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### Dr. Edward J. Spanier interview (4) conducted on April 24, 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: April 24, 1985

Interviewer: James St. Peter

Interviewee: Edward Spanier, M.D.  
Interview 4

JSP	My name is James St. Peter and this is the fourth in a series of interviews with Edward J. Spanier, first Assistant Dean for Administration in the Wright State University school of medicine. The day is April 24, 1985, the time is 1:00 PM, and doctor Spanier and I are in his office, room 227 in Allyn Hall here at Wright State University.
JSP	Dr. Spanier, can you tell me about the move on to the campus by the school of medicine staff?
ES	You mean the move onto campus to the permanent facilities?
JSP	That's correct.
ES	Yeah that was largely driven by the fact that Biological Sciences Phase II was largely completed and we were essentially going to accept the charter class. So medical science wasn't finished, this is the fall of the year, we had to set up temporary library facilities in the Biological Sciences interdisciplinary teaching labs. So based on the relatively finite amount of space that we had available, Ray Palmer who was at the library, had moved the collection, which was temporarily housed in the basement of the Montgomery County library, to one of the two IDTL labs which was on the first floor of the Biological Sciences phase 2 to support that charter class. Laboratories were used for the laboratories. One was used for my office and some of the supporting staff and one was used for instruction. We set these temporary quarters until proximately January or February. My recollection is that was a site visit by the WAMC. In January one of our targets ban was to ideally occupy the most space in the medical Science building is time for us to be in place for that site visit. And I guess that did happen, we had bodies over there, people, but on the other hand probably was one of the worst winters the highest seen in some years. Which means we were closed, we had snow on the ground, which is what stuck on the interstate. We couldn't get people on chances because we couldn't get furniture to campus. In fact I think the day the site team visited the institution was closed because of the snow and the weather conditions. Nevertheless there were desks in place. So gradually I suppose what happened is the folks who came immediately to campus in the fall were those that immediately necessary by way of supporting the charter class. They were then relocated about four months later as the website building opened up essentially in the spring of the year.

JSP	The spring of 75?
ES	That's right. The folks from the VA who were housed down there, as well as the folks from the Kettering Center were brought back to campus.
JSP	What was it about the development of the school of medicine here on campus that separates it from other types of buildings here on campus?
ES	<p>Let me talk space. First of all the obvious than it off is we are going to put down bricks and mortar. Generally if you have a building design you have an idea of the types of programs that you're going to offer him there. We knew that we are going to teach anatomy, and biology, physiology, we knew the litany of programs but we didn't know it was going to be laboratory session.. An enemy is a case in point is there going to be actual dissection by groups of students or the, there was a feeling that I they would largely to a press section which is largely a demonstration by a professor or instructor where the group surrounds the demonstration area. So the question is am I building a laboratory potentially to accommodate 100 students in two dozen cadavers or am I building a small auditorium where 50 or hundred students might sit and watch close at hand. So those are the very fundamental kinds of things that we face. The other thing was that it was obvious that we would not have enough space to essentially dedicate laboratories to biochemistry and to dedicate laboratories to anatomy and physiology and to microbiology. In pharmacology and the other laboratory disciplines. One the state would underwrite the project, two we couldn't get it done in efficient time. So out of creativity and one might say necessity the concept of the interdisciplinary teaching laboratories was born. The multipurpose kind of laboratory. Lots of open spaces, dreams, utilities. What that allowed us to do then was to keep open future options. Saying we would put in a minimum amount of the standard casework, and we could bring in critical things such as drain lines on six or 10 foot centers such that they could casework down or run the traditional run the traditional ranges of laboratory benches. At least the dreams were in the floor in the electricity and the water was coming down from the ceiling. Certain things like the gross anatomy lab, early on we decided that we didn't have too many options that we couldn't install anything that was too unique were imposed too many special requirements that we have to design or anticipate for that while we also have to design a morgue and how do you accumulate bodies or cadavers on top of the laboratory experience. Obviously with a class coming in in the fall of 74 that wasn't something that you should worry about in 1974. So again Tony Zappala, one of the early folks to join the School of Medicine, also started the anatomical gifts program which at that time was very successful. So a sense of physical space, how the constraints were, house basic faculty, allow new faculty to have some kind of research space, developed laboratory space to handle the incoming class. At the same time design it and equip it in such a fashion that it will meet the unspecified curriculum needs, but at the same time do it in such a way that if the needs were the design changes that we have not poured a lot of laboratory space in concrete, block walls or structural walls that we have to knock down. So the concept was as you can see when you look at the concept of the Biological Sciences phase 2 building the initial design had</p>

