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Dr. Robert J. Kegerreis interview (5) conducted on April 23, 1985 about the Boonshoft School of Medicine at Wright State University

Robert J. Kegerreis

James St. Peter

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WRIGHT STATE UNIVERSITY

School of Medicine Oral History Project

INTERVIEW INFORMATION

Interview date: April 23, 1985

Interviewer: James St. Peter (JS)

Interviewee: Robert J. Kegerreis (RK)
President, Wright State University
Interview 5

INTERVIEW TRANSCRIPTION

[Beginning of recorded material]

James St. Peter: My name is James St. Peter, and this is the fifth in a series of interviews with Wright State University President, Dr. Robert J. Kegerreis. The date is April 23, 1985, the time is 9 o'clock AM, and Dr. Kegerreis and I are in his office in the executive wing of Allyn Hall at Wright State University.

[Beginning of interview]

JS: Dr. Beljan, err, [*laughs*], Dr. Kegerreis, in our last interview we had moved up to the point right where Dr. Beljan had arrived-

Robert Kegerreis: Hmm, I see.

JS: -at the university. How would you describe his tenure as the first dean of the school of medicine, particularly in the development of the school after he arrived?

RK: Well, I think it was extraordinarily successful. I think our search process which resulted in his selection was one of the most accurate ones, if you'll think about how I'm using that word for a moment. We set out the kind of characteristics we wanted, and Beljan had them. He was our first choice, and he displayed those same characteristics when he got here on the job. That's what

I mean by accurate. We don't get one search in fifteen that works out that way, we always try. Beljan... his specialty, his background, was surgery, and there's a lot of mythical belief about the different specialties in medicine, supposedly able to array personality characteristics against the specialty of choice, and they're supposed to match. You're not supposed to have any weak surgeons. And you're not supposed to have any authoritarian, arrogant pediatricians, in other words. So, in our case, Beljan was extremely energetic, had a sufficient self-confidence to deal with the local situation. He had no precursor experience in terms of his audience, so he could deal with them, in a sense, almost as if they were in the abstract. He didn't have to spend an inordinate amount of time checking on who their relatives were, and what their sensitivities were. He could put the project requirements out there, and say, 'This is what we are going to do'. I would say that the things he and I agreed on as priorities were faithfully carried out. One- and these things developed along simultaneous tracking- we had to recruit department chairpersons. The idea was somewhat classical, but you don't get to try it out very often, that you recruit the head person, then the head person recruits the next layer, then the next layer recruits their subordinates and reports, and that's what we did in this case. We tried our best to get chairpersons, along the way we picked up some faculty, too, as those things work out. Then we got the chairpersons to work frenziedly to recruit faculty. We had to get a certain critical mass of faculty on board before we could get the preliminary accreditation to advertise for the first class of students. All of this was on a timetable. Concurrently, we had to deal with the local hospitals to decide where clinical departments were going to be put. I don't know [what is] the most prestigious department, you might call it, or the one most wanted by a hospital, but it's probably surgery. So, where to you put surgery in a town where four big community hospitals, each with their own set of partisans. So, this was a balancing act, and that's where Beljan's experience and relative self-confidence were invaluable to us. Someone like me may have spent too much time weighing carefully the power of the different constituencies and balanced the reputations of seventeen surgeons at this hospital, as opposed to fourteen at this hospital. Beljan did all that, but very rapidly, and he discovered quickly what a sociological researcher would take two years to do, about who is doing what here and there, and how much clout do they wield, and then balancing it all with a very practical administrative concern of how do we handle this if we put seventeen departments all in one hospital, and none anywhere else. So, we had to sprinkle the departments around. That was a big job, working out affiliation agreements with the hospitals. Then, following directly on the heels of that, we were able to get an appropriation from the state legislature for the first medical sciences administration building on the campus, and as part of the same piece of legislation, several million dollars to spend on the local hospitals, in a sense to pay them for accommodating our medical school presence there. The way we spent it in most cases was to bolster their ambulatory care facilities. It was a kind of marriage of convenience.

