

Lee Stauffer, MPH

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

Lee Stauffer was born in Wisner, Nebraska, on March 20, 1929. He received his BS from the University of Nebraska in 1951 and his Masters in Public Health from the University of Minnesota in 1955. After he received his BS, he worked as a sanitarian for the Lancaster County Health Department in Nebraska from 1951-52. He then worked for the UMN University Health Service as a housing inspector (1952-54) and as an assistant to the public health engineer (1954-55). Stauffer then joined the faculty of the UMN School of Public Health, first as a sanitarian and instructor (1955-58), then senior sanitarian and assistant professor (1958-62), and assistant professor and assistant director (1962-66). From 1966-68, he was executive secretary of the American College Health Association. In 1970, he returned to the UMN as assistant director of Continuation Medical Education in the College of Medical Sciences and assistant professor of the School of Public Health. In 1970, he was appointed dean of the School of Public Health. He resigned in 1982 to return to the faculty and conduct research. He retired in 1991.

Interview Abstract

Lee Stauffer begins by discussing his background, including his education and employment history. He describes his experiences working for Gaylord Anderson, becoming dean of the UMN School of Public Health, working as a sanitarian, inspecting student housing for the UMN, as assistant to the public health engineer, as a student in the School of Public Health, and as dean of the School of Public Health. He discusses Gaylord Anderson, Lyle French, Richard Bond, Ancel Keys, Robert Howard, Alma Sparrow, Henry Blackburn, Richard Chilgren, Edith Leyasmeyer, and Neal Vanselow. He describes the School of Public Health in the 1950s and 1960s; the Environmental Health summer institute courses and the ground water development training program; the relationship between divisions in the School of Public Health; the position of the School of Public Health within the College of Medical Sciences; space; funding; concern about a shortage of health care workers in the 1950s and 1960s and federal support to increase enrollment in the School of Public Health; the controversy about the salary difference between himself and the dean of the School of Nursing, Isabel Harris; the nursing Ph.D. program; the public health nursing program; the Rural Health Care Committee; the state legislature; the Department of Family Practice and Community Health; continuing medical education; the Medical School's relationship with private practitioners; the health sciences reorganization in 1970; the effort to establish a School of Allied Health; the environmental activism movement and activism on campus during the 1960s and 1970s; the Pilot City Health Project; the Program in Human Sexuality; the Center for Health Services Research; the focus on health care delivery in the 1970s; budget retrenchment in the late 1970s/early 1980s; the public health administration program; and recruiting minority students.

Interview with Lee Stauffer

Interviewed by Dominique Tobbell, Oral Historian

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

Interviewed at the Home of Lee Stauffer

Interviewed on December 8, 2010

Lee Stauffer - LS
Dominique Tobbell - DT

DT: I'm Dominique Tobbell. I'm here with Lee Stauffer. It is December 8, 2010, and we are in Lee Stauffer's home at 1666 Coffman Street in Falcon Heights, Minnesota.

Thank you for meeting with me today.

To get us started, could you tell me a bit about where you were born and raised?

LS: I was born in Wisner, Nebraska, a little town in northeastern Nebraska. I have, as a matter of fact, just written my childhood history here. I'll give you a copy.

DT: Oh, excellent.

LS: We lived with my father's parents briefly. This was in the heart of the Depression. I was born March 20, 1929, and a few months later, of course, the Great Depression started. I refuse to take any personal responsibility for that...but it might have been because of me

DT: [chuckles]

LS: Anyway, my parents were just high school grads from the farm. There was not much chance for employment. Shortly after that, we moved to my mother's parent's farm up north of Wisner, Nebraska, and, until I was nearly four, we lived there. My dad worked on the farm there with a couple of the brothers of my mother. In those days, everything was done with muscles, not much machinery, so that was something he could do.

Then, shortly before I was four, we moved up to Wakefield, Nebraska. I do not know what the reasons were. It may be that my grandparents couldn't afford us there anymore. We moved up there and my father got a job briefly with the Works Progress Administration in those days. Then, there was a gas line being laid past our little town going up to South Dakota, and my father got a job working with that. Physical labor again, pick and shovel and stuff like this, but it was employment. Because it went right by our little town, Wakefield, Nebraska, always had natural gas. Twenty years later, we moved to Minneapolis and I was astonished to find there was not natural gas here. We had to use oil to heat, and it was years before natural gas became available. That was kind of an interesting insight.

Then, he, that spring, got a job on a farm with Ben Frederickson, and we moved to a farm outside of town. It was called the Seven Swede's Pasture for some reason. There was land there that had never been farmed. It was pasture, but we did farm it. I have many tales about that thing. Of course, in all these first houses I lived in there was no heat, no water, no sewer, no anything and so forth like for people my age.

We had a dug well. That was like 1934 or something, hot, dry summers. Little garter snakes about a foot long collected down in that well to have moisture. It was dug down about ten feet to protect the piston and then it was drilled. So they weren't contaminating the water, but there were *hundreds* of them, and I spent hours, I'm sure, just looking down in there at all these snakes.

[chuckles]

LS: Our employer, Ben, always teased me. One day, they were working on the well. They had to fix something. They were down there working and the snakes were raining down on them, and I didn't pay any attention to my dad and him. He [Ben] called to me. I was about fifteen feet from the well, I guess. He stuck his head up over there and asked me to come over. I just had a little pair of shorts on in those days. He had a handful of garter snakes that he threw at me. I'm not sure that he intended to hit me; however, it just rained snakes all over me.

DT: Ohhh [whispered].

LS: Forgive me, but in those days, a lot of people swore on the farm. I knew a lot of swear words, so I guess I called him every name I knew. He about fell off the ladder laughing.

[laughter]

LS: Things like that as I was growing up.

We moved to another farm, again, working for him. My dad simply was a tenant farmer all those years. We didn't have any money, but I didn't know we didn't because living on a farm, you always ate well. We could have our own chickens and eggs and garden

and stuff, and we ate well. But that was about it. I was told that my father made twenty-five dollars a month in the summer time and was permitted to live on the farm in the wintertime. That was it, you know. So they struggled.

When I was just eleven, we moved into town, and my dad took a job with Shellington Produce, which is a place that buys chickens and eggs and cream from farmers and sells them feed. My dad got a job driving a truck there and drove all over northeastern Nebraska picking up eggs and chickens from small produce stations like that in the little towns, centralized them, and, then, shipped them down to producers in Wahoo, Nebraska, and so forth.

I got a job in the station, too, so pretty much through high school, when I wasn't in school, I worked. A lot of kids did in those days. My mother got a job in the café, so I ate lunch up there every day. I was raised on a hamburger and milkshake.

DT: [chuckles] Every kid's dream.

LS: That's why I have these health problems today.

I decided to go into the service because I didn't know what I wanted to do when I graduated exactly. I had a little scholarship to the University of Nebraska, a regents scholarship, so called, and I think I had one to Wayne State College [Wayne, Nebraska], too, but I considered that an advanced high school. I still think of it that way. To make a long story short, I enlisted in the Marine Corps. This was for three years. I was sent to Electronic Materiel School, it was called, at [Naval Station] Great Lakes [Illinois]. I thought, well, who knows? Electronics was a burgeoning industry in those days and that might be something I could do. But, my buddy had seen that they were going to give some tests for NROTC [Naval Reserve Officer Training Corps] and select 500 people from the Marine Corps and Navy to go back to college and be officers. I didn't know anything about it; he just told me he'd signed us up. He told me when we were going to take the exams. He handled all of this.

[chuckles]

LS: We took the exams. I've got this all written up somewhere. I was accepted, so, a little after a year, I was discharged, sworn in as a midshipman, and sent to Nebraska to go to school. I chose Nebraska because my parents were still devastated from me going into the service at seventeen. They thought that was too young and all this stuff. I could have gone to UCLA [University of California, Los Angeles] or Stanford [University] or someplace, which I should have done probably, but, you know, I can't do it again.

The next summer, after a wonderful cruise in the Pacific—to Hawaii, by the way—...

DT: Oh, oh, oh. [chuckles]

LS: ...in 1948 when Waikiki looked quite different than it does today, I was discharged because my eyes were no longer twenty-twenty. What I think is that budgets were being cut after World War II and they were trying to look for any way to reduce their commitments to people, because, obviously, there are a lot of people in the service with glasses on, you know. But in those days, you had to be perfect, I guess. So I was out and I had a G.I. Bill. So I finished college.

This is going on too long.

DT: No.

LS: I still didn't know what I wanted to do. I knew what I didn't want to do. I had an English major and a science major, basically. I might have lacked a course of some kind. I don't know, but I had a lot of science courses. A friend of mine had gotten a job with the Nebraska Health Department. I was home working in the Farmer's Union Grocery Store...one hundred and eighty bucks a month, no benefits or anything then. I knew I didn't want to go to some little town of 200 and try and teach English.

[laughter]

LS: He came by while he was out inspecting state parks and things and told me about what he was doing. It all sounded pretty interesting. He said, "They've still got some job openings down there. Go and try out." I did, and they hired me on the spot and assigned me to the Lincoln-Lancaster County Health Department. They were great people there. So for the first month or two, I went around with the sanitarian getting training on how you do this, that, and the next thing and, then, worked there that year, during which I courted my wife, my to-be-wife.

She came up here in January, however, to continue occupational therapy training at [the University of] Minnesota. We started talking about how could I join her in Minnesota? At the time, two things were available. One of our sanitarians down there had just completed his master's up here, so he told me about that, that that was great and that they had jobs in the University Health Service as sanitarians and, maybe, I could get a half-time job there. That sounded good.

I, also, had a friend who was urging me to become a lawyer, so I applied for law school up here and got accepted, and, in fact, started law school here that fall. Donna and I got married in August and we came up here two weeks later. Nineteen fifty-two, this was. It didn't take me long to realize that I was not a match for law. I was pretty naive for a twenty-three-year-old, I have to say. I kind of thought that law had something to do with truth and justice and righteousness and things like that. It didn't take long to dissuade me from that. I came home one day and I said to Donna, "We will starve to death if I become a lawyer because I cannot do most of the things they want people to do."

I was working in the Health Service and started out just inspecting housing, basically, which is another story. They were on my case to come back to public health, so I did. I

finished my master's, worked in the Health Service in a succession of jobs, little better ones along the way.

In 1962, Gaylord [Anderson] was dean, of course. He's a saint in most people's memory. He was a gentleman of the old school and never said anything bad about people; although, the story was he had two lists. There was a good list and a bad list, and you could get on either one, but it wasn't long and you could work your way up or down, but it was very hard to get transferred. Fortunately, I guess I got on his good list because I'd done well in his courses. Professor [Herbert] Bosch, then head of Environmental Health, and Professor [Richard] Bond, my supervisor at Health Service, both thought I would be a good person to help him. Gaylord's desk was about one foot deep routinely with stacks of things, but Gaylord knew where every piece of paper was. If you asked him about the so and so, it was *there* in that stack. It was marvelous. He did questionnaires and there were a lot of questionnaires that came in from the Feds [Federal Government], because we had federal money, among other things. He needed help, so they sold him on hiring me.

So I went over. I didn't know what to expect, really. I was in awe of him, as were all of the people. People that had worked with him for twenty years always called him "Doctor Anderson." It was just this kind of thing, and I understand that, because he was an awesome guy. He was, obviously, one of the most brilliant people I ever met. He just knew everything and was kind and sweet.

The first day, I arrived too early, so I had to sit and watch the smoke rise from the chimneys. This was January 2, and it was like twenty below zero or something.

DT: [chuckles]

LS: We went in and the first thing he said was, "Call me Gaylord. I can't stand how everybody calls me 'Doctor Anderson.'" I said, "This is going to be hard for me. Okay, I'll try." So ever after, I might say, when I'd say, "Gaylord said..." you could just see these old professors kind of cringe like you're going to get hit by a bolt of lightning or something because you weren't supposed to do that. He looked at his desk and said, "All this stuff here, you go through it. Anything you can do, do it. Start hacking away. We'll get this cleared off sometime." Well, okay. I knew he worked night and day, and I didn't know what to expect. I lived twenty miles away up in Anoka [Minnesota] and had a little family and so forth. I didn't know if I'd ever see them again. I sat with him that day and we went through things that he was doing and what I could do and so forth. At six o'clock, he said, "Well, that's it for today." He gets up and out the door. So I thought, okay, I can deal with that. That's kind of the way it went after that. He was very wonderful and supportive.

I answered the questionnaires. I had been teaching some beginning environmental health courses and things like that and giving lectures. He kind of sicced me onto reorganizing a couple of the core courses in the school, too, which I did. I ended up doing a lot of his student counseling. He, at that time, was also head of Health Administration, and we,

also, had veterinarians coming over from the Vet School who had a counselor, but he was in the Vet School, too, so when they came to the school, I was kind of the contact. And for all our foreign students, I was kind of the contact for them, too, because they needed somebody to be able to ask questions of all the time and Gaylord wasn't always available. I was there four years.

I was also, then, fingered—I'll use that advisedly—to be the executive director of the American College Health Association. Minnesota controlled that pretty much. Doctor [Ruth] Boynton had been a big leading figure in its development and growth. The assistant director of the Health Service here, Doctor Benjamin Reiter, had gone down as the first full time director there, and, then, he died after eight months. I later said I understood why the way things went down there. She had arranged for the University of Miami to have an office on the University of Miami campus if they would let her be the first full time of director and get things organized, and they did, so we moved down there, my wife and I, for a year and a half. My poor wife about died with the humidity and all, and she got unexpectedly pregnant. She said that every woman she knew down there acted like they were pregnant. They were all uncomfortable with the humidity just killing them.