	<p>interdisciplinary teaching laboratories side-by-side, right up against each other, and there were no dividing walls but be moving partition. And we use the partition so that later when we knew more we could put in the block walls at the appropriate locations as opposed to going in and ripping out walls. So again we built in, designed a lot of flexibility very early on because we weren't sure if the program, we weren't sure of the faculty that would come, we were reluctant to dedicate specific laboratories. As I said we didn't have a space program, the construction budget that would allow us to approach it in a traditional fashion.</p>
JSP	<p>Were the buildings placed on campus in a particular way with this particular function in mind?</p>
ES	<p>Yeah to Tony there really was a master plan when it was done in the 60s. But for all practical purposes I'd say it was so grandiose that it wasn't really followed. So the logical placement of the buildings sort of followed from Oelman Hall and followed from Oelman and looking at the functions in Oelman. In looking at Fawcett and what are the functions in Fawcett. Biological I was in place, Biological II followed as a logical extension. And I suspect that there was in someone's mind the objective of ordering the buildings in an effective fashion as to connect the tunnels in the existing core campus with the university center. Therefore by building along that axis we did several things. We built another quadrangle, we developed the health medical area, that we also managed to up back to the inter-connection of the campus. In a sense of what was the more reasoned approach. The other alternatives would have been, if you look at the campus, any move down Col. Glenn in the area of where the Ambulatory care Center is now. Again if you look at those decisions were probably made on the basis of practical considerations like where are the water lines, where are the power lines, where are the sewer lines, again the tunnel connections. So I think the approach and the decisions were more practical. Though in hindsight they really weren't too bad.</p>
JSP	<p>Let's go into your responsibilities as Assistant Dean in administration. What were your actual responsibilities that you had and were there any special assignments that you had?</p>
ES	<p>The answer is yes. The specific assignments I guess were really supporting services, budget, finance, interface with contractors, equipment selection, writing contracts, grant applications, writing reports, site visits, essentially overall supporting the activities. Hiring, to an extent training the support staff. Early on we tried to develop a word-processing, with the early [Mag] card systems in a central resource facility. As the operation grew and we had folks in Kettering and the VA campus and whatnot we had to develop courier service, to literally move mail around between our various sites, also communicate with campus, move supplies, get people pay, effectively conduct operations. I think what it boils down to getting whatever he needed done. The things that were defined as being done by other folks were largely the curriculum, so we pretty much knew where the anatomy department stood and academic affairs stood. On the other hand if someone needed a desk, or carpeting, or cleaning, or was looking for coffee, or publication for printing, or what have you it came essentially down to myself</p>

	<p>or perhaps the folks that reported to me. Again to illustrate the extreme, one of my most unusual early encounters was a question of anatomical material. Kettering Medical Center kindly made available to the institution, or I should say Kettering College of medical arts kindly made available to the new program a selection of some anatomical material only this probably was in 73, for space reasons they asked us to remove those bodies. We had no place to take them [laughter]. So one of the problems then was to go around Dayton and effectively, one, find space, obviously secure space –</p>
JSP	How many bodies were you dealing with?
ES	Oh, probably on the order of 8 or 10.
JSP	So you had to go around Dayton trying to find a space to put these bodies?
ES	Right.
JSP	Where did you end up putting them?
ES	<p>Well eventually what we did was we negotiated with the Veterans Administration in West Dayton. And if you are familiar with the site, it's fairly large, and on this site there are a number of homes which at one point served for medical staff, the medical director were the administrator of the hospital site. Several of those buildings were empty. They then agreed that we could indeed use the basement of one of those hundred year old buildings to store cadavers. And again Joe Frankie, one of the early stalwarts, I remember we spent Christmas vacation probably in 73, in the basement of that building, or the basement of that house, faced with the dilemma of how to use stored anatomical materials, cadavers, and the issue of respect and if anything went wrong. There could be no adverse reflection on the institutions so-and again who do you call upon or where do you get help? Well we really didn't know so we decided that the best and most prudent thing to do was to do it ourselves. And Joe went out, and I remember we ordered out sheets of marine plywood, 2 x 4, kits to assemble carpentry horses. I brought tools from home and Frankie and I am maybe one or two other students we went up there over Christmas holidays, essentially building palate to hold cadavers. And fabricated that thing and put plastic down and then we use one of the university's vehicles to essentially transport cadavers from Kettering to the VA. And we carried them down the steps ourselves with the help of one or two people from shipping at Wright State. We put them on stretchers and then put them in the basement of that building.</p>
JSP	Did you have a refrigerator in there?
ES	<p>No. But again with maintenance and care the bodies were well protected and packed in plastic and there was fluid there- but then again there wasn't need there to periodically maintained them in the sense of [indecipherable] or replenish fluids-that fortunately was not my job. My job on the other hand was to get the things transported, make sure they were secured, make sure the room environment was reasonable, periodically to</p>