JS: That was in keeping with the primary care-

RK: Exactly. It fit our mission, it also fit the hospitals' needs, because all of them were looking at that and wondering where they'd get the money to do it. Then, we had to deal with the outlying hospitals. If we don't have a clinical department at a big hospital in Springfield, how do we work with them? So, we finally wound up affiliating with about seventeen hospitals. Our biggest political problems were with the four community hospitals in Dayton, but the key affiliations, the really fundamental key affiliations were with the Veteran's hospital, and the Wright-Patt Air Force Base hospital. Both those hospitals needed upgrading, and enlarging, and modernization. The Veteran's Administration hospital needed it far more acutely than did the air force base hospital, and we were able to use the medical school presence, and the Veteran's Administration bill- sponsored bill- which appropriated several million dollars to be used to encourage emerging medical schools to affiliate with- intimately- to affiliate with a Veteran's Administration hospital, the object being to upgrade the quality of the Veteran's Administration medical service, which was I think an objective highly to be desired. And Beljan picked up from Conley his early work in working with Congress in drafting the final version of this Veteran's Administration bill. So, we had to recruit chairpersons and key faculty; we had to work out these affiliations and clinical relationships with hospitals; we had to consolidate very, very firmly a position with the Veteran's Administration and their hospital locally, and the air force base hospital; we had to work in Congress on drafting this legislation so that Wright State University would be an early qualifier, and indeed, we became the first recipient of some 25 million dollars in total over five years. At the same time, we had to- and I don't know what number this is, maybe it's a fifth priority- we had to keep the local clinical community excited and happy, so that they would sign-up as volunteer faculty for the medical school, because you cannot... medical school is terribly expensive, but if you have to pay the clinical faculty in addition, it would be an absolute budget monstrosity. So, we have two to three-hundred clinical faculty who meet the fairly stringent qualifications for this category, donating their time- as part of the medical ethos, they donate their time to instruct rounds of students, clinically. Some of them, it's very arduous work, I know a local cardiologist who just really spends an extraordinary amount of time preparing his seminars for his students, and taking them into the scenes of modern cardiology and beyond. So, this is the key to the way [to] the kind of practicing doctors that you turn out. You have two distinct divisions of medical education. You have the textbook-laboratory-basic science education, and then of course the practicing. How you do- how you behave professionally as a physician. So, anyhow, then- I think maybe by this time I'm up to number six or so- we had to develop a curriculum that would be sufficiently innovative to suit the president of Wright State, to fulfill the mission of the school, honestly, and to- and not so innovative that it would scare off the creditors. It's another neat little balancing act. Okay, I don't know what number we're on, maybe seven we are by now. Seventh, we had to tackle the extremely delicate problem of the private practice of full-time medical faculty. I was determined, personally- and thank god so was Beljan- that we would work out at least the skeleton of a practice plan, and to lay down the principles of it, before the bulk of the faculty arrived on the scene. We would make the incoming faculty sign off on the principles of this plan, or the actual

plan if we could do it fast enough, so that there'd be no horrendous debate about sharing of clinical fees with whatever when they got here.

JS: That was the establishment of the University Medical Services Association.

