

Arnold Anderson, M.D.

Narrator

Dominique A. Tobbell, Ph.D.

Interviewer

**ACADEMIC HEALTH CENTER
ORAL HISTORY PROJECT**

UNIVERSITY OF MINNESOTA

ACADEMIC HEALTH CENTER ORAL HISTORY PROJECT

In 1970, the University of Minnesota's previously autonomous College of Pharmacy and School of Dentistry were reorganized, together with the Schools of Nursing, Medicine, and Public Health, and the University Hospitals, into a centrally organized and administered Academic Health Center (AHC). The university's College of Veterinary Medicine was also closely aligned with the AHC at this time, becoming formally incorporated into the AHC in 1985.

The development of the AHC made possible the coordination and integration of the education and training of the health care professions and was part of a national trend which saw academic health centers emerge as the dominant institution in American health care in the last third of the 20th century. AHCs became not only the primary sites of health care education, but also critical sites of health sciences research and health care delivery.

The University of Minnesota's Academic Health Center Oral History Project preserves the personal stories of key individuals who were involved with the formation of the university's Academic Health Center, served in leadership roles, or have specific insights into the institution's history. By bringing together a representative group of figures in the history of the University of Minnesota's AHC, this project provides compelling documentation of recent developments in the history of American health care education, practice, and policy.

Biographical Sketch

Arnold Anderson grew up in Minneapolis, MN. He attended St. Olaf College in Northfield, MN, for his undergraduate degree. He received his MD in 1943 and his MA in 1950 from the University of Minnesota. He completed his internship at San Diego County Hospital in California. He then went into the Army, serving as a pediatrician stationed in both the US and Europe during World War II. After getting out of the Army, he did a pediatric fellowship at the Mayo Clinic in Rochester, MN. Following his residency, he went into private practice with a group of doctors and established the St. Louis Park Medical Center (now the Park Nicollet Medical Center) in 1950. In 1956, he became chief executive officer of the St. Louis Park Medical Center. He stepped down from administrative duties in 1965. He also served as chief of staff there between 1958 and 1960 and president of the board of trustees between 1960 and 1966. Anderson also was integral in the development and establishment of the Minneapolis Children's Medical Center and was named the medical director and CEO in 1967, before the hospital was built. He also served as director of patient care at Minneapolis Children's Medical Center from 1977 to 1987. He was also on the clinical pediatrics faculty at the UMN beginning in 1950.

Interview Abstract

Arnold Anderson begins by discussing his background, including his education and why he became a physician. He discusses his experiences as a medical student at the University of Minnesota, as an intern at San Diego County Hospital, in the army as a pediatrician, and as a pediatric fellow at the Mayo Clinic. He describes setting up his group practice and establishing the Park Nicollet Clinic and the development and building of the Minneapolis Children's hospital. He discusses pediatric medicine, the University of Minnesota Medical School, the UMN Medical School's relationship with private practitioners, Internal Medicine at the UMN, the Department of Pediatrics at the UMN, the relationship between the Mayo Clinic and the UMN Medical School, the relationship between the UMN Medical School and Twin Cities hospitals, and relations between departments at the UMN Medical School. He discusses the Teenage Medical Center, Human Ecology, physician fees, academic medicine, and principles of management and leadership. He talks about Robert Howard, Irvine McQuarrie, John Anderson, Robert Good, and Richard Magraw.

Interview with Arnold S. Anderson

Interviewed by Dominique Tobbell, Oral Historian

**Interviewed for the Academic Health Center, University of Minnesota
Oral History Project**

Interviewed on February 2, 2010

Arnold Anderson - AA
Rusk Anderson - RA
Dominique Tobbell - DT

DT: This is Dominique Tobbell. I'm here with Doctor Arnold Anderson and his wife, Rusk Anderson.

AA: R-u-s-k.

DT: We are at 1425 West Twenty-Eighth Street [Minneapolis, Minnesota]. It is February 2, 2010. Thank you, Doctor Anderson and Mrs. Anderson for speaking with me today.

I know we just spoke a little off record, but, perhaps, you could fill me in a little bit on your background about where you grew up, how you came to go into medicine and where you studied.

AA: I grew up in Northeast Minneapolis, which is a blue collar neighborhood, extremely rich because of loving parents, grandparents, and neighbors. So I can't imagine any better environment for a child to grow up in than that.

RA: But no money.

AA: No money.

When I went into eighth grade—that's the last grade of elementary school—my folks moved over to southwest Minneapolis into a very modest home I thought it was because so many of the children in our neighborhood died or drowned in the river, that they'd move to a place where we could swim in park-supervised lakes. But the daughter of my father's partner told me [many years later] that we moved because her father encouraged my dad to move into a neighborhood where the children went to college.

RA: Arne used to tell the story about the language that you were picking up. We use the part about the language that you were picking up that was distressing your family.

AA: That was my brother Pat.

RA: Oh, was it? I heard that about you.

AA: My younger brother was picking up bad language from the people next door and that, of course, probably was a motivation for my folks, too.

At any rate, when I was fourteen years old and entering tenth grade, my father was a sales manager for a wholesale company, but he was working on a cash truck [delivering merchandise off the truck]. He had rheumatoid arthritis. I came home and told him that I was chosen to be on the high school basketball squad, and he said that if I had the time to do that, I should help him and work. It was the Depression, and it was a matter of survival in this country. So that wasn't an unfair request on his part because he was working under painful conditions. So I did that. Everyday, I took the streetcar down Lake Street until I saw his truck, and, then, I got off. I didn't take any study hall or anything like that. I took that time to go to work. So I worked, I'd say, about thirty hours a week during the school year and about fifty to sixty hours a week during vacations. My father had an eighth grade education, but I think he was very intelligent. I think he thought that I was going to go into business with him. Subsequently, maybe two years later, because of the Depression and because the owners of the business couldn't keep it going, they sold it to him and another employee, his long time partner. So my dad taught me a tremendous amount about business. In fact—what was that? Nineteen-thirty-five?—thirty to forty years later, the corporations of Minneapolis would put their young graduates from Harvard, MBAs on our Children's Hospital Board of Directors, and I was amazed at how naive they were. So that is where I got my business training.

[telephone rings]

AA: Excuse me.

[break in the interview]

DT: You were just telling me about your business training.

AA: Yes, that was my business training.

My dad had an eighth grade education. My mother had a third grade education. They both were very intelligent, and they both read a lot and were keen observers. Of course, my mother, because of her education, was so disciplined that we couldn't have any magazines like the usual magazines in the house. The books she read were always the recommended books of, you know, the critical reviewers. They had a thought that if you had a college education you'd be educated. So I went to college [Saint Olaf College,

Northfield, Minnesota]. I enjoyed it, you know, but I never really was a student, you might say. In fact, I was more concerned about my own business, and I developed, a second-hand book jobbing business at college.

When I met my wife, I was a senior and I fell head over heels in love with her.

After I graduated college, I went to work for my dad. He wanted me to come to work for him. Six months of that gave me a chance to think about business. I didn't want to spend my life in business. I was probably too immature, to be honest with you. I thought business was so profit oriented that you didn't really enjoy being of value to other people. I thought I'd be a carpenter, but my folks dissuaded me from that because I wasn't good with my hands.

I was very cocky. I thought we could do anything. I thought that Rusk and I should get married after she graduated, and we would go out West and buy a ranch and have an idyllic life. She didn't want to be a farmer's wife.

RA: [chuckles]

AA: Then one day, thirty miles south of here, I had a vision. It was about the first week of December, a *miserable*, miserable day. I was driving from one little town to another, and I thought "what in God's green earth are you doing here?" I thought I could be a doctor. I quit my job and went over to the University [of Minnesota] the next day and saw the dean [of the University of Minnesota College of Medical Sciences]. Well, he told me I didn't have pre-med and physics was a flunk out course. I thought I could get pre-med in the next six months before medical school [started in the fall].

So I walked over to the Physics Building and called on the chairman of the Physics Department. I had read in the newspaper that a man named [Robert] Hutchins, who was the president of the Chicago University, said that students could take a test, and if they could pass the test, they'd get the credit [for the course without doing the class work]. So I said I wanted to take the test. I'd read the book and I wanted to take the test in physics. He sent me downstairs to a man named Otto Schmitt, who became a very famous physicist here in town. Are you familiar with that name?

DT: Yes.

AA: Otto had just come to the University. He was a biophysicist, and it was a new field. Well, I went down and told Otto Schmitt my story. He said, "It's worth a try." He made a date for me to come back during Christmas vacation, and he told me the [name of the] textbook. So, of course, I studied the textbook like mad. I think I had maybe a photographic memory. I remember I'd read a poem, and I'd know it. At any rate, I apparently passed the test very well.

But I thought I'd better apply to other schools, so I applied to Harvard, Yale, and both of them wrote me back and wanted me to come down to their schools for an interview. I

didn't have the money to do that kind of thing. Yale wrote and said, "There's a professor at the University of Minnesota and he could interview you." So I went to interview with him. That was in January 1940. I had started now on my pre-med education at the University of Minnesota. He interviewed me, and, a week later, I got a letter back from Yale saying they would accept me for medical school, and they wanted twenty-five dollars for earnest money [with my acceptance]. I didn't want to spend the twenty-five dollars.

So I went over to see the dean of medicine at the University of Minnesota, and told him that I didn't want to spend the twenty-five dollars, and, at any rate, I'd rather go to Minnesota than go to Yale, because that was going to a different town. I knew that we could develop a situation where we'd earn money here in Minneapolis, and the housing would be less expensive. He went back in his files, and he told me that they were going to accept me, too, but, if I told anybody they would cancel the acceptance.

RA: They wouldn't.

AA: ...they wouldn't. That was quite a change in venue for Rusk. I went down and told her, and she was very, very happy with being a poor student's wife.

RA and DT: [chuckles]

AA: Rusk took graduate work in social work at the University of Minnesota for two years, and I went to Medical School. The first day I went to Medical School it was like I had gone to heaven. It was at the anatomy lab. I thought, and I still think, that having the privilege to dissect a human body is one of the most almost sacred privileges in education. Then the professors in the basic sciences at the University of Minnesota were superb, and they worked right in the lab with us. I mean, they would show us how to do things, and tell us so much about the relevance of how things work.

We lived very, very poorly. I remember our monthly budget for food was between nine and eleven dollars a month.

DT: Wow.

AA: Rusk, do you still have...?

RA: We lived in an attic. We had a wonderful place, but it was an attic.

AA: She...even a nickel would be written down on our financial record.

RA: Oh, yes. [chuckles]

AA: We had it for a long time, that. We'd walk down to Washington Avenue and go to the saloon restaurants there and get chicken livers free.

RA: Now, I can't find them [chicken livers] anywhere.

[chuckles]

AA: After two years, she got a job as a social worker in Minneapolis with a very prestigious agency.

I went into what they call the clinical years. Now, mind you, I wanted to be a practicing physician, but I worked in a research lab at the University. I had a very good relationship with the professor in the research lab. When I went into the clinical years, it was a *huge* disappointment, because the professors were in my mind such poor clinicians. Of course, what I figured out was they were more interested in research than clinical medicine. It was bad. For instance, we would have these courses, like surgery would have six months of lectures. I don't know if it was two lectures every week or three, or just what it was. Pediatrics would have six months of lectures. Internal medicine, I think had nine months of lectures. Well, except for the internal medicine lectures where they had created a teaching manual, you can't imagine it. The head of surgery talked on one subject for six months and that was an operation he did on the stomach, no longer done...

DT: This was Doctor [Owen] Wangenstein?

AA: Yes...which was his research. One day, he talked on doing a patent ductus. I saw him do the operation, and he was so crude, he couldn't do it. Then, he put in an isinglass [window in the child's chest wall]. Do you know what an isinglass is?

DT: No.

AA: It's like a plastic, see through...

RA: Clear.

AA: ...window in the child's chest so we could look at the beating heart. I mean, he'd go to jail for it today. He technically couldn't do the operation. That kind of thing just made me very, very disappointed.

So I got a job working in a hospital, Saint Mary's Hospital [Minneapolis]. It's not there anymore, but it was a very large hospital right across the river next to Fairview Riverside. [pause] There, I saw some very, very fine work, particularly in surgery and obstetrics, by very, very talented people. Of course, it bothered me that the University did not take these people on their staff.

When it came time for me to get an internship, instead of going to an academic institution, I opted to go to a county hospital in California. At that time, the word was amongst the medical students that the county hospitals in California were a very, very rich learning experience. The man for whom I worked in the research laboratory had a good friend who was a pathologist [at San Diego County]. I went to San Diego County

Hospital in California. The war had come on now. I was in the Army but deferred. San Diego was a town that maybe two, three years before had been 100,000 and it was now 500,000. They had an unbelievable patient load... Oh, what would you say? The spectrum of diseases they brought in there was unbelievable. Then penicillin came, and we were the only hospital—San Diego County is a huge county—in the county licensed to use penicillin. We had seventy-five infectious disease beds. The doctors at San Diego, although they were very busy and such, a number of them were excellent doctors, who came over and made rounds with us. Then, we would go to their homes and have like a little seminar discussing the care of diabetes or something like that. So they were very, very fine, excellent people and made good teachers.