	<p>make certain that security was adequate. So that was the winter. And then of course we need to face that we need some cooling in there. So in this sense of what we were expected to do, that was sort of my introduction to the development of the school of medicine. After that I would say that largely everything else was insignificant.</p>
JSP	<p>Did you mention the fact that you are responsible for LCME visits?</p>
ES	<p>I was involved in that yes in the sense of logistics, obviously doing some of the writing, because there's parts of those documents - spoke to space plans, budget, future pit projections, involvement, so anything that related to-other than the academic program, I probably had something to do with including the production and distribution of the final manuscript. And again when the team was visiting, generally I'd say I was involved in making certain they had transportation, that the room accommodations were adequate, but they were housed appropriately, and again the logistics associated with getting important visitors into Dayton accommodated, fed, cared for, moved to campus, and moved around the community in an expeditious and appropriate fashion.</p>
JSP	<p>When the LCME visited the school what would you say was the atmosphere?</p>
ES	<p>The first visit? Hostile. Because again I think that the sense of the medical community was that they did not see a need for another school of medicine. You know we talked about the process in Ohio to get approval and one of the arguments was well Ohio did not need any more medical schools. The national thinking of the AMA, Association of American medical colleges was probably along similar lines. And of course the accrediting body, the liaison body on medical education is indeed more than cooperative arrangement between the American Medical Association, the AAMC. So the question of this relatively new upstart new institution, I'm sorry Wright State University in the that's going to start this innovative school of medicine that we didn't need or we had no experience, no faculty, no research base, no hospital. And they send us largely a traditional kind of site visit. Traditional and the sense of folks who had 20 - 30 years of experience in a traditional medical Center University environment. The fact that those visits went well I think attests to the ability, the skills of John Beljan and the others who were associated with that thing early on. So I'd say fairly early on they didn't come as friends. They came at best saying show me. So they came with skepticism, some came I think clearly prepared to damn or condemn. So they weren't - willing to approach this thing without a great deal of preparation. At the same time fear, trepidation.</p>
JSP	<p>I would like to look at your areas of specific responsibility in connection with three specific areas. The first one is your interactions in regards to the Wright State University community. Did you have any parallel responsibilities with the administration?</p>
ES	<p>No not at the time. I would say I served as an interface in a sense then of personnel or finance, budget. I was the interface between medicine and campus particularly in so far that a good portion of the activities were located on campus. And in the sense of</p>

