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Dr. Robert D. Reece interview (3) conducted on December 5, 1984 about the Boonshoft School of Medicine at Wright State University

Robert D. Reece

James St. Peter

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WRIGHT STATE UNIVERSITY
School of Medicine Oral History Project

Interview date: December 5, 1984

Interviewer: James St. Peter

Interviewee: Robert D. Reece, Associate Professor and Chair, Department of Religion and Society, Wright State University

James St. Peter: My name is James St. Peter, and this is the third in a series of interviews with Dr. Robert D. Reece, Associate Professor and Chairman of the Department of Medicine and Society in the Wright State University School of Medicine. The date is December 5, 1984, the time is 2:30pm, and Dr. Reece and I are in Room 013B of the Television Center here at Wright State.

Dr. Reece, we were in our last interview going through a list of prominent individuals in the School of Medicine, and I'd like to continue that. We left off, we were just getting ready to talk about Harvey A. Siegal.

Robert Reece: Dr. Siegal was the first person I recruited for the department. I think I may have mentioned this in the previous interview. It was my sense that what we needed, if we were going to have a department that was a humanities and social science department, was a social scientist to be my first associate, and we set about to find someone who could fill that position. We advertised and got a number of applications and interviewed several people, and it was quite clear to me that Dr. Siegal was far and away the outstanding candidate, and he has been with us ever since. His area is medical sociology, he came from a private firm that was doing drug and alcohol research, and that was a side interest that occupied a little of his time in the early days, but primarily we were involved in building a new medical school and a new program, and the alcohol and drug component of that was a very minor portion of his activity at that time. Once we got things straightened out and settled down and underway, he began to take more interest in that specialized area and that has continued to the present time. He was the man that developed the Weekend Intervention Program, which is a drug and alcohol education, counseling and assessment program that responds primarily to the courts in this area, taking referrals from courts for people who were arrested for some- or arrested and convicted- for some alcohol related offense and goes through a process of education, counseling, assessment, and referral. He holds the title of director for that program, and has started other programs and activities in the drug and alcohol area as well, and has become well known nationally for the Weekend Intervention Program, has visited a number of states and has visitors from a number of states, he has actually been involved at helping to organize programs in other communities and states, and I expect to see more of that happening in the future. He has been, in that period which has just ended, the acting director of the FELS Institute during a period of its unfortunate decline and now demise, and essentially what he has done in the process is to find- with the university- that its survival is no longer tenable, and although it's a very fine facility, it is simply impossible to support it at

this point given the way in which research funding has changed over the years, and he's done an excellent job working to put that program to rest and moving people who were located there into other areas. He's been involved in numerous committees in the school and is highly respected, has served as the chairmen of a number of important committees, and I think has the respect of the administration in the School of Medicine. He has always had that, and it continues.

JS: Dr. Anthony Zappala.

RR: Dr. Zappala was the first chairman of Anatomy. He came with Dr. Beljan from Davis [University of California, Davis] and established an anatomy program that he claimed- and I have no reason to doubt him- is basically, innovative. That is to say that he has not simply duplicated what existed in other schools, he had his own- it may not be unique to him, but certainly it's unusual in medical schools- approach to teaching anatomy, and he insisted that the anatomy that students needed could be taught in much less time than they were normally given in the course, so that the amount of time devoted to anatomy was reduced significantly, and developed a strong department from the very early days. He's an unusual man in that he has both a M.D. and a PhD, and a very lively, charismatic person who had a good deal of influence on the early days of the school. He remained here for only a few years. His loss to the school, I feel- again, as with many of these people that we talked about before who have already moved on to other positions- is a loss that was felt by the school. The department obviously has survived, and will continue to survive and thrive, but there was a particular kind of quality about it that he seemed to lend during those early days. I'm not sure what laid behind his departure. My hunch is that there was some sort of desire for a higher position in the school, which for one reason or another was not possible at that particular time. Certainly the Anatomy Department, that department is one that was very important and certainly needed, and I speculate that though he was happy in establishing that that he may have wanted to move on to some sort of deans position or something and not finding that happening as fast as he might have liked. But I don't know, that's just some speculation on my part, given some comments about his desires.

JS: John Groves.

RR: John Groves, I presume, is Jack Groves. That's the way I know him. He's a fairly recent arrival on the scene and has only been with the school a couple of years at this point, and occupied what I suppose is a new kind of position, concerned with development and long range planning as well as overseeing some of the general administration of the program. I don't know him terribly well, we haven't had a lot of opportunity to work. He seems, as you meet him, to be a very easy man to work with who seems to have a notion about the overall goals of the school. Interesting sidelight is his own work as an artist, particularly in sculpture of various sorts. But he also does paintings and has some very interesting things if you wander into his office. Someday you'll probably see a sample of his work, and that kind of person in that kind of position strikes me as being a little bit unusual.