RK: Right. This was- it turned out to be an enormously difficult job. We finally hired attorneys from Toledo, we worked with two or three different law firms trying to get somebody who would come to grips with it, and this was the beginning of a horrendous controversy at Ohio State, and these controversies continue today. But fortunately for Wright State, we were able to get a plan in operation, a plan created with sufficient finality to it that an incoming faculty prospect could come in and look at it, and know clearly what was going to happen if he or she practiced and developed income, and how it would be shared and so on. So, by virtue of not having a university hospital, we eliminate maybe 60-70% of the problems other universities have, and by having the plan fully crafted [and] well in advance, we eliminated another 20-25% of the problems. You'll always have some problems, but Beljan worked very hard at this, and I would come in and examine the current versions and talk to the attorneys, and then I would leave the scene and Beljan would work his tail off for another month on the next version, and so on and so on. I guess what I'm trying to indicate is we had to have a person on the scene who knew exactly what was involved with building a new medical school, who knew exactly what it was to deal with hospitals, who know exactly the issues that the public and the legislature would be interested in, who knew how critical it was to get the financing- the early financing- arranged so that we could get a running start and so on, and on and on. And also, someone who had dealt with the medical accrediting apparatus. So, the last of these big, big, big jobs was preparing for accreditation as fast as we possibly could. Then, I suppose, the ninth or the tenth priority was miscellaneous, and that included things like our relationships with Central State and Miami Universities. We had to develop a mechanism that allowed them to participate in the school organization, administration, and development, without their actually interfering with it. So, here again, Beljan was... well, he was the primary author of the advisory committee structure in which Miami and Central State had representation, and in the early stages we actively recruited two or three faculty from each place to work with us in the basic sciences and so forth. That's a thumbnail sketch, and it's right off the top of my head, I haven't thought about all of those things for a long time.

JS: For a thumbnail sketch, that was pretty good. I'd like to talk about the perceptions of the dean-

RK: What kind of-

JS: -he was a dynamic individual-

RK: Yes.

JS: -and how was he perceived at three levels: the state level, at the community level in Dayton, and by the campus. How do you think he was perceived by the state?

RK: By the state, he was perceived as an aggressive, difficult to handle, burley, muscular, demanding character who always wanted too much, always wanted answers too fast, but grudging respect and admiration. It sounds like I was almost describing myself there for a minute. But, um... how should I put it? He's a sophisticated person. He isn't crude, or a typical administrator. He's... I suppose just a little bit more self-confident than most, and when you have anybody who is a bureaucrat or who is at all defensive, somebody like Beljan just pushes them to the polar extreme pretty fast. So, at the state level, he had some grudging admirers and quite a bit of professional respect for his knowledge of what he was about, but quite a bit of irritation, also.

JS: It sounds like he had what you might call a bureaucratic killer instinct for dealing with people.

RK: Mm hmm. Yes, he tended to show his impatience. On the other hand, don't understand that as criticism. That's exactly what I wanted. You can't deal with the state when you're trying to build something as rapidly as we were, you can't deal with them with extraordinary patience. Because they'll string it out forever. So, I think Beljan, even though as I say he occasionally caused some political problems- and I mean small "p" political- for the most part, I think at the state level he was very effective for us. At the... what were your other two categories? Local community level?

JS: Dayton area level.

RK: In the hospital and medical arena of the community, he was viewed... my description of him at the state would be pretty much... local physicians used to having their own way in their own hospitals on their own hospital staff were not too pleased to have this big guy come in and start changing the rules, and start telling them whether or not they could be on the clinical faculty, or where they measured up, or were their facilities adequate. Yet here again, it was exactly what we needed. Anybody less confident and less demanding I don't think would have done the job. And it was at the local level that I was most worried. [tape skips] ...rivalry and occasional hostility towards each other, I was afraid that we might alienate some sufficiently large segment of the medical community to cause us problems, and I had a lot of those apprehensions. Of course, so did Beljan, so he eased up when he really had to, I guess you'd have to say. Here again, he was respected... he was probably respected more so professionally as an academic medical character locally, because people were able to see him up close more

continually than they were at the state level. But he... we had lots of adjustments that had to be made, but he was not unwilling to make the adjustments.

JS: What do you mean by adjustments?

RK: Oh... we had to make arrangements as to the part of the hospital we were housed in, we had to move people about, we made a few mistakes in key people that we had designated to lead a program, and things like that. Nothing that hit the papers, or nothing that was known too significantly. We had a chairman that was just so egotistical and domineering, that despite his brilliance, it just cost us too much, and we had to-

JS: Dr. Sudkowicz.