	<p>relative priorities with accreditation, recruitment, and whatnot. Most of the folks, management really didn't care. No it's not that they didn't care, that's not fair. In this sense of relative priority, which was more important, recruiting a chairman of medicine or biochemistry or anatomy or an Associate Dean or essentially looking at the interface between the University? Clearly again the issue of the development of the curriculum and recruitment was of paramount importance. So the interface is for the most part to the best of my ability what I tried to handle. So in a sense of developing a courier service to transport mail from the branch of the outlying sections of medicine, negotiated or dealt with the people on campus. Are you going to do it, should we do it, are you going to deliver our mail to us, should we deliver to campus and then you break it up and give it to us? What are the delivery schedules, how can we help each other? What kind of address do we use for the school of medicine? So early on, I don't know if they're still doing it, we used post office boxes and the logic for that was that allowed medicines mailed to come in bags that was sorted and wasn't mixed with the universities. So in the sense of getting it out to be distributing community, we then could work early on to sort without waiting for it to be broken down. All of those logistics, operational kinds of things. Invariably medicine was in the mode of we want, we need, now! And the university had copy committees and all kinds of committees that spoke to how you get things or procedures or "queue up". Invariably I was in the mode of trying to circumvent or one way or another expedite these operational considerations that seemed to be extreme when judged in the context of the university standards or criteria. And indeed sometimes they were. I was the expediter I guess.</p>
JSP	<p>Did you have any interface responsibilities with central state or Miami University? In the arm of their joint advisory committee?</p>
ES	<p>Specifically or formally I would say no. Informally yes. In the sense of I wrote contracts for the -and pretty much dealt with the transactions between several institutions so as far as the appointment of those folks in the advisory committee itself. Many of those people were people that I had dealt with in 72. There was a personal relationship sometimes in the sense of a problem or there was an opportunity to maybe address things informally. On the other hand obviously as the school of medicine developed and we developed more structure, more manpower, the committees were also moved into a more structured formal mode. And there was less of a need then for the ad hoc kind of thing is so yes and no. I would say probably I wrote minutes and wrote reports which were presented to that group as a summary of the current status of the school of medicine, but they were not unique they were probably invariably flowed out of the reports that might have gone to HEW or the VA or other bodies.</p>
JSP	<p>How would you describe your interface with the area hospitals?</p>
ES	<p>In a similar fashion. Early on, go back to 72, with Bob Cohen and myself there was a need to go out and try to get hospitals to sign affiliation agreements. To go into Cox heart Institute or Fels Research Institute and get people to commit resources. And I guess largely Bob did that-I remember doing some jawboning or maybe we did a Mutt and Jeff routine where-I might so when initially and talk and then Bob would follow in</p>

	<p>as the diplomat and seal the bargain, but it worked well. Again we did whatever had to be done. And again as things went on we began to get serious, and John Beljan was here. Largely my interfaces with the hospital became less and less in so far as it became important for the Dean to take over those contacts. So they would look to him as the one person representing the school and then again as we developed still further and achieved some maturity, John Beljan moved in an Assistant Dean or Associate Dean for hospital affairs were clinical affairs. Where having established a beachhead and opened up communications, he could afford to delegate or send a second or third string, it didn't always have to be the Dean. So again I think I served in a transition mode and when we began to actively develop, largely, except for the Veterans Administration and maybe Greene Memorial because of some other development, I think largely I was involved in a very superficial way.</p>
JSP	<p>On the state level did you have any interface with the Ohio board of regents or the legislature?</p>
ES	<p>Not the regents per se, a regents staff, or what we generally referred to as the OBR. I would not have any dealings at all with the regents as regents. So in that sense yes. There again a fair amount of change, and again I firmly believe that, not just for the school of medicine but for the university it's very important and useful for us to have easy access rapport with the regents staff. Funding models, what's the status of the budget, one of the subsidy checks coming, what can we do, we're going to send a bank instruction program, I need an approval for this. So again the ability to pick the phone up and talk in formally is an immense help. So yes I would say that on the staff level we continue to try to maintain those relationships which became even more important when the OBR established an office of the vice Chancellor of Health Affairs, Dick Rupert was in there for while and then [Tom Helmwrath] and there were some other personalities that went through. But that person, as well is very immediate staff, were vital to us. So again Helmwrath I guess was the most recent incumbent. Tom and he had an administrative assistant, an MBA type in the form of [Mike Tutell] and those people I dealt with day in and day out. Talk to them about models, costs, where we were going. So I saw that as part of my job. Beljan and the Dean I think probably took principle responsibility for dealing with the vice Chancellor as well as the Chancellor in so far as it impacted medicine.</p>
JSP	<p>How would you say the School of Medicine addressed the integration of the school into the university community?</p>
ES	<p>How did medicine-</p>
JSP	<p>Yes. Did you perceive the integration of the school into the rest of the community as something that needed to be done, and if so how did you address that?</p>
ES	<p>It was an objective of course. The question is marriage is a two-way street. And my feeling then and it's my feeling or prejudiced today is that the general university community greeted it with less than enthusiasm. So the area of the integration was first</p>