[laughter]

So I got an invitation to the University [of Minnesota] here to come back and be assistant director of Continuing Medical Education. It took me about thirty seconds to decide that, because I wanted to save my wife. So we came back.

After six months, Doctor [Albert] Sullivan, who headed that program, went to become associate dean of Medicine, and they made me executive director of I guess they called it the Office of Post Graduate Educational Activities in the Medical School. That was pretty classy. So I was that at the time. This was 1968 to 1970.

During this time, of course, the ferment and the change in the health sciences was coming about and so forth. I was on some kind of planning committee at that time, too, but I haven't enough memory of it to really tell you anything about it.

Then, Gaylord had to step down in 1970, because he was seventy. In those days, you had to do that. They've since changed that, of course, but he did. So they were looking for a dean. There was a search committee. The School of Public Health was the only one that had a change in dean at that time. I think the others did have deans and would have them through the change. Because outsiders didn't know who they were going to be working for and exactly what the health sciences was going to look like and didn't know Minnesota too well, most of them backed out. I knew two of them that they interviewed. Mmm, they weren't sure about that. They were in a pickle, I guess. My whole career has been like this, I have to say. Other people talk about having to go and apply and things, and, I don't know, somebody graciously always just plucked me out and gave me a job. I don't understand it; it's better not to try.

Anyway, one day, Doctor Robert Howard, who was then dean of Medicine... We were organized into the College of Medical Sciences, which included Medicine, Public Health, and Nursing [and University Hospitals]. He was both the dean of that college and the dean of Medicine, kind of like it is now again, and they were going to change that. They were at a stalemate in getting a dean. Doctor [William] Shepherd, who was the vice president of Academic Affairs at the U, thought we needed to have somebody equal to whatever was going to happen when this mêlée started to fly. The school needed a dean. So he had apparently called the program directors of the school together and asked them what did they think about it. Well, they were all pretty reluctant to recommend each other, obviously.

DT: [chuckles]

LS: They had a good discussion, I guess. I don't have minutes of that, but, years later, I asked for the records of what went on there, so I do have some of that. It was all quite civil. After this discussion, and they all agreed they needed somebody, he said, "Each of you write me a letter and give me two or three names of who you would accept." So they all did, and mine was the only name that was on all the letters, apparently. They knew me from the four years, 1962 to 1966, and later, too. I guess I was the least evil. I knew nothing of this. I was just doing my job in post graduate education.

One day, Howard called me into his office and he said, "Sit down." [laughter] "Doctor Shepherd is going to call you over to his office and he's going to ask you to be dean of the School of Public Health. You do it!" That was about the whole conversation. I was a little stunned and... "Well, they've had long discussions. You'll do well at the school. Help them. You do it." Dr. Shepherd called me over and offered it to me and so forth. The deal was that whoever became vice president would be entitled to have his own dean of the School of Public Health, but, if he didn't want me and I had to step down, Shepherd guaranteed me a position in the school and so forth, so I wouldn't get kicked out. So I said, "Okay," which was a little terrifying. So I started on July 1, 1970, I think it was.

My first meeting with the program director was a little terrifying, because here were all my former teachers, you know, people that had been over me my whole life. Now, suddenly, I was their supervisor. In essence what I said was, "Gaylord is gone. Gaylord was the School of Public Health. Everybody looked at Gaylord as *the* School of Public Health, but he is gone. Now, *you* are the School of Public Health. I know each of you are capable and have dreams of what you'd like to accomplish here. I see my job as helping you accomplish those things. My job is to represent the school. If you are doing something that I feel in conflict with the school, I will have to talk you about that."

[chuckles]

LS: "But, basically, I want you to succeed and I'm going to try to help you succeed." So we got started from there.

I have lots of little stories that I'm not sure are appropriate. I don't know if this is a little too folksy for what you're looking for?

DT: Oh, no, no. This is great. I have some questions that I'll ask to follow up on what you've told me so far.

LS: Doctor Lyle French, who was the vice president coming in, was revered in the Medical School. He'd been the chair of the faculty there and so forth, and he was a great guy. He had great power with the Legislature because—we always joked—he'd operated on some family member of every legislator over there, so he was like their family physician, you know. He did have great status with them, which was great.

Two little anecdotes, good or bad... Shortly after I was dean, one of my faculty members came to me who was kind of a confidante of Doctor French's. He was a psychiatrist and he was working with the nurses and mental health and so forth. He said, "A couple of program directors are going down to French directly to kind of complain about things in the school." I went down to Doctor French and I said, "I've heard that"—I won't mention names—"so and so and so and so come down here to complain about things. I didn't have an opportunity to do anything about it. If you're going to permit them to do this, *you* are the dean of the School of Public Health and you don't need me. I don't know if you want that job or not." I don't think he'd thought about it that way. He was trying to do the right thing, too. He kind of, "Mmmm, yes, you're right. Okay. We'll make sure they stop upstairs first." [laughter] I took him on there a little bit. He was very good about it. And it worked, too, because, after that, we didn't have that trouble.

DT: Was that Donald Hastings who had told you about them going to talk to French or was it someone else?

LS: No, no. This was...oh, God. I've got a name block right now. It will come to me. I'm sorry. No, it wasn't Hastings.

Things went on, and we went through a little dip there in 1973 when [President Richard] Nixon was still in office where they cut a lot of federal funding and all on which we depended heavily. It was kind of tight times. We got through it. I gave a little quip to Dean [John] Finnegan [Junior] yesterday. I said, "Back in those days,"—I suppose this happens to him, too—"I had to start the fiscal year with half a million to a one and a half million dollars I didn't have." There were grants we had applied for and we thought we were going to get. You had to make commitments to faculty in April, and we didn't have the money yet. I said, "We did more things on faith than most seminaries, because we really had to hope that we were going to work this out." [chuckles] And did—thank heavens; all the time I was there, it did work out, but there were some days I worried a little.

People were really good to me, I have to say. Everybody was fabulous and everybody worked hard. It was great bunch of people.

The other thing I'll say is any time I was able to explain to anybody in Morrill Hall in Central Administration what the School of Public Health was like, they would all kind of go..."You can't have a school like that." I sat down one day and without looking at any sheets at all, I listed forty-two different professions that were in our school from pediatricians to internists to psychiatrists to public health nurses to statisticians to mathematicians, and so forth, and they're all working collaboratively on public health problems, and that's the way public health works. Most of them think, well, we're all mathematicians or all English majors or all this and that's the way it works, but not the School of Public Health, I'll tell you. It is multi-disciplinary. Really, it was interesting; they would just be shocked. They couldn't imagine how that would work, but it worked. People worked together. They were very good.

What else do you need to know?

DT: I have many questions to follow up, particularly about once you became dean, but, actually, let's first go back to when you first began as a sanitarian. I'm curious what your responsibilities were working for the health department in Lancaster County.

LS: Well, after a month or so of training—we brought a guy over from the agriculture department, actually, to kind of train all of us sanitarians—we were going to really take on the restaurants in Lincoln, and we did. We were the toughest health department in the nation, I'll tell you. I did restaurant inspection. I did, in those days, rural schools we went out to and I helped them with lighting problems. I helped put in septic tank sewer systems, worked on wells with them. I did some dairy farm inspections, too, for grade A milk production and so forth; although, that was pretty much taken care of by another full time sanitarian that was doing it, but I, occasionally, went out and helped him with things like septic tanks and stuff like that. Let's see. Private homes...if somebody called in and said they were thinking of putting water under pressure into their house and they wanted help with that and a septic tank, we'd go out and help them with that, too. I saw a lot of septic tanks being built, I have to say. I helped shovel some of them, too. What else? Restaurants took a lot of our...and we were tough as heck, but we didn't close anybody up because of it. We called everything. It wasn't just, okay, you can have a few dirty glasses. If you had a dirty glass [Mr. Stauffer claps his hands], you got nailed. People would get scores of twenty and thirty. They were shocked, but we said, "We just want you to get better. Now, do this. Eventually, over time, we'll hold you more accountable. If you don't know what you're doing, you don't know what you're doing." It was interesting stuff, I have to say. I didn't get into housing there though.

DT: It sounds like your experiences growing up on the farms may have helped you somewhat. It was applicable to some of the things that were doing, especially investigating dairy farms, dairy producers. You had some awareness of...

LS: The farm I grew up on would never have passed. We raised beef cattle. We didn't raise dairy. We milked a few cows for ourselves, you know. I turned a lot of separators for cream and so forth. When I worked in town in the produce station, I was the chief of the cream testing room. [laughter] That's what I did; I tested cream. The farmers would

bring it in. To this day, I can't really eat yogurt or something, because the consistency of it is just like all this sour cream that I dealt with for years.

DT: You actually had to taste some of that?

LS: No, no, no. You had to stir it up, so you got a representative sample. It was sour and clotted and everything. We'd put some in a test tube and, then, we'd add sulfuric acid to this to burn up all the protein and leave the fat that would rise to the surface. You bought it for its fat content. In those days, all the butter was made out of this sour cream. Then, you'd ship it so some central thing. Yes, things have gotten better, actually.

[laughter]

DT: That's a relief.

LS: I assure you, nowadays, farmers are pretty good, with the exception of this clown who keeps selling raw milk down in southern Minnesota.

Anyway, that's what I did for that year.

Then, I moved up here. In those days, the University—I'll get to this in second—inspected all student housing because three students had died in a house fire. That was back in, oh, I don't know, it must have been the late 1940s or so. That house would not have met the city housing requirements for a multi dwelling and so forth. So the regents took a lot of fire for this, and they said, "Well, if we're going to be blamed for this and we're held responsible for the students, then we're going to have some say over where they live." They authorized the Student Health Service to inspect all student housing. The dean's office of students, they handled the supervision of the student housing and so forth.

[telephone rings – break in the interview]

LS: A little side note here, the University of Minnesota existed before the Minnesota Constitution. As a result, when the Constitution was written, the University was just kind of brought in with a sentence, essentially, that says, "There shall be a University of Minnesota that will be governed by a Board of Regents." This kind of means to lawyers and all that the Legislature and people don't have anything to say about what goes on at the U. It's an independent entity. So years ago, the Health Service was made a local health department both recognized by the state and by the regents. They said, "Well, we'll buy into that and you do this." So in terms of infectious disease control and environmental health at the University and all kinds things, they University Health Service has that authority and is responsible for that. That's how that all started.

Anyway, they started inspecting student housing, including frats, sororities, [fraternity and sorority houses] and things. If you drive along frat road down here, you'll see these outside stairways coming down. I put them on there. When I was inspecting them, that's

what we did. We made them fire safe. So I have memorials all over. [laughter] They did inspections since I was hired half time, fortunately, to do that.

My wife and I moved into the Congregational Student House to be the caretakers there and keep that house open. We lived there for three years and, fortunately, we had a bedroom and a study up on the third floor, and we kept the house open till nine o'clock every night so students could come in and so forth. That was a blessing because we didn't have any money. I was half time at a buck fifty-two an hour, so that was our money.

I have been in hundreds and hundreds of homes in the Twin Cities area. I know, to this day, how to get around these towns better than taxi cabs because I was on every street in them. That was kind of interesting background, and there were a lot of houses that weren't exactly what you'd expect them to be.

DT: I imagine you would have had quite a lot of scrutiny when you bought houses.

LS: Oh, yes.

DT: You would have been the tough buyer asking all the tough questions.

LS: That's for sure. It has been, since I think this is the eleventh place I bought over my years. I bought it in about an hour. I walked in and said, "Yes, okay." Bingo! "Let's take it, "and I'm glad I did.

I started out doing that, and I was going to law school at the same time. After a semester, I quit law school and I started taking courses at the school.

Then, after another year, the man who was ahead of me who was called the assistant to public health engineer, Robert Hunt, moved to the State Health Department to head up their inspections of resorts and restaurants and so forth. So, I was invited to move into that position, which I did. I'd finished my course work and that was a full time job there. Then, I supervised a couple sanitarians who were doing these housing inspections, and I got into inspecting the University food services, swimming pools, housing, dormitories, and things like this. We raised some problems with them, too. [laughter]

There used to be about six houses, at least, by Comstock Hall. They were just old houses, and the University had taken them over and were renting them out. They didn't meet the requirements certainly for having like twelve, fifteen students in them. So I wrote those up and told what was wrong with them. The vice president called me over and said, "We can't rent out these houses with this kind of thing in the file." I said, "Yes, well... I'm going out all over the city asking this of private homeowners and everything, and it seems to me the University is going to have to comply, too." So they tore them down and built another building there. They should have. They weren't right. They would have really taken some heat if there had been a fire there and these people would have been killed, you know.

I have to say Professor Bond was a farsighted, fantastic guy. He was sarcastic and deprecating and he'd chew you up one side, but he always wanted the best for you. He wanted you to work hard and do as well as you could, and he would help you. I've been blessed to have several people like that in my career. I would go to the American Public Health Association to hear lectures on one thing and another, and I would always come back saying, "Holy smokes, we've thought of all that already here. We're doing it already." He was setting the pace for universities. We'd go to the American College Health Association, and people would say, "Boy, I'm sure glad we don't have those problems in our university." We'd say, "You have them. You just haven't looked for them." They did, and most of them, eventually, started up programs like that, too. We were always giving talks there about what we were doing and what you could do and so forth.

We got into infection control in hospitals, another interesting thing. When you try to change people's habits in how they do things, that's the tough one. I've said, "From an engineering point, it's nice. You can just install water systems. You can install sewer systems and put up barriers to disease, but when you ask people to change what they are doing, it's a truly different ballgame." That's for sure. So I worked with food services there and nurses. That was very interesting, too. I enjoyed that.