JS: Dr. Paul Kezdi.

RR: Dr. Kezdi was already in Dayton at the founding of the school, as founding director of the Cox Heart Institute. Paul is I suppose a native European and he certainly has a strong European

about him. He's established a very important program, did some very important work at the Cox Heart Institute, which of course after the founding of the School of Medicine became part of Wright State, and by virtue of that occurring he became the assistant- I guess it was- dean for research. I never had a lot of occasion to work with Paul, simply because our paths haven't crossed that much, but I would see him regularly at executive meetings and the like. I guess I've really got nothing more to add to that.

JS: Dr. William Sawyer.

RR: Dr. Sawyer, of course, is the second dean of the School of Medicine. I probably had mentioned earlier that one is always wary about changes in leadership when one has been blessed with someone who has supported your programs, and so I confess that I was a bit uneasy when Dean Beljan resigned as dean and was replaced by somebody else. But I have been pleased on virtually every account with what Dr. Sawyer has done for the School of Medicine. Certainly in terms of self-interest and the goals of my department, which I think promote my vision for the school, he has been at least as supportive as Dr. Beljan ever was. In addition, he is a scholar himself of note and has a well-rounded education. So he's a scholar not simply in a particular field but has the breadth of education and knowledge that I find, frankly, terribly good for a program like ours, in that here is a sample of somebody with the kind of broad education that you would hope all physicians would have. He's thoughtful, and when he makes a speech you know that it is his thoughts and his words that you are hearing. That the man is really thinking about and dealing with issues himself and sharing his thoughts and insights with you. He has developed an administrative style that is somewhat different from Dr. Beljan's, perhaps having less of a need to have immediate control over everything and yet maintaining the ultimate authority within the school, and has therefore placed more responsibility on various people and expected them to perform. He's been a good second dean, and I think in the transitional period to a new kind of era in the history of the school, he's been an excellent dean for us.

JS: Do you feel that the mood of the rest of the university has changed, with the changeover in deans, towards the School of Medicine?

RR: My sense is that there has been a change. I'm not sure how to attribute that, and I knew that I would be incorrect in my assumption about the change. But it appears to me there is- there was in the early days some fear as well as some excitement within the university, and some antagonism. I think I mentioned on an earlier tape that there are differences between a school of medicine- and the wealth of the School of Medicine never was what people thought it was. It means a few extra bucks for travel or things that within many institutions would be purely peanuts, but they were perceived as being different and there were some real differences. My sense is that the School of Medicine has become a little less distinct in that sense than the rest of the university, and it has settled into a pattern. Dean Sawyer does not project any image of threat to the university, so far as I can tell, no attempt to dominate the university. So I don't know, when Dean Beljan came, he was new, exciting, vigorous, it was a new school, and I think there was a lot of perceived threat in the university, and I suspect that it was over time people realized there was no reason for threat. I don't know what to think about the fact that Dean Beljan became the acting Provost of the university. There were certainly those within the School of Medicine who would say that during that period, though not becoming anti School of Medicine

he at least recognized the new constituency, and the School of Medicine perceived that it was not faring as well under him as it might have if he were dean, and perhaps if there was a change of attitude it may be as much to do with Dean Beljan's having been Provost for a period, and then moving on, as the arrival of a new dean. I'm not terribly helpful on that particular question I don't think.

JS: How did you perceive Dean Sawyer's interaction with the Provost?

RR: Hm. I have no real basis for perceiving anything. My sense was that the School of Medicine did not get all- now, you're talking about Provost Beljan?

JS: Correct.

RR: -did not get all the things during the Beljan provost-ship that it did during the Beljan deanship, and that there may well have been some tension between the two of them over that issue. But I really have no concrete information about that. It does strike me that it is a difficult position to become dean of the school for which the former dean is now your superior at another level. That provides a real challenge for the new dean and it also provides a challenge for the former dean to allow the new dean to have the autonomy that the dean ought to have. So it may well be that in terms of that working relationship, Dean Beljan's move on to another institution may have been beneficial, though I think he had a lot to offer the university had he had remained.

JS: Dr. James Taguchi.

