care and the heat that we had been through about credibility of the hospitals and go into a classical mode. And if we hired, as founding dean, a surgeon, it looked to give some credence to the statements of the opposition that indeed we were going down a traditional path. So again in the context of what the model is all about John Beljan was well, not two black marks on him, but two question marks on him at least that had to be overcome.</p> |
| JSP | <p>What did he do when he came in? Took a look at your plan and-</p> |
| ES | <p>Laughed. [Laughter]. He said it's totally unrealistic.</p> |
| JSP | <p>How did you feel? This has been more or less your child that you brought up, you've written it reiterated it, developed it, redeveloped and finally sent it up to the general assembly.</p> |
| ES | <p>Again my background is technician. In the sense of the proposal-it was pretty good I mean he can criticize the prose. The framework of the model-what I guess I was convinced was the model we built was probably the most efficient in the sense of people and dollars. A structure that could be built to deliver medical education. Do I believe that that model is viable? Even today? The answer is yes. The question was whether or not you could hire anyone to work under those conditions or whether docs would come in and work for the salaries that we were offering. Those were probably what led John Beljan to that sort of laughed and said that the standing model is totally unrealistic and salaries that were being proposed to pay the physician staff were entirely not in keeping with the marketplace and we would have to relook that.</p> |
| JSP | <p>How much work did it take to come up with what they call the Dean's plan?</p> |
| ES | <p>Much work in the sense of hours or days. At that point we had been geared up to write and respond to the reiterations look at demographics-at that point was almost like just cranking out another version so-I would almost say it's child's play after the some point. After having been through so much to do it with just one more time or two more times or three more times-sure why not it's sort of like putting a paper almost everyday. So again yeah sure that the timeline and the dilemma-I should say not the dilemma the job was difficult with John Beljan be able to do Dean's plan because we've got to revise this thing were going to resubmit to the VA and him commuting from California trying to develop a staff trying to get oriented in the community. And again basically new people here in an attempt to follow John Beljan's direction where he's commuting from California a couple of days essentially every other week. That was the difficult part. And of course do a good job not to make a mistake. The learning process of putting together new people a brand new team particularly where John would turn around and</p> |

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| | <p>say at that point it was John Beljan and Ed Spanier. John brought an administrative assistant from California with him was essentially the first sort of secretary-Sharon Halling. So the three of us there were two Californians and myself, and where we were going to go and what we're going to do and what timeframe. And again I didn't get or the day endgame guidance I would've liked in this new venture-there was some uncertainty there was nothing.</p> |
| JSP | <p>He came in in March?</p> |
| ES | <p>Yeah.</p> |
| JSP | <p>And the first LCME team came in an April.</p> |
| ES | <p>Yeah.</p> |
| JSP | <p>How did you react to that? Were you prepared for the LCME?</p> |
| ES | <p>I guess in hindsight yes. Prospectively no. When I sat there and scheduled those people to the realization that it was necessary-we had to do it we needed those folks to comment and again the driving force was that we needed a letter of reasonable assurance. And there wasn't any question of are we ready. Would I like to have held them off for six months? Oh sure. The bottom line again is if we wanted the VA grant we had to have that team in here and we had to do well and we had to have them confer essentially a blessing on us, because the big questions at the time – do we go, in respect to the VA grant there were a lot of other states that were making noise. There were seven that were possible. I know Maine was making noise, and California was making noise. So again with the question- we sat by the wayside while the legislation around the compilation of seven. Is it possible that seven could get there before us? Or was it possible that let's say they would have money for two and there would be no additional appropriations. Again the bottom line was that, one off when you have that Texas was in the running and clearly had the political clout - regardless of what happened, and they had the money for College Station they would be one of the designated schools under the VA because of Teague. Marshall, Johnson City, Dayton and again those ultimately were the winners but there were others then that were making noises and questioning why do we need the money and if we don't get the VA grant what the state was giving us would not be adequate. And if we don't get in there first could we lose? So again it is a sense of urgency and again we have to do this, and it's necessary, and again we have to succeed. And John Beljan did.</p> |
| JSP | <p>What was that first LCME meeting like?</p> |
| ES | <p>Stressful. Maybe even a bit unpleasant. As again if they came to do a site visit there really wasn't much to visit. Short of driving around Dayton and showing them plans showing them to hospital administrators and again the report, and the support with the community. And the support of the community was critical too, that because possible directors had to say, yeah we will sign a contract yes we will commit beds, yes we will</p> |