What else did we do? We would go around to the University stations in Duluth and Crookston and all these. Our authority extended to them, too. That always kind of shocked them a little when we'd show up. They couldn't quite understand that. We had a safety engineer, a radiological health engineer. We controlled all the radiation stuff at the University, all these things. It was a fascinating group to work with.

DT: It sounds like that experience and the fact that you had to have a discussion with the vice president and say, "You need to do something to fix the housing situation..." Even when you were at that point in your career, you had learned how to talk to administrators and your superiors...

LS: [laughter]

DT: ...in a way that, I'm sure, helped you be a good administrator when you became dean. You had that ability to talk to people and make people do things that they had to do and might not have wanted to.

LS: I don't know. You just kind of are who you are, you know. I never gave much thought to controlling how I was going to be. I told the kids to do the right thing. You're supposed to do the *right* thing. H.L. Mencken was a favorite of mine, a terrible cynic, of course. I think it was Mencken. No, no, no. In this case it was Mark Twain. He sent a note to some kids. They, apparently, had gotten him to speak in Boston [Massachusetts] at a Congregational Church or something. Afterwards, he just sent them a little note and he said, "Always do right. This will please some and astonish the rest." That was kind of my motto. [laughter]

DT: A very good one.

LS: So I told the kids that was what they were supposed to live by.

You're asking the questions. I'm not sure I'm answering them.

DT: You are. This is great.

What was it like to be a student in the School of Public Health?

LD: It was fantastic, wonderful teachers. My first course was from Doctor [Gaylord] Anderson himself, and I just sat there with my mouth open. I'm unaware that he ever brought a note to class or an outline. If we'd been into the course a little—he liked to lean on the podium this way and he'd kind of slip once in a while—he would say, “As we were saying last period...” and, then, he would take off. I'll tell you, if you could record those and just print them, I think, with almost no editing, they would be perfect. They were just perfect lectures and full of wisdom. If you asked a question...”How about so and so?” he would turn to the board and write down about five citations on where you could get it in the literature, just bing! I mean, he was just awesome; that's all. That first course showed me how little I knew, which was very good. You need that. That was pretty much true in my whole master's. I was much more humble after I had gotten my master's than I was before, because I realized how little I knew and how much there was to learn yet. I thought I pretty much knew it all when I started, as twenty-three-year-olds, do. [laughter] But, they proved me wrong. They were all good; they were just fantastic. I think I did learn a lot. Really, my major feeling was wow! I have so much more to learn in this area. Of course, I've always said that you don't really study until you start to teach. Then, you study, because you want to make sure you know what you're going to talk about when you go in there, you know. You can get by with a lot of sloughing off when you're a student, but not teaching. It was an eye-opening experience. I think it helped me a lot. What it did, partially, of course in retrospect and not at the time, was I got to know all of these senior faculty and things by taking courses from them and things like that, which, later, came into the judgment of whether I should be dean or not and whether they'd do anything I wanted them to do when I was dean. They were all great. They're good people.

DT: Which other faculty did you take classes from?

LS: Ted [Theodore] Olson, who was a fantastic guy. Herbert Bosch. Jacob (Pete) Bearman, who, after his retirement, went to Israel and taught. I don't know if Jake is still alive or not. He was a legend, also. He taught biometry. I always said, “If you didn't understand it the first time Pete gave it to you, he'd tell you again *louder*.” You could hear Pete way down the hallways when he was lecturing. He was just kind of at the top of his lungs when he gave lectures. He was a dedicated teacher, a great guy. Who else? Ruth Grout was a health educator, head of health education. [sigh] Let's see. Gaylord taught at least five of the courses. I took health administration and I took epidemiology

from him, too, because we didn't have an epidemiologist at the time. Later, Leonard Schuman came in. Those are some of the key figures. I'm sure there are others I should name, too, but, right now, I can't think of them.

DT: That's fine.

What would you say the atmosphere was like in the School of Public Health in the 1950s and the 1960s?

LS: Well, we were—I don't know if this makes sense—what you call professionally oriented. The role as seen in the school was formed by cooperation of five states in the Upper Midwest. They each got a little bit of federal money to help train public health engineers, nurses, and physicians in public health. Those three were specified. Minnesota did have a longstanding department of preventative medicine in the Medical School. So North and South Dakota, Iowa, and Minnesota all pooled their money, which was \$18,000.... [laughter]

DT: You're talking big bucks there.

LS: ...to give to the University so they could send their people there. Originally, they would send them in the summertime for three months or during the year, maybe, for three months. It was pretty much a quarter's worth of courses. This started in 1936. In 1937, Gaylord was assistant commissioner of health in Boston, Massachusetts. He was tagged because his father was a history professor here...

DT: Hmmm.

LS: ...to come back here and become director of this program. He was until the war started when he was called into the service to head up some public health programs in the service. Doctor Boynton took over as acting director until 1946. The school was formally created in 1944 and, then, Gaylord was made director of the school when he came back from the war. During these early days, the point was just to train people who were actively engaged in working in public health. Even when I was first came to the school that was kind of it. I mean, we took sanitarians. At that point then, there were nurses and all kinds of people, but they were virtually all employed in local health departments or state health departments and came for a year, initially, to get a degree and go back.

That's an interesting question; when did we start kind of expanding? I don't know. A lot of it was probably under my watch, to be honest with you, but in the late 1960s there, we began taking people who started going back to like the [American] Cancer Society, non governmental organizations that were still doing public health kinds of things, but had a little broader scope or a more specific scope in various things disease oriented and things like this. I think that changed it quite a bit. Of course, all this time, we had a master in hospital administration program, too. Those people were going out to, initially, hospitals but, as the numbers grew, they kind of started working in nursing home associations and things like this, too. I don't know, necessarily, but I guess it did, when I came in, my

giving more free rein to the individual programs, I think, expanded their ideas of what they could do and so forth.

Shortly thereafter, we were asked to have a nurse practitioner program in the School of Public Health. It could have been in Nursing, but they were in some ideological position at that time that didn't permit them to do this. [chuckles] I don't want to get into that at all because I don't understand it enough. Doctor French came to us and asked if we'd do that. Public health nurses were always out there doing stuff like that anyway, so that was easy for them to get into. Professor Bond would come over and head up our environmental health program, so he was into toxicology and safety. We had a program that determined whether there was any threat to bringing things back from the moon or Mars, and microbiology things that we were into. We did a lot of work in hospital infection transmissions and testing of that. We had a couple great microbiologists there doing that stuff. That program just expanded a lot, too. Instead of training sanitarians, they went into all kinds of things.

Actually, this isn't a joke. [laughter] When I stepped down from the deanship—of course, I'd been in environmental health when I'd been in the school previously; I taught environmental health and everything else—I thought, well, I'll go back to environmental health. My statement is—it's true—"I still know what questions to ask, but they've changed all the answers while I was doing administrative work."

[laughter]

LS: So I really wasn't competent in environmental health at all. So I ended up heading up the Public Health Administration program, which I didn't know anything about either, but that was all right. Nobody does know anything about administration.

DT: [laughter]

Did you have any interaction with Ancel Keys when you were either a student or [as a faculty member]?

LS: No. He was head of the Laboratory of Physiological Hygiene for two years after I became dean. Then, he retired and I hired Henry [Blackburn]. I think Henry, who sicced me onto you, right?

DT: He helped me get your phone number.

LS: [laughter]

DT: But you've been on the list. I think he made sure that you didn't decline. [chuckles]

LS: All I can say is I knew Ancel Keys, and we talked a little about what was going on, but Ancel did what Ancel did. Even Gaylord didn't have much control over that, which

was fine, because he was doing good stuff, you know. But, Ancel was his own man, which was fine. I don't think it a negative at all. As I say, I knew Ancel Keys. Technically, I was his supervisor, but that had very little to do with reality.

[chuckles]

DT: One of the other questions I have about environmental health in the early 1960s... Could you tell me something about the summer institute courses, particularly this ground water development training program? It seems like that was important.

LS: Oh, yes. We got a big grant. Actually, it was a combination of WHO [World Health Organization] and the International... What's the other agency?

DT: It became the Agency for International Development.

LS: AID, yes.

DT: It was ICA [International Cooperation Administration] before. I can't recall what ICA stood for.

LS: We got a combined grant there. Actually, I worked on that quite a bit when I was still in the university health service. I made a lot of the arrangements and everything. As of today...in fact, we're losing ground. Providing safe water to people is a hideous problem all over the world.

We had the Johnson Well Screen Company in the town of Saint Paul, who traveled all over the world and sold well supplies, so called well screens and other things, the things you can install to keep out sand and maintain a place for water to collect. They were very competent people, and they spoke several languages. They were good. I don't know who made the connections. Professor Bosch at that time was still there, and he'd been head of environmental health for the World Health Organization for two years, so he had connections all over the world with everything, too. He thought we could do this. We would bring about forty engineers a summer in from several, many I should say, tropical countries, basically lower Africa and the Caribbean and South America and so forth, and teach them how to make small water supplies cheaply. We went up to the forestry station at Cloquet. Ahhh, my mind. Anyway, we would take them up there. We had our cooks. They ate well. They would spend the days just doing very simple stuff, drilling wells and, maybe, a few dug wells, just all the techniques. We had a couple of our Public Health engineers that dealt with some of the sanitary aspects of it, but most of the instruction was given by Johnson Well Screen people. They were willing to do that because I'm sure they saw this as a lead into possibly selling the stuff in these countries. I'm not aware that we even paid them. We might have, some pittance, but it wasn't much, I can tell you. I helped make all these arrangements for their library materials and all these kinds of things and met them at the airport. I was involved with a lot. It was a really good program. That went on for several years, as you say in the late 1960s, and I think it was still going into the 1970s. I don't know why it terminated, but things like

that do have a lifetime of their own. It seems like six years is about it for some reason. That was well done.

It was fascinating because they had never been in climates like this, most of them. I'd bring them in from the airport, and, in those days, we still had our elms trees towering around. They were just like in awe driving through these kind of tunnels of trees. They just couldn't believe this. Up there, we'd often have northern lights at night. They'd take their blankets and they'd lay out on the lawn till three in the morning just watching the northern lights. They'd never seen anything like this in their life. It was kind of a fascinating cultural dissonance time. That was a good program.

DT: It seems it must have brought a lot of international attention onto the school, because you were, obviously, bringing in so many international engineers...

LS: Yes.

DT: ...and working with WHO and AID.

LS: We always had a lot of international students and they still do, I'm sure, because there have always been programs like... WHO and AID are willing to fund people to come back for master degrees and so forth. There are a lot more schools to choose from now, but, when I started, there were only twelve schools of public health in the country. Now, there are sixty or something like this. It's just every place. I can't believe it. We always had a lot of students. There were some good students, too. It gave a lot to us, too.

Just as an aside note... When I went over to Hawaii to teach, there would be about two *haoles* in a class of forty. They were from all the islands in the Pacific and from Korea and Japan. The stories they had to tell of the things they worked with and the issues that they brought to the class were so... I said, "I don't know if they learned anything, but, man, I learned a lot!" [laughter] To deal with the things that they were just commonly dealing with was fascinating.

This was true of this, too. I think our environmental health people became quite internationalized because of this and knew how to deal with these issues that they brought to us.

DT: Were there any evaluations of whether the international engineers who came over and took the summer course did the summer institute, that it improved the situation back in their home countries?

LS: I guess the real answer is I don't know. I can't remember that we did it. It's possible WHO or AID did, but, I don't know.

DT: Given the fact that you were getting this funding from AID, did the State Department or any foreign policy initiatives that were taking place at that time have any influence on how the institute was run?

LS: No.

DT: Nicely isolated.

LS: Yes. I don't think we would have paid any attention to them if they tried to, to be honest with you.

[laughter]

DT: During this 1950s and 1960s, what would you say the relations were like between the different divisions within the School of Public Health? There were so many at that time. Did, generally, the different divisions get along well? Was there a lot of collaboration between them?

LS: [pause] Well... Hmm. Interesting question. I would never say that they were uncollaborative, and, yet, early on, I think they each pretty much did their little thing. They only did little things, in a way. They were just very specific kinds of things. I don't know that it was because of me at all, but, in a way, without... Nobody would do anything unless they had Gaylord's approval. He didn't mean to be like that at all either, but he was so awesome that they just all were reserved in his presence, you know. And they didn't cower in my presence. [laughter] I think the school grew quite a bit after I came into it, not necessarily because of me, just because of circumstances. I think there was more federal funding. There were more training grants. There were more things we could do and get. Partly, as I said, I gave them freedom to be themselves and go do things—at least, they felt that, I think, more than they had under Gaylord. They were free to make decisions and go and do things as long as they didn't totally upset the apple cart, and, then, I would get on their case, which I did a few times. I think that collaboration grew.

Actually, I think that must have been in 1974 when Doctor [Marcus] Kjelsberg and Henry [Blackburn] came to me. There was this money available for MRFIT [Multiple Risk Factor Intervention Trial], a project that you've heard about maybe. Could we do this? Should we do this and so forth? I said, "Yes. It sounds like a great idea. If you want to do it, go to it. I'll support you." So they did. Then, so Epi [Epidemiology]—it wasn't Epi [Epidemiology] at the time, Henry was still head of the Laboratory [of Physiological Hygiene]—and the laboratory and bio-statistics started working together very closely and, as that's turned out, our biostatistics unit today is noted nationwide as being a statistical coordinator for huge population trials. They've got collaborative grants with universities all over the country doing this. Because they whetted their teeth on this initial one and it was pretty good, you know, and they're good at it, so they do that, so that's a huge thing for the University here, for our group.