	<p>addressed largely in the area of the academic faculty. At one point, in 72-73, there was essentially one life sciences department. That department then essentially became five departments, where four of the departments, anatomy, biological chemistry, microbiology, physiology. The faculty in those four were matrixed, were held appointments in the Department of Science and Engineering as well as medicine. Defense Department, life sciences, to some extent even duplicating capabilities, functions, interests, and that were in the matrix departments. But clearly composed of folks who said thank you but we would rather stay affiliated with science and engineering. Same kind of thing happened when we tried to do another area. Medicine and society with Bob Reece, religion. That went moderately well, involving liberal arts, maybe not as much of a two-way street or as much growth as I would've liked to have seen. But at least it worked. So those were the attempts to develop integration. On the other hand if I sit back and objectively assess them I'm not sure that I would categorize it properly as integration. Even now, 12-13 years later, maybe I would categorize it or describe them as bridgeheads. That really have not grown fantastically.</p>
ES	<p>So you're saying that you don't feel the integration has been fully completed?</p>
JSP	<p>No. I think it is still in process. Again I could be doing an injustice, it's not apparent to me standing as now as somewhat of an outsider, that medicine still has been clutched to the breast of the institution. I guess in listening to various people talk, it is still we-them. And again I have to admit in fairness that I hear from both sides of the fence. So I'm not saying that the university community has been remiss nor am I saying that medicine has been remiss. Maybe both sides didn't make the effort that we could or should have made. On the other hand maybe because of self-interest, both sides held back. Maybe because of selfish interest, threat, making more money, university resources, compromising, taking over, whatever the words that we hear, I think that there are still anxieties today that exist that would argue against. And these are what I visualize in my mind as integration. Maybe it's not possible. Maybe we've done the best that can be done. And really when you look at Wright State compared to some of the other institutions, despite the fact that we may not have gone as far as I would've hoped, we still may be better off than anyone else. We may have done a hell of a lot.</p>
ES	<p>What are some of the ways you feel the integration process can be speeded up?</p>
JSP	<p>I'm not sure of the answer to that. Because ultimately it means working one on one with individual faculty members. They have to feel a part of-one of the big, two issues that come to mind immediately concern what I would categorize as differences. One-tenure, the university has it, the faculty in the school of medicine do not. So the question then, if I have joined those folks, I may give up my tenure, my security, which means that I am on a five-year cycle to be evaluated and that by God someone is going to Nam and we test me every five years until I retire. To some folks that could be threatening. At least as a prudent man I'd think twice before essentially getting involved in that kind of a ballgame despite the fact that I resigned tenure to come to this, Wright State University. The other thing would be economic. Where you say people on nine-month academic year contracts, medicine is twelve-month fiscal year contracts. Now on the</p>

	<p>one hand you would say that sounds pretty attractive, pick up another quarter of guaranteed pay. On the other hand Beljan and Spanier weren't that generous. The price for the fiscal year contract was that if you get involved in consulting or you generate any other money outside, you turned it over. Admittedly there was some incentive in the sharing through the profit plan, but I think that still is an ogre to some folks. And again in medicine I think it is important to have a single class of citizens. So you can have some that are in and some that are out. I think that everybody has to play by the same rules. Especially the same economic rules. So recognizing both of those things, they threaten, challenge security, they challenge economics, they put uncertainty in my pocketbook, and therefore in that framework, regardless of how enticing it may be do I really want to play in that ballgame? And my sense is that a lot of folks when they systematically evaluate that are nervous about the risk they may be assuming. And then say I don't want to cooperate or at least not actively, not wholeheartedly, not totally.</p>
ES	<p>How would you say you would characterize your relationship, your interaction with team Beljan?</p>
JSP	<p>I would hope supportive. I would say friendly. On the other hand I wouldn't go so far as to say were bosom buddies. As a boss, he's a good boss. On the other hand the relationship I think in the office was largely professional. On the most part I would say advocate but sometimes the devil's advocate.</p>
ES	<p>In terms of your role?</p>
JSP	<p>In my role. At least Beljan and I one on one. Not in the public sector. So clearly Beljan was the boss. I would say that we were professionally friends, I would hope we still are. My job done was to get done the development of the school of medicine. To support Beljan, to keep him informed of significant changes, risks, problems. And I also saw my job as to not necessarily agree with everything he said, or did, or wanted to do. So overall while we did not always agree. And again I felt and still do feel that from an administrative perspective I don't want anyone working for me that as a "yes-sir boss" and I don't want to function in that capacity for anyone else because I think it does the individual a disservice and it does the institution a disservice. So I'd say that Beljan and I had sometimes a hell-of arguments, knock down drag outs.</p>
ES	<p>Can you remember what any of those issues might have been?</p>
JSP	<p>I don't really want to reflect on it. Because in hindsight it really wasn't important [laughter]. I have to reflect on that, because they were really sort of specific kinds of points. Now after year, let alone 4, 5, 10 years just pale into insignificance. It's like saying can you remember the time that she fought with your wife and 75? Well I'm probably certain that I did fight with her [laughter]. About what? Shoot I don't know, I do remember we fought about last week or last month.</p>
ES	<p>You worked with two very dynamic individuals. Dr. Conley and Dr. Beljan.</p>