Two of them—one was [Clair] Stealy and the other was [Clarence] Rees; Rees was a surgeon and Stealy was an internist—had quite a large group clinic at that time that they started, and their doctors were freed up to come and teach us at the county hospital. They were two very impressive people. They are a huge clinic now known as the [Sharp] Rees Stealy Clinic in San Diego.

We had nine-month rotating internships then. When I finished my nine months, the hospital wanted me to stay on. They had two residents. We had twelve interns and two residents that ran this 500 to 700 bed hospital. I stayed on. That was a terrible job for work, because I worked every other night in addition to all day. The work...I had to do the emergency surgery at night, like the appendectomies and that type of thing. It was primarily appendectomies and perforated ulcers and very severe fractures. The one that bothered me most was a compound fracture of the tibia because they ended up with bad infections always. At any rate, I remember one month, I reported on seventy-five cases of meningitis. I don't know anybody else who had reported on seventy-five cases. I had all kinds: tuberculosis and fungi and parasitic. The Navy was using our hospital as an infectious disease hospital, so all these boys coming from the South Pacific with all kinds of exotic infections were coming over to us.

At the time, there were two doctors from the Mayo Clinic that were doing research out there. They told me if I ever wanted to go to the Mayo Clinic that I could go to the Mayo Clinic for a fellowship.

Then I went in the service. The service gives you a number when you go in if you're going to be a family practitioner or a surgeon or what. So they didn't have any number for a person like myself, but they said that the infectious disease doctors in the service were the pediatricians, so they gave me a pediatric number. I made a couple of stops and ended up as a pediatric doctor up in Fort Lewis [Tacoma, Washington]. We had one pediatric ward with about twenty-five beds and I think three or four infectious disease wards for pneumonia and meningitis, I remember, and maybe for measles and such. There were three of us to take care of this. The two other fellows were older pediatricians. One was a professor from Loma Linda [University, California], and the other was from the University of Chicago, both very, very fine people. So it was a rich experience there.

Then, I was sent overseas. As I was going over, the war ended. The first hospital I was sent to, they wanted me to set up a pediatric ward. The patients were U.S. army nurses who'd gotten pregnant. I remember I didn't even know how to write a formula. So I told them, "I don't know how to write a formula." They said, "Well, then, all the mothers have to breast feed." So we had 100 percent breast feeding at the hospital.

[chuckles]

Well, I also set up a school there for the American children that were going to come with their officer parents. That was in Kassel, Germany. The town was totally bombed out.

Then, they selected me to go to England to be the commander of the medical unit where the brides and babies were going home. We shipped 39,000 brides and 50,000 babies out of England.

[chuckles]

The reason they sent me is that they'd had two investigations, one from the British parliament and one from our Congress for what was going wrong with the program. They couldn't find out what was wrong with it. They got so many complaints from, primarily, the British grandparents. It was a big headache to them. A doctor who was the head of pediatrics at the time for the European Theater met me in Le Havre [France] and went on a channel boat over to England with me. He rented a car in England, and we went around England and Scotland just visiting people. I visited people who lived in thatched roof cottages, little homes where a village nurse was, to people that owned aircraft factories down there at Belmont or something like that, on the coast. They had beautiful homes on the coast looking over the beach and the ocean. I said, "Well, I don't know anything about pediatrics." He said, "You'll do all right. What you have to know is the English people." I went to this job and the social worker that was working there told me the problem was that the Americans took the babies and the mothers into camp, [the grandparents felt as though the babies were kidnapped from them]. What had happened is that the American soldiers had gone over to the European continent to be in the Army, and from there they were sent home to the U.S. and asked the army for their wives to come and join them. Maybe for a year or more, the wives and the children had lived with the grandparents, and the grandparents became attached to the babies. When the Americans took the babies, the grandparents were upset. Their reaction was to go visit their daughters.

Central heating was a huge problem. This was an English camp and it had central heating. Well, you can't imagine the disease that central heating can cause. That was one of the huge problems.

And, of course, the diet was...

RA: All wrong.

AA: ...terrible. Everything was wrong. Whatever the Americans did, they couldn't correct it.

So I set up a program for the grandparents. I had a little room; it wasn't as big as this. When the grandparents came to camp, I gave them tea and cookies and sat down and talked to them about where their daughter was going to go to live. Well, Rusk and I had travelled around the United States, so we knew the country pretty well. I would, of course, tell them what a wonderful town, whatever town they were going to, was. It was *particularly* difficult to try to be enthusiastic when they were married to a black man who was going to the South. At any rate, this solved the problem. The American high command never knew what solved the problem. [I received a commendation for solving the problem]. When my family says that I'm disorganized and I'm not what I should be, I take that commendation out and let them read it.

[laughter]

AA: I mean I'm the most organized character ever known to the American Army.

Because of that, after our program closed the need, they sent me to Frankfurt [Germany], which was the headquarters of the American Army. At that time, the generals and the colonels were bringing their children from the United States [to Germany]. They sent me to the Frankfurt clinic to be a consultant in pediatrics. These mothers brought their children in to me. I remember one of them. The adolescent boy said, "No," to his father. His father had not heard the word, "No" for six years and [thus] developed ulcers. They were very concerned because the ulcers may have gotten him [the father] discharged from the Army. They were discharging the generals and the colonels pretty fast at that time, because they had too many of them. So that was a big problem [for my patient's family].

Then, others brought their children in and wanted to know which [private] school to send their children to, that kind of thing. Well, I had no training whatsoever [for those questions], and I couldn't find the answers in the literature. Although I had enough training with my San Diego experience and my Army experience to qualify for the American boards, I decided I had to find out about school, the interactions of the family and all if that's what they [the parents] asked pediatricians. I had decided to go into pediatrics by that time. I liked it. I found there were two places in America that gave this kind of [behavioral pediatric] training. One was at Cornell on the East Coast and the other was at the Mayo Clinic.

Rusk, just the week before I came back... Oh! tell her what you did, Rusk, when you went to see Doctor [Donald] Balfour.

RA: [chuckles] I went to the Mayo Clinic and told them that he was coming back and that he was a marvelous person and that they would be wonderfully lucky if they got him to come—and they did. [laughter] So, I enjoyed...

AA: She always feels she got me in the Mayo Clinic.

DT: [laughter]

RA: That's right.

AA: I went down there [to the Mayo Clinic]. They had this Institute for Child Development for [the past] seven years, it probably had the most prestigious faculty and the most ambitious program in the community, in the schools, with visiting professors, newborn services, seminars, well child clinics, nursery schools, and all that you can imagine. It was a *marvelous* opportunity to learn what I...

RA: Didn't know.

AA: ...didn't know. But nobody else was interested in it. They'd take their [assigned] three months and that would be it. But, I spent all three years there [on assignments] while I took the other pediatric services at the Mayo Clinic.

They made me a student member of the Advisory Board. Well, that gave us exposure like you can't believe, because every month, they invited an outstanding expert in America to come for a three-day weekend or three-day's of talk, and Rusk and I would be invited to the faculty dinners and such, and we would meet these people.

At any rate, I finished the Mayo Clinic and didn't know where to go, had many nice offers around the country, but there was a group of young doctors here in Minneapolis that were going to start a group practice, which is now the Park Nicollet Clinic.

RA: With how many people? Six hundred [physicians now]...?

AA: Doctors, I guess.

RA: Yes.

AA: At that time, there were ten of us with this ideal idea of starting this group practice.

RA: They had just gotten out of their training.

AA: [pause]

RA: Sorry. I interrupted.

AA: So we came up here, and I was able to design my practice the way I thought it should be designed, which was primarily a consultation practice for the family practitioners, and to take care of the chronically ill children, and the children that had serious crises, and that type of thing, which wasn't the standard pediatric practice in

Minneapolis. The standard pediatric practice was being a personal physician for a lot of children. At any rate, my practice thrived.

In 1956, I think, our clinic was going bankrupt. Even though we had a very ideal kind of practice, we weren't doing as well financially as we should. So the other members of the clinic, totally unknown to me, got together and came to me and asked me if I'd take over being CEO [chief executive officer] of the clinic.

RA: On the basis of the fact that he did have this business experience in his background, and they had none.

DT: Sure.

AA: When I went to medical school, I had decided I'd have *nothing* to do with business the rest of my life.

RA and DT: [chuckles]

RA: He had a big job.

AA: I thought they were doing what was right. I thought that I should do my best to help them out, and so I did.

Well, I did have some advantages in that the last six months or so at the Mayo Clinic. Rusk and I ran out of money, and I decided to open up an office in Rochester. I went and told the head of Pediatrics that. I don't think they liked that idea very much. So they sent me to the treasurer [Mr. Utz] of the Mayo Clinic. I went down to see him, and he asked me, "How much money do you want?" So he either wrote out a check or gave me the money. I forget what it was; I think it was about \$500. I said, "Well, as soon as I get up and get into practice, I'll send the money right back to you." He said, "No, you won't. With your kind of ideals, you won't be able to send the money back for two, three years."

[laughter]

AA: He said, "You'd better go see Mister [Harry] Harwick." Mister Harwick was about nineteen years old, worked for the bank in Rochester when the Mayo brothers [Doctors William and Charles Mayo] went to the bank and said they needed somebody to be their business manager, and they took Harwick. This guy, of course, was a genius. He grew up with the Mayo brothers, and he was their business manager all the way. By the time I was at the Mayo Clinic, they would call Harwick, "God."

[chuckles]

AA: Harwick was interested in what we were going to do, and that I was going to go into group practice. So he gave me the Mayo brothers' personal journals to read. We had a good relationship.

So I went up to Minneapolis and started practicing. We certainly didn't make very much money. Utz was right. Utz died. I got a letter from somebody in the Mayo Clinic asking me to pay up my loan, and I told them that Mr. Utz told me that I didn't need to start paying it for two, three years. They wrote me back and said, "You do whatever Mr. Utz said."

So I had this contact with Harwick.

Then, we were the consultants for the Dayton Company. I don't know if you know the Dayton Company or not.

DT: No.

RA: That's really big.

AA: Are you familiar with the Target stores?

DT: Yes.

AA: Target was part of the Dayton Company.

DT: Oh, I see. Okay.

AA: Daytons had a *huge* flagship store downtown. It's called Macy's now.

DT: Yes.

AA: And they had a huge store in Detroit [Michigan] called Dayton Hudson. Then they had a huge store in Chicago called Marshall Fields. They were one of the premier retailers of America.

There was a man named Dave Babcock there who was head of personnel for the Dayton Company. Our job with the Dayton Company was to give them advice on any medical matters that came up and to examine their top executives, their twelve top executives, once a year. Dave Babcock, the head of personnel, subsequently became the chairman of the board of the May Company, which was in Saint Louis [Missouri] probably bigger than the Dayton Company, a brilliant guy, went to high school but never went to college. He said we had a tiger by the tail, and I should come down to the Dayton Company one day a week for a couple hours and go over my problems with Mr. Babcock. Well, you know, it made going to college business look like a bunch of amateurs. I remember one of the things Mr. Babcock taught me was never give the responsibility to a committee. The chairman of the committee carries the responsibility and he uses the committee for consult—a *tremendous* concept, not appreciated by doctors.

At any rate, it took about three months to turn the clinic around. We started the foundation, and we reorganized the clinic. By 1965, I don't know, we had maybe forty, fifty doctors. The rest of the fellows wanted me to be a permanent CEO of the clinic, and I didn't want to. I also thought it would be better for the clinic to have a change of leadership every six, eight years. I retired from my administrative duties.

By that time, I had seven or eight associates in pediatrics with me, all of them practicing a pediatric sub specialty: endocrinology and oncology and cardiology and allergy and things like that.

RA: In pediatrics.

AA: Yes. My own practice was seventy-five percent of the people came from outside the metropolitan area, and I was practicing what is now called behavioral pediatrics.

Oh, one important part of the story I didn't tell you. When I came back from the service, I made a courtesy call on Doctor [Irvine] McQuarrie. This was 1947. I made a courtesy call on Doctor McQuarrie to tell him I was going to go into pediatrics and what I was going to do, going down to take this training at the Mayo Clinic in child development. He told me that if I did that, I'd be a second rate doctor, and he would hold it against me the rest of my life. Not only would he hold it against me the rest of my life, but he would call up and talk to Rusk's uncle who was chairman of the Pediatric Department at Rochester, New York, and have him hold it against me the rest of my life[, which both of them did. Thirty-five years later Rusk's uncle told me "you did it the right way."]

RA: [chuckles]

AA: He was true to his word.

When I came back and after I'd been in practice a year, I took George Lund in with me who was a cardiologist. George trained at the University of Minnesota under a classmate of mine named Forrest Adams. It was a new specialty at that time, so I read most of their literature and that type of things, and I had a pretty good idea about it. I would come up from Rochester and work with John LaBree who was starting the catheterization lab at the University with Forrest Adams trying to develop new techniques. I remember the most god-awful technique we developed in doing angiography one night in the X-ray Department. The X-ray Department wouldn't let us use their equipment during the daytime. So I had a pretty good idea what these guys knew. Then, Jim [James] Dushane, who was the chairman of the cardiology section of the Academy of Pediatrics, told me that we never could develop a cardiology program because the American Board of Cardiology had decided to boycott or blackball any of us who weren't full time in academics. Well, sure enough, they blackballed my partner, George Lund, who I knew knew more than the board chairman about cardiology. I remember I saw Forrest Adams at a meeting. He had, by that time, moved to Los Angeles. He was co-chairman of the American Board of Pediatrics, and the other chairman was Alex[ander S.] Nadas. When

he interviewed my partner, George Lund, he never asked him one question about cardiology. He only asked him where he was going to practice.