We haven't answered that question, but the health sciences, I think one thing it did is, one, it got the deans together—I was going to say periodically—a *lot* at seven o'clock in the morning, because French liked to hold these meetings, so we got to know each other

really well and we saw chances for collaboration. So we had collaboration with Vet Medicine even and Pharmacy in their doctor of pharmacy program. They took a lot of stuff from us on community things and Medicine in terms of infectious things in the hospital. I think it did encourage and open avenues to collaboration among the health science schools. That I would hate to see lost today, even though it doesn't affect me a bit.

I don't know if I'm permitted to say that I disagree totally with what they've just done to combine the health science thing and medicine again. That's not what we were after there and I don't think it's the thing they should do. I don't know what's behind it.

DT: It's interesting that you mention that because right around the time that decision was made, I interviewed Bob Howard. He was, actually, the first person I interviewed for the project. He had the same take. Of course, both you and he were there when the health sciences were created and understood the decision making that went into the health sciences creation. It's not the first time I've heard that.

LS: Where did you see him?

DT: He was in California. He was in Walnut Creek. I went out and interviewed him.

LS: How is he?

DT: He was good. Yes, he's good. I heard from him a few months ago.

LS: A great guy. I think his wife died, right?

DT: He has a third wife.

LS: Third wife?

DT: The second wife didn't really last very long.

LS: The first one, she had...

DT: I think it was Parkinson's [Disease]?

LS: Yes, she was kind of deteriorating before he left here.

He's a great guy. I liked him a lot.

DT: His wife now was wonderful. They met out there. He was in good spirits.

LS: I'm sorry I didn't get to give you the trip up to Grand Marais [Minnesota] or someplace.

DT: Yes.

[chuckles]

DT: It's all about location.

[laughter]

DT: It's too bad you're not in Arizona right now.

LS: I would be, normally.

DT: I know. I sure could have benefitted from some warm weather.

LS: Sorry about that.

DT: I want to follow up on that comment about the health sciences in a moment, but keeping on this issue within in the School of Public Health, I'm wondering if at any point you felt there was a hierarchy among the different divisions within Public Health.

LS: [pause] Mmmm... Well, I guess my initial answer would be, "No." Of course, each program director had their own personality. Right? Initially, Hospital Administration was kind of its own thing, I can give you that, and had a very strong director. My friend and mentor, Professor Bond, had very strong opinions, too. Yes, they all had, as they should have, and that's why they rose to those positions. They were people with strong opinions about their field, about what should be doing in their field, and I wanted them to express that. I wanted to know what they thought about things. But, do I feel...? I'd like to believe that I treated them all fairly and equally. You may hear differently. If you forgive me for saying this, I'm really very modest about what I accomplished there. What they wrote to me when I retired, a lot of them said how fair I was, which pleased me. I haven't even really thought about that before, but that's good. [laughter] I'm glad to hear it. When we'd have a meeting or something, I think there were a couple of people that most of them would kind of turn to see what they said about it, you know, that kind of thing. Bob was one of them. [James] Hamilton from Hospital Administration was another one. But, I think they were really public healthers and they tried to do the best for the school, too. I didn't see anybody in a way being selfish about their program vis-à-vis the rest of them. I don't feel that.

DT: It's just fascinating with Public Health—you mentioned this a little while ago—just how diverse it is and how many different professions and disciplines are within it, so you kind of wonder. Particularly, you have MDs, you have Ph.D.s, you have people with masters, and you have engineers, and you have hospital administrators. It's such a diverse group that you can imagine it could be a recipe for hierarchical dynamics but it sounds like it wasn't.

LS: Yes, right. I don't feel that. I have to hand it to them; they all got along and did the best for the school, I think.

DT: Before the reorganization of the health sciences, so within the College of Medical Sciences, how did you feel the status of public health...? Do you feel like there was a hierarchy within the College of Medical Sciences?

LS: Well, kind of in fact. I think, yes. I think it was true like down at the divisional level in the Medical School. I mean, if you'd ask a surgeon or someone, well, they're so superior to Nursing or Public Health. There's a lot of that, but Howard was a very fair man. I don't have any feeling that he ever knowingly discriminated against the schools. Having said, that—but—Nursing and Public Health didn't have the same status as Medicine. That's just all there was to it.

Gaylord was—the one negative thing I can say about Gaylord—such a fair guy that if we ended up the year with some money left over, state money or something, he would give it back to the Medical School because, well, we ended up with some extra. He didn't use it for anything. We had these immense debts when I took over. We were way down.

It's worse today. Actually, I don't know how they're going to do in the future there. When I was dean, we averaged getting about fifteen to seventeen percent of our money from the state and the rest, we had to earn. Today, it's down to five or six percent and, then, they're going to get cut some more yet, partly because they've changed—I don't even understand that—the methodology of how they distribute money and they have to pay their own expenses. There's a whole bunch of stuff going on, that I don't know about. When it was budget time, somebody would be moaning that they got cut five percent, but they had ninety-five percent of the money from the state all that time. Hmm. That's not too bad, you know. [chuckles] That's a problem. It has always been a problem there. Our faculty are much more productive than any other in the University in terms of bringing in external money and stuff. It's something like \$150,000 per faculty member. Even though, totally, Engineering and Medicine bring in more, that's just because they have a lot more people. Per person, it's much less than what we bring in.

That's no new answer to your question. I don't think there was any conscious thing. It was just always that way. Public Health grew out of being a division in the Medical School, so it always was we're over here and Nursing, who cares about Nursing anyway? They're just over there doing their thing. [chuckles] There was some of that, I think. I'm unaware that anybody made an issue out of it ever. I really didn't feel that.

DT: It seems one area where it may have played out more than anything else was with regards to space, because space was at such a premium. The School of Public Health seemed to be so dispersed.

LS: Yes, that is terrible right now. They're in ten or eleven locations.

DT: It seemed like it was that way, also, though, in the 1960s and 1970s.

LS: Oh, yes. Yes, we were given some space, and, then, this guy came over from the Legislature. I can't remember his name. He was in charge of space for the health sciences. He wanted to take some more space away from us. This was down in the Mayo [Building]. I said, "Look, we've got people in closets, practically. We need this." He said, "Oh, but Doctor so and so, he's got people out in the hall and he's saving their lives." I said, "What we're trying to do is make sure he doesn't have to save their lives. We're trying to save lives before they get sick!" [laughter] "We need some space to do that, too." "Ohhh, yes, but..." Yes, there was a space game. Who knows? That always was a mystery to me. You had to keep the pressure on about who got what.

DT: Interestingly, Bob Howard said that was the one area that he had any real power. Because space was at such a premium and he was in charge of distributing it, that was the only way that he could retain any kind of sense of power.

LS: [chuckles]

DT: Within the Medical School, the powerful department heads were so powerful, but the space, he had that. A lot of the archival documents I've read in the archives, it seemed like Gaylord Anderson and, then, yourself were always trying to secure more space for Public Health, but were always being told to make do with what you have or take this random piece of space over here and over there.

LS: We did get some space on the third floor [of the Mayo Building?]. I don't know if Hospital Ad [Administration] is still in that or not. I don't know what's happened. It's been close to twenty years since I left there, you know.

One day, I got a call. I guess it was Medicine that was going to move out of those offices right down on third floor south of the lobby. "If you can be in there by tomorrow, you can have it." [laughter] So I called George Johnson and said, "Okay, you've got to move some furniture tonight. You go." And they did it. That kind of Mickey Mouse, really, is kind of funny, but that's the way it went.

[chuckles]

DT: You were working in the Health Service, I think, when Bob Howard was appointed at dean. Do you remember anything about that process when he was appointed?

LS: No, I don't. Listen, I can't even tell you... Was [Harold] Diehl still dean and, then, Howard followed Diehl?

DT: Yes, that's right.

LS: I knew Diehl. No, I don't remember anything about that.

DT: Your sense was that he was an effective dean while he was...?

LS: I think so.

DT: This issue of the financing of public health training has really struck me when I was doing research in preparation for these interviews just how fully dependent Public Health was on federal funds. In the 1960s, it looked like, yes, ninety percent of your funding came from non-state funds. The state wasn't giving very much money to anyone within the University for sure, but it seemed that Public Health was more than any other dependent on federal funds.

LS: I think so. I think we are; yes, as a school, we are, I'm sure. There are lots of poor investigators around the U that are 100 percent dependent on their grant there. In fact, the last year when I stepped down, I had fifteen people I let go because there was no money and their grants weren't funded or something, and they just couldn't do it. That was a sad time, I have to say, but that's the way it was.

DT: It seems that within Public Health... I think I read a document from the 1970s—I think you may have written it even—and it was trying to get more money, basically, from the health sciences, from the University. Because of your funding situation, you didn't have a lot of tenure lines within the school, so a lot of your faculty were untenured. Could you speak about that a little?

LS: Yes, that's right. We didn't have money. At one point there—I'll be honest; I can't remember quite the details of it—we shifted a lot of money within the schools from secretarial positions and things like that and put them on soft money, so called, and put that other money into tenuring some of our faculty who should have been tenured a long time ago. We did that; we did tenure some more people. If somebody would have blown a whistle and said we were taking away the state money, we still couldn't have covered these people. Yes, that was a problem. They had to be on temporary or whatever we called it at that time, some other kind of status, because the University rules were you had to have hard money to have tenure, and we didn't have it.

DT: That seems to raise issues for... You had all these educational programs, master and Ph.D. programs. How were you funding, then, your teaching responsibilities if your faculty were mostly depending on research funds?

LS: Well, that's a good question. [chuckles] We didn't have as many students in those days. In fact, I don't know how they have as many students as they do now. They've got triple the number. They've got over 1,000. We had about 350 or something. I don't know. People felt that pressure. We had to ask the divisions to meet their teaching responsibilities for various things that students had to know, and some of them were quite reluctant and kind of peeved that they had to take time from their research to do this teaching, you know. Teaching wasn't a high priority. I think they did it well, nonetheless; but that was a bit of a hassle, particularly, with all due respect, with Henry in the lab. They hadn't really done much teaching at all. When he was going to take over Epidemiology, I said, "Look, that's a required course for everybody and you've got all

these other students. Somebody has got to do this.” [Mr. Stauffer makes the sound of groaning] “We’ll try to.” Well, ya gotta. That’s all. And they did. That’s true; if your livelihood depends on doing this and you’re asked to do this, that’s a conflict. We had to sort that out a few times. There’s no doubt about it.

DT: It seems that’s often a problem beyond just Public Health, but it seemed that for Public Health in particular because there was this lack of hard money that it would have been more of an issue.

In the 1950s and through the 1960s and I guess through the 1970s, too, there were these concerns about there being a shortage of health care workers and needing to increase the number of health care professionals. The Public Health Training Act passed in 1956 to help facilitate that.

LS: Yes.

DT: Did you get the sense that there was an increase in Public Health student enrollments in the 1960s so that you had to somehow balance the need for higher enrollments to meet this manpower need, but balance that against the fact that you couldn’t afford to teach them?

LS: Well, the feds, specifically for schools of public health, had as you said... There was one training act for maternal and child health and we had a specific grant that supported teaching. That helped. It had both traineeships and it had support for faculty to teach. And there was a thing called the Hill-Rhodes Act which, also, helped in the teaching area. So there were, for some of those years anyway, quite a few of them, some tagged money that was to help the teaching effort. If it had all been research money, I don’t know how we would have done it, to be honest with you. There was money coming in for that fortunately. Am I aware? I’m not aware in the 1960s. I don’t know that I can speak about the 1960s, because for the last four years, I was doing something else, actually. I think enrollments did grow somewhat. The traineeships available grew, I think, and that helped. Not everybody got a traineeship, but, at least, it helped support some student growth. Of course, I have to say, a lot of academic areas don’t have that. We were fortunate that they saw that that was kind of a crucial public service area and they supported it. If you’re going to study English, you don’t always get a public scholarship, you know. [laughter] I have to say that, too, so we were lucky.

DT: It’s really quite interesting when I think about this now. Given the important role that Public Health plays in protecting the health of Minnesota citizens, and that it’s a land-grant university and the University has an obligation to the state, it makes it even more striking the fact that the state wasn’t funding the University and wasn’t funding Public Health to any significant degree.

LS: Yes. Of course, I’m not a classic academic, obviously. As I said, my entire career was an accident, a marvelous accident. But I have been kind of fighting the institution myself.

We had a marvelous faculty member, a nurse, who did teaching and she did public service. We wanted to get her a full professorship, because, out in the communities, she was revered...I mean, all over the state. She'd go out and teach wherever and did these things, but the University then, as now, was on this, "Well, we're going to be one of the top research universities in the nation." Research, research, research, which was very fine because that's where the money is. I understand that. I wrote to Central Administration. I didn't know if I could get this through the graduate committees or not. I had just read the mission of the University. It talks about education, research, and *service*. I said, "I don't see that it differentiates among those three missions. Those are the three that we're supposed to give to the State of Minnesota. We have this faculty member who has given education and service all her career. I can give you hundreds of letters of recommendation for her. She deserves recognition for this." And, by gosh, we got her the professorship. But I wasn't at all sure that that would go through, because she didn't have enough published papers, you know.

There's the old joke... Stewart Thomson, one of our favorite professors, used to say this. He had been dean briefly at Loyola [University]. Jesus was on the cross there in the dean's office up on the wall. The joke was why is he there? Well, he didn't publish.

[laughter]

LS: That's kind of the way academia is.

I guess that's why I had this miraculous career: I didn't do anything I was supposed to do and didn't have any of the credentials I was supposed to have, but I eked through.

DT: Who was the nurse faculty?

LS: Delphi Fredlund.

DT: I've heard her mentioned before.

LS: She was a sweetheart.

DT: When you were appointed dean, there was some controversy, I guess, over your salary...

