

**Vernon Weckwerth, Ph.D.**  
Narrator

**Dominique A. Tobbell, Ph.D.**  
Interviewer

**ACADEMIC HEALTH CENTER  
ORAL HISTORY PROJECT**

**UNIVERSITY OF MINNESOTA**

## **ACADEMIC HEALTH CENTER ORAL HISTORY PROJECT**

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

The development of the AHC made possible the coordination and integration of the education and training of the health care professions and was part of a national trend which saw academic health centers emerge as the dominant institution in American health care in the last third of the 20<sup>th</sup> 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**

Vernon Weckwerth was born in northwestern Minnesota near the Red River Valley in 1931. He was raised in a rural area during the Great Depression and attended a one-room country school, which profoundly shaped his views of education. Initially lacking the means to attend college, Weckwerth went to work. When he couldn't purchase a parts dealership in his hometown because of his age, he decided to attend the University of Minnesota. He earned his B.S. in 1954 in Mathematics and Education while in the Air Force ROTC. He earned his M.S. in 1956 in Biostatistics and Mathematics, and his Ph.D. in 1963 in Biostatistics and Public Health. While working on his Ph.D., from 1958 to 1959, Weckwerth taught Biostatistics in the School of Public Health and also worked in Chicago as the head of the Department of Research and Statistics of the AHA and as Assistant Director of Hospital Research and the Educational Trust. Weckwerth returned to the University of Minnesota as a summer program administrator and lecturer. Because of his experiences in Chicago, he became a professor of hospital administration in the School of Public Health in 1964. During his tenure, he began the Independent Study Program, tailored as an executive training program particularly for rural administrators. In that same year, Weckwerth became a coordinator for the Office of Continuing Hospital and Health Care Education. In 1969, he also became a professor in the Department of Family Practice, which he launched. He formally retired in 2009, but continues to do work with the University.

## **Interview Abstract**

Vernon Weckwerth begins his interview by discussing his upbringing during the Great Depression near the Red River Valley of Minnesota, his early education, and the rather circuitous route he took to the University of Minnesota. He discusses his graduate education, his return to Minnesota, and his professorship in healthcare administration in the School of Public Health. Weckwerth highlights some of his work in hospital administration within the context of the University's land-grant mission and the creation of the Independent Study Program (ISP) to serve rural populations. As he relates his creation of ISP, Weckwerth elaborates on his educational philosophy and town/gown issues. Though his degrees were not in public health, Weckwerth took all of the public health courses offered by the University. He relates his interest in public health in terms of his rural upbringing and how he entered the field professionally. He then discusses the leadership of Gaylord Anderson, Lee Stauffer, and Edith Leyasmeyer in the School of Public Health. He also covers the following: his interpretation of dean appointments, his philosophy of public health as a field, the relationship of the School of Public Health to other departments, biostatistics, his role in the national heart study, the creation of the family practice program, the reorganization of the AHC, his experiences with the state legislature and community and professional organizations, his role in creating a doctoral program in nursing, the spread and closing of ISP, and his time on the faculty senate.

**Interview with Vernon Weckwerth**

**Interviewed by Dominique Tobbell, Oral Historian**

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

**Interviewed Doctor Weckwerth's Office**

**Interviewed on December 14, 2010**

Vernon Weckwerth - VW  
Dominique Tobbell - DT

DT: This is Dominique Tobbell. I'm here with Doctor Vernon Weckwerth. It is December 14, 2010, and we're in Doctor Weckwerth's office, which is in the Mayo Building on the third floor.

Thank you for agreeing to meet with me today, Doctor Weckwerth.

The first thing, to get us started, perhaps you could tell me a little bit about your background, particularly where you were born and raised.

VW: I was born in a farmhouse in northwestern Minnesota near the Red River Valley near North Dakota. I was born in 1931. The drought and the Depression drove my parents off the farm. We've all seen the *Grapes of Wrath*. That's what occurred. They moved to Colorado without asking my permission, of course. I was four years old. They went because my mother's sister lived in Colorado and they could irrigate. So they lost everything except their pride and duty and debt and drove to Colorado where I lived for about eight years, moving each year to a better farm, because my father had the only tractor—he said, the third one—west of the Mississippi. Everyone else was farming with horses, and he was with a tractor, so he had, without any question, the best crops.

That's relevant, because each year that we moved, I went to a different grade school and, thus, I learned what it meant to be the new kid in class. But the drought and Depression were the greatest societal contraceptive in the history of any society, so there were no other children my age. I was the only child in those one room country schools for six of the eight years. Thus, I got either a tutorial, which was about five minutes per day from

the teacher because she would have all eight grades and I was just an extra burden, or I could listen, which is what I did, and participate in the other grades. It gave me an opportunity to get a unique education, a perspective that *none* of our children now get with our arbitrarily graded and controlled educational system for children. I, therefore, got to see what a seven-year preview was, and then annually, a different preview and the review. Thus, I had the best education in the world.

DT: That sounds quite incredible.

VW: That led me, then, to having a different view of learning. It became clear to me that I couldn't lean on anybody and expect them to teach me. I had to learn it, which is what I did, which, then, really affected the way I viewed college and, then subsequently, was the base upon which I built the first graduate education program in Health Administration in the world, and that was that, in fact, you take people who are employed and having been sorted capably in the world by the organization and set about having them learn how to improve their abilities to be executives. That was all based on that unique childhood education I got.

We, then, moved. For example, in the seventh grade, I was in three different schools in two different states as we moved. I was in a country school in Minnesota. Obviously, the teachers believed that as a transient I would know nothing, and, therefore, each one of them knew that I didn't know, because, obviously, they hadn't taught me, which served me well in the university because that's a common arrogance of faculty.

[chuckles]

VW: So all of these were preparations for the university.

I, then, in the eighth grade went first to a one-room country school, the only student in class. My parents believed the education was so bad that they, then—quote—sent me to town school. So I became the dumb farm kid in a bunch of town snoots, who looked down on this dumb farmer who wouldn't know anything either. But it gave me real security because, stupidly, I started in the middle of the year just before semester exams...

DT: Oh. [chuckles]

VW: ...and was, therefore, in school only long enough to take the midyear exams in every class. It was a disturbance, because I got the highest mark on *every* course of *every* class in the town school. This was a disturbance from the beginning. Knowing that I was a dumb farmer, it was, at least, a bit of security because I was all alone and new.

I, then, went to high school. During my junior and senior years, I had seventeen scholarship offers from colleges, got a spring semester athletic scholarship at Carleton [College, Northfield, Minnesota], but couldn't take it because I didn't have the money to go fall term to school, because it was a spring term track scholarship. I placed in the state

track meets. So I had scholarships to Grinnell [College, Grinnell, Iowa] and some other places, but there I couldn't afford to buy the tuxedo that you needed to go to dinner on Saturday night.

DT: [chuckles]

VW: So I didn't go to college, and I had no close relatives that ever went to college. More than that, I was a big farm kid and the expectation was that a big farm boy should take over the family farm, should marry the neighbor's daughter, combine the assets, and spend the rest of your life honing the soil. I'd looked at the neighbor's daughter, and said, "There's got to be a better choice in life. [laughter]

So I went to work as a parts man in the implement dealership in my hometown. The owner decided that year that he would move to California. I wish someone would have told me to go with him, because he bought the top of a little place called Menlo Park in Mountain View, California.

[laughter]

VW: I, then, proceeded to try to buy the dealership. I was nineteen, talked to the manager, said, "Let's buy this." He said, "With what?" I said, "With money." "Where ya gonna get it, stupid?" I said, "That's what banks are for." "Why would they give it to you?" I went and talked to the banker. The banker said, "Yes." I said, "The manager also needs \$25,000." "Well, why didn't he come?" I said, "Because he said you wouldn't give it to him." Anyway, we negotiated the agreement, sent in materials to International Harvester in Chicago, waited a month, and, at last, the message came back. They would not sign with me because I had to be twenty-one years of age for a *legal* corporate contract. I was nineteen.

That torqued me off enough and I said, "I can't do anything for two more years," and two weeks later, I was on a train going to the University of Minnesota. I didn't know what it meant. I'd been here twice because of speech contests, because I won two state superior oratory contests when I was in high school. We didn't have a speech department there, just farmer stuff. That's how I got to the University.

No place to stay. I had heard of Pioneer Hall. I showed up there at seven o'clock in the morning after leaving Montevideo [Minnesota] on the train at three in the morning, waited for the dorm director to come at nine. The day was half over to a farm kid by then. I said I wanted a room. He said they'd been rented last spring. I said, "Looks like a big place to me. Somebody's not going to show up. I want his place." So I got a dorm room.

And the rest is kind of history. I, then, spent four undergraduate years, was in the Air Force ROTC [Reserve Officers Training Corps]. My senior year, the Air Force needed jet jockeys. I hadn't signed up to be a pilot. I got sick on a swing.