RR: Dr. Taguchi was, is, a physician at the Veterans Administration Center. At the time that I first knew him he was the head, chief, whatever the title is, of the Department of Medicine at the VA. He has subsequently become the director of medical education. I think that's the title. Being the VA there may be a more elaborate title, but it's the education function of the VA and during the period after Dr. Alexander had left the VA, Dr. Taguchi served as the acting medical director for the center. I have seen him on many occasions and have a very interesting relationship with him. He is a physician who is a highly competent, scientifically grounded physician who has in his own personal style a lot of compassion and consideration and concern for the well-being of patients. I recall a discussion that we had shortly after I had joined the School of Medicine and we were in one of those reception kind of things that happened so often during those days, and as we described my area and my interest, one of the topics that came up was the dying patient, and his question to me was 'Have you cared for dying patients, and if you haven't, how can you talk about dying patients?' My response at that point- it's easy to be defensive, obviously, because it sounded a little bit like an attack- but my response was that I've had some involvement through practical counseling and training that I've had, and secondly, that I don't accept the notion that one has to experience everything in order to be able to have some thoughts about it. That's why we don't leave war simply to the generals and we shouldn't leave medicine simply to the doctors, either. But over the years in which I have known him, I think that kind of no nonsense approach, getting right to the heart of an issue, is typical of him, but it was not intended in any hostile manner, and in fact we have had some very good relationships as we have worked with students in the Introduction to Patient Care course. So I've got a lot of respect for him, and the VA and the VA Department of Medicine in particular, being one of the places that we

particularly locate medical students during their third year, I am frankly pleased to see students being exposed to him.

JS: What contacts or relationships do you have with the VA, in your department?

RR: Well, of course, because we have students there, there are occasions in which the VA is being used for School of Medicine education functions in which we will have contact with students. We have the two buildings out there that are dedicated to medical education, and we've had a variety of just standard course things that occur out there. Moreover, there are things like the Introduction to Patient Care course in which- and I don't know if you've discussed this in any of the previous interviews or not- it's now structured as part of the Introduction to Clinical Medicine course. During the first quarter, students are broken up into groups of about 8 to 10, and for three different sessions during the course of that fall quarter, the first quarter that the students are here, and they meet with a physician and somebody from either my department or the Department of Psychiatry. A clinical person and then either some from Psychiatry or from my department, and in the process there is an interview with a patient, and then a discussion of the interview and the disease, and a variety of things intending to show the range of experiences that are involved in medicine and the various dimensions, to make the students a little more comfortable with patients, and to give us a chance to point out the importance of ethical values, social-cultural kinds of considerations. So it's a multifaceted kind of program. Some of those sessions are held at the VA. My own personal involvement there has been increased by virtue of my serving as a consultant to the chaplain service at the VA, which started while Dr. Alexander was the chief of staff- I think I mentioned a moment ago the medical director, I meant chief of staff as the official title. Dr. Taguchi held the acting chief of staff- and in that connection I work with the chaplains as a group, as part of my responsibility, but part of it is being involved in doing Grand Rounds, in various services at the VA, and the medical students will be involved in those, but also just VA hospital staff. And it's in that connection also that I see Dr. Taguchi occasionally, because he is now the person in the administrative position who reviews proposals for Ground Rounds. To me, the VA has been an important part of the school's basic founding. It was the rationale for the federal funding for this institution and I think we have a commitment to the VA, and I don't want to- I'm certainly not one to exaggerate my contribution anywhere, but I think I have made some contribution to the chaplain service out there, and perhaps through them to the other staff as well. A small contribution, but some contribution and that makes me feel good.

JS: Dr. Sam Pitner.

RR: I don't have a lot of contact with Sam. I mean, we see each other in executive committee meetings and occasionally around at campus functions. I like Sam a great deal, he's the chairman of Neurology. I have very good feelings about him and we've had almost no contact at all, it really revolves around academic matters. It's always been kind of the school policies, through the executive committee, that has been our professional relationship, and catching a ride with him, because we don't live too far apart. He strikes me as someone who has done a really good job at working in a very difficult situation in the hospital setting in which the community base for his functioning has impeded his work, and I think he has managed to pull that sort of thing off and pull it together rather nicely.

JS: Mrs. Ruth Harden.

RR: Ruth was first an assistant to Dr. David Buzzard, as the communications/public relations person- I'm not sure what the title was- and after David moved on with Beljan to the university level when he moved into the vice-president and then to the provost position, she was left [*with the responsibility for that area?*] Mrs. Harden is just an excellent person to work with. Easy to work with, organized, thorough, careful, congenial, thoughtful. Her office was right by ours so I saw her with some frequency. Oh, gee. This nostalgia business. She's again one of those people that I really hated to see leave, and I guess a little bit of envy when you hear that she's moving south. With the snow out there now that's coming down, I think, 'Gee, why couldn't I go with her?' [Laughs]

JS: Dr. Leon Cudkowicz.