LS: Yes. [laughter]

DT: ...compared to the dean of the School of Nursing, Isabel Harris. Your comment reminded me of this. She had a Ph.D. and you had a master's and there were a lot of nurses from around the state who were writing to the [*Minneapolis*] *Tribune* and the *Daily* to complain about it.

LS: Yes.

DT: Can you talk about that experience?

LD: I have a history of the University of Minnesota over there [*The University of Minnesota, 1945-2000* by Stanford Lehmborg and Ann M. Pflaum] and my only mention in there is because of this salary thing.

[laughter]

DT: This is what you're famous for.

LS: What I'm famous for and which I had nothing to do with, I have to say. I was appointed at twenty-seven [thousand dollars] and she was appointed at twenty [thousand dollars] and the dean of Education was appointed at, I think, thirty-one [thousand dollars]. Yes, this big controversy arose because there are men up there paid more than the woman. I think Isabel was raised to twenty-five [thousand dollars] or something like this. I'm *innocent*. I had nothing to do with it. I didn't know what she was getting paid. I agree; that was not exactly fair, you know.

This is kind of a joke, but they got me cheap, nonetheless. I was, all through my career I think, one of the lowest paid deans there, and I did just as good a job as quite a few of the others. I told the vice president when I stepped down, "You're going to have to pay twice as much to replace me as you're paying me right now," which was true.

[laughter]

LS: This is kind of like baseball players negotiating.

DT: It's interesting that both you and Isabel Harris were appointed as interims, because of the transition.

LS: Yes.

DT: Both of you were confirmed by French to stay on.

LS: I don't know if I should put this on or not.

DT: We can always take it out of the transcript.

LS: Uhhh... I was appointed this way, so we started. French was appointed and so we started. The faculty knew this, too, and they were a little...well, is he going to be dean? I started nagging French a little about, "Do you want me to be dean or not?" "Yes. Don't worry about it. We're busy with stuff now. You go right ahead." After about two years—I don't know when it was but I think it was two years—I finally went to his office and said, "You've got to make a decision because the faculty are kind of questioning. Do they dare give me their loyalty or not." "Yes, I suppose I should do

something like that. We can advertize and you can be one of the candidates.” I said, “No, I am the dean. I’m not going to apply for a job that I already have. If you want to get rid of me, I agree to that and that’s your decision. I’d like that to be recognized.” “Ah, yes, well...I suppose,” he said.

[break in the interview]

LS: “Okay, I’ll talk to a few people.” He called Doctor [Lester] Breslow, who had been a very good grad or ours and been dean of UCLA and a couple others nationally that we knew who were in the Association of Schools of Public Health. He came back and he said, “They all told me I ought to keep you.” [chuckles] So he came to our faculty meeting and endorsed me. So they were all thrilled with this. I was relieved a little, I have to say. That was kind of weird. I pushed him a little on that.

DT: It seems reasonable. As you say, one doesn’t necessarily think about what that means for how the faculty responds to you and whether they’ll give you the loyalty and respect your decisions.

LD: It came up at a program director’s meeting. I was, at that time, heavily involved in the Northlands Regional Medical Program, too. They kind of were saying, “What do you...? When are you going to...? Are you...?” and so forth. “Look, I want to do the best for the school. If you don’t want me as dean, you just tell me and I’ll step right down. You deserve somebody you can trust. But, I’ve got to go to a meeting right now over in Saint Paul and you can discuss this. If more than fifty percent of you want me gone, I’m gone.” Well, no, that wasn’t what they wanted. So that’s when I went, actually, and talked to French after that. That’s the way it worked out.

DT: It seems like you were able to deal with these difficult circumstances and kind of confront your superiors and get a response from them.

LS: Occasionally.

DT: As you say, do the right thing...then hope they work out.

How did you feel about Lyle French as vice president and how do you think your faculty felt about him being vice president of the health sciences?

LS: I think, initially, there was little...he’s head of neurosurgery. Lyle was kind of a wise man, I would say. He wasn’t your typical administrator, in one way. He depended a lot, I think, on David Preston, who was the associate and very wise again, a patient guy. [laughter] They all had to be patient. Lyle’s greatest talent, as I said, was dealing with the Legislature. He’d go over and kind of give them this humble bit.

He and [Kenneth H.] Keller, who was vice president for External Affairs or something, at that time, joked about when Lyle was standing up in front of some big committee kind giving them the trend, and they were asking him questions and he said, “I’m not sure I

can answer that specifically.” Keller gives him a sheet of paper as though this is information. He looks at it. It’s a blank sheet of paper. They were doing that to each other, which is pretty funny. [laughter]

I think he was a good man for the time and for the situation with a couple exceptions I mentioned. I think he was a little tough on Nursing, to be honest with you. I don’t think he was always fair to them, but, for the rest of us, I think he did sort it out pretty well. I don’t think he favored Medicine particularly over anybody else. He tried to be fair and I think he was. I think he did a good job.

DT: In what ways do you think he was harsh on Nursing?

LS: Well, I don’t know what all was behind it. I took him on. I can’t remember the specifics of that either. I took him on at one of our dean’s director’s meetings. He would kind of chew out Isabel among us, you know. He didn’t do that to me or anybody else particularly. He’d kind of nick her for stuff. I said to him, “I don’t think that’s helpful to do that to any one of us in front of others. If you’re going to chew us out, bring us into the office and do it. That’s fine. That’s your prerogative. But in public, no.” He kind of rolled his eyes a little. I don’t know if there was anything else behind it, but he did do that to her a little in public.

DT: Do you think it was because she was a woman maybe or more to do with the status of Nursing or how she was doing her job?

LS: I don’t know.

DT: Did it change at all when Dean [Irene] Ramey was appointed?

LS: [pause] Mmmm... Well, the honest answer is, “I can’t remember.”

[chuckles]

LS: It may have. Ramey would say her piece. She was more assertive than Isabel was; there’s no doubt about it. But, I don’t know.

DT: I thought she was quite a strong personality.

There were a lot of changes taking place in the School of Nursing. One of the things they were trying to do was get a Ph.D. program up and running. It seems like they faced a lot of hurdles with that. Did you have any perspective or take on that?

LS: No. I heard Ramey say, “Every nurse should be a Ph.D. just like doctors are doctors and so forth.” I kind of thought, well, that isn’t going to happen. That’s about all I can contribute. There are too many nurses and they aren’t going to be given that status—that’s all—nor are sanitarians, you know, for that matter. I know that was kind of a

conflict between Ramey and French, but I didn't get into that. I just heard her saying that, and I just had that thought is all.

DT: Nursing does have a lot of parallels with public health in terms of the status accorded the profession vis-à-vis physicians in particular.

LS: Yes.

DT: It's interesting, your perspective on that. You wrote a letter to it would have been Ramey—it could have been [Ellen] Fahey after Ramey passed away—expressing strong support for their efforts to get a Ph.D. program.

LS: Is that right?

DT: Yes.

LS: Okay. [laughter]

DT: You were very supportive.

LS: I would say that today. I think there is room for a Ph.D. program in nursing. It's not that every nurse should have a Ph.D., however, anymore than every public health nurse should have a Ph.D. There are a lot of workers out there, too. I think there are issues that could extend their research and so forth.

That's interesting. Well, you've had access to stuff that I don't have access...

DT: [chuckles] There were certainly a number of people within the nursing profession that didn't agree with nurses being doctorally prepared. There was always that tension and I think even within the School of Nursing some of the faculty who weren't interested in pursuing a Ph.D. felt, well, we can achieve what we can without a Ph.D. Your ambivalence is not unique and certainly shared by many.

It's always funny when I have access to the archival material.

[laughter]

LS: What else did I say?

DT: Wow, let me tell you...

While we're on the subject of nursing—you alluded to this earlier and you said you, too, don't really understand the kind of separation that was maybe between public health nursing and the School of Nursing—do you know why public health nursing was in Public Health. Well, you said we got in the nurse practitioner program. But I'm wondering about this longer history between public health nursing...

LS: As I said, I went back to the creation of the school. It was set up to teach public health nurses, engineers, and doctors. So nurses were part of that program always to start with. I'm being a little facetious here, but public health nurses practice medicine all the time. They're just out there on their own doing this stuff, and they do good stuff. Gaylord always said, "There should be a public health nursing program in the school, because fifty percent of the employees of public health program are nurses and they work in public health." That is a different concept than the Nursing School had. At first they were preparing people for clinical work and, secondly, for research, and Ramey and those were pushing more of a research, academic role. We were, most of the time, preparing people to go out and work in operational programs, probably have supervisors but, still, supervising nurses were out there in the field working on their own. It's a different concept. It's interesting. They were nurses and, certainly, they'd meet together and all this, but there was a little divide there because they were oriented a little differently. One is oriented on pretty much independent operation and the others were oriented for clinical supervision in the hospital and so forth. There was a division.

DT: Yes. Public health nursing has always been so different because the nurses have so much more autonomy and responsibility.

LS: Yes, they do.

DT: Alma Sparrow was the head of that division. What was she like?

LS: Alma was very... [pause] She was good, but she was... I'm searching for a word. She had very definite opinions about what nursing was about and what its status was and so forth. She was going to protect nursing at any cost at any time.

I have one little... I'm not sure all this should be recorded. It was classic Alma. When we were starting this nursing practitioner program, they were just coming up with the ideas about how this would work and how we would place them out in some situations where they could practice like this and finding some physicians who would work with them and things like this. So she and—I forget who the other nurse was—a nurse practitioner in training came in to talk to me about it. They were telling me about how this was going to work. One was going to be placed up in northwestern Minnesota somewhere and so forth. I had a couple questions and I said, "I have a couple questions. How about so and so? What are we going to do about so and so?" Her response was, "In answer to your first *criticism...*" I said, "Uh, uh, uh, uh, no. I'm not criticizing. I'm just asking for information. That's all." This was Alma. That was Alma. [laughter] She wasn't going to take anything about their plans, but we worked that all out.

DT: Eventually—I think this was after you stepped down as dean—public health nursing was transferred back to School of Nursing.

LS: Yes, I hardly dare comment on this. The incoming dean [Robert Kane] came. He just didn't have any time for nurses, so he transferred them.

DT: My sense is the School of Nursing was happy with that situation.

LS: Well, I think so. We gave them some pretty bright people.

[laughter]

LS: I just read about a couple of them on *Public Health Advances*, what they're doing over there yet.

Yes, I didn't agree with that exactly, but it's none of my business.

DT: It's curious. I don't know a great deal about the situations at other schools of nursing and public health, but my sense is that, more often than not, public health nursing is within the schools of nursing. I know that when the National League of Nursing would come and do their accreditation visits, they would often raise the question, "Why is public health nursing there?"

LS: That's because they're nurturing the clinical nursing. That's why.

There's something to what Gaylord said. Fifty percent of the employees in public health are public health nurses. You don't always get that perspective out of a classic school of nursing, frankly. That's just one of those classic professional debates.

[chuckles]

DT: Something that seems to overlap with—at least in my mind—public health nursing is the state legislators in the 1960s and 1970s were very committed to improving rural health care and, in turn, a lot of the health sciences were committed to improving the role of health care. I saw that there was a Rural Health Care Committee established in the late 1960s on which you served. I wonder if you have any memories of the efforts to improve access and the number of people going out to work in rural health.

LS: Oh, that was kind of a farce, if you ask me. Actually, what it seemed like they were mostly interested in was making sure they didn't pay for any more doctors, nurses, or public health people than they had to, because they were expensive kinds of things for the State Legislature. You're right; I was on this committee. They were very interested in setting limits on enrollments instead of expanding, because expanding costs money. I said, "It seems to me that if the professions we're talking about go out there and do good things for health and prevention and so forth... You don't say anything about limiting the people who come in for English majors or education majors or anything else. Why is that?" Mmmm, they didn't really have an answer for that. I hassled them about that every time we met, practically. Maybe that's why it was a failure. It seems to me that after a couple of years, it just kind of disbanded. I'm unaware of anything specific that came out of it, frankly.

DT: Do you feel like the health sciences were trying to respond to something the State Legislature was saying was valuable but weren't willing to pay for? It was maybe paying lip service to what the state wanted?

LS: We were paying lip service? No. Legislators were paying lip service.

DT: So it was really an initiative from, say, the School of Public Health and Medicine who saw the value in going out into rural communities, but the state wasn't willing to foot the bill?

LS: [pause] Well, I don't know. My memory isn't that good, I guess. I would say we were willing to try and respond. We just said, "Look, you're only giving us fifteen percent now. We need some money to do this." "Well, that's expensive." I'd say it was kind of a standoff. I think we were all ready to respond. We would have, but, hey, we were doing what we could do already, frankly. It was kind of weird. I never did quite understand what the object of that was, to be honest with you.

DT: I find the role that the Legislature has played in the history of the institution, of the health sciences, quite fascinating.

LS: [laughter]

DT: It seems that the one area where the Legislature was more hands on was regarding the issue of family practice in the Medical School.

LS: Oh, yes.

DT: Do you have a perspective on that effort to get the Department of Family Practice and Community Health established? It just strikes me that not only the state but the local practitioners, physicians in Saint Paul and Minneapolis, and, then, the rest of the state had quite an influence on that, too.

LS: I think that was great; I really do. I was supportive of that. I'm still pleased with what they did up in Duluth with that, really focusing people in going out and practicing locally. That's been quite successful, I think maybe the best in the nation in terms of what they've done. I think it was good here. I don't know that I could tell you... We collaborated fairly well, I think. I knew the people in Family Practice well, interestingly. I think they took some courses in public health, too. I'm all for that.