So with that information and with what Doctor McQuarrie had told me, I knew, first, I had to love McQuarrie and the Pediatric Department because it would be a disaster not to, but I also had to find someplace else than the University of Minnesota faculty for a professional fellowship.

As a result of that, in 1956, I was invited to Yale for a pediatric research seminar, which had about twenty or thirty of the chairmen of the departments of eastern medical schools. Their problem was that they trained the pediatricians in the academic school. They'd go out and practice pediatrics for about a year, and it wasn't what they were trained for, and they came back and wanted a job. So I was invited to come to Yale and give a talk on my practice. It was a two-day seminar, I guess, and I was the first speaker on the second day. I remember the night of the first day, they got us together and said we'd have to change our talks in order to make this seminar catch fire or something. Well, I told them I couldn't change my talk. I'd prepared it. My wife had written it. I just didn't know how I'd change my talk. So I was the first speaker the next day, and I got up and gave my talk. I got a standing ovation, and the chairman of the Department of Pediatrics at Yale came up and threw his arms around me and said, "Thank God, Arnie, you came down here."

Well, that opened up the national scene for me. For the next twenty-five years, we were invited to research seminars and programs for setting up the pediatric curricula. I was chairman of three committees of the Academy of Pediatrics and was on about five. I was chairman for a committee for the National Children's Bureau, which they thought I did a very good job for them on. I was on the NIH [National Institutes of Health] committees for genetics. I mean, I was on things that I didn't know anything about because they wanted to have a practitioner perspective.

DT: Yes.

AA: That went on for about twenty-five years. So I had developed a lot of friendships around the country with the academicians.

Then, about 1965, I was disappointed with practice in Minneapolis because the hospital situation was such that we just couldn't get state-of-the-art care for children in the hospitals. It was really bad. For instance, the x-ray people didn't study pediatric x-ray, but they took the responsibility for reading pediatric x-rays. I saw x-rays where it was a life and death matter with children and they would miss it. The anesthesiologists were [keeping children asleep 36 hours post-op]...

RA: They weren't oriented to [childhood]...

AA: They weren't oriented to pediatrics. The intensive care wards provided child treatment I thought would almost be lethal. So the surgeons would call me for

consultation on critical care. I'd talk to all these hospitals [about better pediatric care]. I was chairman of Pediatrics at Mount Sinai, Fairview Southdale. I started the Fairview downtown pediatric department. I'd talk to the University [but it was of no avail].

Another part of it was we had a lot of emotional trauma for children in the hospital. This recognition [of emotional trauma] and treatment [of the hospital patient] was all developed in England. I don't know if you know that or not.

DT: I wasn't sure.

AA: I knew about this work in England. It was post traumatic stress syndrome, and separation anxiety, and destructive fantasies these children would leave the hospital with. Well, I talked about that and *nobody* would listen to me. The kindest thing said about me was after I gave a presentation on it was by the chief of staff at Methodist Hospital who got up and said, "We all know Arnie's a nice guy"—I was his children's pediatrician—"but he's a little bit nuts."

DT: [chuckles]

AA: I was ready to quit pediatrics. I actually had thoughts of going into ranching. We had gone out and visited a very successful rancher [in Colorado] who talked me out of it. He said, "You'll go broke in a month." He suggested I buy a cow or a calf and some property out in the country.

This board for a children's hospital had been working for twelve years and had the chairman of the Department of Pediatrics for their professional guidance. They had an architect and they had a Chicago administrative consulting firm be their administrative guidance and such. They gave up in desperation and turned the whole thing [development of a children's hospital] over to the practicing pediatricians in Minneapolis. It was such an unpopular idea that they only had about twelve on their committee to take the responsibility. Well, those pediatricians got together and insisted I be their chairman. This gave us a new challenge.

We started, with these twelve, and I suppose because we were so poor and we had no power and it was [expected to be] such a dismal failure that nobody had any hope for it, we established an operating protocol. The first was the truth. We were very meticulous about the truth, because there were all kinds of rumors about what this children's hospital would do and not do. So we thought it was very important, about the truth. Of course, that was a *tremendous* management tool, because if we all told the truth, you didn't need to cover up or anything else like that.

Then, we instituted the idea of love. We had equality. We were highly cooperative with all the other hospitals. We'd never say anything bad about any of the other hospitals. We were just going to be different. We had an equality concept in there.

We had a very dominant pediatric surgeon in town here [Pediatric Surgical Associates?]. They had about four or five in the group. Do you know the group?

DT: I don't think so.

AA: Pediatric surgeons. It's probably the largest group of pediatric surgeons in America. It could be very possible that they would be dominant in the hospital, but they weren't. They were a very humble group. Out of that came the professional staff. We had a professional staff instead of a medical staff, which included social workers and nurses, pharmacists, and all that type of thing.

Then we had a concern for the poor and disadvantaged. We always saw to it that they were going to be taken care of.

Then we had faith in some concepts that I had learned from my entrepreneur friends. One is: There is nothing so powerful as an idea whose time has come. We were committed to that idea. Another was: One man and a truth makes up a majority.

DT: [chuckles]

AA: Then there's a quotation from Goethe, but I'm sure it must be in the Bible: "If you treat a person for he or she is..." Are you familiar with this?

DT: No.

AA: "...you make them better." If you treat them for what they are, you make them worse. [Goethe: "If you treat an individual as he is, he will stay that way, but if you treat him as if he were what he could be, he will become what he could be."] This, you can't imagine the power of this concept. I mean, we would make a person the head of surgery, the head of mental health, the head of neonatology and they would get a committee, and they'd develop the department. Have you seen the Minneapolis Children's Hospital today?

DT: I haven't, no.

AA: Should I take you down there?

DT: I should see it.

AA: It's a very, very big operation. They've merged with Saint Paul. They were, at one time, the sixth largest children's hospital in America.

Those were some of the concepts we had.

Then we made up a list of the needs of Minneapolis children. We didn't make up the idea that we were going to be a children's hospital. We just said, "These are the concepts

we'll run under, and the needs." Well, then we decided to build the hospital for children instead of doctors, which is a *fantastic* concept because you have to define what a child is. I had learned through my management experience you have to be able to articulate all that you're going to do and you have to be able to write it down, make it clear, and have a commitment for what you... So with our concepts, of course these people all had commitment. We made it for the child, and the child, we defined as being different, that they had a very special set of high risks. This made very clear what the needs were but, also, very clear what the programs would be to meet those needs. The second thing is they were community dependent. In other words, what school you went to. Especially if you had a handicapped and that kind of thing, it made a tremendous difference. If we were going to be a program to help children, we had to integrate it into the community. The third thing is that they were in the formative stages of their lives and their emotional and intellectual development was as significant as their physical development. Well, this, of course, caused us to create a mental health program. We called it "Human Ecology." It's now called "Child Life and Family-Centered Care," which is universal, but we pioneered that. The last thing was that they depend on others for their financial support. Then we developed the list of children's needs and we went out to the community. Newspapers wouldn't take a press release or anything from us, but we got a break.

A Republican congressman from Litchfield [Minnesota] [Ancher Nelsen], a very, very conservative Republican took as serious his job of being on the D.C. Committee, District of Columbia Committee. At that time, the Congress provided the money for the District of Columbia. There was a committee of Congress that sort of served as the board of aldermen. Well, he was very, very committed to taking care of the poor children in D.C. and got the funds to build the new National Children's Hospital in Washington, D.C. The leadership of the Washington Children's Hospital was so impressed by that that they wanted to honor him in Minnesota. The chairman of the Board of Children's Hospital in Washington, D.C. was a successful journalist. He called the University of Minnesota and asked them to provide a program at which to give this honor. They turned him down and suggested they call me, that I might think of doing such a thing. Well, of course, I picked it up immediately and had our Association for the Children's Hospital, which was about 250 women, make room for his being honored at their annual bazaar. This man from Washington sent a press team down here and met with the press and met with all the television stations in Minneapolis, and, then, went out to this congressman's district and met with every small town newspaper and television and radio station and had press releases on this. Well, that gave us some exposure to the general population.

At any rate, we'd gone about a year, and the children's board had an administrator [John Stockwell], a very competent administrator, who resigned to take the job as administrator of a university hospital to be built in Worcester, Massachusetts. So the children's board asked me to work half time for them and take over his jobs.

Well, with that Doctor [John] Anderson who was chairman of the Department of Pediatrics at the University [of Minnesota]—am I going too long for you?—...

DT: No. This is perfect.

AA: ...asked me to come over and meet him. Mind you, we hadn't proposed building a children's hospital yet. We only said what the needs were and what the programs needed to be to meet the needs. He asked me to come over and meet him, and I did. We met at the Campus Club one Saturday and we spent a day there. At the end of the day, he said, "The precedence and prejudices of this university will not allow you to build that hospital in this town." I hadn't even mentioned a hospital. I knew the other hospitals in town and what kind of reception we'd get, so there was no option except to go in with the Children's board and build a children's hospital in Minneapolis.

Well, when I took over the job of this administrator—I essentially became the CEO for the children's hospital movement—one of my jobs was to appear before the planning agency of the hospitals of metropolitan Minneapolis, which was part of the Metropolitan Council, whose endorsement you needed to get a license to have a hospital in Minneapolis. It was made up of the hospital administrators. Ray Amberg was the chairman. Ray Amberg, at that time, was the long time hospital [administrator of the University of Minnesota Hospitals]... Do you know the name?

DT: Yes.

AA: Okay.

At any rate, I presented to the planning agency committee where we were, about the needs, and the programs and such. Ray Amberg really was mean and sarcastic to me. He said that I shouldn't even be on the agenda and that we should have somebody who understood administration. I agreed with Ray Amberg, but we couldn't hire anybody because our reputation was so bad. But I remember telling him at that time that probably some businessman would volunteer, and it really wasn't a very big project. It was about the size of one computer, because at that time, they were making the big mainframe in computers. I thought it was about a \$5 million project. I very much did not take over the responsibility for administration or finances because I had my hands full with the politics, the professional politics. The very interesting thing about this meeting was the person sitting as an observer. The only observer in the meeting was a woman named Betty Malkerson. Betty was the wife of the chairman [Lester Malkerson] of the Board of Regents at the University of Minnesota. Also, at the meeting was a man named Doctor Robert Barr, who was the commissioner of health of the University of Minnesota. Now, Betty never talked to me about the meeting, but, subsequently, I heard from the other trustees that she thought I did a good job.

Betty was unfortunately killed in a bicycle pedestrian accident around Lake Harriet [in 1972]. That's why you have two paths around all the lakes in Minneapolis, one for the bicycles and roller skaters and the other for the pedestrians, because she was killed in that accident.

Sometime about that time, Bob Howard, who was dean, had told the Board of Regents that the University would support the Children's Hospital. I don't know when that

happened, but, at any rate, I think that's where Lester Malkerson, her husband, got the idea that the University was going to support the Children's Hospital.

Well, I continued on with my work. I had to meet with the banks. Children's had a half a million dollar loan with the banks. I think the bank inspectors required the bankers to meet with me. Of course, I had no idea how we were going to pay back the half million dollar loan. I met with them. They'd oscillate the loan between the First National and the Northwestern National Bank of Minneapolis; they were the two big banks in Minneapolis. I think the reason they oscillated the loan was to avoid the bank inspectors, because the bank inspectors probably didn't check into the loans until they were a year old or something like that. So I did that.

Of course, I talked to all of the medical society meetings. I also started being pediatrician for groups in the poor community, like the American Indian Movement. I was their doctor for their school health, the Saint Steven's School, the Northside Child Development Council. I was the doctor at Emerson School, which was a school for the very severely retarded and that type of thing. That was 1966. Also, I made many, many, many calls to raise funds with Betty Clarke, who was chairman of the Board.

By 1967, our Medical Development Council—I found this out reading a history book—had expanded to sixty-three members. We had twenty taskforces and forty-three programs. The idea was enthusiastically accepted by the practicing physicians in town and, also, by what was the Association of Young Mothers in town. The Association had grown from about 200 to 500. The University, the philanthropists were dead set against it. But, at any rate, that was the situation.

In 1967, Donald Dayton convinced the women's board that they should do a survey in town amongst the philanthropists to find out what chance there was of building a children's hospital. Upon Donald Dayton's recommendation, they hired a survey team from Chicago. They interviewed three of them, and I can tell you that after the first sentence of the speech that the consulting agency's officer made to the women, I could give the rest of his speech. It was such a canned speech that all of them gave to get this job. At any rate, they came down here in the summer of 1967, and interviewed the suggested philanthropists.

My wife says I'm talking too much.

DT: [laughter] This is exactly...