DT: [chuckles]

VW: That's all I needed was go into Mach III and urp all over the cabin of a fighter jet.

They, then, wouldn't give me the commission because I'd signed up for research and development. So during that entire year, I fought with the U.S. Air Force telling them that I was able, ready, and willing to accept the commission if *they* were willing to honor their contract with *me*. That became a down and dirty deal all the way to the end of the year. I won a four-year scholarship with the Air Force to become a meteorologist at MIT [Massachusetts Institute of Technology, Cambridge, Massachusetts], but because I had refused to be a pilot, they reneged and didn't give me the scholarship.

I didn't know what to do. I wanted to be a school teacher. I started teaching my senior year in a Roseville school as a substitute because they needed math and physics teachers. They didn't have any. Then, they gave me a job to teach at University High School as a graduate student, except that I had tangled with the dean, who didn't want me.

[laughter]

VW: I, simultaneously, had turned the Air Force down because they would have then given me my commission if I'd become a meteorologist at MIT, but the week before, I'd signed a contract to teach at University High School, which they, then, reneged on the day after I turned down the Air Force.

DT: Oh, no.

VW: So I was without any means of financial survival.

I had heard of Biostatistics. I walked across campus, found the head [Alan Treloar] of it here in the Mayo Building. He was from Australia, with a *strange* accent. He asked about what I had done and I showed him my transcript. He almost choked with the test scores I had. He said, "The best I can do for you is to give you a quarter-time TA-ship [teaching assistantship], but since you don't know anything, you can't do anything."

[chuckles]

VW: I, then, competed that year for a national science scholarship and got one. So that was a helpful underwrite for tuition for four years. I completed my master's in biostatistics with a minor in genetics, and, then, went on to the Ph.D., completed the Ph.D. in biostatistics with a minor in pure mathematics and a minor, also, in public health. I took every course in public health at the University, including public health nursing and public health nutrition and school education.

Then, the head of Biostatistics asked me to come to Chicago to be the research design statistician in the first national heart disease study in the U.S. funded by the NIH [National Institutes of Health].

I was there for three months when they reneged on the grant because it was given to a non-physician and the AMA [American Medical Association] said, “That can’t be.” The week before I’d bought a home in Wilmette, Illinois, on Sheridan Road, where I didn’t belong, and moved my wife and one-year-old baby there, and, now, I was jobless.

The head of the American Hospital Association [AHA] said, “Weckwerth, you look like you’re the only one that knows what’s going on. Do you want to run the organization?” I didn’t have much of a choice. So I spent three years as head of the Hospital Research and Educational Trust, a huge 501 (C3), paper flow, money pay-off place, which bothered me. At last, I got that ethically straightened out, computerized it, and, at the same time, became head of research and statistics for the American Hospital Association, spent the three years there.

On August 15, 1959, we celebrated the birthday—at that point, I was one of the six assistant directors of the American Hospital Association—for the next youngest other director of AHA, who had exactly the same birthday as my father. I said to myself, “When you’re as old as your dad, is this what you want to be doing?” The answer was, “No.” So I handed in my termination notice, returned to the University of Minnesota in January 1960, and the rest is history.

DT: That’s quite an educational upbringing you’ve had.

VW: That’s where I was.

DT: That’s incredible. It’s interesting that, given your experience in the classroom, you initially wanted to go into teaching.

VW: Yes. Well, I didn’t know what else to do. Other than farming, it’s the only thing I knew.

DT: At that time when you took the train from your home to here, why to Minnesota? Were there other...?

VW: Oh, we had moved back to Minnesota.

DT: Okay. So you were in Minnesota.

VW: I was in Minnesota in the seventh grade. I moved from Colorado back to western Minnesota, which was where my mother and father had been born. The farm dream is that you take over the family homestead. That’s where I was.

DT: You mentioned your experience in the classroom as a child prepared you well for the University. Could you elaborate on that more, the kind of arrogance of the faculty that you confronted?

VW: After all, we know, and it's no longer done, the Minnesota Multiphasic Personality Inventory... Do you know what the MMPI is?

DT: I've heard of it, but can you...?

VW: You should, because it's a *superb* test and it used to be given to all employees of the University, so that we could tell what kind of personalities we are. They actually did profiles and because I was on the staff and I was interested, I looked at those profiles of faculty and staff. I can assure you, we haven't changed, even though, legally, it's no longer done. The one outstanding characteristic of *everybody* in this place is something called a Spike 9. Spike 9 means that if you draw a graph where the middle of the graph means that you're normal. Then if you're either low, you go down, or high, you go up. Spike 9 meant *extreme* passive aggressiveness...

DT: [chuckles]

VW: ...and that's what University faculty is. That's what "Minnesota nice" means. You smile at somebody to their face; you walk around the corner and stab them in the back. That's passive aggressive. So I was prepared for that. I understood that and the same kind of stuff, the rural/urban stuff. All those conflicts had given me a preparation for it.

What I didn't tell you... Because my family is Germanic... My mother had gone to school for four years and so had my father. My father had some school in German, and his English never was good enough; although, he's fourth generation in the U.S. My mother won a scholarship at the age of fifteen, and she only went through school four years. They both completed their eighth grade exams, because that's the way it was in Minnesota, and she won a scholarship to Morris, which was Morris Agees and, now it's part of the University [of Minnesota]. She went for those six months. They were Germanic and discipline was high on the scale. So they believed in sparing the rod and spoiling the child. They ran out of rods with me, which was, also, preparation for the beating I would take at the University of Minnesota.

[chuckles]

VW: This place...what the heck? I had a preparation for exactly what the beating and assault and manic depressive behavior and all the rest of the stuff would be. Whatever. So this didn't surprise me. It was, how do you deal with people? How do you keep a positive attitude toward it? How do you not stab people in the back? How do you deal with those who are so insecure that they couldn't make it in the real world? So all of those things were a great preparation for being a faculty member here.

[laughter]

DT: I know there's an element of "Minnesota nice" that's supposedly specific to Minnesota, but I wonder if you've had much exposure to other institutions and found it to be similar there, too.

VW: No. That's been one of the things: I have never been a faculty member anywhere else. It's a common question that we get because there is a strange belief that if you've been at other places, diversity is an advantage and my response is, "Why should I go to an inferior institution just for the sake of diversity?" [laughter]

DT: That's a good response.

VW: After all, as a Minnesotan, I also learned to blow the horn, and I also learned you blow it yourself if you have to.

DT: [chuckles]

VW: Then I came back here as a job and created and ran the summer graduate programs for Statistics in the Health Sciences and did that for three years. It was actually three summers but it was a three-year stretch. It took a while to get it started and then hand it off.

Then, I finished my doctoral dissertation here, which I had started in Chicago, but I knew I'd never get done there.

I came back for exactly one-fourth of the salary. I left there in December 1959 and came here in January 1960. I don't care how much you're making, if you get one-fourth, it hurts. By that time, my wife was pregnant with the second child, who was born here in March of 1960. We had a home in Chicago. Because there was a recession in 1960 we couldn't sell the home immediately. My total take-home pay in Minnesota was less than my house payment in Chicago.

DT: Goodness.

VW: It was a bit stressful, but we found our way through it and, then, I finished my Ph.D. I couldn't get an appointment because they didn't know where to place me in the School of Public Health.

But, the dean who had been here when I was a student...and, he was supportive. He was a different bird. Gaylord W. Anderson. He wanted me because he knew I knew public health and was very good at it. In fact, his comment was that I was the only biostatistician he'd ever met that knew what public health meant. Public health had a lot of meaning to me, because it was public and it was health and it was community, and it was all those other things that fit the values that I had.

I, then, needed to be in a division in the school. Because I'd been in the Hospital Association in Chicago and knew the *entire* power structure of the hospital system in the

U.S., and had been the executive that dealt with all of them to get data and research information, I was in a fairly unique position. So I, then, walked into James Alexander Hamilton's office. He was the founder of the MHA, Master in Health Administration Program, and said, "I want to be a faculty member in your division, program. He said, "And who the hell are you?" I'd heard of him, so that didn't scare me off. I looked at him and said, "That response says you're ignorant and you really need my help." That so stunned him, he didn't know what to say. [laughter] That's how it began.

A lot of years of that. At one point, I had more research grants than any other faculty at this University in the early 1960s, because of my connections with the AHA and the trust and the foundation and the national scene and getting in with the power structure in maternal and child health. All of that stuff was all kind of just an accident of occurrence, not because I was good...because I happened to be there. All of that, then, led to huge stresses inside the school, because, at one point, I had more staff people on my research projects than the entire school. They decided that that couldn't be, so they said, "You can't bring anymore in because you're going to control the school," which, of course, paranoid insecure people couldn't stand.

So I created Minnesota Systems Research, of Minnesota research organizations, and, at one point, I had 120 professionals working for me in Minnesota Systems, which was the largest research organization in Minnesota. I did that while I was a faculty member, for whatever this is worth. This is blowing a horn; no big damn deal. I just did it.