When I was in the office of Continuing Graduate Education there, there was a man, [Milton] Seifert is his name, out in Excelsior. He was kind of head of continuing education for the Minnesota Family Practice group of practitioners out there. I saw that a lot of the general practice types would not come to our offerings, because people were citing their research stuff that they were doing and it just didn't apply to what they were doing. I said, "We've got to do something." I went and met with him and got to know him well, an interesting guy. Then, I went to some of our more receptive department

heads in Medicine and I said, “Look, I can build up people who would come to you, but you’re going to have to make a few changes. I’d like you to go meet Doctor Seifert and hear what the people out in the field say about this.” Some of them did. We drove down to Mankato one night and had dinner with somebody and did things like that. I flew up to Ely and so forth. Anyway, someone said, “Okay, we’ll do that.” Then, Seifert talked to his troops and we got them to endorse our program. They cosponsored it. We doubled the number that we were giving and they had sponsorships and people came in and took them. Those guys out there in the field are forgotten, to be honest with you, and I have some sympathy for that.

We tried to have a Monday night TV program called *Monday for Medicine* while I was there. [laughter] It was *terrible*. We’d get these researchers to kind of try it. We’d coach them and said, “You’re talking to people that are in practice. What can they do with what you’re doing? Tell them.” Of course, they’d never been on television before, so they’re standing stiff as a board.

DT: [chuckles]

LS: “You notice when the thing is there on the board that we are...” I couldn’t even watch it myself. After about six months, we cancelled it because it was terrible. We tried. It was bad.

DT: I’ll have to try and see if I can find a copy of that.

LS: Oh, my. Oh, my.

DT: From the reading I’ve done and some of the family physicians I’ve spoken to and private practitioners, there was this real sense that the Medical School didn’t understand what physicians in practice actually needed.

LS: That’s kind of true. It’s not their fault, in a way, because they’re there in a totally different setting in a huge hospital and research and all this stuff, and they hardly can see if they have a practice out there what you do out in Climax, Minnesota, seeing people coming into the office. It’s a hard bridge to build. I think it’s been done better in recent years, but I don’t know that it will ever be where we’re one big family kind of a thing. It’s two totally different worlds; that’s all.

DT: You mentioned a while back about the reorganization of the health sciences and some of the impetus behind it. Can we talk a little bit more about that, about what you saw as the rationale for disbanding the College of Medical Sciences and reforming the health sciences?

LS: I don’t know that I have a lot to contribute to that. I think I was kind of an innocent, uninformed bystander. As I said, when he [Bob Howard] called me in and said I was going...that was news to me. I think I was on some kind of a committee.

DT: I think you were on the Learn Committee, chaired by Elmer Learn, or the Public Health Sub Committee, the Committee for the Physical Facilities and Structure of the health sciences. I've forgotten the name of it.

LS: That's very good. That's more than I know. I think there was some committee there but, really, what... I don't know. I think that I can talk about some of the outcomes of it, but I don't know that I was a party to much of the planning enough that I can really comment knowledgeably on that. I really don't. I think it was a good idea. I think it's still a good idea. I'm dismayed at seeing it wrapped up again here the way it is and hope the new president [Eric Kaler] does something about that, but I don't know.

Bringing us together weekly and more so to talk as deans really did spur collaboration between the units, and we saw things that we could share and, then, do and so forth. We did a lot. In Public Health, particularly, we had a lot of cross...and to this day, there are a lot of joint degree programs and things between the units. I think having *a* person, French, the vice president, speaking for all the health sciences equally and presenting these things to the Legislature and all is a good thing. Before that, like Pharmacy was kind of on their own. I don't think they were well represented by the vice president for Academic Affairs. [Larry] Weaver had to kind of go over there and try and get some and so did [W.T.S.] Thorp. A united approach was best, and there was *a* place to go to to get information for the Legislature. I think it's grown a little more than it had to. In those days, I think there were four people in the v.p.s office, and now there must be four hundred. I don't know. I'm sorry, I don't have much insight.

DT: That's fine.

Did you get a sense from your colleagues in Public Health that they viewed this reorganization favorably?

LS: I think so. I think they felt they were on an even footing now with Medicine and others instead of being a little patsy for Medicine. I don't know how Medicine felt about it. [laughter] I think they might have felt demoted. I don't know. I think of it as a positive thing.

DT: It's hard to say because you became dean right after the reorganization, but I'm wondering if you think that having that equal status vis-à-vis the other health science units and access to French and his access to the Legislature changed how you were able to administer the school at all.

LS: [pause] Hmmm. Well, I don't know. I don't know how it would have been under the other thing. I think Gaylord felt all right with this and was subservient to, basically, the Medical School. If you're both dean of the College of Medical Science and dean of the Medical School, I don't know how you separate your brain and the decisions about those units versus my unit or... It's got to be favoritism to the Medical School—and I wouldn't blame him. That's just there. I don't know what Howard said.

[laughter]

LS: I think he tried to be fair really, but I'll bet the Medical School won out a lot of times. I think it was easier not to have to go to the Medical School and ask for favors. You had to go to somebody that had umbrella opportunities there.

DT: Did you have any feeling about Bob Howard's leaving? Did you have any feeling about why he left?

LS: I don't know. Why did he leave? Did he tell you?

DT: He said it was, basically, because he would have to apply for the v.p. position and it wasn't clear that he would get it. He didn't feel that he could work with who he thought was going to be appointed v.p. He felt like he didn't have the support for it.

LS: See, I think he now was not in total control.

Neal Gault, who came in, was a fantastic guy. He was a true colleague and fair. He saw this as people and things...a good guy.

DT: I think for Bob Howard, there were significant factions within the Medical School who did not...

LS: That didn't like him for some reason. Why, I don't know.

DT: Largely because of decisions he had to make that were, apparently, requested by the president for him to do, mostly to do with an issue around faculty practice and how much faculty income could be made.

LS: Ohhh, yes.

DT: Did you have any knowledge about this or did you hear anything about this?

LS: I know of it, but I know not any of the specifics. But, yes, you're right. Of course, that's always an issue, as is conflict of interest here now and research. They've still got it. They're still working on it. [laughter]

DT: Yes, indeed. In many ways, I guess Public Health is a little isolated from that, certainly from the family practice issue and, also, it strikes me in terms of conflict of interest, because Public Health doesn't tend to get so much money from industry.

LS: Right. We get some. There are a few research grants, I think, in environmental health where they're looking at a few things.

This was the major reason I stepped down. We weren't getting any money from the state, and we were really getting pressured to go out and hit industry for money. Where we did

use industry is we'd bring industry people in to lecture, because they were specialists in one thing or another, particularly in environmental health again and industrial safety and industrial toxicology and things like that. To hire all those people, we didn't have the money, but they would come in and talk. First, I don't like to ask people for money anyway, but I didn't mind fighting within the University, because I thought we are *public* health and the *public* ought to support us. I didn't mind going for those monies. But I was supposed to go out and hit up industry. I said, "Look, we regulate these people. If I go hit somebody at 3M, 'You're supposed to give us money,' to me, that's blackmail. I can't do it. Maybe somebody can. You need somebody new to do that. I think I'm leaving the school in pretty good shape, but if that's what you want, you need somebody else." I really felt very justified in saying that was the reason, and it was. I just didn't want to do that—and I wouldn't do it today either.

DT: That's a very good point.

LS: I don't know. It's kind of tough. Doctors, a lot of them, don't have much hesitation to go hit up a drug company for money. [laughter]

DT: Something else that relates to this reorganization... It seemed that there was an effort, orchestrated, perhaps, within the School of Public Health. I know Bright Dornblaser was a supporter to get a school of allied health professions or to get a program of allied health professions within the School of Public Health.

LS: Well, I didn't feel much pressure for that. There was some talk about if we'd have a health sciences thing that we would gather up those orphan programs and bring them to the School of Public Health. My memory is... I don't know if Bright was big on that. I don't remember that. Maybe so. Honestly, I can't remember how far that went. It didn't go very far in my estimation. I really can't remember much about that. Sorry.

DT: It didn't go anywhere. [chuckles] The only reason I thought that Bright was involved in that is I saw his name on a lot of the documents that were advocating for it.

LS: It could be.

DT: I haven't talked to him yet. I'm hoping to be able to talk to him. I know that there were efforts. I, actually, heard about the efforts to establish a school of allied health before I started looking at the public health material. Then, I saw, oh, well, public health seemed to be somewhat supportive of it. But based on the interviews I did with certain faculty members from the Medical School, Fred Kottke and Ellis Benson—within their programs, they had these so-called allied health professions—they said that they didn't want to be part of a school of allied health. They wanted to stay within their departments that they were already in. So it seemed like the idea didn't really go anywhere, at all.

LS: You've talked to them?

DT: Yes.

LS: Man! they're pretty old, too. Where did you find them?

[chuckles]

DT: Ellis Benson, in particular, is still pretty spry.

LS: Fantastic.

Part of it for us was that all of our programs were graduate programs and most of those were undergraduate programs. They didn't seem to fit what we were trying to do vis-à-vis what they were trying to do. That's one of the little conflicts I remember being discussed. I don't know have a lot of memory of that otherwise. I'm sorry.

DT: No, no, that's fine.

What do you see were your major challenges when you were dean?

LS: [laughter] I don't know.

DT: [chuckles]

LS: Funding always. That depended on the faculty. I could go in to Washington, and I did occasionally, and try to talk about the major grants, like Hill-Rhodes and that stuff that we got, but the stuff that really supported us was a lot of individual faculty work, as it is today. They're doing a good job of it.

Then, you know, trying to maintain harmony among people. [sigh] Mmmm. I don't know how much of this should be on tape. People worked hard; our faculty did. They were wonderful people. But, occasionally, they'd get down if some grant didn't go through or something. In a way, a dean's job is to pump up morale to keep people going and doing what they should be doing. So we would have people come in... Often, I had my associate, Doctor [Robert] Veninga with me, because he's very good at this. He's a minister by training, and, also, has a doctorate of communications, so he was very good. They'd come in and they were kind of down and we'd talk to them about look what you've accomplished and here's what we've got plans for. We're going to do this and that. They'd get all revved up and out they'd go! A couple times I said to Veninga, "Can you imagine? They pay us to do this?"

[laughter]

LS: When I started my public health administration courses, my first lecture was, "Here's all you need to know about administration. This is what you do." I said, "First, you have to be lovable, because people will do more for love than they will for money or anything else." And that's true. I'm blessed that they seemed to like me and they did a lot for me. Second, you have to be ruthless, because your job is to make the institution

succeed. If your own mother is screwing things up there, she's gotta go. Your institution has to succeed. The third thing is you have to be independently wealthy or act as though you are. Do the right thing. That's it. I would start my classes this way and I'd say, "That's it."

DT: [chuckles]

LS: Then I'd say, "We're going to spend the rest of the quarter figuring out how you do these things." They'd kind of sit there stunned, like what did I get myself into here? My great friend, Doctor Stallone from Texas, that was his bit. He came up with that. Honestly, I can't improve on it. That's kind of it right there. That's what you do.

I think the challenges are to keep people's expectations high and their spirits high and their sights on the horizon and keep 'em going. There are good days and there are bad days.

DT: It seemed that one of the early issues you dealt with was, of course, replacing Ancel Keys and appointing Henry Blackburn. One of the things that came out, obviously, when I talked to Henry, but, also, from the archival material is that, when you appointed him, you didn't give him Keys' salary for the department. You kind of took that back for the school and reappropriated the money. Would you mind speaking about that?

[telephone rings]

[break in the interview]

LS: Yes, Henry...an interesting case. I think Henry likes me today. I don't think he knows why he likes me and he's a little baffled by it. I like him. Yes, he didn't think he got off to the right start. I didn't respect him enough, and I didn't give him the kind of accolades he should get when he came in, and so forth. However, he was not Ancel Keys. Any new person you hire, you aren't going to give them what the icon in the field is getting, necessarily. I can't remember the specifics of the thing. He'll remember them, I'm sure, but I don't remember that. He got his share, let's put it this way.

In fact, I had a little controversy with the head of [sounds like Epi...for Epidemiology?] some years later saying, "Oh, look at what Henry is doing. He's got all these people and I don't have any people." I said, "You know, you've got exactly the same money that he has. Henry takes it and invests it in people and sets them to work, and they do their thing. You've chosen not to do that." So, there you go. Henry was a doer. He went after it and did a lot of things. I respect the heck out of Henry.

When I hired him, I think he had difficulty—I've never said this to him; I suppose he can read it—because I didn't have a doctorate degree, how was I going to understand what they were doing over there? He had to report to this kid who just didn't know what... Yet, I think that when he came in to discuss things with me, I pretty much did understand what he was doing, and this was kind of a source of mystery to him. Really, for years, I

think he just...what the...he just didn't quite understand me—not that he had to. Henry is a very driven type. I wouldn't kid him about it, but he's a preacher's kid, too, and I think that had something to do with you've got to be perfect all the time. And he is, pretty much. As I said, against his better judgment, he kind of came to respect and like me. So he likes me today. Bless his soul. He came to visit me the day after I had surgery in the hospital. I was stunned, but there he was. I love him for that. That's wonderful. So Henry and I, it was kind of a stiff relationship for years there. But Henry does good stuff and was outstanding. So what do you do?

DT: Did you find that you had confronted other people who questioned the fact that you didn't have a doctorate, that that somehow undermined you in any way?

LS: Oh, I don't know that it did. Most of them knew me pretty well and I guess they trusted me enough to do it.