RA: We have a signal.

DT: [laughter] Well, this is how he should be. This is great.

[extraneous conversation as Mrs. Anderson offers coffee].

AA: They interviewed the town and after the interviews, they came and gave a report and said it was absolutely impossible to build a children's hospital in town. We were nice people, but nobody would support us.

The children's board had created a men's advisory committee, which was, in my mind, very apathetic. Yes, I guess that's the word. But there was a man named Jim Miles, who was one of the founders of Control Data, and he came to this meeting where this fellow reported. [pause] It was terrible news. The chairman of the board, Betty Clarke, called an executive session, and the fellow who reported sat outside. He had proposed that for \$100,000, they would try to change the public relations of the hospital around, work a year, and, then, they'd take another survey. At any rate, when the man left, Jim said that they had done this all as a ruse to set up the board for another \$100,000. He [Jim Miles] collected all of the surveys he passed out to the women, and we've never seen them since. I don't know where one is. That was the status. We didn't know where we were going to go.

That night, Jim Miles called me up and asked if he could see me the next morning. I didn't have any patients scheduled, so I met him down at my office at the Saint Louis Park Medical Center. He came, and we walked around the clinic. I introduced him to the doctors and the nurses, and I guess he asked what we were doing and such. He said, "If you stick with me, we'll build that hospital." Well, then, he made the mistake of asking me if I thought the women would allow him to be chairman of a fundraising committee. Well, I didn't know what to think of him. I was very, very anxious because I didn't want to make any commitment to him because he might be a phony—and we had run into a few phonies. I said, "Being the chairman of a fundraising committee is very, very important, and I don't know whether or not they'll allow you to do that." Of course, I knew full well that they would welcome it.

We had spent the previous year calling on every prospective donor we knew, and all of them...very, very polite and everything, but none of them had any interest whatsoever. Betty Malkerson was chairman of the fundraising committee. By that time, I knew every year at the nominating committee there would be a big discussion of who is going to be the scapegoat this year to call on her friends. In fact, the only interest we had was we went to the Bean Foundation and Charlie Ritz, who was a very, very successful businessman in town said to Atherton Bean, "Atherton, it doesn't sound like Wangenstein's dogs, does it?" That was the *only* indication of any interest that we had. We'd give our presentation, and we'd get the thank yous and all of it, but nobody had a question or anything. Of course, nobody even thought of donating any money.

DT: [chuckles]

AA: So I told Jim Miles I'd have to talk it over with the women. Well, Jim no more than left my office and I called Bob Gibson, who was one of the founders of the Toro Company. Do you know the Toro Company lawnmowers?

DT: Yes.

AA: It was a little lawnmower company in town here. Bob and two of his friends came back from the service and they built it into this huge lawnmower company. Bob was sales manager. Bob said, "I don't know the man, but I'll find out about him." I was going to meet with Jim on the following Tuesday. So Bob called me Monday night and said he had a call India to find out about him. He says, "This Jim Miles is one of the founders of Control Data, and he has a job over there as vice president for sales and design. He reports to no one and no one reports to him, and that's not without reason. He's very, very abrasive. But if he says he'll do it, it will be done, because he opened up the European market for Control Data. He's probably sold more computers than anybody in this world."

At any rate, Jim Miles came back on Tuesday and I told him I would partner with him if we would use the Bible as our playbook. He readily accepted that. I must say, for the next five, six years or so, I was taught the Christian paradoxes like you can't believe.

DT: [chuckles]

AA: He never ever interfered with our professional hopes and programs. The only thing he instituted is that the word can't is eliminated from our vocabulary. The first thing he did was to go see Doctor Anderson, chairman of the Department of Pediatrics at the University of Minnesota, and asked him which were the three best children's hospitals in America. He replied, "Toronto, Boston, and Washington, D.C." So Jim asked me to get an administrator, and the three of us went and made a two-day visit to each of these hospitals. Then, Jim and I went around town trying to raise funds. We went to New York once and tried to raise funds, and got absolutely nowhere.

So, in 1968, in August—I think it's August 8th, 1968—the Russians took over the Czech Republic. Do you remember that? You're probably old enough to remember that?

DT: Well, no, I know it from history, because I wasn't born then. [chuckles]

AA: You weren't born yet.

At any rate, they took over the Czech Republic. I didn't know, but when I went out to visit Jim in his office, there'd be a full time man from the State Department there. I found out that Jim had sold the computers for the National Institute of Science to the Czech Republic and that he was working on the dedication of this new National Institute of Science that the Czech Republic was going to dedicate, maybe in November or December. When the Russians marched in, his project was ended.

Well, Jim came to me and he said, "Whatever you do, don't take away my work from Children's Hospital, because I love to work." He took over and, then, he really started to work on Children's full time. The only thing he did for the next five years, I think, other than Children's, was that he went over to Saudi Arabia and sold the sheiks over there their government computers.

He went over there for about two weeks, but that's the only time I remember him being out of town.

[pause]

Do you know of Ben Spock [Doctor Benjamin Spock]? Did you ever hear of Ben Spock?

DT: Yes.

AA: Here's a letter from him.

DT: Hmm. [pause while Dominique Tobbell reads the letter]

AA: It happened to be sitting in my closet, and I didn't even know it. It shows you the kind of relationship that I had developed with these people nationally. He was a very good personal friend of ours.

I have this summary of the corporate plan of action of the Children's Health Center as part of the total health delivery system in Minnesota.

Jim decided that he had to have a corporate plan of action in order to get the Children's Hospital started. I suppose this is the way he started businesses. Jim thought as I did. He thought a process instead of design and copying a design and that type of thing. Jim thought a process because when Control Data started, he was the vice president in charge of design and sales.

He was very much involved in putting a man on the moon. You know, putting a man on the moon was for American industry a revolutionary process. How do you do it? Nobody knew how to put a man on the moon. You couldn't write a plan on putting a man on the moon like you'd write a floor plan.

Jim's program objectives were:

Improve the quality of life in the community by developing and implementing expanded infant, child, and adolescent health services and by responding to the needs and desires of the community as a whole; put emphasis where it belongs on keeping the well child well and, by the following means, educate and train to prevent accidents, illnesses, disarrangements and disabilities; anticipate and detect illnesses before they start or before they become serious or disabling and provide corrections or cures at the earliest possible date in the shortest possible time, at a minimum cost to the patients in the community; provide highly competent comprehensive means to help the sick, injured, disabled, or disarranged children to get well in a minimal possible time under optimal environments when the child is safe and at a maximum inconvenience and minimum cost to the parents in the community; participate as an integral part of a coordinated optimally efficient and effective health service delivery system for Minnesota and the Upper Midwest.

Now, I wonder if you'd take the program objectives of any other hospital and find anything like that.

DT: Yes.

AA: Do they sound different to you?

DT: I haven't seen too many, but there's very much emphasis on the community, as you had pointed out earlier, integrating within the community, and really putting the needs of the patient first. That's really something.

AA: Jim took all our ideas and put them into this. He expanded the board from twelve to over sixty and had all the elements of the community, the Indians, the blacks, the rich, the poor. He had them in on his board. We presented this primarily to this PAHMM [Professional Advisory for Hospitals of Metropolitan Minneapolis] organization. [pause] They listened to it. You can just see the tremendous numbers of people we had involved in this thing. We had, I think, six appendices and one was an organization of Children's Hospital. We had what we called an Upside Down Table of Organization. Do you know the classic table of a board of trustees, president and...?

DT: Yes.

AA: The question is whether or not you can direct and control six subordinates or eight subordinates. It's known that you can't control and direct twelve, because even Jesus couldn't.

DT: [chuckles]

AA: At any rate, this Upside Down Table of Organization is extremely efficient.

DT: Hmmm.

AA: You can support many more people than you can direct. In addition, if you direct people, what they do is limited to what you can understand. You can support people for what they want to do without having to understand them. That makes for a *tremendous* amount of creativity. We presented it to the PAHMM committee when they requested to see our table of organization.

At the next PAHMM meeting, they said we didn't have a budget. I remember that we didn't have a budget on Friday. Jim *immediately* jumped up and apologized for not including our budget! He was terribly sorry. Could we have a meeting soon and he could include the budget? Well, they scheduled a meeting in four days. We didn't have any budget.

RA: They got a budget in a big hurry.

AA: I was shocked! I was shocked that he got up and said that we would present them a budget in four days. I knew to present a budget you had to have about two months of work by a consulting firm to do this. Well, that Friday night, Jim called me up and said, “You call all the pediatricians and find out how many patients they have in all the hospitals and whether they’d send them to Children’s”—we knew we had a commitment from Abbott and Northwestern Hospital that they would transfer their pediatrics to Children’s—“and see if you can get an administrator to go with us.” [Along with a volunteer administrator,] we went down to Boston Children’s on Monday. Jim sat across the aisle from me on the plane, and I gave them all my figures and such. Then he and the administrator met with the controller of Boston Children’s Hospital. One of the policies we had is we’d have a comprehensive program. Jim compared our figures with Boston Children’s Hospital’s figures, figured out proportionally how much smaller ours should be based on this. He bought first class seats going back home, and we turned them around and had a table between us and worked on this thing [the budget]. We got back to his office and went up to his secretary probably about eight o’clock. Jim and I talked and his secretary wrote down all the notes.

The next morning, he comes with fifty budgets for two years laid out. I’ve got it in here. The actual performance of the hospital was within five percent of his budget.

DT: That’s incredible.

AA: Well, then we couldn’t raise money. We had \$750,000 in escrow from a United Hospital fund back from 1958. The bankers kept it in escrow and we couldn’t get it out. So we had a meeting with the bankers. The bankers asked Dr. Bob Barr, who was the commissioner of health, to be there as an expert.

[extraneous conversation]

We go to this meeting and Bob Barr is the expert witness, and he gets up and he said, “Whenever the Health Department has a problem with Southwest Pediatrics, we turn to Arnie to help solve it.” I had *no* idea what he was talking about.

DT: [chuckles]

AA: Then he said, “Whatever Arnie puts his hand to, it’s a success.” Well, of course, he was talking about the Saint Louis Park Medical Center then. They decided to give us the \$750,000.

I went home and I tried to figure out what he was talking about. I remember one time he called me about seven o’clock in the morning because he had a grandchild visiting from Saint Louis who had a fever. I met them over at my office in the clinic. The child had a strep throat, and, of course, you know penicillin is magic. So that was one occasion. On another occasion, he called me up and he said that he worked with a man in the government, I suppose, in Washington who had a grandson in Minneapolis who had a chronic disease. They’d been to all the doctors they could go to and couldn’t find the

answer for it. He was giving Bob Barr a hard time because Minnesota medicine wasn't taking care of his grandson. Bob...I remember him telling me, "I heard you at the PAHMM meeting say about how it was going to be when you had all the doctors together and knew the capacity you'd have. Well, I want you to get them together and figure out how to take care of my grandson." I had this boy come over to see me with his parents. His parents were a young couple that lived above a family paint company. Well, I don't know if you're familiar with the idea but paint fumes...children are very sensitive to them.

DT: Yes.

AA: I recommended they give a therapeutic trial of having the child live someplace else for a few weeks, and it was a dramatic success.

[break in the interview]

AA: Those were the two occasions that the Health Department was...and he called on me to solve their problems.

So they turned over the \$750,000, and we started building.

Now, the building... This is just an example of this Jim Miles. I don't know how much you know about building. The usual thing is you hire an architect and the architect makes the plans and the contractors bid on them. Jim Miles thought that if we put the contractors and architects together to bid that they would create a savings. Then, he created either a page or two of specifics [for their joint bid]. One specific was that he wanted the building to be a post-tension concrete building. Post-tension concrete means they lay a concrete floor. First, they create a network of cables. Then, they lay the concrete in the cables, and when the concrete is setting, not completely set, they pull the cables tight from both ways, and they don't have joists underneath the floors. These cables create the support. It's about two-thirds of the weight of the usual floors. Well, they had bid on Jim Miles' specifics. One was this kind of building they were going to build and another was Jim insisted on vertical and horizontal flexibility. "Because," he said, "one thing you have to plan for is change. The only constant is change."

DT: [chuckles]

AA: I had described to the contractors and the architects what I thought this meant. I said, "This means that we're not going to take a jackhammer to the floor and put a quiet sign outside the hospital." When they were about to lay the floors, the architects called me up and said, "You have to put in every vertical opening in those floors before we pour them." I said, "No, I don't. You guys have got a contract with us for vertical flexibility." Well, that was a dilemma. Three people thought up the answer, all of them in their sleep.

DT: [laughter]

AA: One was Jim Miles. One was a contractor. Another was an architect. The answer was we put plastic shafts, sleeves, in the floor, little round plastic sleeves in the floor, between the cables. They had figured out from their mathematics that the floor wouldn't lose any strength. By putting these plastic shafts in, we had an opening in the floor every five feet both directions for gas, water, sewage, and electronics. Elevators and dry... What do you call these things that go between the floors to carry trays and such?

DT: Oh, the dumb waiter?

AA: The dumb waiters, yes, that I had designed into it before [the concrete poured].

That particular idea saved forty percent on building costs.