It became clear that the need to educate the peasants of the earth, the people with whom I grew up, who were going to make the world work in terms of rural America, needed to have an educational opportunity, because our graduate program was pretty elite. We'd take in twenty students a year. For example, if we pulled them out of Baudette, Minnesota, they would *never* return to *Baudette!* I looked at the University; this is a land-grant organization, so, with the students, I would always ask them and sometimes take them over to read what it says on the frontispiece of the Northrop Memorial. It says, "Dedicated to the instruction of the youth and the welfare of the state." That's what we were supposed to be about. That was our mission; so I took that as a mission. Then, the question was how do I get education to people who live 400 miles away from the campus? The University attitude was, well, let them come to campus. Oh, sure, on our terms, not theirs. We aren't here to educate them; we're here to subjugate them. So I was not exactly popular with a lot of faculty here. Big deal.

That's how all of those things go together to create what became the ISP program in Health Care Administration. That was the first executive program in the world. That was, at least, one kind of enablement that worked. It was pretty tough around here, because the University was not very willing to look at alternative ways of learning and the idea that you actually learned yourself rather than being taught was just a *terrible* sin, just an unacceptable thought. For all of this, I spent twenty-five years being alone in the woods in terms of those kinds of thoughts. Now, of course, it's vogue. Big deal. The program I called ISP was to be an Independent Study Program, meaning independent of the feudal control of the structure of insecure people who are bureaucrats. How do you

enable that? That's what I set about. I probably generated a lot of enemies. I didn't intend to; it just was that way. I learned, or maybe as a child I figured it out, that the person who has no enemies has no real friends either. So...that was just part of the price you pay.

ISP grew. We started in 1968. Actually, the first class was on campus in 1969. They wouldn't even let me use classrooms. "What kind of a flaky program is this?" So I ran it in between when the summer session ended and fall began. I made the argument that they weren't being used anyway. That's how this began, and ISP kind of grew. We got minimal grant funding. By 1978, when the little Minnesota company called Minnesota Mining and Manufacturing changed its name to an acronym, 3M, I said, "That's what we need to do." So the program became ISP. It was no longer Independent Study, but it held onto that history, by default. Ultimately, forty-two years later, forty-three now shortly, there were 3,117 former and current students from forty-five countries. So ISP just grew because it worked.

But the learning principle is pretty critical. It's not the kind of enabling that we do at all well in academe, and that is to understand what the transferrable principles and cultural practices are for, what we're trying to do in a professional program. That meant you couldn't teach people only the mechanics. You had to make sure that they understood the why of principles and how that translated into practice. So it was the first program that had an underlying conceptual, you could argue theoretical base, in practice. Although, there's, to me, a serious question as to how much theory there is in administration. [chuckles] So it has this underlying principle base. But you, then, have to be clear also about how it's practiced. I think those are the key kinds of questions. How do you integrate them or synthesize them or combine them? That's key to all of the professional disciplines we have. It doesn't make any difference whether it's medicine, laying on of hands of any clinical practice, or of any of the other fields we have that actually have a translation of the theory into practice. That's the *deductive* part, when the critical part is the *induction*, and that is given what's out there that needs to be developed or improved, how do you induce what would, then, make sense as principles to be taught? That's how ISP operated.

DT: If someone came to be a student in that program, what would their education look like? Would they be coming for that short number of weeks to take classes and then go back home?

VW: Well, ISP was done in a way that there was a unit of study for each month of the year. So they would come onto campus for two weeks. There was a half day on each of those monthly units. That half day was the didactic and participatory input for each, but the other half day, then, was an opportunity to get what principles kind of applied to all and learning what it meant to be an *adult* learner rather than a dutiful child. It was, how do you actually participate? So we had lots of opportunity and push requirements that they had to figure out how they learned. It was clear to me just because of all those years of experience that some people learn because they were spoon fed and some people *didn't* learn if you're going to spoon feed them, because there's only so many times the

airplane can fly. Open your mouth. The approach I had was multi-method. It was the first clear multi-method academic program. In fact, there's a document, which was twenty-three of the principles about adult learning. It's very old, and now, of course, it's been bastardized and changed and keeps appearing without credit and all the rest. Big deal. It was that kind of learning...a very different kind. We, then, had monthly units of applications that each student had to write up and send to the faculty member for critique and feedback, and each month they met with a preceptor mentor who knew what she or he was doing on that topic and met with peers. So we got clusters of students from all over. The majority of all the hospital systems in the U.S. grew out of those groupings across the nation. That was dramatic because what was then done was the mentors were the power structure of the organizations, and the students were the up and coming ones who were the executives in their own right.

Now, realize that all of these were employed so there were a lot of I suppose nasty comments because I would always say, "All right. Let's compare the teaching results. I don't care how many wing flaps [activities] you provide. One of my favorite metaphors was that academics count wing flaps because they couldn't measure a bird flying. More than that, who cares how many wings you flap? The question is, do you fly? I spent my life growing up with turkeys and penguins and neither one of them got off the ground.

DT: [chuckles]

VW: All they did was eat the birdseed. Those are metaphors that I used. That's the question: Can you demonstrate you learned something? So they had to write up what they did and show how they implemented and changed and organized it and tied it back to the principles that were taught. Those assignments were sent in every month.

Of course, the real conflict came because nine out of ten of my faculty were not faculty in the real sense. They didn't have their feet on the soil of academe. They actually knew what they were doing. There were points at which I had *the* outstanding finance person in the nation, *the* outstanding strategist. These were ISP faculty. People said, "How can you afford them?" I said, "I can't." I asked them to teach because they were the best there was in the nation, or even other countries, and I wanted them to teach because they were the inspiration to these students, and they liked it because these students were the ones that were running the organizations and knew what they were doing." So the nature of this kind of education was *phenomenal*. That's what happened.

ISP was three years long. We covered all of the content you would get in the two years of day school here; that was covered in the first two years. Then, the third year was something that we called the External Forces, which our inexperienced day school students don't get, never did, and that is how do you deal with all those forces that come from the outside. During our third year, we even taught things like [Saul] Alinsky's *Rules for Radicals*. How do you start the fires to get the bureaucracy changed? How do you take on the political power structures, the financial, all the rest? We called them External Forces. We did that. We had the only database-required research thesis in the

*world* for health administrators, and they learned how and did it well. They had to stand up and speak and defend it.

There were a lot of people who said, “Well, what was your completion rate? What’s your dropout rate? I said, “High,” because from the beginning, as far as I was concerned, anybody knows what they’re learning and they would also know that they’re no longer learning, then get out. Go do something you can do! So from the beginning, that’s what it was. Less than half of all the executives who started ever finished. But the real question was, finished what? The real nasty part was it took me ten years to get the University to agree that this could be a legitimate base to get the same kind of degree as you could get by sitting in a classroom and regurgitating to a professor, who couldn’t organize a two-car funeral, but had the power to grade you. [laughter]

DT: This speaks to tensions that exist in other professions as well, between what goes on in academia and, then, what goes on in practice.

VW: Absolutely.

DT: You get that in medicine particularly, those town/gown relations.

VW: The town/gown was huge. So you can guess I torqued off people I didn’t even try to. I just did.

[laughter]

VW: Yes, and you pay a price. But, yes, I have a lot of enemies. That’s all right, I guess. It’s the punishment.

DT: Did the students who were part of the ISP pay tuition in the same way that day students pay tuition?

VW: ISP totally paid for itself. In fact, ISP made money. In fact, ISP was the first evidence of why we now have all these online courses, because this becomes a money machine! All right? Where the hell is education? Oh, I don’t know. We’ll do a test. Yes, I got grants and monies. I’ve said, “I’m beyond tight. I’m cheap.” So when the program ended, I had \$5,041,488 in the endowment funds inside the University. My target was to be sure that there was enough to fund two faculty full-time in perpetuity, because the school had never put a cent into it. The program never put a cent in. The University never put a cent in. The state never put a cent into it. This was the first program that ran on its own bottom, the only one. So they hired a replacement for me and, six months later, closed it so they could take the five million dollars and spend it any way they wanted. That’s what you call ethics.

DT: Who was your replacement?

VW: Oh, the person who is here now.

DT: When you were describing the program, it did sound a lot like a forerunner in England, Open Universities.

VW: Yes. I know about that, because I happened to have a couple of former students in England. Not many, 'cause the Brits don't learn "American" too easily.

[laughter]

VW: A little place at Saint Thomas' in London across from the parliament there... I had a couple students mentored there in the British health system. Internationally, there are thirty-four in South Africa. They run the Netcare System, the entire non-governmental system. It's the only good system in South Africa. There are thirty-four in the Kingdom of Saudi Arabia. Thirty-two in Hong Kong, so Hong Kong's hospitals are run Minnesota style and nobody would ever have guessed it and, and, and...now five university hospitals in Spain are headed by ISP-ers and it keeps on going. These are the movers and the shakers.