My mentor—one of them, anyway, was Professor Bond with the Health Service—Bosch, who was head of Environmental Health, died unexpectedly overseas. He was in Russia on a mission for WHO, and he just died. So we brought over Professor Bond from the Health Service to head that up. He, right away—I think it was his wife's doing, frankly—confronted me that he wasn't being paid enough because another person there was getting paid so and so and so and so. This was right after I was appointed, practically. I had to go to Lyle French and ask for some more money for this particular situation that occurred right as I'm coming in the door. They did give me some money, so I bumped his salary up. Later, however, some years later, he wanted to step down because he had cancer. Of course, when you go to a nine-month appointment, theoretically, you get nine-elevenths or whatever. So I did cut his salary but not as much as I should to reflect his lesser appointment. I think he would have accepted it, but, again, his wife never accepted that. She had a doctorate and she never accepted that I didn't have a doctorate.

[laughter]

LS: The best memo I ever wrote, I wrote to Professor Bond, explaining why I made this decision and so forth, and I never heard another thing about it. It was tough. I don't like that. That's the tough part, always, to set salaries and screw with that stuff. You never have enough money. You want to do for people. You're always sure that someone will not think it's fair. That's part of the job.

DT: It just is so striking that, as you said earlier, these were your mentors. These were your teachers, and you were now in the position of authority over them.

LS: One of the first days I met a couple of them over to the Campus Club for lunch, and we came back and they scurried to open the door for me. This just jogged me a little. Oh, my God, how will I deal with this? [laughter] Here were my mentors doing this for me.

One of the people from Medicine who was on the original search committee always referred to me as “That boy upstairs.”

[laughter]

LS: So there a few who thought I shouldn't be there.

DT: But within Public Health, it's standard, because of being professional degrees, that so many within Public Health don't have doctorates. That's not appropriate or necessary to the kind of work you're doing. But within the academic institution, it's a different model, I guess.

LS: I just told Dean Finnegan yesterday, “We finally got it right. We've got a communications doctorate in charge of the school. That's what all the dean's should be is to come from communications, because that's what you do.”

DT: There was a lot of environmental activism on campus and nationally in the late 1960s and early 1970s. Given that you were in environmental health, did this have any impact on the work the school was doing?

LS: Ohh, no. We had some special lectures on Earth Day and all this kind of thing. Yes, I think the day I went in to become dean, they were burning some trash on Washington Avenue and things like this.

I'll tell you, I had a full beard in those days. I have a beard here, too. It was black, unlike this trash.

DT: [chuckles]

LS: When it was announced that I was going to be dean—actually, French used to needle me about this, he didn't like that I had a beard—people said, “Oh, you're going to have to shave your beard off now.” I said, “I can't shave my beard off now. That would be like I'm caving in to whatever. I had this a long time ago. I didn't have to do this.” “Well, okay.” So I kept it. I'd had this since 1969, I guess. Twice, I had students—I could hear them even—who would come in and “I've got to see the dean,” [Mr. Stauffer mutters word], come in through the door and they're going to bitch about something. They see me with a beard, and it was just like it stopped them, because having a beard was part of the brotherhood, you know. I'd say, “Yes? May I help you?” “Uhhhh, well, uhhh.” I'd say, “Take a chair.” We'd talk about things and they went out pacified. That happened twice. I had a guy I could hear coming crashing in. It stopped him. It was hilarious. I could hardly keep from just hooting.

DT: All of that because of you facial hair?

LS: Yes.

DT: You had the beard separate from any of the kind of movement that was going on?

LS: Well, because I had that, I was like I was with it, because all the rest were clean shaven.

DT: Were you sympathetic to the movement?

LS: Well, yes, I was. Heck, I'm still sympathetic to it. Ugghhh! The world is not doing what it should do. That's all there is to it.

DT: Do you feel that, then, compared to the other faculty members that there wasn't so much sympathy at the University for the environmentalism and the other kind of activism on campus?

LS: I think there was sympathy for what they wanted. I don't think there was sympathy for them tearing down things and burning things on Washington Avenue, that kind of stuff. But because we're older and stupid and... No, I think within the school, there was quite a bit of feeling that way. They tend to be those kinds of people anyway. I can't speak for the faculty in general. But to go around and yell obscenities at people at meetings and all of this doesn't advance your cause a lot, to be honest. Maybe it gets rid of some frustrations, but it probably doesn't help.

DT: While you were dean, there seemed to be an effort within Hospital Administration that some people wanted to change the name of the master's from Hospital Administration to Health Administration. Did you have any involvement with this or was this just left to that division?

LS: [pause] Did that happen while I was dean?

DT: It was in the early 1970s. I don't they ended up changing the name, but, certainly, some people wanted to.

LS: Let's see. It's called master's of Health Administration now. I'm clueless. I'm sorry.

DT: No, that's... I wasn't sure if it extended to the level of the dean or if it just stayed within...

LS: It would have, I think, but I can't say that I remember anything about that.

DT: Do you know what the Pilot City Health Project was?

LS: Yes. Doctor [Jean] Smelker lives next door...

DT: Oh.

LS: ...if you ever want to talk to her.

DT: Oh, great.

LS: Yes, it was Pediatrics and our Maternal and Child Health [MCH] was involved in that. Doctor Smelker was director of that for some time. I forget who all... Let's see. David [surname?]. My name bank is trashed. I can't always come up with them. I think that was a good outreach program. It gave, particularly, people in Pediatrics, I think, some practice in the field and some of our MCH physicians, too, would go out there and work in that and do us a good public outreach, and it gave some practical field experience to people.

DT: What was it? I haven't really gotten a sense of what it is.

LS: I'm not sure I know that much about it. I think it was a joint thing with the City [of Minneapolis] Health Department and the University. Specifically, I think Pediatrics and I don't know who else might have been involved with that... It was kind of out in the neighborhood along Franklin [Avenue].

DT: In Seward?

LS: The Seward neighborhood. They offered outpatient services to people. I don't know how they got paid. They had a grant from somebody. They must have had some slight payment from people that came in, like a buck or five bucks or something, not much. There's a lot of Indian community there and I think black and white. It was a mixed group. As I said, it was an opportunity for people doing their residencies and things to get out there and get some real experience out with real people and real problems.

DT: That's good to know that Doctor Smelker is living next door. I'd seen the name and I've seen the project name and it wasn't clear from the archives what it was.

LS: She was director for some years.

DT: I will definitely have to try and speak with her then.

I don't know if this had any involvement with Public Health, but do you have any insights into the establishment of the program in human sexuality in the early 1960s?

LS: No. My wife and I went to it when it was first started. They invited all department heads to go to this so they'd know what was going on. No. That's a good idea, too. Who was the pediatrician who was head of that for a while?

DT: [Richard] Chilgren?

LS: Chilgren. I don't want to take up your time here, but I've got an anecdote about him. I knew him well.

I'd gone to a meeting in Atlanta [Georgia], and my wife went along, because we were going to spend the weekend there after the meetings just to take a couple days break. So we got done kind of late Friday, and we went out to a show, *The Red Shoes*, I think. Then, afterwards, she said she just wanted a chocolate sundae before we went to bed. It was about ten thirty or eleven already. We were in kind of a little suburb of Atlanta, so we started driving around looking for a place. There was nothing open. We ended up downtown. In those days, they were rebuilding Atlanta. Actually, this was probably the middle 1970s or whenever this was started. I'm getting blurry by this time. I'm tired. We went across the street to the Hyatt [Hotel] first. It had about a fourteen-story atrium there and it was kind of dark and gloomy, and I didn't like that. So we walked across the street to the Peach Tree on Peach Street. That was booming! They had a disco going and stuff was jumping. I said to somebody, "Can you just tell us where we can get a chocolate sundae?" He said, "Oh, yes. Go right down the hallway. There's a little coffee shop down there. They're open." Okay. We went down the hall and were met by a very nice southern gal. I think we were the only people in there. There might have been one other couple. This must have been a disco once, too, because the walls were covered with little square mirrored kind of things and it was just a bizarre place. We sat at this table, and I remember I said to Donna—this is midnight by now—"You know, I feel like I'm on a spaceship or something. I think this is the last place in the world I would ever expect to meet somebody I know." The next guy in the door is Chilgren. He says, "Hi, Lee!" [laughter] I said to Donna, "My God, how can this be?" He came over and he had a sundae with us. This was when [Jimmy] Carter was running for president and he wanted to go down and meet Carter for some reason. He was like that. He'd come down to Georgia because Carter would give a talk someplace there or something. Honestly, that was just one of the more bizarre... I said to Donna, "At least, I'm here with my own wife." This felt like a place you'd take a mistress and assume you'd never get caught.

[laughter]

LS: That was one of the more bizarre things in my life.

DT: Do you have any perspective on what the program in human sexuality was doing and how important it was?

LS: No, I'm not sure I knew that much about it. I think what they were trying to show people was that... First of all, doctors are not very well organized about speaking on sexuality with their patients. What it was trying to do is say, "Hey, look, sexuality is a big part of human life. People do it all the time. They have problems with it, some of them. They bring those problems to you and you ought to be comfortable talking about it." So they would show movies of every kind of sexual perversion in the world until you just got satiated with it, you know, and...yes, okay. And, of course, they had a lot of other stuff, too, about how you do counseling and things. I think it was great, because it

is true. Look at AIDS [Acquired Immune Deficiency Syndrome]. Look at whatever. A lot of our problems are sexual in nature, and we haven't always done a good job dealing with that stuff, because...well, I don't talk about things like that. You better, because that's part of the human experience.

DT: It seems that a couple of the regents got really upset about the program.

LS: Of course. Good Christians don't do whatever. They must not have sex; I don't know. I don't seem why they haven't died out. [laughter]

DT: The irony about the program in human sexuality is that, actually, the Lutheran Church was really supportive and funded a lot of it in the early beginnings. It began out of a gay church in San Francisco, but there were a lot of Christians involved in the endeavor. It's kind of ironic.

LS: Yes, it is.

DT: Are you still in touch with Chilgren?

LS: No, I haven't seen him for years.

DT: My research assistant thinks that he's located him in Hawaii, of all places.

LS: Yea! Good for him. You'll have to talk to him.

DT: We definitely want to talk to him and we're trying to verify where he is.

LS: Good for you.

DT: This is back to Public Health now. You established the Center for Health Services Research in 1977. Can you talk a bit about what led to that?

LS: Yes. There was money available for this kind of thing. This was an advantage in the health sciences because we realized if we all went in asking for a piece of this, that wouldn't work. They'd kind of look at this and say, "It's a bunch of splintered stuff. There ought to be a *thing* like that." "Well, where should it be?" This was discussed at a meeting of the deans and directors. Maybe—I can't say—it was reluctant, but I don't have that sense at all. But, because we were collaborative on things and because the School of Public Health...that was kind of in our ballpark, in way, this health services and things like that, *and* I think because I'd shown that we were open and fair about sharing things and so forth, they trusted us enough to have us go in and ask for the money and describe the placement of it and what it would do for the school and for the health sciences. So we did. We had a guy in mind, [John] Kralewski, who was, then, at the University of Colorado in Denver, I think. He'd been a graduate of our program in Hospital Health Care Administration. He agreed to come. I remember—he was the first, of course—we were up on the thirteenth floor with no air conditioning in the summer

time. John was padding around there in his stocking feet because he was so hot trying to put together what he was going to do. [chuckles] But he did build a good team there and they have since transformed themselves into a bigger team, I think, and lighter. And I'd like to leave that they have been working with other units as other units would like to have and so forth. Yes, it's turned out that way. I think that was a positive outgrowth of the Health Sciences.

DT: It seems that there was so much discussion nationally in the 1970s about health care delivery and what form that health care delivery should take, and earlier in the decade, was the passage of the Health Maintenance Organization Act, that legislation. So it seems that there was a lot more emphasis placed on this question of how health care should be delivered.

LS: Yes.

DT: I read somewhere... I don't recall now where I saw this. It may have actually been in Henry's memoirs that I read it or it may have been in the archives. I don't want to ascribe it to Henry needlessly. But it seemed that there was a shift in the priority of the School of Public Health—actually, Henry didn't say this—from prevention maybe to more of a focus on health care delivery through the 1970s onwards. Do you think that's accurate?

LS: Mmmm... Now that I think about it, there's a little truth in that, because we had, with the addition of them, who thought that way looking at health care and delivery. We had the big Hospital Health Care Program and our nurses kind of thought that way, too. We had people there that thought about health care delivery. We still had people like our health educators and environmental health people who were into prevention and so forth. We added people whose focus was health care delivery. Yes, that's true.

DT: So maybe not a shift but a kind of an emergence of health care delivery focus and alongside the prevention piece?

LS: Yes.

DT: It seemed like a really important development. I know that this was part of the national picture, this focus on health services research and understanding how to deliver quality cost effective care. We could use some of it now, pay more attention to it now. [chuckles]

Obviously, funding was an issue throughout your career in Public Health and your tenure as dean, but it seemed that, in the late 1970s and early 1980s in particular, there were actual severe budget cuts, that Carter had cut a lot of federal funding, and, then, just the country itself was in more of a recession. Do you recall any specific ways that you hoped to deal with that retrenchment?

LS: I laid off people; that's what I did. I can't say. I guess that's what led to that. After dodging the bullet for twelve years, basically, suddenly we just couldn't support those people. I guess that was really during the Carter... My memory fails me. Maybe I try to put away unpleasant things.

DT: I was looking at some documents yesterday. I think it was planning documents. I guess every school within the health sciences had to submit these long-term plans to French. I was reading a discussion. There was a transcript, actually, of a meeting with you and I think Veninga was there, French, talking about how to deal with the budget. I think French and maybe someone else in the administration was asking, "Can you do away with these elements within the school, these service units," and you had said, "Well, no, because Public Health does so much service for other units and for state, that everything was valuable. We can't just lop off something to save money that way."

LS: [laughter] I have no memory of that. I'm sorry.