RK: Yeah, we had to make a change there, we had some things like that. I think for a fledgling institution with a powerhouse program like a medical school, we came out of that almost unbelievably well. Then, you said about what his image was like inside the university?

JS: Yeah. Before we cover that, were there occasions when you had to use your political influence to abrogate or to ameliorate some of the things-

RK: Oh, sure. Primarily at the hospital administrator-board of trustees level. Physicians don't necessarily trust laymen to meddle in their disputes. Physicians, to a degree more pronounced maybe than any other profession, do not trust people who do not have MD's to be authoritative in professional disputes, so in a sense that was a relief. But on the other hand, I did have lots of hand-holding, and sympathetic listening, and mediating stuff to do with all kind of people whose feathers were ruffled, or who were genuinely... as I say, not as bad as I thought it might be. Moving to the campus, it was probably more entertaining [laughs], less critical to the success of the mission to see Beljan's perception- perceptions about Beljan- to change, expand and contract, and move from negative to positive to negative to positive. For someone- and I'm not trying to paint myself as some extraordinarily dispassionate observer of a scene- but I have a... I don't know why, it'd kind of a quirk, I guess, [but] I have a way of looking at organizations occasionally, even though I'm intimately involved in them, I look at them almost as a researcher. It's just fascinating to me to see organizations thrash around, and I can't help getting an entertaining kick out of it sometimes, and certainly nobody we've ever had on the campus has been as entertaining to watch, in terms of effect, than Beljan. And Beljan would say something about the medical school, what it was going to do, and seventeen members of the faculty would react with horror and fright, and then I would tell them that they misinterpreted what Beljan meant, that he was operating strictly within an academic context, and that he was benign, and that the program he was talking about would not take funds away from anybody else, and all that stuff. The instant paranoia on the part of so many faculty was impenetrable. No matter what I

said, they wouldn't believe me. They would believe their own perceptions. Their own worst fears were their reality. Because I knew their fears were groundless, I was able to look at them- of course I tried to work on them and correct them- but I didn't have to worry myself, because I knew the situation. At least I thought I did. Probably the penultimate example of all of this paranoia about the medical school was the occasion in a faculty meeting when somebody described the medical school- and Beljan had just spoken to a point of some kind, and at this time Beljan was a very bulky person- and the next speaker was somebody from the Humanities area, and he described the medical school as an elephant, and that everyone else had to worry about when the elephant rolled over to avoid being crushed. Of course, if Beljan had been, say, Ferrari size, no one would have connected it, but it was a sort of a double allusion. Those were great moments.

JS: How did Beljan react to that?

RK: He usually got angry. He had a temper, and regrettably, it was visible on many occasions. He did not suffer fools gladly, but he did not suffer a lot of other things very gladly, either. A lot of his anger was certainly understandable because of the pettiness of some of the comments, and the demands for attention, and the demands for change were sometimes so ludicrously out of self-interest and a vapidness of analysis that would almost anybody would have lost their cool. But Beljan's temper was always bubbling just under the surface. You never knew when it was going to blow. And so the primary reaction on the campus to the medical school was "This is great, this will make our university become better known and taken more seriously." Closely following that was the fear that the medical would, quotation marks, "Cost too much, drain resources from other programs, and no matter what Kegerreis says, he will find a way to sneak precious funds over to the medical school because we know that's a bottomless pit." Thirdly, that the medical school would become dominant on the campus. That is to say, it would preoccupy the administration and the trustees to the... so, not only would funds be diverted but also the interest and attention of developing a new program would be taken up almost exclusively by the medical school. And there were other undercurrents, one of which boiled over spectacularly to the surface – mainly the nursing school controversy. That was probably the most vivid exposure of Beljan's irritation level and anger.

JS: Why would you say that?

RK: Because he blew up so often. It's not any deep thought process, it's just observation.

JS: What was the root of that problem?