DT: That sounds incredible.

VW: And they still are, but they're dying off. We haven't admitted any in the last four or five years.

DT: I'd like to find out more about why you ventured into public health. I understand that you majored in mathematics and, then, you were looking at what to do with it.

VW: Pure accident. I had had a course in public health because it was required at the University. I hope you know that the University of Minnesota required that every student take public health.

DT: I didn't know about that.

VW: It was the *first* educational institution in the U.S. and, in fact, it was required in 1848...

DT: Goodness.

VW: ...ten years before the state existed. Every student at this University had to take a course in public hygiene or whatever the name was then. Yes, so it's always been here. It was fascinating to me, because, well, it just was a link between what were the personal health practices that you ought to know and the public health practices which ought to exist, and at which we'd never been very good. I can remember Gaylord Anderson being horrified in a lecture when I took the class. He said, "What's the difference between personal and public health? Do you have an example?" I said, "Yes." "Yes?" "If you wash your hands before you urinate, that's personal health. If you wash them after, that's public health."

[laughter]

DT: How did he reply to that?

VW: He was just stunned! He had a twitch when he got angry or excited, and nothing came out. That's life.

Public Health made very good sense, because as a farm kid, you knew these things. You didn't have to be taught it. If you didn't know how life recreated and replicated by the time you were six, you were a pretty stupid farm kid. You knew good and well that there were hens and roosters and bulls and cows. That was all there. You'd see it. You knew it! It didn't take a lot of brains to figure out the gestation period of a cow was the same as a woman's, that, in fact, the processes were morphologically slightly different, but almost identical in principle. For example, I was required to take the psychology course here. Didn't learn much in that psychology course, except the new words for all of the principles and concepts I already knew. If you looked at a cow herd, you knew *exactly* all of the organizational stuff that psychologists teach you about who's in charge and the bully and all the rest. I sat there and I thought people actually study this and get a degree in it? All you have to do is observe a bunch of cattle and chickens and so forth. Well, anyway... It was pretty natural, I think. It was an accident of birth and my childhood exposure.

DT: What kind of healthcare did you get exposed to when you were growing up? Did you see a lot of physicians or were there a lot of public health nurses?

VW: Nothing. Nothing. Germans tough it out.

DT: [chuckles]

VW: Don't whine. Don't bitch. If you don't feel well, figure out why. [pause]

I do remember getting a smallpox immunization, and a couple of those kinds of things. Those were public health. I remember that they used to send a nurse out to check the health of the kids in the country schools, check them over. I went to a doctor only once that I remember in the first eight years. I ran through the cornfield and cut the cornea of my eye and went in to the doctor. The doc took hydrochloric acid on the end of a needle and cauterized the artery. I found out afterward that he wasn't really a medical doctor. He was a doctor of osteopathy. So I still had that scar, and the Air Force wondered about it.

DT: It's surprising that they wanted you to be a pilot. Did you have 20/20 vision then?

VW: Yes.

DT: You did even though you had this scar.

VW: [laughter] I didn't wear glasses until... In fact, it was the Air Force physical when I was ready to graduate in which they picked up the fact that I had eyes that operated separately, but that came because I had to sit there with no eye movement while that doc was treating my eye. So the Air Force had this device they'd put on your nose...

DT: Oh, yes.

VW: ...and ran it down to see if you... Well, two thirds of the way down, my one eye went looking at him and the other one... The doc said, "Hey! come over here and look at this guy!" They did, and, pretty soon, I had all four or five of the doctors saying, "How the hell did you do that?" So I told them. "That's weird." I said, "No. The rest of you are all using both eyes to hone in on one thing. I'm watching. I'm better than any of you, because I'm also watching what you're doing."

[laughter]

DT: All from that one experience where you're getting your cornea cauterized.

VW: Yes.

These were very good kind of country practices, where you learned to take care of yourself, knew all that. You didn't have to go to a doctor. There was no money to go. My parents never lost their pride, so they weren't going to go on the public rolls. That was not acceptable [whispered]. There were public health things, and those were the immunizations.

Then, my mother also...the outreach, the agricultural extension groups—the University of Minnesota was involved—taught the housewives in the rural area, because they were the ones who did the cooking, all of the good food and health practices. I knew all of them. My mother was right. I didn't learn a single thing in public health that I hadn't learned from my mother from all the food and nutrition. There was only one thing she did wrong and that's understandable, and that is she didn't realize how bad animal fat was, supposedly. Realize that on the farm, it didn't make any difference whether you ate animal fat or not, because you burned it off immediately. You aren't like city people who sit on their *duff* and reprocess their fat into their own cholesterol. This is species specific. That was the only thing that I know that she was wrong about but, technically, she wasn't because we never gained any weight. And the whole animal fat issue is now in question.

I gained weight now because I tore my ACL [anterior cruciate ligament]. I'm fat now. I don't know what to do because there's evidence of what happens to get ACLs fixed for old men, the cure rate is almost zero. I couldn't tolerate sixteen weeks of rehab. So I'm a gimp now.

The interest in public health was, in fact, not driven because of an interest in public health; it was driven because the University reneged on my teaching appointment and the Air Force had reneged on my scholarship, and I needed to survive.

DT: It seems in the 1950s it was, perhaps, quite an exciting time to be in the School of Public Health.

VW: Oh! it was brand new. Technically, there was a dean ahead of Gaylord Anderson; that was [Ruth] Boynton. She was there only because Gaylord Anderson was in medical intelligence in the United States military and was, in fact, detained to do all that World War II stuff and he wasn't here. So, then, when he came back, it was how do you create a school, because it really wasn't a school. It was a department in the Medical School. It was Community Health, so technically, that's why this school is *still* a department. We don't have departments in it. We're the only school at the University that doesn't have departments, because we are a department, structurally. We have divisions.

Public Health was intriguing because it gives you a perspective that you may be the most important thing in the world, but you are totally subject to the actions and the foibles of the others. That's what public health does. It makes you understand things. We all know what old saws are: You're not an island unto yourself. What does that mean? It means, that you can get sick if you just talk to somebody. How does that happen? All those processes come; although they might be public, they also are personal, and that's the linkage.

DT: What was Anderson like as the director of Public Health? What was his personality?

VW: A declarative, controlled, first child who believed that B followed A, C followed B. If you did it the right way, you got the right result. If you got the wrong result, redo A, B, and C. He scared the hell out of most people. I thought he was enjoyable because he was so clear. He also had a great virtue, that if you confronted him with a failure of his logic or his evidence, he'd listen. So I always knew, regardless of how crunchy he'd be, if I were prepared, he'd concede.

[laughter]

DT: Were there many other faculty or people who were willing to do that with him?

VW: No. No. No.

James Hamilton was even more so that way. Well, no, he was different. He really scared the hell out of people. He really did.

It was clear to me those were the kind of people that make things work and go and change and develop, because there is this unquestionable persistence. That's a key word in all of it. There was an analysis done by—in fact, ISP was the database for the first big

study in Adult Education, because it was the only one that had a long-term database. They researched adult learning and we sent out the tests, on locus they completed it and sent the answers back. There's a thesis, a book up there on it. The overriding characteristic of ISP-ers was "persistence." That was success. We'd like to think it was brilliance, test scores, and who knows what else, but when you sort things down to a competitive question of which variable explains more than the other, and so forth, it's persistence. ISP-ers don't give up. That was the characteristic of Gaylord Anderson and James Hamilton also. I see it now. For example, [Frank] Cerra, was the same way. It's persistence that counts. It helps to be smart. It helps to be skilled. It helps to have all the other characteristics, because you're dealing with smarter than the average bears around here. They didn't get here on the average. They got here because they were good. So you have to learn to deal with smarter than the average bear, but it's the persistence that comes through—and we don't teach that. I think you're born with it, for whatever that's worth.

We, then, had subsequent deans. My cheap shot always was that I was never able to give the deans all the contempt they deserved.

[chuckles]

VW: But I respected them. I think nearly all of them understood that. I'd give them a hard time, but that's because they chose to have that position of power, and along with that comes the flak of the peasants.

DT: When Gaylord Anderson retired, there was the search for his replacement, and, then, Lee Stauffer was appointed dean. How did you think that changed things in the school?

VW: Realize Lee Stauffer lives about forty feet from me now and shares the nursing home where we live together.

How did that change? Oh, significantly. Stauffer was much more of a relater than Gaylord. Gaylord Anderson believed in credentials and status, because he had them. Stauffer may have believed in such credentials, but he didn't push it because he was a sanitarian. Stauffer was... [pause] He was certainly an easier, more pleasant person to be around in the sense that people didn't feel nearly so on guard. With Gaylord Anderson, you better be on guard. That was a big difference. I think the school people, the faculty, from my perception... Maybe I'm all wet, but I knew them pretty well. Gaylord, obviously, was one who knew the rules, knew the University rules, and he would live with them. He was the ultimate organizational enforcer. Lee Stauffer wasn't sure he even needed to know all the rules and, so, there were times when he didn't know them, and it didn't bother him that much. He was much more willing to go along with things; although, he wasn't a pushover. He wasn't mushy.