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| | <p>make space available-yes, yes, yes. I think had there been any weakness in the showing on the part of the community, the authority that we would not have gotten it. The letter.</p> <p>[Breaking recording]</p> |
| JSP | <p>17 May of 74 Gov. Gilligan finally endorsed the School of Medicine at Wright State. When it came down did you two guys pop the corks and start celebrating?</p> |
| ES | <p>No. Again because even then were still looking for money. And recognizing where we were where the LCME was it was critical. Again getting to the process and to begin to receive appropriations and eventually fit into the cycle of the biennial appropriations. Slipping at that point it's clear we were saved out of the woods to get a hollow victory if the adequate support from the state wasn't forthcoming to allow the match, is going to be necessary with the VA grant. So on the one hand yes on the other hand no.</p> |
| JSP | <p>You followed to the letter of reasonable assurance of accreditation on 13 June 74 and shortly thereafter you that \$19,700,000 from the Veterans Administration. How did you feel then?</p> |
| ES | <p>That's good. We're making progress, but I have to go back and look at precisely where we were with state funding and the dilemma was that 19 million recall that grant once supported faculty and administrative set salaries of folks associate with a medical school development the first three years there was a 10% match required from local funds in each succeeding year so early on with the accelerated development that was required, that John Beljan wanted there was a critical, urgent need that there be dollars just new problem surfaced at the time there was a cap on earnings. Could you really attract people to Dayton Ohio with \$55,000 salaries for physician positions? What do we have to do to attract people to Dayton? You know again recognizing were dealing with in a very competitive marketplace. Again simply placing the advertisement would that do the job. Generally no. Not probably for the folks we wanted. So there were a whole other series of calls that have to be overcome but I was - I'm sort of always the eternal sort of pragmatist. The question really wasn't what hurdles that we sort of overcome or what's behind us but what's the next obstacle. And in this sense then of when were we ever really out of the woods. I would say I probably only felt I was out of the woods after the first class graduated and we got full accreditation. When they said they didn't want to come back for several years but other than that seven site visits from the accrediting body essentially every year with the VA coming in to look at progress or were we sent in a supplemental application to ask for additional money, or we ask for funding for we have a construction to again meet with those people. There were constant hurdles and constant reports and we simply. Gilligan and a task force that he appointed with the LCME, the general accounting office and again other players who came in and asked the task to evaluate and have things done and specific timeline. And again Beljan of course by his very aggressive approach to accreditation effectively forced us into for all practical purposes, regular annual visits from the accrediting body. It seems they just about got out the door and we're starting to worry about what are we going to do the next time they're here. Would begin to write the accrediting documents</p> |

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| | <p>for the next go round. So in a sense of the sense of accomplishment that we're there- there was a constant series of steps to get to the top of the mountain, plant the flag. I think there probably was a sense of satisfaction.</p> |
| JSP | <p>What were the expectations of Dr. Beljan when he came in as Dean and did he justify his expectations when he got here?</p> |
| ES | <p>In my mind no question. I think Beljan came in and did not disappoint me personally with respect to expectations. And I think Wright State I have to say. I know people can be critical of style, or friction with nursing or other things that subsequently happened, and again many people may not agree with what he did, but again the bottom line is that he came in 74, put us on a track and in a remarkably short time, efficiently developed a fully accredited the school work to an annual increment, to the projected class size, and ultimately did not stumble. It was funds that were developed by the program, generated a budget surplus every year and achieved accreditation. So the sense of saying, what we brought the man here for, did he do the job? I think absolutely I can't fault him for that. He did more than we had a reasonable expectation that he could do in that time frame.</p> |
| JSP | <p>How would you describe his leadership style?</p> |
| ES | <p>Essentially dictator. Benevolent dictator maybe. Clearly dictator. John Beljan was boss, and I wouldn't have any trouble saying it to his face. He acts like a surgeon. If you think about docs and how docs practice-if you're an internist and you run into a problem you can scratch her head and say Gee we'll call out for consultation or will look at it this afternoon or look at it tomorrow, take two of these and we'll see what happens. That wasn't Belgian's style, Beljan went to surgery. He pulls a knife out, opens it up, and says okay here it is. There's nobody to call, he's gotta do something right now- action oriented. Sometimes you may cut the wrong things or antagonizing people, but again I mean the guy's a surgeon and a surgeon I think fundamentally believes in himself and in his own skills. And maybe there's a bit too much, there or maybe even a surgeon believes at times you thought or replaces God. John Beljan I think that at least my model of a surgeon. And therefore this sense of consulting or sending out for a second opinion or waiting till tomorrow that wasn't John Beljan.</p> |
| JSP | <p>In conversations with others who were involved with the medical school. I've heard you described as one of the few people who stood up to him.</p> |
| ES | <p>Probably but then on the other hand I guess I have that reputation here it doesn't matter if it's Kegerreis or-if I really believe that I'm right and he's wrong then I'll debate forever or I'll frustrate him but I'm willing to go head-to-head until I'm sure they understand my point. Beljan would essentially slam his foot down and say profanely I've had enough of it and stop-I'd say in general that might slow me down for a day or two, but if I was convinced he was still wrong I would go back again. I guess you call that a nag, but I guess the other answer is yes. If I feel very strongly about something I'll go for principle I don't care.</p> |