RR: Dr. Cudkowicz was the founding chairman of the Department of Medicine. A person I think that the school owes a great deal to because he brought to the school a stature of the kind of chairman of medicine that one would expect to see in a school of medicine.

JS: What do you mean by that?

RR: He was a researcher, and departments of medicine have been noted for their strong research component, a published scholar, he had the kind of image in terms of the curriculum vitae that you would expect to see in the chairman of a department of medicine. He also had some very clear notions about what medical education ought to be, and whether or not all of those ideas were really appropriate for a school with the mission of this school is a matter for debate, but certainly it was debated. He's an interesting character who managed, in part because of some of the personalities of the particular time, to create some unrest- and animosity might be too strong for it- but certainly this is one of those things where you could almost label it the 'Cudkowicz controversy'. Debate began almost immediately after his arrival about what a school of medicine like this ought to be doing, what should be the curriculum, and I think he had a number of good ideas and probably lacked some of the political skill to achieve or to sell some of his ideas, and the ultimate outcome of all of that was, as I suppose the record shows, his removal from the position of chair, and he continued for a while after that as a member of the faculty and then moved on to other things. He became just simply a professor in the department. He also had an appointment in the Department of Physiology, he was jointly appointed in medicine and in physiology. Then Dr. Davies became first I guess the acting chairman of medicine, and then finally THE chairman of medicine for a period of time there. For part of that period, Dr. Cudkowicz was still around. I sense that there was some uneasiness during that period.

JJ: Were there any specific moves in the School of Medicine that he definitely disagreed with, in terms of development? How did he differ from the philosophy in development that the others had?

RR: Well, that's one of those kind of fascinating things. I don't remember what the nature of the debates were about curriculum, why it was that this was better or that was better. Clearly he had

a strong notion of internal medicine as being the basic discipline on which medicine should be based, and therefore at least perceived by the then chairman of Family Practice as underestimating the importance of family practice in a school that is dedicated to primary care and with the strong funding that came with that in the direction of family practice. Dr. Longenecker, the chairman of Family Practice at that time, resisted him. I don't know how much and I don't recall what all the curricular issues were at this point, but I do remember that there was kind of a struggle there between the two of them, which may have been as much political as it was content. I really don't know.

JS: Why do you say political?

RR: Well, political in the sense that Family Practice was attempting to establish that this was a primary care school in which family practice was a primary, if not THE primary then one of the basic disciplines of the school, and it was important- at least the chairman of the department perceived it as important- to make sure everyone clearly understood that family practice stood here on equal footing with other departments. In well-established schools, family practice is, if it's a department at all, very frequently pushed down to the periphery of the school. It's kind of looked down upon, you may get an elective in it, and there's a certain amount of disdain that may go with family practice. It was very important for Dr. Longenecker to establish the notion that in this school, family practice was one of those basic disciplines that stood alongside all of the others, and he was the good person to do that given the connections that he had in the state, his stature in the state and so forth, and the organization of family practitioners in the state. So it was that kind of thing, and I don't know, I think that might have been as much the issue as content, and it was also partly a matter of style. I guess particularly when you're trying to start things up in a hurry, everybody may be a little bit impatient, but it struck me that Dr. Cudkowicz was a little impatient in convincing everybody of the virtue of- maybe he wasn't as good of a salesman as he might have been of convincing everybody that this was a good idea. He could have been a little heavy handed with 'This is what we've got to do', and it was not simply Dr. Longenecker who resisted. There were a number of problems. Maybe he was just not primarily an administrator. You know, to take a scholar and put an administrative mantle on him doesn't necessarily provide the administrative skill, so that he had some trouble within his own department over the years in maintaining the kind of leadership that the department needed.

JS: Approximately how long was he here, at Wright State?

RR: Hmm. I really couldn't tell you. Three, four years.

JS: Did he resign as chairman?

RR: [Pauses] I don't remember the particulars. My sense is that he was removed.

JS: Well, who would do that? The dean, or the executive committee?

RR: Yes, the dean. Not without consultation, obviously, with the department and so forth, and with the executive committee, perhaps. I don't recall the details of that.

JS: Dr. Douglas P. Longenecker.