DT: You mentioned earlier one of the reasons for why you stepped down was that you didn't want to be asking industries for money. Were there other reasons that led to your decision to step down?

LS: Well, it's kind of a joke, but when the same people come to you about the sixth time with the same problem and you've been over that for the last twelve years, you say [sigh], "I must not be able to solve that. It's about time I go do something else." That's about it. There was some of that. I just had gotten a little battle weary. I lasted longer than most deans. Most deans don't last twelve years. I'm a little proud of that. The money thing was one. I didn't want to go ask people for money. That didn't fetch it with me, so that was a big one. In the background was this other thing about maybe I can't solve the problems.

DT: It seems that they temporarily replaced you with Edith Leyasmeyer.

LS: Yes.

DT: How was that decision made that she would (a) be your replacement and that (b) she would only be acting dean?

LS: I don't know. That was the v.p.s decision.

I met Edith in 1968. She was working for our regional medical programs in their health education thing and I was a University rep [representative] to that program because I was in Continuing Medical Education at the U then. I got to know her there...a very bright, able person. We worked together for several years through that. I think I had something to do, obviously, with her coming over to the U, and, then, she ran some outreach program we had there. I can't come up with the name of it...again, it was education out in the state to different organizations and so forth. Then, when Veninga stepped down—he wanted to go back to teaching and so forth and writing books—I wanted Edith to be

my associate dean, which she became. Of course, you know her career was part time and she had to weed her way through about three different deans and, eventually, became dean herself. [chuckles] She's a very able gal, very bright. Do you know her?

DT: No. I understand that she still lives locally.

LS: They live on the Saint Croix [River, Saint Croix] but they go in the winter to Palm Springs [California]. Will you ever go to Palm Springs? [laughter]

DT: She's definitely on my list to interview, so maybe this winter. [chuckles] I am eager to speak with her. I think it's interesting that she had the position of interim dean twice either side of Bob Kane.

LS: Yes, right.

DT: You don't know why she was...?

LS: Once I said, "I'm quitting," that's somebody else's problem. I don't know anything about that. I was uninvolved on that.

DT: How long were you on the faculty? When did you retire? But, then, you went to Hawaii.

LS: I retired in 1991. Technically, I had a faculty appointment while I was still working on the Health Service...starting in 1956, it must be. I was on staff at the University for thirty-nine years, I think.

DT: You were on faculty then when Robert Kane was dean. Can you speak about that at all?

LS: As I told you, I thought I was going to go back to Environmental Health. I spent one year kind of recovering. I slept most of the time for a year. I was in charge of a couple of seminars and a course or something in Environmental Health, but I realized that I didn't have much in common with them anymore. He asked me to come and head the Public Health Administration Program, which I decided I probably could do better than I could do Environmental Health. So I did that. I don't think I should comment on other dean's reigns other than that. He asked me to do that, so I did it.

DT: Was the Public Health Administration a new program at that point?

LS: Oh, no, no, no. Doctor [Lester] Block, in the past, had run that program as well as the Dental Public Health Program, the two of them. It had grown some. I think he must have kind of reorganized a few people's appointments, where they were. He must have grouped some people into that Public Health Administration Program and made it bigger, because we had Mila Aroskar and Veninga and Block and Bobby [Barbara] Spradley, another nurse. It seems to me there was somebody else. They hadn't really worked in

that same way together before. Then, he had grouped us all into Health Services... I think it was just Health and Hospital Administration. I can't remember the name of the division, but it had Health and Hospital Administration and Public Health Administration under George Johnson who I had hired, too. So we kind of reorganized the program. I remember the faculty meetings, doing that and so forth. Then, we all pitched in and had that. Yes, I don't want to comment...

DT: That's fine.

Can you comment at all about Lyle French's stepping down and being replaced by Neal Vanselow?

LS: I had known Neal Vanselow from my time with the office of Continuing Graduate Education. He was in charge of that at the University of Nebraska, Omaha. I had met him at meetings of those directors and he struck me as a very bright guy.

I can understand Lyle. Lyle got tired, too. [chuckles] That's enough of that, you know. I was made chair on the committee to pick a new v.p....candidates. So I knew Vanselow and I called him and asked if he'd be interested in being interviewed for this, and he agreed. There were several. We went through candidates from the University of Arizona and I don't know where all, quite a few, actually. Vanselow...and who was the other guy? I can't remember. Maybe he was from Arizona. We ended up with two really that were finalists. [C. Peter] Magrath was very pleased with me. He said, "You've done well. You've got two people that are presidential candidates even. They can do it." Anyway, Vanselow came out on top.

Since I knew him well, as soon as he came I said, "I'm going to step down probably in a year or so. You better prepare for that." He said, "Okay." Yes, that's about it.

DT: Did you consider any internal candidates for that v.p. position?

LS: [pause] I don't recall that we did, to be honest with you. We may have. I don't recall that we did.

DT: I just have a couple more questions.

LS: Okay.

DT: I know that there was an effort by the health sciences to increase the recruitment of minority students through the 1970s, from the late 1960s. Did you have any involvement with that effort or can you speak to it at all?

LS: I wrote a grant, in fact, after I was back at Public Health Administration to try to get some money to recruit them.

Actually, when I was dean, I flew out to South Dakota and met with Indian tribes trying to get more Indians into our program, which was a very interesting cultural experience. We did get a few Indians through, but, number one, very few ended up with a bachelor's degree. So there weren't many to choose from to come to Public Health, which was kind of a strange thing to them anyway. They didn't usually come out with anything that led to public health. Our experience was we'd bring them in and their culture mitigates against competition, so if we had two or three of them in a class, in a way, they were all trying to make sure they didn't do better than another one of them, seriously. When we'd finally pin them down and ask them what was going on, they just didn't do that, you know. [sigh]

Then, we had one guy in Environmental Health who would disappear for a week at a time. Professor Bond would hunt him down in the city. He'd find him and he'd say, "What's going on? You've got to come to..." "Well, the water runs and the moon shines and I'm going to have to go back to the reservation," for some mystical experience or something, which I respect, but it's just not competitive the way we whites run our world, unfortunately. So, that was tough. We got some through, but the pool was small and, then, those that came had these cultural limitations.

In a way, the same thing is true of blacks. We've had some great, bright, wonderful guys go through that have done great stuff, but the pool is very small.

When I wrote that grant, I could only promise them that we would have a couple more a year. I couldn't even find recruits. That doesn't pay off enough. Well, maybe you can do this in South Carolina or something, but, in Minnesota, we don't have that kind of a pool to go to. We tried, I have to say. I felt we had an obligation to, because a lot of those groups are who we need to serve, but it was tough. I'd like to think it's getting better now, but I don't know that it is.

DT: Was there any discussion or any effort to kind of start recruitment before they got to the University, so, say, maybe targeting high school students to kind of educate them on what a career in public health might be or in any of the health sciences?

LS: I don't think we did, to be honest with you.

DT: I think that's maybe something that's come about later.

Was there any discussion within the health sciences about how to deal with these cultural differences that these minority students had? Was there any way to kind of resolve those cultural differences so that they could fit better within the program?

LS: I remember us talking about it, talking about doing something about it. [laughter] Can I remember that we didn't do anything about that? I'm not sure. I almost think there were a couple counselors hired at the health sciences level to try and work... There was a student group, too, that was formed—I forget what they were called, actually—to give advice to the v.p. and to, again, encourage collaboration across...

DT: Was this CHIP [Council for Health Interdisciplinary Participation]?

LS: Yes. I think they worked on this. But, sorry, my mind isn't equal to the task.

DT: [chuckles] That's fine.

Did you have a lot of relationship with the president and with the regents?

LS: No, hardly any. I met him on a couple of occasions. I talked to him about the search for v.p. Where else would I have met Magrath about? Well, every year, he'd have a gathering at the house for the deans and directors. I guess that was it. That's one thing. The v.p. for health sciences was our representative to them. Maybe I'm too shy. There are people who would have been a lot more aggressive than me in doing things like that, making sure that they knew who you were. I don't do that.

DT: It didn't seem to do the school any harm. [chuckles] That's what the v.p. was for.

It seems like the v.p. was, also, your liaison to the Legislature.

LS: Oh, yes.

DT: Did you have any other interaction with the state?

LS: I did twice. French had me come over and give some testimony about some needs that we had in the school *and*, out of that, we got \$35,000 once and Henry was able to hire two young men, one of whom was Russ Luepker, who is still with us, and who did a marvelous job, ultimately, as head of epidemiology. And there was a young man—mmmm...Russell Gibbons? I can't quite come up with his name—who left and went, I think, to the University of Kentucky and I think now is at Howard [University, Washington, D.C.]. He was a good young man, too. We were able to hire a couple young people who stayed in the field and did good stuff.

DT: Do you have any other thoughts you'd like to share on your time at the University and on Public Health and the health sciences?

LS: I was just incredibly lucky and hope I made some little contribution there. I just had a bizarre career and I don't understand it, but I'm happy I had it. If I'd have been planning it, it wouldn't have been nearly as fortunate as it was.

I said this to my kids. Robert Veninga is my close friend and he is a marvelous guy. This is a little anecdote. Last spring—was it?—maybe, he was giving a lecture to the summer program. They have this summer event that they bring people in from all over the world to. It's very popular. He was giving a lecture on career planning, basically. You should have clear goals and you should do this and clear this and clear goals and goals and goals and goals. [laughter] After he was done, I said, "You know, Bob, you

make such a fabulous case for this and I'm sure you're right. But my career was *totally* different. I have always told my kids different stuff. I've said, 'Whatever you do, do your best. Learn all you can from it because there is a lot to know that you don't know. Do your best. There aren't a lot of people that do their best, so you'll be noticed, and somebody will say, "Hey, I can use him," and give you a job.'

I like to believe that's what happened to me through my career. The only job I ever applied for was...well, I suppose I'd have to say that sanitarian job, but I just went down and took a test, you know, and so they took me, and the one up here. Bond always pretended that he didn't know that he'd ever given me a job. He didn't understand why I was there.

[laughter]

LS: That's the kind of guy he was.

After that, people came and said, "Take it." I said, "That works, too." That's my advice to the kids, "Do your best. Somebody will notice and give you an opportunity." My son is an actor and he's been employed ever since he graduated. People offer him things, and he doesn't have to look for things. He does well.

DT: That's great. I think that's a good motto.

Do you have any suggestions for who else I should speak to?

LS: I'll bet your list is long.

DT: It is.

LS: I don't know who you have on it, but from your reactions so far of who you are still going to talk to, if you're going to talk to Chilgren and people like that, why, you're down the list and that's good. That's people I don't know. A lot of them are dead.

DT: Yes.

He's definitely on the list because the program in human sexuality is such an interesting entity. I've got some people from Public Health on the list, but Public Health is so big that I don't know who is still around and who some of the people might be. Actually, I called and left messages with Dornblaser and Veninga, so maybe next time you're in touch with them, you could put in a word for me. I'm going to try to reach them again, maybe next week.

LS: "Dorn" [Dornblaser] was director of the program in Hospital Health Care after the legend, Hamilton. If Hamilton is still alive, you should certainly interview him, but you won't get a word in edgewise. Bob's got a great overview of the school. I don't know about the Public Health Nursing bit and the relationship and so forth. Bobby Spradley is

somebody who is very bright, has written a book on public health nursing and was a colleague of mine. She's got, I'm sure, insights on those relationships if you want to know about that.

DT: Yes.

LS: I trust Henry. Have you interviewed him?

DT: Yes.

LS: How much do we conflict?

DT: Uhhh... We just talked for a couple of hours. I was surprised it didn't go on for longer. Unfortunately, as he had warned me, he didn't have a lot of perspective on things outside of Physiological Hygiene and Epidemiology, so he had a particular perspective.

LS: Yes, a good guy. Do I get to read what he said about me?

[laughter]

DT: These will all be available soon enough.

LS: Who else? I don't know who else. David Preston? Did you interview...?

DT: He's definitely on the list.

LS: [Cherie] Perlmutter?

DT: She's on my list, also.

LS: I should imagine. She's a great gal. I liked her. Who's left around there that was there when I was there? I don't know if that's necessary or not. Most of the people [I can think of] weren't there when this happened in 1970. That's a long time ago.

DT: Certainly for now, the priority is talking to people who were there in the 1960s and 1970s. As you mentioned, the list is enormous, so it's trying to prioritize those that have a longer perspective.

LS: If I think of others, I will let you know.

DT: Yes, do let me know.

LS: Since this is all oral... This is kind of old, too, but that's an old CV [curriculum vitae] of mine.

DT: Oh, good. May I take this?

LS: Yes.

DT: Great, very useful.

LS: As I said, I've got a history from when I was born until I was married.

DT: I'd love to read it.

LS: [laughter] It has not much to do with this. I'm just getting into now working... Chapter 2 has to do with after we moved up here and working here and so forth. I'm not into that yet.

DT: That's great that you're doing that. As an historian, I very much appreciate it when people write their own memoirs.

LS: I'd like to get it back some day.

DT: Yes.

LS: Is that a deal?

DT: Yes, that's a deal.

LS: I didn't print enough of them.

DT: I can certainly read it and, actually, I can make probably make a copy.

LS: No, no. You won't want to do that. I'll get you one. [Mr. Stauffer leaves the room for a copy of his history]

My goodness, I took a lot of your time.

DT: I always expect it.

Thank you. I will read it and send it back to you.

LS: No rush, but I'd like to get it back sometime.

DT: Absolutely. This has been great. Thank you so much.

LS: You're incredibly prepared; I'll have to say that...very impressive.

DT: That's the key to getting the most productive interview, I think, knowing which questions to ask.

So thank you.

LS: Yes.

Transcribed by Beverly Hermes

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