Another cost was the situation... Jim had designed a two-way traffic system so that the sick children and the children being carried on gurneys and that type of thing would be separate from the children going to the outpatient department and the visitors and such. Well, they couldn't figure out how to do that, but they had bid to build a two-way traffic system in the hospital. So that was when Jim went to Saudi Arabia, and I said, "What in the world are we going to do about this?" Jim said, "Call in the elevator designer from Chicago." So I called him down, and he came. I *knew*...I knew as soon as I told him that he knew the answer. So I asked him, "What is the consultation going to cost?" He said, "Ten thousand dollars." I told him, "I have only \$5,000. The chairman of the board is gone to Saudi Arabia and I have no way to get a hold of him." He said, "Well, if you give me the contract for building the elevators, I'll take it for \$5,000." I called the contractors and the architects and they agreed to give him the contract, and he designed them. The secret was that he had two elevators facing one way with a lobby on each floor and one elevator facing the other way with a separate lobby. That was the kind of thing Jim Miles thought up.

Then, we got the PAHMM to decide that they were going to have a meeting at which time they would decide whether or not they would endorse building a children's hospital. The week before the meeting, a very pompous hospital director up at North Memorial wanted to see me and Mrs. Bob Clarke. He wouldn't see Jim Miles. He called us and we went up to meet with him. He told us that he and John Westerman, who was the director of University Hospitals and Carl Platou [president of Fairview Hospitals] controlled the politics of hospitals in Minneapolis.

So then John Anderson called me and wanted to meet with me. When I went over to his office, Bob [Robert W. ten Bensel] was there. Bob ten Bensel was a brilliant pediatrician that couldn't survive in the Pediatric Department and became a professor in public health. I was amazed to see Bob ten Bensel there, because I'd never seen him at anything. I knew Bob well. He was a young man that I tried to help a lot. I tried to hire him as medical director of Children's one time. At any rate, Bob was there and he told me that Children's had come to its end, that he had inside information that it was going to be voted down at the PAHMM meeting.

Then Westerman called me up and asked me if they could have the newspapers at the PAHMM meeting. I said, “Well, we’re perfectly transparent. It’s fine with me.” I didn’t realize what kind of trap I put my foot into, but, at any rate, I did. We went to the PAHMM meeting. They had the head of the Department of Medicine get up and present the case for the University of Minnesota. He gave a *long* talk on how the University of Minnesota couldn’t be part of this new children’s hospital. John Westerman at many meetings had said it wasn’t necessary because the University fulfilled all the children’s needs. At any rate, he gave this long talk. One of the big issues was that it was too far away from the University to be cooperative with the University. Well, I remember Rusk reading that in the newspaper the next day, and she said, “What in God’s green earth do you think the people in Worthington, Minnesota, are going to think if they can’t go a mile?”

DT: [chuckles]

AA: My friend Dick Raile of Hennepin County General Hospital, who was the medical director, got up and gave a long talk on how I was a fraud and was promising the town all kinds of services that would be impossible to deliver. [pause] He seconded the motion. Then, Betty Clarke, who was our wonderful board trustee—she was president of the board when Jim Miles came on—got up and said, “Who speaks for children here? I hear you administrators talk.” Then, a fellow named [Donald C.] Wegmiller, who was the administrator out at Fairview Southdale, a young man, made the proposal that they delay the vote a week, and that was accepted. Years later, I asked Wegmiller why he ever did that. He said that he and a number of young administrators in town knew that Minneapolis needed a children’s hospital. He was instructed, along with all the other young administrators that were at the meeting [to vote against Children’s]... Carl Platou was in Norway at the time. I remember when we were invited up to North Memorial with Vance DeMong, and I told Vance DeMong that Carl Platou was in Norway and how in the world were they going to coordinate anything with him? He said, “We’re in telephone conversation with him everyday.” So at any rate, Carl, of course, had ordered all his people to vote against it, and they had the votes to turn it down. Wegmiller got this delay. There were a number of young administrators there that had questions about it. According to the parliamentary rules, that passed.

[extraneous conversation]

AA: It was voted to wait a week. The newspapers came out with the headlines the next day, “University Can’t Support the Children’s Hospital,” a big front page article. The newspapers that reported it had all of what the University said, had all of what Hennepin County said. I didn’t do anything. I didn’t know of anything that was being done.

PAHMM had the meeting the next week to have the vote on it that had been postponed for a week. John Anderson was going to present for the University of Minnesota, and he got up and said, “The University couldn’t be more enthusiastic about supporting it.”

RA: [laughter]

AA: Now, the only thing I can think of is that Les Malkerson, who was the chairman of Board of Regents, whose wife had been killed and who was very involved with Children's, read this in the newspapers and was surprised. And I heard that the retired president of the Pillsbury Company, who was the chairman of the board to sell the bonds for the new Hennepin County Medical Center, was in Florida, and he read the article in the newspaper, called Dick Raile and said, "How can you expect me to sell bonds when you antagonize everybody in Minneapolis who were going to buy the bonds?" That's what I think. Then Dick Raile couldn't jump up fast enough to second the motion. It passed, I don't know...seventeen to two or something like that. I can remember the Sister from Saint Mary's got up and said she couldn't get her board together in time to change their position.

So we had the backing of PAHMM and got a license from the state, but we'd run out of money. We spent that \$750,000 digging a basement and had to put a fence around the hole. So we went out and tried to raise money again, but nobody would give any money to Children's. Jim and I went to bond houses to see if we could raise the bonds. We went to seventeen bond houses. *All* the big financial institutions in Minneapolis turned us down. We got one little company called Keenan & Clary whose business was primarily with rural Catholic churches, and they underwrote the bonds for about \$4.5 million, I guess, with a high interest rate and a five-year bond to be recalled. Well, I was very concerned about it, because at that time Sister [Elizabeth] Kenney tried to raise bonds, and they had to give up. That's why they merged with Abbott Northwestern, to get the finances to build Sister Kenney [Institute]. Our bonds sold out in a half a day. Who bought the bonds, I have no idea. It turned out they were very good bonds for whomever bought them.

Children's got built and was started with a tremendous amount of volunteer effort. We had an administrator for a while and an accountant for a while, and we had to let both of them go because the job was beyond them. One of the women was a volunteer administrator and Northwestern [Hospital] loaned us a person to be accountant. The doctors all volunteered to staff the emergency room at night. We had an emergency staff that would be on at night at the hospital. The radiologist group in town financed bringing a radiologist here, an excellent man. The anesthesiologists did the same with three pediatric anesthesiologists. The laboratory and pathology group financed a pathologist. They must have paid thousands of dollars to keep these physicians [until the hospital generated adequate patient traffic].

RA: It became clear not having what you need elicits volunteers that really strengthen the whole project.

AA: Were you at the Teenage Medical Center program?

DT: No.

AA: Well, in 1968, we started the Teenage Medical Center. The University had tried to start a program and Hennepin County; both failed. The head of the Health Department in Minneapolis told me that was Minneapolis' greatest health need. Are you familiar with the Teenage Medical Center?

DT: No, I'm not.

AA: It's still going. It has about \$1.5 million budget a year now. They took care of the same number of patients that we took care of—I'm sure they do much better [now]—when we started it. Our budget was between fifty and one hundred dollars a month.

At that time, we had what we called an Inner City Government, model city... Are you familiar with these concepts?

DT: A little bit. I've come across them.

AA: It was in the 1960s. Model city decisions were made at a big town meeting. So the Teenage Medical Center came up for a decision at a big town meeting at a restaurant out on Lake Street. There were a lot of people against it. I remember a young woman in the back of the room; she was absolutely against the establishment. But, fortunately, the March on Washington was on the agenda of the same meeting, and they had arranged for the buses to go to Washington. So the chairman of the meeting said that we'll turn this [the teenage medical service] over to the nuns of Saint Stevens. We can trust the nuns. So we became great partners of Saint Stevens Church and I became the doctor for their school. In fact, the good relationship for those of us still living lasts yet. Ever after that, we had no trouble with the city and the council of anything like that because of our Teenage Medical Services success.

At any rate, we got these bonds and Jim Miles tried to raise money [to pay for the bonds] and couldn't raise money. Nineteen seventy-four is the first time I ever heard him say, "Can't."

DT: [chuckles]

AA: He said he couldn't raise money to pay off the bonds, and we had the bonds to pay off. If we couldn't pay them off, it would be a disaster [because of their short term and high interest].

Ruth Bean was on our board, so they arranged for Ruth Bean to be the chairman of the Board of Trustees of Children's Hospital. Well, Ruth Bean got her little committee, and for the first time, I wasn't involved in fundraising. I remember they were going to go out to General Mills. There was a young man named Crosby, who was going to go out to General Mills. Crosby was one of the families that started General Mills. It was Washburn & Crosby. I suggested I go out with him, because I knew the chairman of the board and the president at General Mills. His wife was a PEO [?] member with Rusk. I could tell him what Children's was doing. He told me that wouldn't be necessary. His

grandfather was the head of the Gratuity Committee for the General Mills Board. Well, that was pretty much the way it was. I'd been actively fundraising for five, six years, but I was no longer needed. They raised enough money to pay off all the debts. I understand that the major donors all went to Ruth Bean's birthday fifth birthday party—fifth, not her fiftieth—...

DT: [laughter]

AA: ...which gives you some idea of the family bonds and who they were going to financially support, and they weren't going to support an outsider like Jim Miles; although, from my standpoint, he couldn't have been more cooperative. He was not abrasive in any way anytime, but I saw how he was abrasive. One of the tricks I learned was that in negotiations, you do your preparations and, then, you put your plans in your pocket and never take it out. You function there feebly along, but by the time the negotiations are ended, usually your ideas, because you're better prepared, come out as the decision. Jim Miles was so bright that the administrators, especially the administrators, would tell him what the usual and customary was and Jim Miles would tell them what it was going to be.

DT: [chuckles]

RA: It's sad—maybe Arnie told you—he's had a stroke.

DT: Ohhh, that's too bad.

RA: He was such a bright man. Oh!

AA: We go out and visit him once every two months or so. His wife says we're one of the few people he recognizes.

DT: Ohhh, that's sad.

AA: He antagonized people unconsciously. That, of course, is what happened at the Control Data Company—not that he was wrong as best I could see. But, you know, this idea of building with a list of specifics instead of plans and that type of thing is very unusual.

Well, that's enough about me.

DT: Well, I have several follow up questions. This has given me so much information already, but I have a few more if you don't mind taking some more time.

AA: No. No, I'll try to be honest with you.

DT: One of the things that strikes me is that at the same time that you were working hard to get Children's built the Northern Association for Medical Education, led by Davitt Felder, was trying to get a second medical school built.

AA: Do you mean over in Saint Paul?

DT: Yes, in Saint Paul. This was around the same time and it sounds like you faced some similar issues in getting past or failing to get past the opposition of the [University of Minnesota] Medical School. Did you have much interaction with...?

AA: I, fortunately, got on a lot of governor's commissions and other commissions. I was on a mission to listen to the Saint Paul situation. The University was very much against it. Dean [Robert] Howard, at the time...

I have to tell you a story about Dean Howard. Dean was an independent thinker. I don't know if you've collected that...

DT: I actually spoke with him. I had a wonderful interview with him last year and from others who confirmed that he was very, yes, independent.

AA: He put up very, very strong arguments about the fact that a medical school depended on the resources of a university even though in my mind, they didn't use them. For instance, the Institute of Child Development at the University of Minnesota since about 1920 has been known as one of the outstanding institutes of child development in the country; yet, there was never any interaction between the Institute of Child Development and the University pediatrics department. We depended on the Institute of Child Development tremendously to develop what we called our Human Ecology Program, which became nationally recognized.

Actually, I wasn't able to sell that program in town or to the board or to anybody else until Milton Shore, who was a young psychologist with the National Institutes of Health in the Mental Health Division, had a symposium at the American Orthopsychiatry meeting on mental health and children's hospitals, at which he invited psychologists, doctors, child psychiatrists, architects, and such, administrators. The Robertsons [James and Joyce Robertson] were at the American Orthopsychiatry meeting. He had them involved with this. He [Milton Shore] published a little pamphlet "Red is the Color of Hurting [; Planning for Children in the Hospital]." At any rate, I bought 500 of those and gave them to the architects and the staff of the Board, everybody. That really convinced... The attitude was totally changed from the time when it was only my idea and it had the credibility of the National Institutes of Health. Milton Shore and I are still friends. He gives us credit for being the first hospital to integrate this concept in the total hospital. We had a vice president in charge of Human Ecology who sat on our Executive Committee. We trained everybody, the Board members, the janitors, everybody. It was just phenomenal.

Some of the other things... We started, certainly in this area, ambulatory surgery. The best I know, we started microanalysis in the laboratory tests. I'm sure there are other things.

AA: It was interesting. There was sort of a love/hate relationship between myself and the University. When John Anderson came in 1955, he gave a long talk to us about he was going to clear all the deadwood out of the department.

[knock at the door – extraneous conversation]

AA: I had a very wonderful half-day-a-week meeting with the medical students at Hennepin County General Hospital on community health. I made a lot of good friends there and was very popular. But I decided I had to go back in the community and do research again. I hadn't been back in the community doing the research that I wanted to do for ten years. So I resigned from the University of Minnesota, my academic role. That was in 1960.