RR: Ah, we've just been mentioning Doug. He was, as I said, the founding chairman of the Department of Family Practice, had been in Columbus, had had connections- I forget exactly what that connection was- with Riverside Hospital. Whether he came directly from there I don't recall. But he became the founder of that department and a very vigorous exponent of the fact that family practice was distinct from internal medicine, that there was a perspective that needed to be heeded, and committed to making sure this school of medicine recognized that difference and that family practice stood alongside all other clinical departments as an equal. And in fact that position- which was Dean Beljan's intention in coming here I think, at least that was the way he structured things from the very beginning- has stuck, and family practice in this school stands alongside all the others. The time in the clerkship in the third year is equal or very close to it to all the other basic clerkships. So it's not some elective stuck off somewhere, or two weeks stuck in the middle of something. It's an integral part of the curriculum, and the department that Dr. Longenecker and his successor has built has maintained that kind of notion as one of the key characteristics of the school.

JS: Dr. Batata.

RR: Dr. Al Batata, the Pathology Department course director. One of the problems with any school that tries to get started with limited resources is providing adequate coverage at minimal cost, and Pathology has been one of those departments that has mounted a major educational program with modest resources. Modest in comparison to other kinds of schools. We've had only about three or four pathologists on our full time faculty, and that has included a chairman of Pathology, and Al Rodin, who is a pathologist but who was chairman of the post graduate medicine in continuing education [program]. So most of the teaching in pathology was and is done- a significant portion of it- is done by voluntary faculty, and the function of a chairman and a course director is to try to coordinate and to work with the pathologists in the community, and Dr. Batata has had a lot of involvement with that over the last several years as the course director for the pathology course. He has on two occasions won the outstanding teacher award for second year. Each class- the first year class, second year class, third year class and so forth- chooses an outstanding teacher of the year, and he won that two years in a row. I have worked with him most closely as chairman of the Biennium One Selectives sub-committee. He has been on that committee which I have chaired for a number of years. I always enjoy Al, because he thinks about things, he thinks clearly, provides good arguments for why he is opposed to or in favor of something, and will stand by it even if he's the only one who takes that position. But he is also very tolerant of those of us who make mistakes, from his perspective [laughs]. That is to say, yeah, I accept the fact that you are going to do that, I think you're wrong and I'm voting against it, but I understand.

JS: Dr. Barry Blackwell.

RR: Dr. Blackwell is, to my mind, one of the most creative people we've ever had around Wright State, he came as the chairman of Psychiatry. He came from Cincinnati, shortly thereafter he brought somebody from Cincinnati who had worked with him there, Dr. Beth Wales [sp?], who was here for a number of years as well. Her son, incidentally, is currently a medical student

here. Barry came from a funny kind of background, his early career had had a lot of emphasis on pharmacology, and in fact I think he had a joint appointment in the Department of Pharmacology. So his early career had a lot of the drug intervention into mental illness kinds of issues, along the way somewhere he got a strong dose of behavioral kinds of concerns, and brought that kind of mixture of things with him. I don't recall, it's been quite some time since our previous interview when I was talking about the structure of the Medicine and Society course, and the difficulty in sorting out where things belonged. It was unclear to me, and it's unclear to me to this day, what exactly Dean Beljan had intended, though I'm not sure that the reason for my confusion is not the fact that he hadn't worried as much about this area as some of the others, perhaps. But he assigned Dr. Blackwell, at Dr. Blackwell's request I think, responsibility for what would be called 'behavioral science'. There is a behavioral science portion of the national board exam, and I'm not entirely sure what Dr. Blackwell thought he was receiving and I'm not sure what Dr. Beljan thought he was assigning to Dr. Blackwell, but one of the areas he was to be responsible for was had something to do with this behavioral science area. As we began to try to sort out where things were going and how they were going to be done, there arose some question of overlap and line differentiation between that kind of concern and my own department. Barry and I worked together on a number of things, as I said I think he was one of the most exciting people we had around here and had all kind of good ideas. He seemed in the early days to communicate some kinds of radical ideas in a basically unthreatening kind of way, and had visions of a new kind of curriculum in which behavioral concerns would be introduced into physiology and biochemistry. We didn't really need curriculum time for his behavioral science component because that could be worked into all of these other courses, and what he began to find after a while was that despite the fact that these many people that I have been talking about- many of whom don't fit all the stereotypes of the rigid scientist, the authoritarian kinds of people that the stereotypes would have- nevertheless would say to him, 'That's all very nice, but I've only got 100 hours and I have to cover all of these things, and I can't possibly do what you want to do in my time as well. So then we came down to the question of where are we going to do this, and so ultimately a division of time occurred in which Medicine and Society was placed in the first year, and behavioral science under Dr. Blackwell was placed in the second year. Over the years, I guess my sense is that for whatever reason- and I don't understand it, maybe Dr. Blackwell's charisma started to wear thin or something- it seemed to me that he began to have less support, and maybe a little less tolerance. He was tolerated a little bit less as time went on. So, finally I think he began to feel that he was not going to be able to do here all that he wanted to do, and subsequently he resigned then and moved on to another position, leaving the man that he had made vice-chairman in the department, Arnie Allen, to remain as the chairman of the department. Two men with very different kinds of styles that appeared to work very well together over the years, but it did mean a bit of a change then in the outlook and philosophy of the department toward a somewhat more traditional psychiatry department after Dr. Blackwell left.