The next dean was my former student, my advisee, Edith Leyasmeyer. [laughter]

DT: That must have been surprising. How was that, having one of your students now in charge?

VW: Oh, well, she knew me and I knew her. You're never really sure how... I think the students, nine out of ten, understand me. About one in ten never got it. I consider them beta errors; they're ones we shouldn't have admitted. [laughter] Leyasmeyer was very much a first child, also. First children are who become deans around here. Crunch, crunch, crunch. She, I think, was the interim dean maybe three times before she...

DT: Yes, at least a couple of times.

VW: At least a couple times. In some ways, she kept looking over her shoulder, because she was very much aware and, although she wasn't a feminist in the real torch-bearing sense, she was a feminist in the sense that it was pretty clear that women were not getting a fair shake. She was that way—and she's right. We occasionally tangled, but not very often. There were a few things with ISP that I refused to do, and I think she decided it wasn't worth the fight. I've always been respectful of position and obligation to the structure. That doesn't mean I'm not going to tell you you're full of crap or it's stupid! But when it's down and dirty, yes, if you've got to do it, you've got to do it. Leyasmeyer very much knew what the rules were and what needed to be done and how to go about it and was as good as Stauffer was at enabling people to get things done; although, she had a definite control like Anderson did in terms of making things work.

I've repressed... What's the name of the man we had for two years? We had [Robert] Kane. Oh! [sigh] Anyway, he's gotten a lot better in just the last couple years. He actually is a driven researcher with a personal mission, but was not a dean type.

DT: I've heard other people comment about his tenure as dean.

VW: Oh, it was stressful. He was harsh. The part that he didn't realize was how controlling he was.

Well, I helped start Family Practice here, also. You don't know the other things I did. I helped start the Ph.D. program in Pharmacy and I have an appointment in Nursing and the Humphrey Institute. I was all over.

The dean... There's a history with Kane. In Family Practice, I was asked to go and do a review of the family practice program at Utah. It was having trouble. That's when I first met Kane. He was a staff faculty there and had all of the control troubles there that he had here. I wrote up the report pretty objectively, but his appointment wasn't renewed there, and he hated me because I submitted that report. He came here to the Campus Club on the fourth floor, was giving a lecture, the introduction, this deanship. There were all the faculty sitting around dutifully. I stood up and questioned something. He said to me, in response to what was my question, he said, "This is no place to discuss that. I'll see you in my office." I stood up and saluted and said, "Yes, sir!" [Doctor Weckwerth shouts] That's how we started. There were strained years. It was a question of when it

was going to happen; the faculty revolted. He gutted the dean's office and took the money and switched it into his faculty position. But the faculty lived with it.

DT: He, eventually, stepped down. Is that right?

VW: Oh, he stepped sideways. He took all of the benefits from the deanship into his position [Long Term Care and Aging, School of Public Health]. But the years since have honed off the rough edges.

DT: Do you know why Edith Leyasmeyer, between Stauffer and Kane, wasn't appointed full dean? Why she was only interim at that point?

VW: I can only tell you an impression I have. I think I asked her and she said she didn't want to. She said she was willing to serve and be interim, but my own interpretation is that wasn't how she saw herself. I don't know. There was no evidence to me that... Well, there also was no evidence that they had *asked* her to be dean, but, then again, she didn't exactly exude that she wanted it. I think they all could understand her well enough to know that she was pretty direct, and she'd say what she wanted, and she hadn't said she wanted to be dean. That's what I think. I can't tell you otherwise. Then, when she became dean, they had asked did she want to be interim, and she said, "Not again." At that point, she said she wanted to be dean, and so she was. I'm, obviously, not on the inside on all those discussions. I'm on the inside more than most people, but I didn't hear it, is what I mean, personally.

DT: Yes, sure.

VW: It was hearsay.

DT: Were you involved at all in any of the decision making that led to Stauffer being appointed dean? Do you know what the process was for his being appointed?

VW: I was not personally involved. I remember there were questions about who it should be, and I can remember being in the session about him when they said, "Does it have to be a physician?" That was the big discussion. The answer was, "No. Nobody said that public health is public medicine." I remember making that comment. There was kind of a faculty get-together. Public Health doesn't have that many physicians in it, because, the health field is run by nurses, most of whom are women. Public Health has always been much more tempered and much more equal, much more helpful of the downtrodden because, I think, of women and because of the backgrounds. If you look at the background of most public health people, they come from the lower classes, and nurses came disproportionately from the lower side of society as well. That's what public health is. That's what I think. MDs weren't that important to Public Health. That's about the only thing I can remember out of those discussions, because there was the question, "Don't we have to have an MD? Boynton was an MD and Anderson is an MD. How in the world...? And the dean in Michigan, etc., etc. They're all physicians." I remember saying, "Big damn deal!"

DT: I've actually wondered about how relations were within Public Health among the different professional groups because public health is so diverse. You have the engineers, the administrators, the physicians, the nurses, the statisticians, sanitarians. It's such a mix.

VW: Yes, I call it a collage. It is. Public health is not a discipline. It's a collage. It's always been that way. What's also wonderful about this is it's a muddling mess. If it can be enabled, it helps everybody, because you get a chance to see where you do and don't fit, which pieces do and which don't. If you're going to make something work, it's like the puzzle that was never cut out that way; it's a puzzle you have to create. That's what public health is. There is virtually no priority hierarchy. Public health is this kind of...I suppose the scurrilous thing I could say, the continued creation of the Tower of Babel. [laughter] It really is; it's a collage. It's not an entity. With the technology we now have, I've thought that we could show what is Public Health, and we could have different depths of perception as you hone in on focusing on things as you'd move through a spectrum, and the various kinds of sub areas or disciplines in public health would come into focus, and that would be a beautiful way to describe public health. Public health. What is that? Then, as you move the camera through and focus on the various areas, you'd say, "Ohhh," and by the time you got done, you'd say, "How did all those things fit together in those spaces?" and the answer is, "By mutual concession." That's what public health is.

[chuckles]

DT: I can visualize how that would look. That would be great.

I'm curious how the relations were between the different divisions within the school throughout your career here.

VW: Oh. Epidemiology has always been seen as self-centered, perceptually controlling, more important than all the others put together, and with an incredible amount of resources.

Hospital Administration was always seen as a "misfit" by the other divisions who said, "They really aren't public health. They ought to be in the business school." They sent us across the river. We did the seven years in purgatory over in the Carlson School. The power erroneously thought that we were *managers*. They didn't understand what administration means. Manager relates to laying on of hands, meaning you want to control. Administration comes from the Latin to serve—a huge difference. We didn't fit there because of Hamilton's Ivy League education. After all, he was from *Dartmouth* and don't you forget it. He brought into the Masters of Hospital Administration program a kind of boarding school elitism of those who "deserve to be considered better." So the program always had that kind of spit and polish. He scared everybody. When he'd walk in, he'd have his minions in step behind him. Hospital Administration was always viewed as elite... That it didn't belong in the School [of Public Health].

Early on, the most prestigious part of the school was Environmental Health because that was the one that really gave impetus to Public Health because we, early on, were asked to be involved with Korea and groundwater. When the U.S. invaded North Korea, when many froze to death, the people that knew how to survive that were the people from the northern lands of the U.S., disproportionately Minnesotans. They were the soldiers that didn't freeze up there when they tried to take that lake. That experience gave us the leg up with respect to healthcare in Korea. Gaylord Anderson was involved and with the military and the contact goes back to the Korean conflict. So we had this ongoing relationship, much of which was environmental health. It was pretty prestigious.

DT: Environmental Health ran those summer programs in groundwater development?

VW: Groundwater...Yes! The groundwater program was known around the world. What's more important to any society than water? The answer is nothing. Second in line is getting rid of feces. That's environmental health! Imhoff tanks and all the rest. I would guess in the middle 1950s, Environmental Health was probably the best-known part of the school.

Then, of course, Epidemiology grew in prestige, because of the diverse researchers there. They had Ancel Keys, you know, and the K-rations. He gave to the world cholesterol. They were measuring body density in the old Memorial Stadium. Epidemiology got other greats such as [Leonard] Schuman and his silo-filler's disease.

Of course, we simultaneously had the Public Health Nursing and the School of Nursing. We, actually, subsequently, created a chair for Alma Sparrow [director of public health nursing in the School of Public Health, and for Public Health education with Ruth Stief]. I remember discourteously standing up and saying, "Well, let's sing the health education song. Eat a carrot. Sing a song."