RK: The root of the problem was that the nursing dean who we had at that particular time was an avowed, extraordinarily extreme, super-radical feminist. She was also other things, but that is an

accurate description of her philosophical spirit. I don't mean she was a phony, she literally believed in absolute, underscore, absolute feminism. She, however, obscured that just below the surface by talking about the new era of nursing. Freeing the nurses from the dominance of the paternalistic father image of the physician – the physician dictator, the physician boss, the physician decision maker, the physician fee taker. She wanted nurses to have independence from physicians and make their own therapeutic decisions and collect fees, individually, on their own, as professionals. And she wanted the nursing school to have nothing whatsoever to do with the medical school. The model in most universities, historically, has been to have the medical school “under,” – quotation marks, there's all kinds of connotations when you say “under” – the nursing school is supposed to be under the medical school. And the nursing dean reports subserviently to the medical school dean, to whom other allied health deans are supposed to report. At Wright State we had the idea that no school which offered degrees would report to another school or college which offered independent degrees. So, we had the nursing school independent from the medical school, but the nursing dean of that day, Gertrude Torres, raised all kinds of phony issues and raised all kinds of fears that the medical school would swallow the nursing school. It didn't matter that we had an organization quite different from that. She made it sound as if it were that way, in defiance of the clear facts. Anyway, Beljan was almost like a horse in a pasture with a fly. You know, his tail would swat these little flies, and he didn't pay enough attention. He thought it was an idiotic issue, so he didn't give her the time of day. But then it began to flair up in the newspapers. He had a memorable session with the editorial board of the Dayton newspaper in which Belcher, the editorial writer who is still with the paper, asked Beljan a series of questions about his relationship to nurses and the nursing school and so forth. I guess you'd have to say she was baiting him, and it worked. It was just much too easy. So, his performance there was probably the least effective. The fact that ninety percent of what he said was fact- ninety percent of what he said was justifiable, ninety percent of what he said was current dogma accepted by everyone- was all underscored by the fact he was terribly impatient with Torres and her gang. He personally was very demanding with me to take authoritarian action to stop the controversy and get him out of the hot seat.

JS: How did the controversy finally stop?

RK: The controversy boiled up when... this was after about five years of Beljan on the scene, and a couple years of Gert Torres, and I was creating the position of vice-president for health affairs, because at that time our medium range planning said that allied health professions was going to be a good area for us to expand into, and we had lots of data and research and so forth that supported that, and Beljan wanted to do something else. So, I made him the vice-president for health affairs, and I had the school of medicine reporting to him, the school of nursing reporting to him, and the new director of allied health program development reporting to him, and the school of professional psychology reporting to him. So, it was a very respectable thing, but Gert seized upon this organizational change as the consummation of her nightmare she'd

been spinning. 'We are reporting to the medical school dean after all, no matter what Kegerreis says, because the ex-medical school dean, the M.D, is there in that position'. So, the controversy got to the point where Torres and her roommate, the associate dean, and a handful of the nursing faculty all tendered their resignations. This was, of course, all very public. Torres operated in the public media arena, never telling me what she was going to do or anybody else. She would arrange for press conferences – it was quite a circus. You would have enjoyed it. Torres organized a special emergency faculty meeting and introduced a resolution indicating no confidence in me, and she made a stirring speech about how awful this president was, and that she had no confidence in the president, and someone in the audience said "Which president?" [Laughs]. That helped break the mood a little. Biggest attendance I think that we've ever had at a faculty meeting. The no-confidence vote was defeated, but not by much. I mean, not by an overhauling margin, I think it was three to two or something like that. I don't think the campus really wanted to have a no-confidence vote succeed, but it was great fun for them [laughs]. So, this was Torres' dream come true, she was sailing with all flags flying and guns blazing and manipulating the media, and they were just eating it up. She'd say something, and they'd call me and say, "Well she said this, what do you say?" You know, the old badminton game. And they'd do that to Beljan, and he would say something provocative, and of course I wouldn't, so he was the one that got quoted all the time, and it got to be a Gert Torres-John Beljan fight, and it was very messy. So, I refused to accept those resignations and at this time, for the first time and only time that I've allowed it- but I couldn't help myself – the trustees got involved. Al Sealy was on the trustees then, and they had a committee to try to settle the thing. Well, of course Gert just manipulated them right out of their socks, and so we had an organizational adjustment of some kind, I honestly forget what we did do. But that wasn't enough for Gert, she just couldn't stand being out of the limelight, so we surged back up to another confrontation at which time she, with her associate dean again and about a dozen or so of the faculty, submitted their resignations. This time, I accepted them.