JS: Dr. Funkhouser.

RR: Dr. Funkhouser- let me go back to that previous thing, back to Blackwell, if I may. I think that by the time he had gone through several different kinds of schools of psychiatry, from pharmacological to etcetera etcetera, he probably did not fit in with the practicing psychiatric community in Dayton as well as many of the other chairmen had done. He was a little out of

step, I suspect, with some of the practicing psychiatrists in this area, and I suspect that as much as the school itself accounts for his finally feeling he couldn't move things. Dr. Allan, who was a practicing psychiatrist in this community, was able then to organize that community in a different kind of way than perhaps Dr. Blackwell had been able to, and has continued I think to make a major contribution. But we did do a number of innovative things while Blackwell was here, and some of the courses or joint courses between Medicine and Society and Psychiatry that continue to this day were begun, directly or indirectly, as a result of his being here. Okay.

JS: Dr. Funkhouser.

RR: Dr. Funkhouser was the founding chairman of the Department of Pathology. He was and is a practicing pathologist in the community, and assumed his responsibility- as a few other chairmen did- as something to go along with that, to make a contribution to the community through the School of Medicine. He had not have previous experience in medical education, so far as I know. It therefore required an immense amount of work trying to organize what is a really major course in the curriculum, and my sense was he just was really burdened by trying to maintain his standard activities in the Miami Valley Hospital where he was located, and do all that was required through the school to establish the pathology program. He was under an immense amount of pressure just because of time things, and that ultimately led to his decision to resign from the chairmanship of the department. I know he still had some involvement with the school, I don't know at this stage just how involved Dr. Funkhouser is.

JS: Dr. Bertel F. Lawson.

RR: Larson.

JS: Larson.

RR: Right. The chairman of Ophthalmology. Bert was another one of those people who was a practicing physician in the community, an ophthalmologist who as I recall at the beginning of the school- and I'll look at the written records or some of the other tapes of other people that may straighten this out- my recollection was he first was the acting chairman of the department, and only later became the chairman of the department- but I may be wrong about that- and I think during that period, somewhere in there, he was continuing as a clinical faculty member, rather than having the standard, fully affiliated title at the school. Somewhere along the way he joined up with the school 100%, being a fully affiliated faculty, moved his own private ophthalmology practice and his office to the Frederick A. White Center here on campus, and continued to see patients and practice medicine as well as serve as chairman of the department and so forth, until just this last year when he resigned to go on to other things.

JS: Dr. R. Brian Roberts.

RR: Dr. Roberts was the chairman of Anesthesiology. He died of a heart attack- I think it was a heart attack- a couple of years ago, three years ago, four years ago. Gee, I don't know, time flies. I had not known that he had any health problems, but apparently the illness was a long term problem which he had been concerned about and his family had been concerned about for a long

time, and it finally got him. English by background and had the nice British accent that I enjoy so much. Though he was an anesthesiologist, he certainly didn't put you to sleep. He was an interesting kind of man, he had a lot of interesting things to- he thought in an interesting kind of way about a lot of issues and not simply about anesthesiology. He had an influence I think on the school that was probably unusual for an anesthesiologist. I don't think about that being one of the central kinds of departments, but he was a full time faculty with the School of Medicine during those early days, and I guess partly by the shortage of people maybe he had a better opportunity to make a contribution to the whole school. But he was concerned with the whole spectrum of the school, and had a keen interest in some of the value kinds of questions that my department is interested in, and I always enjoyed talking to him.

JS: Dr. Richard D. Burk.

RR: I didn't know Dick terribly well. He was the chairman of Physical Medicine and Rehabilitation. I did not have much occasion to work with him, except seeing him in the executive committee. I can't really comment any further.

JS: What was the executive committee like for you?