Of course, Maternal and Child Health was here, which was fairly prestigious—most people don't know that—because we had Helen Wallace here. Helen Wallace wrote the MCH "bible" on maternal and child health. It was *the* biggest book that there was in that field in the 1950s. [University of California] Berkley got her to come. Berkley could, at that time, buy anybody they wanted. They had an environment to do it. She wanted me to go. I was her graduate assistant. That's what really got me into maternal and child health. That's how I got into this field. The third paper I wrote called the "Not So Well Child Clinic." That made me well known in public health. It was seen as radical.

That led to my helping the Children's Bureau in Washington [D.C], the HEW [Health, Education, and Welfare] in Washington, writing criteria for crippled children's programs. That's how I received all those big grants and became the one that, then, had the national evaluation for children and youth programs, *huge* kinds of studies that I was doing.

DT: When you did your Ph.D., did you focus your research on maternal and child health?

VW: Oh, no. I had my Ph.D. done by then.

Yes, technically I'd finished it during the first couple of years when I came back from Chicago in 1960. I did my dissertation. I created a concept called imputation. Imputation is now an honored word. It means you create a value of a variable that which was missing. It was the imputation of missing values in health surveys. [pause while Doctor Weckwerth retrieves his thesis]. There it is. There are about four pages in here that don't have a word on it, because these were all mathematical derivations.

I don't know for sure, but I think I may have been one of the first dozen Ph.D.'s in Biostatistics at this University. The first one goes back to 1938, but we didn't produce others, because the requirement was that one had to make an original, theoretical, mathematical statistical contribution to the field. Well, a Ph.D. student, then, was competing with every [biostatistics] faculty member in the *world*. Few could get one done. I was the last one that had that requirement. Mine was on missing values. The U.S. Census Bureau used my method to estimate who was missing [in the census].

DT: Was Jacob Bearman the director of Biostatistics, at that time?

VW: He came after Alan Treloar. Alan Treloar is the one who was the one from Australia and was the head who gave me the position and, then, talked me into going down to Chicago.

DT: My understanding is that sometime in the mid 1960s, Biostatistics here was the largest program in the U.S.

VW: Yes, it was. Oh, yes, and I was a prof [professor] in it when I came back from Chicago. Oh, yes. Biostatistics was prestigious.

That was another one of those funny, unique things in life. Jacob Bearman came from a cultural background that couldn't have been more different than mine. He was an urbanized businessman's kid and Jewish. I was a peasant farmer, Lutheran, German. You can't get any different than that! We had virtually the same values and view of life. It was just unbelievable. He was my advisor.

DT: There was never an opportunity or you didn't want to be a professor within Biostatistics?

VW: I was appointed as a professor.

DT: You didn't want to stay there?

VW: I taught. In fact, I taught more students in Biostatistics than all the rest of the faculty put together. That became an issue. Why was I in Hospital Administration and teaching in Biostatistics?

DT: I see.

VW: The reason I didn't do that was I never got any real thrill out of doing Delta Epsilon proofs. I mean, they were boring. Duh! You can tell, by now, I'm not a good academic. I certainly don't toe the mark with respect to the discipline that B follows A and C follows B, and writing those papers. I could do it, and I did it. In the third year of graduate theoretical statistics, I was the only U.S. citizen in the class at this University. There were seven of us, and I was kind of the translator to [several words spoken in Hindi and Chinese]. So I wasn't intrigued doing that kind of stuff. I still am not.

DT: It sounds like that time in Chicago was really quite transformative.

VW: Yes, that's what did it.

DT: I'm curious about your involvement with the national heart study. I realize you gotten taken off the grant.

VW: Oh, they folded it, and they called the money back

DT: Were there physicians involved in that project, though, down in Chicago?

VW: The person who got it was Alan Treloar. The AMA, therefore, raised hell and said, "You can't give that study to a non-physician." The head of the American Hospital Association was Edward Crosby, who was a physician. They said to him, "We're taking it back, because you aren't qualified to get it," because he didn't have the research background. He was only an M.D. from [Johns] Hopkins [University] you understand. Of course that torques Crosby off to no end.

The horrible part was we had just moved into a house. That weekend, I cleaned the eave troughs out on this house on *Sheridan* Road. We had the only new house. The house next to us had thirteen rooms, and on the left were eleven, six bedrooms and five baths. These were mansions. I had crawled up and cleaned the eave troughs out. Man, did I violate the social custom. The next Monday, there were transients cleaning out the eaves on the other house. The messages were just rampant and thick, just *unbelievable*. The neighbors clipped more stock coupons in a month than I ever made in a year. It was just unreal. I didn't think things like that existed, except, you know, I'd seen it in movies and read it in fiction. They existed.

The next week after I'd moved in, was when the termination hit. Crosby called us all together with Treloar. There were about twenty people that were in the hospital research and educational trust, and that's when he said, "Sorry to tell you that grant termination is here. You've got two weeks. You can pick up your check," and, then, turned to me in front of the twenty-some people and said, "Weckwerth, you look like the only one that knows what's going on. Do you want to run this place?" They terminated Treloar, as well, and all the rest. This was just hell. That was the end of that national heart trial.

Had that study been done then, we would have been at least twenty years ahead in heart studies. That's what it was about. My life is mostly accident.

DT: [chuckles] I hear that a lot from other people who say that their lives are by accident, that they ended up at various places.

VW: Yes, you just learn to cope with it.

DT: Also, I'm curious about what the status of the School of Public Health was within the College of Medical Sciences in the 1950s and 1960s.

VW: Uhhh... The school of what? [chuckles] School of Public Health. It was new. I was the one who created a constitution. I was the one who got us representation in the University Senate. I *wrote* the first constitution for the School of Public Health, did all that, because we needed to be represented. Our status? Hello, down there.

[laughter]

DT: Was that with regards to Medicine or how about regards to, like, Nursing?

VW: Take a look at the image of what's public health. The poor, the betrodde, those you don't want, those who can't do, those who are inept, those who are debilitated. Why would you want to deal with this mass of stuff? And you believe that this is worthy of academe? That's what it was.

DT: Do you have much sense of how Bob Howard was as dean of the College of Medical Sciences?

VW: Yes. It was fruitful that I did, because I got involved with starting Family Practice, which was all a fluke, also, but got invited. At that time, there were representatives, and we used to have lunch up in different lecture rooms in the Mayo hospital, and Dean Howard was there. There were interesting interchanges between him and the School of Public Health people. He was not nearly so arrogant as some of them were. I don't mean he was arrogant. He was pretty direct and straightforward and, actually, pretty good. But the relationship now, I don't know. Was he dean of the Medical School when Stauffer was in the School of Public Health? I don't know whether there was an overlap.

DT: No.

VW: I don't think so.

DT: I think Stauffer was appointed after Lyle French was appointed as v.p. [vice president].

VW: That's what I thought.

DT: Yes.

VW: I was involved and I don't even know if formally...because life was much less formally mandated. In some ways, it was much more formal, and in other ways, it wasn't. I was asked to attend this planning committee for the Academic Health Center. I can't tell you that I was ever appointed to it for sure. I think I was, but I don't know. I haven't a document I can show you. [John] Westerman was my former student, for whatever that's worth. Westerman was involved, and, then, I was, also, muddling around. So Howard and this whole bunch of all these wheels were around. The only thing that's terribly clear about why is there an Academic Health Center was the obvious question or statement or assertion that there are things that are of common interest amongst these schools in health sciences, and the rest of the University doesn't have them in common, and if we, in fact, want to increase our own appropriate self interest, we've got to get together. That was the driving force behind the Academic Health Center. That, to me, was the simple organizing principle. And we did it.

DT: Once the reorganization happened, do you think that there was more collaboration between the schools then?

VW: Yes. That doesn't mean that there was any warmth. There was always... You can tell that I'm jaundiced about academic minds. They're so painfully insecure; that kind of overrides almost all that kind of dealing. I don't know whether paranoia may also fit. They're always wondering what's going on. I think that's there.

DT: Did you think that the status of public health changed after the reorganization?

VW: Well, public health's status—my bias—has been increasing slowly the whole time for various reasons, one of which is, of course, the *huge, huge* per-faculty acquisition of grant monies. Old principle: follow the money, baby. Follow the money. That's what was going on. That's why we're prestigious. After all, they couldn't look down on those of us in the school because, per faculty member, we got even more than you in Medicine, and so forth. I was there. The School of Public Health, of course, was always such a second class citizen dealing with the poor and the impoverished and the downtrodden, whatever our mental view of ourselves is. We never were very arrogant about it. Did our status change? Not much because of the Academic Health Center. It changed—my own bias is—*purely* because of the grants, the resources.

DT: Yes, I've heard that somewhere else, that Public Health was getting far more national grants per faculty member than any another unit in the University.

VW: Yes. Oh, yes. Oh, yes. Oh, yes.