JSP	Absolutely.
ES	How would you compare and contrast the two?
JSP	In many ways similar.
ES	In what ways?
JSP	<p>Both are action oriented, both are of above average intelligence. Of their confident, both saw a mission. Creative, dynamic, maneuvers, doers, mandatory the torpedoes, full speed ahead. So again both of those folks I learned working for those people. Their confidence. Their confidence largely in me to say here's where we are going, I don't want to hear from you everyday, I don't want to get reports, I don't want to get your ticket punched door to get yes to get permission slips, but obviously you have enough sense that if you get into trouble or I need to know something let me know. Both of those guys I think working for them super experience. Obviously both have an ego. For one to be Dean, especially Dean in a new school, something else has to drive you I think. Again simply to be a builder, a Connolly, to be Dean of Science and engineering, it says something about the individual to say while I'm going to go out and build a school of nursing and I'm going to build a school of medicine and I am going to do A., B., C. I would say I don't have personally the vision that they have. But I have many of the similar traits I think in a sense of Connolly or Beljan would aspire to be president. My aspiration would be to either set a target or an objective where we're going, or tell me that we've got to run Wright State and were going to run Wright State as efficiently, in the most cost effective, best fashion that we possibly could. In the sense of constantly improving, refining, then I would go in and tell them periodically that I was in trouble, were something didn't work, but I wouldn't need any more direction really than that. So then in the sense of Connolly coming in and saying "we're going to build a medical school", I said "I can relate to that and you know I'm ready to help". On the other hand my goals were sort of simpler. The objective was we're going to build the best college of Science and engineering that we possibly could and I could be comfortable with that. But I'm not convinced that I'm going to come to Dayton Ohio if that were the job. So maybe again looking at myself I don't see the same kind of differences that I see in Beljan, in Connolly. But again in many ways, very similar in the kinds of people. I don't see a lot of differences, off the top of my head. I don't even see vast differences looking at the personalities. Both are quantitative, both are science. Beljan, despite the fact that he was a physician, was very comfortable with engineering and electronics, was comfortable with mathematics. Both of them on the side worked with their hands. Connolly was comfortable doing stonework or pushing a broom. Beljan also, carpentry work, electronic work. One obviously was heavier than the other. But again quickly I can't really say. One of the major differences between the two, ignoring the obvious differences of chemist and physician, but as far as administrative style, what made them run, commitment to work seven days a week, 15-20 hours a day. And again, just move forward, do, move forward, there is the flag, quick, everybody. Maybe there is no difference, now that I think about it. And again it's more personality. What impressed me with Beljan with his ability to as a politician and diplomat, to</p>

	<p>apparently relate to everyone in a room, or at least a small group, I won't go so far as to say a large audience, because I don't see at the time that John was a great public speaker. But we had a table with a conference room downstairs with 20 people around it. I think Beljan could come in and make 20 people feel at home, or comfortable. In Beljan also built the team that pulled work together for 4-5 years with remarkably few battles between Deans. Where people gave up their personal goals, including economic, to come work with Beljan to build the school of medicine. So folks made a sacrifice. So I have to say that in looking back I would say, we can't do it, it doesn't have the charisma or what it takes, but through my experience with Bob through 72 on, I don't think he ever built a team where the folks were so totally dedicated to Beljan as the leader, where they made the sacrifices and the level of commitment personally that they did. Such a large number for such an extended period of time and unselfishly to follow Beljan where he wanted to go. So maybe what I'm trying to say is in the health environment a major difference is that Beljan had greater-honed leadership skills, at least with respect to the physicians, but other than that, and maybe that translates to an artificial rather than a real difference, but that is the only thing that I would associate as a difference between the two guys that I saw.</p>
JSP	<p>Well I would like to thank you for this interview. In the next interview I would like to go more into how you perceive Dr. Beljan administration in terms of interaction with the different communities</p>
ES	<p>Sure.</p>
JSP	<p>And I would like you to kind of describ to me in that interview what you consider to be the pace of development and how fast the school of medicine developed.</p>
ES	<p>Okay.</p>
	<p>[End of Recording]</p>