RR: Well, the executive committee, maybe if this has not been explained somewhere else, people need to be aware of the fact that the executive committee is the body consisting of the chairmen of the various departments in the School of Medicine- including the programs such as anatomy, physiology, biochemistry, and microbiology- and the associate deans, and we've had a host of associate deans, because we've got an associate dean for Veterans Affairs- or whatever it is for the veterans hospital association- Wright-Patterson, Research, Curriculum, Student Affairs, Admissions, so we've had a number of associate deans. And this committee met regularly back in the early days. Was it once a week? Or was it once every two weeks? I almost think it may have been every week there for a while in those founding days, and it was really the guiding organ during the very early days. In fact, as I said earlier, at one period there most of us met under different guises, and most people in the very early days were departmental chairmen, so the executive committee was the same as the curriculum committee. But that changed over time. The executive committee became then an occasion for some discussion of directions for the school, but became more a reporting, administrative function and a way for keeping in touch and keeping communication going, with occasional actions that needed to be taken. There was a sense in the early days, partly because of the executive committee, I felt like I knew virtually everything that was going on in the school. That feeling has long since ceased, and I think the feeling of the executive committee of its need to be as involved with things as it was in the early days has certainly decreased with the stabilization of the school and its growth and maturity and so forth. And the organization now tends to be, as I say, more of a reporting, brief discussion kind of place than a place where major decisions are taken, though occasionally there are those kinds of decisions.

[Short gap in recording from 45:52 to 46:14]

JS: You mentioned that the executive committee has changed. Do you feel that not being able to know various things about other departments, do you think that was better in the old days than it is now?

RR: That was. I think it's more fun, anyways, to feel like you're involved in the whole school, but you don't have the time for that, and it's less important now than it was in the earlier days, too. I talk to people who have been at Wright State since the very earliest days- 1964, 1965, for example- people who came during that period when Allyn Hall was the only building and everybody had lunch in one room up there, and you felt like you were involved in the total school, and that obviously has changed, and that's just inevitable. You know, would I want to do it that same way again? Well, no, because that would put us back to where we were, I think, in terms of development. We are beyond that at this stage, and though I think there is a need to continue a sense of camaraderie and common purpose, and we need occasions when we can be together and feel that kind of thing, and maybe there is a need for some revival of that kind of spirit. But by and large this is simply a reflection of the stage that we are at in our own development.

JS: Douglas R. Durko.

RR: Doug is the associate dean for Hospital Affairs. He was, before coming to the School of Medicine, with the health systems agency in town, that's the organization that was supposed to help control the development of hospitals and resources to allocate and so forth so that you wouldn't get too many cat scans in one place. Now that organization died a few years ago, I think it may be in the process of being revived now, but he was involved with that before he came to the School of Medicine. He came, I suppose, as the person in the position that he holds after Dr. James Shivley, er, Shivey [sp?], left that position to go to Good Samaritan Hospital. I guess Doug may have been the first associate dean who does not have a doctor's degree of one sort or another. He had a lot of administrative experience, and I guess there may have been some discussion will he have the clout in working with hospitals that he needs to have without having that M.D. after his name, as Dr. Shivey had had. From all that I can tell he has done absolutely a super job in negotiating the kinds of arrangements with hospitals that need to be made. That in his own kind of style, he has been able to identify the issues and to deal with hospitals very effectively to the mutual benefit of both the school and the hospitals.

JS: Dr. James F. Shivey. [sp]

RR: Okay, he was the original associate dean for Hospital Affairs. He's the one who began the process of affiliation agreements with the various hospitals that Mr. Durko continued. Jim was in internal medicine, and I suppose did some teaching for them, but was primarily an administrator and had a lot of experience before coming to Wright State that was very beneficial to us. My closest connections with him had to do with the Selectives program. He was the chairman of the Selectives committee that put together the proposal, first for the Biennium One Selectives, and then was majorly responsible for seeing that both the Biennium One Selectives and the fourth year Selectives was developed into a comprehensive kind of program, so that the two were intended to follow similar currents and guidelines and so forth. I was on that committee from the very beginning, learned a lot from him as he was chairing the committee, and ultimately when he decided to no longer continue as chair of the committee, I became the chairman. At some point, and I don't recall just when this happened, he moved on to become the vice-president of Good

Samaritan Hospital, and from there has now resigned, or retired from there, I guess really, and has gone to California and now I'm not sure what he's doing. A real gentleman.

JS: Dr. Joseph D. Alter.