The School of Public Health also did some good public health things, but we've always been so bureaucratized here that it's just unbelievable. That's why I called it the feudal system the whole time. You can spell futile and feudal both ways.

[chuckles]

VW: It was just *awful!* On the other hand, other than the Church of Rome, what organizations exist now that existed in Europe in 1500? The answer is universities...and two breweries.

[laughter]

VW: Our bureaucracy is immobilizing, but it also creates survivability, for whatever that's worth.

DT: I'd love to hear your perspective and your role in the establishment of the Department of Family Practice. This is something I'm very interested in.

VW: A strange, too-long a tale. I'll make it short. I lived in Saint Paul and was the campaign chairman for somebody who got elected from Saint Paul to the Senate.

DT: Who was that?

VW: I don't even remember.

[laughter]

VW: I was the one who made signs that read his name vertically and I had a post in the middle and I pounded them in all over. Oh, what was his name? That's terrible.

Anyway, he made an attack on the University, particularly on the Medical School. That's how I got backed into this, because I'm supporting this guy. He turns out to be the chair of the committee in which Dean Howard, then, came over to testify to in the Legislature. It must have been the House, not the Senate.

DT: Was it [Richard W.] Fitzsimons?

VW: No, it wasn't an Irish name.

This guy, our representative, called me and said, "Weckwerth, you're over there in that place." I was one who had made enough noise here so there were those who said, "What are you up to, Weckwerth?" I said, "Look, Medicine is now so segmented that they fight over an angstrom unit for an organ, and they miss the view of what the body's function is. General medicine is now gone. Specialty has driven them to disfunctionality." Anyway... And, then came Family Practice. That was also community health. How do we get a discipline like that that actually looks at the whole person? That was the theme. So I went over there to hear the testimony. This legislator is there, opens the book and said, "Dean, I have some questions," and asked a few, and, then, at about the third or the fourth one was, "When are you going to produce physicians that actually take care of people?" Howard was stunned! He wasn't prepared for it, didn't know it was coming,

muddled his way through, did a terrible job of answering, didn't answer it...had egg on his face, which was amazing, because Howard was good. The legislator, then, closed his book and said, "Dean, when you're prepared to be clear about how you're going to address this big need, come back, and we'll then consider your request." All hell broke loose. [laughter] I had been working with a group trying to get family practice going over here. [Doctor Weckwerth claps his hand once.] Two weeks later, family practice was the answer that Howard took back to Saint Paul. That's how that happened.

DT: Was there any involvement from practicing physicians, like non-University physicians?

VW: Oh, family practice didn't exist in reality. It was a new creation. It was GPs [general practitioners]. They said, "Yes, that's what we are." So there was this huge *mass* of humanity saying, "Now, we're going to be a specialty." The question was, "How are you going to be a specialist?" This was really walking in goo, let me tell you. We needed somebody to lead that.

I had a joint appointment. Well, I guess not now, because I'm retired.

[break in the interview]

VW: But I had a legitimate joint appointment. They couldn't take them away. They couldn't render anymore "joint appointments" in the last twenty years.

That, then, became an issue of how does Family Practice become this discipline inside of medicine. Well, Dean Howard, at that time, said, "It will be." He knew there—quote—ain't no money coming in unless he gets it. That's how Family Practice came to be. He was very clear in his statements, even over the bodies of a lot of clinical chiefs inside the Medical School, and that was a *big* contest inside the Medical School. I knew it, because, by the fall, there I was sitting with the Family Practice faculty who didn't know what they were doing either. It was brand new. They had this polyglot of people. Who in the world were they? The doc from Rochester [Minnesota], the doc who lives on White Bear Lake [Minnesota], and I, we were the three doing most of the development. What in the world? Oh, man. It was a terrible strain.

DT: Ben Fuller was...?

VW: Fuller. Ben Fuller lived on the lake. Who was the one that was in Rural Medicine from Rochester? [Doctor John "Jack" Verby] Yes, I'm the survivor of the three. That's my clean living, you understand. Just because they were twenty years older than I is irrelevant.

[laughter]

VW: Duh! Man, what a flip interview this one is.

DT: I spoke with Vincent Hunt, who was one of the residents.

VW: Yes. He's one of my former students.

DT: Yes.

VW: Oh, he's a joy.

DT: He is wonderful. Wonderful.

VW: He helped get family practice going in Bahrain. I have eleven former students who are in the health system of Bahrain [unclear]. [laughter] Vince was there doing family medicine.

DT: He still travels around now.

VW: Yes. He is. Yes. That's wonderful.

To my knowledge, that's the direct link to how Family Practice started. Now, I don't know how many people even know that or were there. It was kind of by default that I was in it, not because I created anything. I just happened to have been there and did some things. So we got Family Practice going. I, then, helped very much making sure that the faculty understood the University bureaucracy and all the rest and who did what to whom. I was *deeply* involved with it and, then, taught all the residents. But, I was a fish out of water. Big deal. I was all my life.

DT: [chuckles]

VW: That was a fun time, also.

DT: Ed [Edward] Ciriacy replaced Fuller after a few years as department head?

VW: Well, we needed to have somebody who was a member of the *society*.

DT: Minnesota Academy of General Practice?

VW: And, then, the national groups of family practice. There weren't many. We were sitting on the search committee. In fact, I sat on that search committee and, no matter who came up, this guy Ciriacy would say, "[grumbling opposition]." He's sitting there. Most people were scared to death of him. I said, "Ciriacy, we've gone through a half a dozen people, and all you've done is bitched about all of them. If you know so well, why don't you get off this committee and put your hat in the ring?" And he did, and that's how we got him to head Family Practice. Now, that doesn't mean that that was the right decision. He was a pain—but he was good. Ciriacy was good, but, boy! he had some quirks to him.

DT: Did you have any interaction with Herb [Herbert] Huffington?

VW: No, I only knew who he was and knew there was money to be dedicated if people played him right, or something. I did not know him. I said, "Hello" to him, I think, but I don't know him.

There were a lot of aberrant forces. Realize, this wasn't an entity. This was a group of general practitioners, plus a funny mixture of medical specialists in different specialties, who believed that there should be a cohesive way of putting the human body back together. That's how this came to be. These were, therefore, a collection of other "fits." That's what they were, but they made it work.

DT: Do you think Family Practice achieved its goal, that it was able to reconfigure the patient as a whole?

VW: Yes, in terms of the concept. No, in terms of the practice. Once again, you can get the principle straight, but you have to translate this into practice. You have to hone it, make sure it's fed back. It takes a *hell of a lot* to make sure that practice is, in fact, congruent with what you're teaching. It could never achieve that for a reason...because you had to use the practice community who practiced as they practice and there was no good mechanism to reconfigure how they put things together; although, you could argue, it did pretty well. There were some of the practitioners who really got it and some of them who were just ones who did it their way. [laughter]

DT: Did you feel that once that older generation, say, had retired, that, with more and more people being trained in family practice, then, the principle...

VW: The mission?

DT: Yes, the mission could carry on?

VW: The mission became less important. The ritualized practice took over and they forgot what the fight was. There aren't many around that remember what the fight was about.

DT: Vincent does. He remembers.

VW: Ohhh, yes.

DT: He remembers very well.

VW: Yes. One just died. I was going to say Spencer. Anyway...

DT: You mentioned the role of this one legislator.

VW: What in the world is his name? I want to say Halvorson, but that's not it. [correctly, John Anderson]

DT: I probably have his name somewhere. There are a lot of archival documents around the creation of Family Practice. The only other name I remember right now is Verne Long, but I think he was on a different committee. I'll see if I can find it out.

How much involvement did you feel the State Legislature had in the school's affairs, in general?

VW: Not much. Not much. It was kind of a formal ritual. The Legislature knew that they were obligated to appropriate money for the University. They knew that the University preceded them in terms of rights and obligations, and that it was kind of understood that they would have to give money to support it. It was unclear that the have-to's necessarily were controlled by them, and they didn't like that, but there wasn't this kind of polarized crap that exists now. They were [the Governor] Arne Carlson types. They disagreed. They understood what a common good was, not what we have now, what common good is. No, I didn't see that there was... There were a few who wanted to push the University into things that were in the individual's self interest. I always thought the Legislature treated the University with respect, with some deference about why it wanted to go the way it did, and conceded more than it demanded. It isn't true now.

DT: One of the things that seems to come through in the documents I read about the 1960s and 1970s was that there was a lot of discussion, both at the level of the state but also nationally, about how to get health care workers out into rural areas.

VW: And the Rural Physicians Associates Program, I was involved with...

DT: Hmmm

VW: ...because of Jack Verby from Rochester. He died about three years ago. He was the one who was known for the Rural Physician Program and was superb at it. I remember we laid out what would make sense using the principles from ISP: We teach it here; you practice it there. We integrated theory and practice and that was that whole model and it was superb. The Rural Physician Program was superb—known nationally. It was the best there was because there was an intentional honoring of practice, which was quite different from some of the medical specialties. Family Practice honored practice.