About 1975, a young man who had gone to work for the University of Colorado in Denver, needed to have a letter from a University of Minnesota faculty person who knew him to facilitate his becoming an associate professor. Our young staff was talking about it. They said I should write the letter. I said, "I'm not even on the University of Minnesota's academic staff." [pause] They said, "You're a full professor." Well, the University of Minnesota advanced me to being a full professor, and I never even knew about it.

DT: [laughter]

AA: I wrote the letter. I knew some people out at the University of Colorado, so it worked out all right. That was one thing.

The second thing is probably in 1970 or something, they started this field of what they called Behavioral Pediatrics. Well, since I'd been so involved for so much of it, I applied to be on the Academy's section of Behavioral Pediatrics. I got a nice letter from some young woman out East telling me that I didn't qualify because I wasn't a full time academician. Well, Julius Richmond, who was an endowed professor at Harvard, called me up, and he said, "Arne, if you just put your name on a piece of paper, I'll write your application." Julius was, obviously, the senior leader of that field in the country, at the time. I said, "I'm not going to bother, Julius. It doesn't make any difference to me." But I noticed that I started getting news from the section.

Another time, I politicked with Hubert Humphrey. Hubert Humphrey asked me to help him and politic with him. He wanted me to replace him as moderator of a television program that I organized for him. He wanted me to be the moderator because he could talk more than, he said.

Then, I also went out and politicked with Ted [Edward] Kennedy when he was senator in Massachusetts. It was the WIC Program. I don't know if you've ever heard of that or not, the Women, Infants, and Children Program, a very popular program.

DT: Yes.

AA: I was on the National Advisory Committee for the WIC Program. When we at Children's applied for the WIC Program here in Minnesota, we had a large clinic with the demographics of poverty, but our program wouldn't be accepted. So the board was giving me a hard time that we weren't getting national grants. I told them the reason we didn't get national grants was that the University didn't give us the nod, and I gave them the story of the WIC Program. That was at Friday noon. Friday afternoon, the head of the WIC Program, the administrative head, in Washington whom I knew because I was on their Advisory Council, called me up and said, "Monday, you're going to have the WIC Program in your hospital." I said, "Well, how did that happen?" He said, "I'm hearing it from a different direction."

DT: Why was the University so opposed or looked so critically at private practitioners? Why didn't they give private practitioners their respect?

AA: Well, I've done some research on it, and I have my own ideas.

DT: Yes.

AA: I don't know if I called you or Eric...

DT: Eric Moore, yes.

AA: Did you recommend Eric Moore to me?

DT: I may have done... I work with him.

AA: I called Eric Moore and asked him to give me the curriculum vitae [CV] of Doctor McQuarrie [chairman of the University's Department of Pediatrics until 1955].

DT: That's right, yes.

AA: When they went to full time department chairmen at the University of Minnesota in 1930, Doctor McQuarrie became the head of Pediatrics, and he was head of Pediatrics for about twenty-five years here. John Anderson was his protégé. Do you remember Doctor McQuarrie told me that he'd disown me and that I was a second rate doctor? When I looked up Doctor McQuarrie's résumé, he had graduated from Johns Hopkins Medical School. He then went to—the way I read it—California Berkeley and got a Ph.D. in experimental pathology. Then, he was hired by Henry Ford Hospital to be the head of research. Then, he went to Rochester, New York, as associate or instructor in pediatrics. He never had any training in clinical medicine. He doesn't record it in his CV that he

was an intern or a resident of a fellow in pediatrics. He *never* had any training in pediatrics. He came here, and he turned the department into one of the best research institutes in America. He wrote a little book, *Experiments in Nature [and Other Essays]*. I don't know if you've heard of this or not.

DT: No.

AA: At any rate, *Experiments in Nature* is a book in which he states that you can take a single case and study the metabolism of that case and come up with the answer and discover new diseases. He was very successful with that. That was Bob Good's thesis. [pause] I don't think he knew anything about pediatrics—and I don't think John Anderson knew anything about pediatrics. I don't think any of them did...the practice of pediatrics. They were great research people and they, unfortunately, were not humble. The only humble... Well, Al [Alvin] Michaels is a very different person and Quie. What's Quie's first name?

DT: Paul.

AA: Paul is very humble. He starts out all his talks that he's not expert on anything except the traffic of the eosinophil.

DT: [chuckles]

AA: He takes a humble approach to it. A lot of them were, but a lot of them, McQuarrie and John Anderson and such, were very, very prejudiced. It was just like the white people treated the black people in the South. You just didn't count. Rusk's aunt gave us that impression, the way she talked about who counted in pediatrics. Do you remember that discussion?

RA: Ohhh, Aunt Dee.

DT: This is the wife of your uncle who was a physician?

AA: Her aunt was the wife of the uncle who was the chairman of the pediatric department at University of Rochester.

RA: She was way out of her depth. [chuckles]

DT: This, presumably, wasn't just in pediatrics.

AA: In surgery, it was *terrible*. I mean, I saw Wangenstein muddle through operations, drop a spleen on the floor...

[chuckles]

AA: ...tried to do this patent ductus, which probably killed the child. He could have had skilled people from private practice in there working with him. [John L.] McKelvey in obstetrics, to my way of thinking, was the same. I don't know why they all talked to me. When I was a student, they talked to me. I remember Doctor [A.B.] Baker, who was the head of Neurology, telling me that the Medical School wasn't for the medical students; it was for the residents. As far as the medical students were concerned, I shouldn't be concerned about what kind of education they got. I mean, it was *unbelievable*.

DT: I've certainly seen that there have always been criticisms within medical schools, not just at the U, but that there's too much emphasis on research and not enough emphasis on teaching.

AA: Well, that's where the money was.

DT: Yes.

AA: There's a well known axiom in management that the troops do what they get recognized for. They didn't get recognized for any skill in practice or knowledge in practice. Just now, in the last ten years maybe, has come in the literature what they call translational research. We were doing that and I'm sure they've been doing it for a hundred years. Do you know what I mean by translational research?

DT: Yes, moving discoveries from the lab into the clinic.

AA: Yes. It's just recently that that's been funded by the NIH.

DT: Right.

AA: The prejudices in the NIH were just the same. [pause]

Have you heard in your history about Bob Good?

DT: I have, yes.

AA: He's a brilliant man. I had a large practice from all over the state of very severe iatrogenic anxiety reactions from his practice, because they would frighten the patients about the serious consequences if they happened to have an immune deficiency disease. Of course, that made the patient much more compliant with their research. But after they decided that patients didn't have it, then they discharged them and they left them with their anxiety. I went to Bob and I went to his associates and told them about this. They were glad that I was taking care of them, but that wasn't their interest.

DT: You had mentioned in talking about your medical school experience that internal medicine was a little different in that they had teaching protocols. Did you feel that they were better teachers?

AA: Oh, sure.

DT: And better clinicians, also?

AA: Well, they were, in my mind, very good internists, but they, too, didn't have any empathy for the patients. For instance, I remember making rounds with [C.J.] Watson, who was the head of [the Department of Medicine]. He was a brilliant clinician, but every patient he saw, after he saw them, they were crying.

RA: He gave them the treatment, apparently. I didn't remember hearing that.

AA: John Dougherty and I made a study of patients' reactions to Watson's rounds. I don't imagine many medical students were making those kinds of analyses.

DT: Right. It sounds like you couldn't have been the only one who was dissatisfied with your experience. Was there any kind of agitation among the students?

AA: No. We were there during the war years. Thank God we were there. I think most of the students, unfortunately, had a different perspective of medical school than I had. I think most of the students were there to be successful physicians and—well, some of them, I know, told me—to have a good income. I had the idea that I could do whatever I wanted to do and I'd be a success at it. I chose medicine because, for me, it was the most *gratifying*.

One of the things I didn't tell you was that our Children's Hospital group decided on a protocol on planning, where the first thing was you define the need, and the second thing was you define the program, and the third thing was you recruit the personnel for the program. Well, this makes a tremendous difference if you discipline yourself to schedule these priorities in your planning so that the program does not become subservient to the personnel, but it's oriented to the need. The fourth thing is you define your facilities, and the fifth is your funding. And this becomes very important, because funding does not become a limiting factor to your imagination. I didn't run into that again until I read an article in Japanese literature. This is what they call the organic kind of dynamics of an organization as compared to the mechanistic. I used this protocol for all our trustee meetings' agendas. What trustees are used to is just limiting themselves to discussing the finances. They used to complain they didn't know whether they were going to church or to a business meeting...

DT: [laughter]

AA: ...when they came into my meetings.

The other thing I was going to tell you about the University... They promoted me academically. They gave me their Gold Cane Award. They gave me their [Harold S.] Diehl Award, and they claimed I was an outstanding alumnus.

RA: They covered you with glory, but kicked you every time they had a chance.
[chuckles]

DT: Yes.

AA: I don't know what Dick Magraw told you about me.

DT: I interviewed him, and his perspective is somewhat different, too, because he believes in a fuller understanding of patients.

AA: I tried to nominate Dick for an outstanding alumnus award. I rode around the country... [and found by very respectable people that he was considered an outstanding medical educator of the 20th century].

[telephone rings – break in the interview as Doctor Anderson speaks to daughter Martha]

AA: This little girl is our tenth child.

DT: Wow! [whispered]

AA: Rusk edited the adoption manual of Academy of Pediatrics for which I was the assigned editor. She learned that unadoptable children ended up a ward of the state in foster care. So we went to an adoption agency and told them we wanted to adopt an unadoptable child; she came to live with us when she was about thirteen months old. She's been an unbelievable, wonderful child. She calls us every day to be sure we're all right.

[chuckles]

AA: She's going to get married. I told her I wanted to give her her wedding reception at our club. She called the club and they can't do it.

RA: Why?

AA: They're full that day. The club is already booked for September 25.

RA: We'll work something out.

AA: I don't know why we're members. The most important thing in the world...

RA: I think you could ask to be on a waiting list, because wedding plans...

DT: They change.

RA: ...go often awry.

AA: She certainly is one of the great joys of our life.

RA: One good thing we did.

DT: One of numerous, I'm sure. [chuckles]

AA: Well, what's your question?

DT: I'm curious. Obviously, you did some of you training at the Mayo and they have a very different model of practice, it seems. Did you feel that was a place that was more conducive to training good clinicians?

RA: No. [chuckles]

AA: [pause] I think if you're an aggressive, curious person, you can get a fabulous training at the Mayo Brothers' [Clinic]. For instance, I got this very exceptional training in the Institute of Child Development. I got some training and I certainly created contacts in administration and business. I was curious about respiratory disease, and I worked in the respiratory laboratory at the Mayo Clinic, which, at that time, was one of the great respiratory laboratories in the country. They had what they called a human centrifuge, and they developed the mask, the BLB [Boothby-Lovelace-Bulbulian] mask, that is given credit for saving London, because the British pilots were able to get higher without suffering oxygen loss than the Germans. I worked there for two, three years, had friends there forever. I was put on what they called the Home Call Service at the Mayo Clinic, which was keeping townspeople out of the clinic and going out and making a home call for them. Because I had so much experience, it wasn't hard for me. Most of the people they put on that service burned out in about a week. Some of those people wanted to know what they could do for me. They were young people there at the time. I said, "You can be my consultant for the rest of my life." Like the head of Microbiology was my consultant in microbiology as I developed my microbiology programs at Park Nicollet. So I think if you're aggressive and curious... They have a *tremendous* number of very, very competent, skilled physicians and doctors.

Have you run into Jesse Edwards at all?

DT: No, I haven't.

AA: He was a pathologist over at Miller Hospital. It's United Hospital now.

RA: A long time ago.

AA: He was a marvelous teacher. I had a *marvelous* experience with Jesse Edwards as my teacher and instructor. So if you're aggressive... For instance, every month, they'd have some outside, great national or international scientist come and talk at what they called the Foundation Lectures. I would go to them. I was one of the few fellows that ever went to them. If you want to, you can learn a *tremendous* amount at Mayo. You can

learn a tremendous amount about organizational dynamics and how to care for patients. You can learn a tremendous amount about attitudes. But I don't know of anybody else, for instance, who went through pediatrics with me that I would see at the Foundation Lectures or anything like that. I suppose it's that same thing anywhere else. But there's no question about it that they had the resource and experience in what's called translational practice that the University didn't have.

DT: How were relations between Mayo and the University Medical School? Did you get a sense of that while you were there?

AA: For instance, very early when I came back, an obstetrician at the University asked me to come over and see a newborn they had that wasn't doing well. So I went over there and I diagnosed neonatal sepsis. I don't know if you're familiar with that or not. It's a blood infection of a newborn and there's failure to thrive. As a result of that, the Pediatric Department asked me to come over there once a week and make infectious disease rounds—this was before Paul Quie and [Lewis] Wannamaker and all that group—and I did.