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| JSP | Do remember something that you may have had that strong feeling about? Were there certain times of thinking he is going too fast? |
| ES | No, not fast. Basically if someone probably needed something or think someone needed a secretary, or more space, more equipment, or basically development. Not necessarily I would not take a position on any academic program with respect obviously to curriculum, but short of that budget allocation resources as priorities. I often feel very strongly about that. |
| JSP | It says you have an extreme grasp of detail that help you out here? |
| ES | I think yes and I just look at it from the negative side which is still true, I think I'm in nitpicker. I am as I said several times a pragmatist, part of that is my training, also I guess it's my heritage. Scientific training if nothing else is quantitative. The early work that I did if nothing else was dangerous, therefore I learned very early on if you spend a week two weeks, two months if need be, talking, thinking, and planning about everything that could go wrong. But the thought that after you've exhausted everything that could go wrong and addressed it what would you do if about what happened. When I did the experiment the odds were that I covered most things, probably covered everything. And again I think that training has I think served me well. Most folks are very troubled by that approach but I think I still have that tendency unfortunately to or the inclination to nitpick. So if I say what's wrong with this, what could go wrong as opposed to making the assumption that it's going to go correct. If I can look at everything that might go wrong and if thought about what the options are, how I'm going to recover, what the implications are, still things go wrong you still forget things, or missed things once in a while. On the other hand most of the time you get most of the stuff early or at least thought through the contingencies or talk to the right people or have sought out additional help. The general things go fairly well. Detail? Yeah, I don't know whether I'm blessed with it or played with it but in the sense of seeing very clearly the implications of the actions and the forming a decision tree or parallel trees. I would say yeah my shortcoming is on the one hand to see that very clearly, and on the other hand having difficulty to communicate that to an audience or someone across the table, particularly where you can drop down a set of options here, to jump to a set of options. And again it is obvious there is nothing really to talk about and lets you see it- at least most of the time, people don't have the vaguest idea what I'm talking about. I understand that. Most the time I try to be careful. |
| JSP | Would you describe the associate Dean for administration as the Chief of Staff? |
| ES | Chief Of Staff? Maybe. [Laughter]. But that's what you said-maybe I was perceived as a benevolent dictator as well. [Laughter]. I was comfortable with Beljan, I was comfortable with Conley, because they fit my style, they said look were going here, be informed you know where we want to be, and what the timetable is that don't bother me. Again tell me what I need to know and go. Make judgments. I'm comfortable working that way, we had a lot of fun. In the sense that that's the Chief of Staff? I |

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| | <p>guess that I analyzed it-I guess I never saw it as a power role as it's seen as such today. I saw myself as the facilitator, expediter, more than a Chief of Staff. So again it's probably how I would refer to myself then or even today.</p> |
| JSP | <p>In your administrators style did you like the independence of action that you get?</p> |
| ES | <p>Sure.</p> |
| JSP | <p>I mean if I run into a problem or I see something that Belgian, a manager needs to know, my boss-I'd say him a there's a hole here we need to look at, or is this okay. And again I would hope that this is not to go blindly stumbling ahead or to get too far ahead and calmly say are we going in the right direction, are we spending too much or not enough as is appropriate to get validated, confirmed. Or to look out and see if they're throwing rocks to hit you on the head, to get your attention. So yeah having a set direction, knowing where we're going. I don't have any problem that I need to talk, or to get validated, confirmed twice a day, or once a week, or even once a month. If I see something that I think is a problem, or I'm uncertain, I can say I have a choice, or I made a mistake. And there have been a few of those at least.</p> |
| JSP | <p>Thank you very much for this session. At our next session I would like to talk about the early days the early staff members who were brought into the school of medicine.</p> |
| ES | <p>Sure no problem. It's a pleasure.</p> <p>[End of recording]</p> |