JS: Why this time and not the time before?

RK: Because the first time, I really thought it would be too brutalizing to accept them. I needed more time to show the impossibility of her demands and the extremism with which she was approaching these things, and the incapability of the university to deal with this. By this time, we had created a 100% faculty committee. Known liberals, known academic freedom types. Oh, Gert used everything- I was violating academic freedom, she asked for an AAUP investigation- just on and on and on and on. This faculty committee laboriously proceeded to vindicate me, and say Gert was out of bounds and so forth, as softly as they could say it. But they did say it, I must give them credit. The controversy boiled back up again, and this time I thought it was probably as good a situation as I could ever get, and I had to take the gamble because it was springtime, and we just had the barest summer to recruit enough faculty to get back in business by fall. Gert had organized all the parents and all the students- they were scared to death that her resignation

was going to put the school out of business- she was openly advocating that they go elsewhere to finish their nursing school, and it was a virtual revolution. This time I accepted all of the resignations, and she then set about to try to get the school disaccredited.

JS: That's an extreme step, isn't it?

RK: Yes. Well, you see, we have two accreditations: one professional- you don't have to have it to run a nursing school, it just adds to your luster- and the other is the state board of licensure in nursing, and if they say you can't be in the business, then you can't even enroll students. So, she got them on the scene, and I had long talks with them. They were convinced that we didn't have enough faculty to continue. And I said, "Yeah, but we have all summer to recruit." Well, they said, "Gert will make it impossible for you to recruit, nobody will come." And by golly, that almost turned out to be true. We would send representatives to nursing meetings to recruit faculty, and Gert would be there, and after we'd line somebody up, she'd go disconnect them. So, it was a real struggle, but we did succeed in recruiting enough faculty the next fall to stay in business. So, naturally that crisis passed, and we now have, after a couple of tries, we have a splendid dean and a very fine program. We never lost the accreditation of either kind, even the professional accreditations stayed with us. What I was getting at was that you asked how Beljan was viewed on the campus. Well, the view of Beljan on the campus was uneven, and concerned with entirely different issues within the community, the state, and the nation. So, then I made him acting provost, thinking that maybe with his marvelous intelligence, that he would be able to win the confidence of a sufficient side of enough of the campus. When we had a search for the permanent provost, he would have a full fighting chance to succeed. It didn't work.

JS: Why didn't it work?

RK: I think because Beljan was not able subdue his... how should I put it? His self-confidence, his capability for making independent decisions. He didn't have enough patience with the faculty decision making mechanisms. And people sensed that he was more content than he should have been perceived to be by making his own decisions quickly. He, in other words, is a man with extraordinary capabilities, brilliance of mind, sees very clearly what educational quality is. But at least at that time, given the history of his experiences at Wright State, he was not able to convince enough people that he was equally interested in them. And it's very, very difficult to make group psychological judgements. All I'm saying is, by the time Beljan was ready to be provost- in terms of experience and growth through an organization- the organization was not ready for him to be provost. He certainly had everything it took except that mix. That nice harmony. Some people, indeed, did think of him as extraordinarily well qualified. Nobody doubted the qualifications – the technical qualifications. It was just the interpersonal relationships that prevented his being selected as permanent provost.

[END OF RECORDING]