There was a fellow named [Richard] Varco over there at the time. He'd been a resident when I was a student, so I knew him. He'd always introduce me to the medical students as a graduate of the most outstanding business college in America, to denigrate my knowledge. So I had a pretty good idea, for instance, of what they knew, which wasn't impressive in clinical medicine. I made rounds in that capacity. In those days, they had programs involving visiting physicians or out of town physicians, and I'd be invited to give a talk on some subject on those programs, so I met the visiting experts.

I think they had a warped idea of the practice of medicine. So many of the patients they saw were patients that were botched in private practice. I probably have a prejudiced idea of the practice of academic medicine because so many of the patients I saw were botched at the University. For instance, I would be called over to see patients at the Rehabilitation Department at the University, because a pediatrician wouldn't go and see a patient in the Rehabilitation Department, because, apparently, John Anderson and [Frederick] Kottke—whatever his name was—weren't getting along together. A psychiatrist wouldn't see a surgical patient. A surgeon wouldn't see a psychiatric patient.

The most *unbelievable* thing about it was that Bob Howard, whose children were patients of mine, said something to me positive about Children's Hospital. Well, I reported it in one of our Medical Development Council meetings. We always invited the University if they wanted to, and they usually had somebody there listening. It was Bob Ulstrom who was listening—a wonderful researcher and doctor, but also who was, to my way of thinking, limited in his management and leadership concepts—and he reported my statement that Bob Howard approved of Children's to John Anderson. So I was invited to a meeting over at the University in Bob Howard's office with John Anderson. John Anderson pontificated for about a half hour on how the University functioned. I'm not misquoting him. He said it was a feudal system. He told me how each department head was a prince of his ward and that Bob Howard had no authority to speak about pediatrics

whatsoever. I couldn't believe it! I sat there and I thought I was back in the fifteenth century. This is serious!

DT: I've heard this kind of thing from pretty much everyone I've interviewed.

AA: At any rate, John Anderson left and Bob said, "Thank God you're here, Arne." Oh, and then, Bob had to apologize and said he had to eat crow. Do you know what that means?

DT: To go back on what you've said.

AA: Yes. After John Anderson left, he said, "Thank God you're here, Arne. Keep it up. You're the best thing that ever happened to this Pediatric Department."

DT: That's something that I've heard from pretty much everyone I've interviewed, that the department heads were so powerful that the deans didn't really have authority themselves.

AA: They invited me over there three times. One time, Jim Miles and I met with the pediatric faculty. I thought it was all right, but John Fangman, who came to work for us subsequently—he was the head resident; he was invited to this faculty meeting—he told me they just chewed me up and spit me out, and he didn't think there was any hope for Children's Hospital whatsoever.

Then another time, they invited me over. This time, we were to meet with the heads of all the departments. There was a Hungarian there—I think he was Hungarian; he spoke with an Eastern accent—the head of Radiology. He spent the whole hour or however long we were there, telling me that I didn't understand the town of Minneapolis. You know, I was born here. I'd been involved on all kinds of committees and whatnot. I caddied out at the expensive golf club and drove a truck to every store and saloon and whore house and gambling joint, department store and club in Minneapolis.

DT: [chuckles]

AA: I thought I knew the town pretty well. At any rate, they spent the hour just telling me about what I didn't know.

What did you want to ask me?

DT: It seems to me that, even though the Medical School didn't think very highly of private practitioners and tried to stamp down a lot of changes that private practitioners wanted to introduce, one way in which private practitioners could secure some kind of change at the University was through the regents. You talked about the role of Lester Malkerson for Children's. Was that your sense, that, really, the regents were a way in which you could maybe make some changes?

AA: Well, we thought that as a hospital, we should have a relationship with the University. You know, at Children's Hospital, the inpatients are more than half of them surgical. So that meant you had a relationship with many departments in the University Medical School, not just the Pediatric Department. Then, of course, we had such a significant relationship with the Institute of Child Development. They really were the people that developed our Human Ecology Program. To my way of thinking, for instance, sociology is very important, and we should get their input. So I think we just looked at it as it's institution relationship. I never thought of looking at it as a manipulation. I just thought that you relate to institutions.

It was just like Hennepin County General Hospital. At one time, the administration at Hennepin County General Hospital, the head of Pediatrics, wanted us to join with Hennepin County General Hospital. The Hennepin County General Hospital was run by the Hennepin County commissioners, and two of the commissioners were friends of mine, and they told me they'd have nothing to do with us. So in spite of the interest of the Pediatric Department and the administrator, we would waste a *tremendous* amount of energy trying to create some sort of affiliation with Hennepin County General Hospital. They wanted us to move the hospital down close to Hennepin County General Hospital. I just knew it was impossible because of the county commissioners' attitude. Does that answer your question?

DT: Yes.

AA: Others may have wanted to go to the regents.

DT: Sure.

AA: But with a very solid reason.

DT: One name that comes to mind is Herb Huffington. Do you recall that name? He was president of the Academy of General Practice, and, then, became a regent in the late 1960s. He was very critical of Bob Howard, apparently. He really tried to represent the interests of general practitioners, at least, in the community. Do you recall him at all?

AA: I remember the name.

I remember the general practitioners hired a practitioner from Ely [Minnesota] to be the head of General Practice. I asked them why they put him in there, and they said, "He was the meanest bastard we had." They needed somebody with that kind of character to negotiate with the heads of the departments at the University of Minnesota.

They were very realist. The general practitioners came into Children's before anybody else did in the teaching program. He called John Anderson a pirate. John Stevenson, who was head of the Institute of Child Development, worked in the Walk-in Counseling Center which we started in 1968. He begged me not to do anything to change the Walk-

in Counseling Center because the University professors came over there and worked as volunteers. He told me it was the only place they could work together cooperatively.

You've heard about those interdepartmental...

DT: Yes, yes, from pretty much everywhere.

AA: Yes. If you weren't government funded, you couldn't run a service with that kind of feelings.

DT: That reminds me. When you were trying to get Children's built, was there any way of getting money from the Federal Government or from the state?

AA: No. No. The fact we didn't get any money from the Federal Government gave us *tremendous* leverage and independence. We weren't under any federal guidelines for what we had to do. I told you the story about my relationship with the WIC Program and how we couldn't even get the WIC Program. That was how powerful the University was. We had another program, Crime on the Streets. Ellen Fifer was the head of state planning over at the Saint Paul office in health issues. Do you know Ellen Fifer?

DT: No.

AA: She's Ellen Green now. I think she still goes by Fifer.

We had Evelyn Deno, who was a recognized national leader, write the grant for us one Sunday afternoon. Ellen Fifer never even acknowledged she received the grant. Wendell Anderson was elected governor and about two days after Wendell Anderson was elected governor, Ellen calls me up and says, "We're going to give you the grant on Crime on the Streets. I said, "How in the world did that happen, Ellen?" She said, "We're hearing it from a different direction. I'll have to send somebody over to help you with the grant." So she sent a young girl from Smith. Do you know Smith College?

DT: Yes.

AA: She had just graduated from Smith. She came over. She was all serious about what she was doing. She had a couple of insignificant suggestions on a sentence or two.

DT: [laughter]

AA: Well, we got the grant for Crime on the Streets.

What did you ask me? Oh, about any federal money. With the University's attitude towards us, there wouldn't be.

DT: This is changing tack a little bit. I've heard from Saint Paul private practitioners, people who were practicing in Saint Paul at the time, that Saint Paul practitioners were

quite different from Minneapolis practitioners and they had different politics, and that one of the things that Minneapolis was known for was being the capital of fee splitting between practitioners.

AA: Fee splitting?

DT: Yes, like getting kickbacks when one physician would refer a patient to another. Was this anything that you...?

AA: I never encountered it.

DT: I'd never heard it before.

AA: I have no doubts that's true.

Well, Pediatrics was a loss leader. Back in about 1930 during the Depression, Blue Cross decided they were going to have a company called Blue Shield, which was going to provide medical insurance for physicians' fees for poor people. So they went to the pediatricians and asked them for a fee schedule and told them the people that were going to be eligible for the fees. The pediatricians told them, "We don't charge those people anything."

That was a common thing amongst the prominent pediatricians that they took care of the elite and the elite paid generous fees to them. Some of them, they just sent them a fee once a year. So there's no doubt that the Robin Hood system operated. Do you know what I mean by Robin Hood system?

DT: Yes.

AA: And I practiced the Robin Hood system. I mean, that was essential to caring for the poor.

RA: There were some people you couldn't charge, lots of people you couldn't charge.

AA: The group of people from Lake Minnetonka decided to have a committee, I think in the 1960s, because by that time this fee issue was being pretty standardized. The women came in to my office...

RA: They said, "Is it true you charge...?"

AA: They said, "Do you charge us more than you charge those poor people we see in your office?" Now, there were doctors telling patients not to come to me because when they came to me, they had to sit with blacks and other poor people. I said, "Of course." That ended the conversation. So there was no question we used the Robin Hood system.

I did no fee splitting, but there were surgeons that were very dominant in their areas... It was generally known, for instance that certain surgeons dominated certain hospitals.

Pediatricians gave Blue Shield a fee: three dollars a day for hospital care no matter if it was intensive care all day long or you just dropped in to see them. As the years went by and more hospital insurance came, they kept that same fee. So when I started practicing, if I took care of a patient intensively all day long in the hospital, Blue Cross paid the three dollar fee. The maximum fee they would pay for a complete workup, an evaluation, a school visit, and programming to the schools and to the doctor, and whoever else, anybody else would be fifteen dollars. My fee for a complete workup was fifty dollars. I did not accept the fee schedules for the value of my services, and I did not identify my services according to their fee schedules. For instance, they had office call and hospital... I called it a professional visit or professional consultation or professional evaluation, because services weren't measured by where they were given. Do you follow this?

DT: Yes.

AA: I introduced bacteriology as an outpatient procedure. I sent letters to people about when we would have vaccine available. The County Medical Society thought that was unprofessional.

We had what they called a Grievance Committee in the County Medical Society, and if you thought that a doctor charged you too high a fee or he didn't do what was right, the first thing you did was report it to the Grievance Committee. The Grievance Committee then would reprimand the doctor, and set up what should happen to the doctor. I had so many reports to the Grievance Committee that I refused to go to the Grievance Committees anymore. I met with the County Medical Society secretary, because he felt they had an obligation to look into these. I'd have breakfast with him and tell him what the situation was for all of these grievances. I was never reprimanded. They didn't practice the way I did, but I was never reprimanded.

The state insurance commissioner decided that we were gouging a patient. The insurance companies had introduced what they called catastrophic insurance. A contractor in town here told his wife that she was running to the pediatrician too much; she shouldn't run to the pediatrician so often. He had bought this catastrophic insurance. So she didn't come in when her child had a sore throat, obviously strep throat, and the child developed rheumatic fever. Well, he felt so guilty, unbelievably guilty, that it took about a half hour to an hour every day to counsel him and assure him that the child had a good chance of recovering and to enable him to be able to go out and work the rest of the day. Well, when the case ended, we sent him a bill for the counseling as well as the hospital care. The insurance company wrote the insurance commissioner of the State of Minnesota, "This is the way the doctors are gouging this new policy. We'd like to take them to court. Will you support us?" The insurance commissioner, foolishly, writes our patient a letter telling him that we're gouging them and such. Will he help cooperate with them in

taking us to court? He brings the letter he got from the insurance commissioner and shows it to us. Well, [Walter] Mondale... Do you know the name Mondale?

DT: Yes.

AA: He was attorney general at the time and his children were our patients. I called up Mondale and I said, "Is it the role of the insurance commissioner to charter insurance companies or to monitor physicians' fees?" I told him the story. He said, "Oh, God, Arne, don't make an issue out of this. We've got enough troubles over here." That afternoon, the insurance company had chartered an airplane to bring an executive of the insurance company with a certified check to our office to pay us in full.

DT: That's incredible.

AA: You see, the problem with this pediatric fee and all of that, pediatrics was labeled as a loss leader. The general practitioners, at that time, who did surgical practice would tell me, "How on God's green earth, Arne, can you make a living out of pediatrics? We take care of the kids but we make it up on our surgical fees." My dad had taught me never let your services or your product become a loss leader, because if it is a loss leader, it's devaluated by the public year after year. So I made a very big issue of the fact that pediatrics was a loss leader and I wouldn't allow my practice to be a loss leader—even though it probably was. I had so many poor people and everything in my practice, I went to our business manager and I told him I was concerned about it. He said, "Oh, Arne, just keep doing what you're doing. We love you."

DT: [chuckles]

AA: I was the highest paid doctor in the group. So they loved it.

Hospital administrators all said pediatrics was a loss leader. The hospital administrators were never transparent with their figures, but the Mayo Clinic even said it was a loss leader. When Jim Miles said that he would make pediatrics pay for itself, it created a tremendous change in attitude. What he did is he evaluated Children's Hospital's annual reports every year, and he figured out the losses were in education and research. He separated the education and research budget from the operating budget, and he made the operating budget so it paid for itself. When he came out with a budget that would pay for itself to the PAHMM group, of course, they couldn't believe it. That sounds [like] not very much, but it's very powerful in management.

DT: I'm sure.

AA: I don't think pediatrics is now considered a loss leader.

DT: Interesting.