RR: Dr. Alter is our chairman of Community Medicine, was originally at the Veteran's Administration Center here, I'm not sure how long he had been there before joining the school. And again I'm not entirely clear now and my memory fails me, it seems to me that he may have become kind of the chairman of the department while remaining at the VA for a while, but I'm not sure about that. But ultimately he left the VA completely and came to the School of Medicine as the chairman of Community Medicine. He's interesting, he's Quaker by background, has some strong religious orientation, very concerned about international medicine, in fact he's on leave right now, I believe in India. I think I saw a note just recently that indicated he's reported that despite the difficulties that India is having right now- with the assassination of Gandhi and so forth- that he's safe and secure, and not changing his plans at all. I think he may have even been born in the mission field. I may be wrong about that, but he has some strong roots in that kind of thing, and therefore his orientation to community medicine is very much 'community' medicine, and he's chair of a department that has included a variety of kinds of individuals, and I sense has administered it effectively.

JS: Well, is there anything you feel that people should remember when they're thinking about the development of the School of Medicine?

RR: [Long pause] No. I...

JS: Any particular point that stands out?

RR: Well, I guess for me... yeah, the important thing is to recognize that the School of Medicine was a creation of a community university with a strong sense of support from the community. Without the involvement of physicians in this area- despite the fact that inevitably it creates tensions when you introduce a new school into an area- without the support of the physicians in this community, the School of Medicine simply could not and would not have worked. And it seems to me that the community as a whole, not just the physicians, has been generally supportive of Wright State and of the School of Medicine. I guess if I would point to one thing that- it's a very small thing, in a way, but maybe it exemplifies it- the donated body program, which obtains cadavers for use in the anatomy lab. Dr. Zappala, whom we discussed earlier, was responsible for beginning to put together that program, and eventually it was turned over to others, of course. But he was the original one who started putting that together, soliciting from people in the community a donation of their bodies upon death. This is pretty standard for schools of medicine, and I don't have any statistical basis for saying this, but my impression is that the subscription of this community to this program exceeds what you normally find in a school of medicine in a community. That's one of the ways in which the people of this community have responded to the School of Medicine. We have, every couple of years now, a ceremony in which we bury the remains, the cremated remains of the cadavers that have been used in the anatomy lab. We decided, basically for our own sakes, to have some sort of a ceremony that would mark this occasion, so that the contribution that these people have made to

the School of Medicine. We will be reminded of it, for our own sake, about the contribution that they have made and to maintain our sense of the dignity of the individual and so forth. We decided to ask people whose family members had been part of the program here to come to the service, if they like, and we have been astounded by the number of people who have responded to that. Now that in some ways only hits on a small portion of the people in this community, and I think it might be one of the ways in which we can point to, in a concrete way, the support of the community for this particular school of medicine. And as I talk to people- we are using community hospitals as the base for teaching. We do not have a university hospital. For that to work, patients in those hospitals have to be willing for medical students to be part of their care and treatment, and I'm sure that somewhere there are some problems that have arisen because of that, and some patients that don't want medical students around and whatever. But I've never heard any such story. We've attempted to build a different kind of medical school here, a community oriented, a primary care oriented one, and it seems to me that the community has responded to that. I hear stories every so often, for example, from a variety of people that would indicate that our graduates are somewhat different than other medical students and medical graduates that they've run into.

JS: In what way?

RR: Care, compassion, concern. It's one of those kinds of virtues that I think we would look for in a primary care physician. The bearing towards patients, the bedside manner, those kinds of things. Someone just recently was telling me- he is new in the community and was talking about what this school of medicine was like- and that was the kind of response. That the students we see coming through are different from the students that we've been used to in the past, physicians we've been used to in the past. These were people in hospitals who were seeing the students as they came through.

JS: Well, it's been an outstanding series of interviews. I really appreciate your candor, and your ability to recall. It's been outstanding. I'm sure that whoever listens to these tapes will get the same sense of excitement from learning about the school that you've been able to impart through the interviews.

RR: Well, thank you. It's been a pleasure, it's been kind of fun being able to reminisce about early days and think about people that I really have not thought about for a while, since they've moved on to other positions or in a couple of cases have died. I think there's an unusual bunch of people that have been involved here. I guess one thing that I have learned anew, that stereotypes don't hold. There may be some truth to some stereotypes, but certainly stereotypes never tell you about the individual, and so the stereotype of the psychiatrist who is always looking inside your brain, or the surgeon who is rigid and hard and uncompassionate, you know, the people we've had in those kinds of positions here- the chairmen of the departments, and the faculty, don't fit the stereotypes.

JS: I think that whoever listens to this project's tapes will get that understanding very quickly, Thank you very much again.