AA: The insurance companies had a system where they would sell insurance to an employer, and they had the unions buying it, if you can imagine such a thing, where they would not pay insurance for a person less than one month of age. The most expensive and most common pediatric costs were the first month of age. That was the kind of thing that...

Well, what's your question?

DT: We've covered so much. I guess I'll just leave it to you if you have anything else you wanted to add about the relations between your work and private practitioners and the University during your tenure.

AA: Well, there are a lot of very, very superb people... One of the things about the University that you have to understand is the University is a huge collection of people. I learned this when I worked in the research lab when I was a medical student. We had what we called the WPA [Works Progress Administration] at that time. We had a man that worked as a WPA worker to clean the rat cages for us in the research lab. We all worked in the professor's office, in just a little office in those days. When the professor was gone, he would get on the phone and he would say, "This is the University of Minnesota."

[chuckles]

AA: Then, of course, he would complain about the sawdust or something like that. I always remembered this guy saying, "This is the University of Minnesota." There was a lot of that kind of representation of the University of Minnesota, which was different from how the University people were, *some* of the University people were. As I say, Paul Quie never got up and made a talk before he let everybody know his knowledge was limited to the traffic of the eosinophil. Eosinophil is a blood cell.

I heard Al Michael's get up and talk. When he became chairman of the Department of Pediatrics at the University, he came over to Children's to give a talk. I listened to that talk, and I knew that if he had been chairman of Pediatrics, we would never have built a children's hospital.

DT: Why is that?

AA: Because he respected the practice of pediatrics. [pause]

There are lots of people at the University. For instance, when they tried to have the merger of Children's and the University Hospital, most of the faculty over at the University told me they wanted the merger. You see, the problem with your thinking about that is the Children's Hospital at the University of Minnesota is not a University of Minnesota hospital.

DT: Yes.

AA: It's a Fairview Hospital.

DT: Yes.

AA: Of course, in their public relations [PR] and all of that... One of the things in their public relations in which they're not, to my way of thinking, true, is they advertise all the time because it's an academic hospital, it's a superior quality service. When I challenge them about that, they excuse it on the fact that it's not the University doing that; it's the PR Department of Fairview. I don't accept that kind of divisiveness. I don't think it's honest. That's just a personal opinion on the definition of truth. Truth is very much your perspective.

DT: It strikes me that you have so much valuable information that I may have to meet with you again to ask you even more questions. We've been talking for a while, and I just feel like there's so much more to learn from you.

AA: I don't want to do anything to lessen the effectiveness of the PR at the University.

DT: Oh, no. The purpose of the oral history project is that Doctor Frank Cerra, the Medical School dean and vice president, is really committed to better understanding the history of the institution and to making that history available to scholars who are interested in writing the history of medicine and the history of health care. This doesn't serve a PR function in any way.

AA: As I told you, from your Catholic training...

DT: [chuckles]

AA: ...you must know you should love your enemies.

DT: Yes.

AA: When this all came up, I made absolute, definite strategy commitments in my own mind, and one of them is to love the University of Minnesota, in spite of the fact they, as John Anderson said, "We won't allow you to build that hospital in this town."

RA: [chuckles]

DT: As you said toward the end just now, there are individuals separate from the institution...

AA: Oh, sure.

DT: ... and so, in that way at least, it must have made it easier for you to kind of love the University when you had people like Paul Quie there who weren't making that strong claim against anything that you were trying to do.

AA: I don't see why they would, you know. I think cooperation trumps competition.

DT: That's one of the things that I would like to try and untangle the more and more people I speak to. I'd really like to get a sense of why there was this competitiveness. I think some of it I won't be able to uncover, because I think it has a longer history than people who are still alive now.

AA: I think that the University... See, there were two schools of thought in America. One was the Harvard; one was the Johns Hopkins. Are you familiar with these?

DT: Yes.

AA: The University of Minnesota followed the Johns Hopkins model. They set up these fulltime university professors. For instance, when I was teaching a lot at the University of Minnesota, John Anderson told me that he was going to have to eliminate my services at the University of Minnesota, as it were, from lecture... I lectured to medical students on the East. Pediatrics, as I told you, had these big sessions. I participate in them, because he had to give his staff the opportunity. They developed more staff members in Pediatrics than they had practicing pediatricians in Minneapolis. As they developed with these fulltime, like I mentioned to you about McQuarrie, who had no experience in pediatrics... The sheet anchor of Pediatrics is growth and development. He had no knowledge or experience in that. Somehow, they did not have the humility to know that what they didn't know could exist. They assumed what they didn't know didn't exist. This is a very common kind of thought process, I found, in them. Even in some of the finer University people, I found they thought they knew it all. I think that is a culture in academia. I think that is the reason that you have this split.

DT: I think that makes sense. I think it definitely does. It's a shame. It's a shame it exists.

AA: Then, of course, there's a very strong—I don't know if you've run into this or not—element of intellectualism in academia. Intellectualism...went out of their way to negate spiritualism.

DT: Mmmm, okay.

AA: [Mahatma] Gandhi, you know, in his autobiography says that those who don't believe politics and religion mix don't understand religion.

They went out of their way to negate the issue of human relations. Look how they choose their professors. They choose their professors based on their research performances, not on their management abilities.

For instance, [G. Scott] Giebink asked me when he was chair of the department at the University of Minnesota to give a talk, an endowed lecture, over at the University. I gave a talk on the management of child advocacy. It was a bomb. Dr. Giebink wanted to publish it; he died before he could. I heard from people at Western Reserve that— [pause] my memory is failing me—the chairman of the University of Indiana, Dr. Morris Green, who was a very well respected pediatric leader gave a talk at Cleveland in which he used my concepts on the management of child advocacy and gave me credit for those concepts in the talk he gave at Western Reserve. So it was very well received by experienced people, but when I gave it to 100 or 150 practicing pediatricians, they didn't have any understanding of it.

What I'm saying is that the University professors are chosen for their research talents. When Bill Krivit was the head of Pediatrics over at the University, Bob Vernier came over to Children's one time and came in to see me and asked me something about the organization of the pediatric department, and I suggested that they should have a professor of clinical pediatrics as well as a leader for research. Bill almost lost his mind. He thought I was trying to destroy the University, called a meeting of my friends over at the University, and spent an hour telling them that he knew that I was out to destroy the University. Well, many departments now have professors of clinical pediatrics as well as...

[break in the interview]

AA: I don't need it but, you see, how absolutely foolish it is?

DT: Yes.

AA: Then they have almost the idea that they have to go outside of the University to bring in somebody else as chairman. I mean, the poor guy that they bring in—they say the man they have now is a nice person—doesn't know the town at all. So if community is a factor for children, and you bring in somebody from New York or something, he doesn't know the Minneapolis community. Psychogenic constipation occurs in poverty in Minneapolis; it occurs in Westchester County in New York. [pause] Are you following me?

DT: I think I am.

AA: They just have a kind of thinking that is very different than mine. They brought in Al Michaels who had been here for ten, fifteen years. He was an altogether different head of pediatrics than anybody they'd had before.

DT: Do you think pediatrics is special in the fact that community is so important? I mean, it should be important for other specialties, too, but based on child development, it's really, really important....do you think that makes pediatrics unique within the institution or do you think there's the same kind of sentiment for other departments, that

if other departments hired faculty that were familiar with the population and the community, that would lead to a better functioning...?

AA: I would say that's one of the features. I think they have many, with the size of their faculty and everything, people that are very talented, intelligent people. I personally believe that an organization that develops its own leaders is a better organization than [one that] brings in outsiders. You see, this is a big issue in management. The Cargill Company here in town develops all their own leaders.

DT: It's so interesting. It's very clear especially if you're in private practice, there are business elements to it, but even within academic institutions, there's also a business element to it. It's interesting to think about how much or how little attention leadership of the institution has paid to business and management principles. Whereas, you're very engaged with these.

AA: Well, I don't think leadership and management is business. I think Rusk is an unbelievable leader and manager of our family. How on God's green earth could we have ten children and survive?

[chuckles]

DT: No kidding. [laughter]

AA: I used to go home at supper and just sit there and watch her operate and go back to the clinic and take her model to solve problems at the clinic. So I don't think leadership and management is exclusively business function.

If you take, for instance, the Christian religion, there's no one man who's had so much impact on the world as Jesus Christ. Now, how much have you heard about studying the skills of Jesus Christ as a leader?

DT: I haven't heard so much.

AA: Well, what did Jesus Christ do as a leader?

DT: He led.

AA: How did he lead?

DT: [chuckles] Now, you're pushing my own knowledge.

RA: By example.

DT: Yes.

AA: One of the things, he created commitment and experience. These people [the disciples] led from experience and commitment. The disciples had *tremendous* commitment; the apostles had *tremendous* commitment to the concepts of Jesus Christ. So the power of commitment is one of the powers that you have to recognize. Gandhi had commitment. I mean, these people didn't have any money. How in the world could a man bring the British Empire to its knees? What are the things that he had that brought it to its knees?

DT: He had commitment.

AA: He had commitment. He had truth.

RA: Arnie, I wonder if we shouldn't terminate this and take up on it later.

AA: Okay.

That's where you look to study leadership.

DT: Yes.

AA: Then you get into the issue of what should your role be, a leader or a manager? It's not that one is better than the other. You can do both; a lot of people do both, but some issues require so much leadership, you don't have the time and energy to do the management.

DT: Sure.

AA: That's part of the genius of the Mayo Clinic. They have great leaders and they have great managers and they get along.

One of the things management teaches—I don't know if they teach it in school, but I hear the managers come out and say it—is there has to be one boss. It's not true in my experience.

DT: Well, thank you so much. This has been really informative.

AA: I hope I haven't denigrated the University.

DT: No, I don't think so.

AA: I've tried to be very, very truthful.

DT: Having a different perspective...and a lot of what you've said, I've heard from other people as well.

AA: The truth is your perspective. Two people can think the same truth and they are in very opposite positions. It's the elephant story [of two blind men's perceptions of an elephant by what they feel].

DT: What will happen now is I will get this interview transcribed, and I will send you a copy, and, then, together, you can...

AA: I have been asked to speak at the [Minnesota] History of Medicine Society...

DT: Yes.

AA: ...on the politics of starting the Children's Hospital. Do you think what I've told you is the kind of substance that qualifies for politics?

DT: I think so. I think absolutely. I would certainly call it politics. I think it's a really important story to be told.

So I will send you the transcript and you can review it.

AA: Do you want to go to lunch, Rusk?

RA: Whatever.

AA: Can we take you to lunch?

DT: I do have a meeting on campus in about an hour, but I would love to maybe meet you for lunch another time.

RA: Yes, maybe next time.

DT: I would love to. I, unfortunately, have to get to a meeting at 3:00.

AA: Do you know anything about Children's Hospital?

DT: No, I would love to see it.

AA: I think it's about a \$500 million operation now—I don't know. It's a huge building that takes about three square blocks.

RA: I'm sure you'd like to see it anyway.

DT: Yes, I'd love to. You had mentioned earlier in the interview about whether I...

AA: I think the result of Children's Hospital in the last, what is it, thirty-five years speaks to the condition that we were talking about.

RA: I think we ought to let her go.

DT: [chuckles]

AA: Well, I'm not stopping her.

DT: [laughter] But I do want to come back again.

RA: Yes, sure.

DT: There's just so much more to talk about.

AA: I just want to help you; that's all.

DT: Thank you. It's extremely helpful. As I say, I would love to talk to you again.

AA: Oh! I wanted to tell you, Julius Richmond, who is recognized as one of the greats in medical education wrote to me that Dick Magraw was one of the outstanding educators in medicine of the twentieth century.

Did you get the idea of that?

DT: I certainly have. He's incredible to talk to. I know that his work has been so widely read. So it doesn't surprise me at all.

AA: Oh, good.

DT: He's wonderful.

AA: When I've written to the University of Illinois, the accolades I get from them, and the University of Virginia, the accolades I get from them is that there is no question that he is one of the outstanding minds in medicine.

DT: It really seems so. He's incredible to talk to.

RA: Did you meet him?

DT: Yes. I had an interview with him and we spoke several times. He was very incredible and just seemed like such a unique individual who took medicine in so many different ways than some others had and was really committed to education.

AA: Is there anything about Dick and myself that are similar?

DT: I think the fact that you have commitment to the patient, not just that but that's the thing that really strikes me, commitment to the patient and to you and the patient integrating within the community.

RA: They're both Quakers.

DT: Ah! maybe that explains it.

AA: That's why I asked you the question.

DT: Maybe that is what explains it.

RA: You might at least put that in the basket and...

DT: Yes. That's a really interesting perspective. That's something that I should look out for. I will keep an eye to see who else I speak to who is Quaker and whether or not that informs how they practice medicine.

AA: Well, it does affect our thinking process mainly. The testimonies of the Quakers... Do you know about the Quakers from England at all?

DT: Yes, yes, and I have friends who are Quakers.

AA: Well, the testimonies of truth, love, equality, non violence, simplicity can be all applied to whatever you're doing. I rather think Dick has implemented that kind of thing. He certainly lives that lifestyle.

RA: Yes.

DT: That's great. I had not thought of that. That's great.

Thank you so much.

[End of the Interview]

Transcribed by Beverly Hermes

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