DT: So, less of an emphasis, maybe, on research?

VW: Oh, absolutely. Oh! family practice had a terrible time with research. [laughter] I even taught a course on research. In fact, I have a paper on the principles of research in Family Practice.

DT: Really?

VW: Yes. I never had much push to publish. I never was a good academician. No. My flip remark was, “Keep the monkeys away from the typewriters.”

[chuckles]

DT: Another thing you mentioned earlier that I wanted to follow up on was talking about Nursing and Public Health Nursing and the relations between Public Health Nursing and the School of Nursing in your tenure.

VW: Public Health Nursing was, to me, a key and really critical part of Public Health. It was pretty prestigious in the school. I think Environmental Health was number one. Public Health Nursing was probably number two. Epidemiology was probably three. Hospital Administration, Maternal and Child Health, Health Education, whatever those are, were kind of down the hierarchy of stuff filling out Public Health.

Public Health Nursing was really prestigious, because [Marion] Murphy was here. She was top-drawer and made public health nursing hem and haw and all the rest. Then, because of tangles in the structure of public health in the school, she left and went to [the School of Nursing, University of] Maryland, as I recall. It was a long time ago. Then the question was, what about public health nursing?

Dean Kane was the one who argued that Public Health should not be laying on hands and Public Health Nursing should not, in fact, be doing those things that are nursing functions, and they shouldn't even be in Public Health, so they shagged them over to Nursing. It was never clear what triggered that. Nobody has ever said that I know or told me. I think it was that there was the historic nursing/physician conflict there and Dr. Kane was not one that would have enabled any appeasement.

DT: Was Kane an M.D.?

VW: Yes—and don't forget it.

DT: I've seen documents in the 1970s, for example, when the School of Nursing was having site visits from the National Nursing League.

VW: NLN [National League for Nursing].

DT: NLN, yes. They would always raise the question, “Why is Public Health Nursing in Public Health and not in the School of Nursing?”

VW: Because it belongs in Public Health. It still belongs in Public Health, even though the last dean of the School of Nursing was also my former my student, Sandra Edwards.

DT: Really?

[laughter]

VW: It shows how long I've been around here. She did her dissertation, the first one, on the incredible expense of the last thirty days of life.

It was Kane's push that got Public Health Nursing out. It wasn't NLN's questioning. Public Health Nursing functioned at a very high and very effective level inside the school. To my knowledge, it was Dr. Kane who ran them out.

DT: I'm curious to talk to more people about that.

VW: I don't know what that fight was. I wasn't privy to it.

DT: Eventually, I hope to interview him, so, maybe, he will shed light on it.

VW: Or maybe not.

[laughter]

DT: Now, the School of Nursing in the 1970s was making a great effort to get a doctoral program up and running.

VW: Yes.

DT: I've heard from, I think it was, Mitzi Duxbury, and, maybe, a couple other folks, that you were very supportive of that effort.

VW: Yes, I was. That's why I had an appointment. I was doing the research, trying to get an honest-to-God research Ph.D. in Nursing, not a practice doctorate. So it was on the research side. In fact, I pushed to try to get it clarified, if they wanted research. What I saw them wanting was, they wanted a doctorate, but they wanted a super practice nurse. I said, "Hey! It makes no sense. You *can't* do it that way. You're either going to have to buy the Graduate School model of a Ph.D., which is a research-based one, or we've got to figure out some kind of super master's." I was never much to support professional doctorates, for whatever reason, and that's what was going on. To my understanding, the School of Nursing faculty—I met several of them—couldn't get a consensus. I think Nursing always does it unto itself. Nursing has *always* done that. As soon as somebody shows leadership, somebody else cuts them off at the knees, and I don't know why. It's just been classic. No, I was involved with it, and they actually asked me to teach some of the research stuff to the nursing. I had taught stat [statistics] to all of the nurses. I think I had seventy in the stat class, which was just *huge*, phenomenal. Yes, I was supportive. That doctoral program had real troubles trying to put together what would constitute doctoral studies in Nursing. I didn't know enough about Nursing to know what it ought to be. I had no idea. I thought Marion Murphy should be brought in. She was the one I

knew that could do something from Maryland. I never did hear... I guess ISP started consuming my life, so some of those things I didn't pursue very much.

DT: I think they started planning in the early 1970s, and it wasn't until 1982 that it was finally all approved and they had their first students.

VW: Yes, and those were somewhat strange doctoral studies...still are, because it's very difficult to get a pure Ph.D., as far as I'm concerned, in what would be a professional discipline. Those were the ones that bothered me, because we had Ph.D.s in the clinical disciplines in the Medical School. I can remember when Rochester [Mayo Clinic] was part of us. I, in fact, served as an advisor for a Ph.D. in ...

DT: Pulmonology?

VW: Pulmonology. I had an advisee Ph.D. in Pulmonology. That was *painful*, because we had to try to create some kind of theoretical research base. I can remember working on how do we get the physics of entropy to underpin the study... There were several Ph.D.s in whatever was clinical, and, subsequently, they all disappeared, because either the expectations of what constitutes a Ph.D. were wacky or the translation from practice into theory didn't work right. Nobody was there to pull them together. I think that's what happened to Nursing. Subsequently, they got the doctorate in Nursing Practice; that's a professional degree. That's just a super practitioner... to many a super master's degree.

DT: Yes, that's something different.

VW: That's quite different.

DT: From the documents that I've read, it seemed that there was a fair degree of pushback from the Graduate School and, maybe, others in the administration who questioned whether Nursing had the capabilities...

VW: Oh! *absolutely*. Oh, that was part of the discussions I remember being in. I was one who, then, said, "Hey, you've got to be able to show what the theory and development is. You can't just do another case example." Yes. Now, that you mention this, I, personally, don't know of a Ph.D. in Nursing from here. Now, reflecting on the fact, how could I be that out of it? That's weird. I don't know of one [whispered]. They haven't made a very big impact. I would guess they're conflicted, because who is going to go for a Ph.D. in Nursing, except those who are brought up through the practice.

DT: I guess every nurse with a Ph.D. that I know has spent some time in practice, and, then, gone back...

VW: Absolutely!

DT: ...and, then, wants to take the academic route.

VW: Absolutely! Every one of them. [Doctor Weckwerth claps his hands] That's the natural base. I'm not saying that's wrong, but, boy is that different! There's no nice flow of a baccalaureate to a master's to a Ph.D. in nursing. It's kind of like the Ph.D. in health administration from baccalaureate. An MHA to a what?

DT: I was actually going to make that connection. The Ph.D. in health administration, do they have to spend some time in practice before...?

VW: No.

DT: They can go straight through?

VW: That's why the ones we're producing now haven't the foggiest idea how [health care delivery] works. It's bad.

DT: It strikes me that that's not...

VW: It's stupid.

DT: For such a professional degree, it doesn't make so much sense.

VW: That occurred in the late 1980s. I thought the research center would go to work here. That's when my former student, an advisee came, [John] Krawlewski came back. Oh, man. He caught on and didn't want to be subjugated to the control of the School of Public Health, so that's how he got put in the vice president's office.

DT: The Health Services Research was initially set up within Public Health. Is that right?

VW: It was supposed to be. It was created by Hospital Administration to be a Ph.D. in Health Services Research. I was in the vice president's office when Vanselow was here and whoever else. It was after French—no, I guess French was also.

French's son is my former student.

DT: Oh, really.

VW: Yes, I try to keep track of all these students.

DT: I noticed that in the early 1970s there was an effort to change the name of the program from Master's in *Hospital Administration* to *Health Administration*, but there was some contention over that.

VW: Yes, because you don't administer health. You administer health with *services*. So the real question was can we find a—quote—acceptable common ground, and that's how

we got healthcare. That was not only our tangle; that was present in several places across the U.S. You will find health care as the name, and, of course, the little outfit on the West Coast that runs all the software doesn't like it to be one word, so it keeps telling us we can't spell. Of course, my response is, "You whatever." When you type Vernon, they always correct it and put in Vermin.

DT: Oh!

[laughter]

VW: So I have a bit of contempt for that, also. By the way, they've now fixed Vermin.

DT: Okay.

VW: For ten years, you'd put in Vernon, and they'd change it to Vermin.

Inside [the MHA program], that became an issue. We had to change "hospital." There were several reasons. One was delusion. I still maintain our prestige is and will remain hospitals, because they're the only economic power in the community. They're an entity. They're big enough. If you don't have a hospital, you don't have health care, no matter how good public health is. That's how that name came to be. I appreciate that. You couldn't call it hospital administration when you have all those other entities. You want to do what? What about health insurance? And so forth.

DT: And long term nursing care.

VW: All that other stuff. How do you put nursing homes in there? We had that. I actually was the one that ran the Long Term Care Administration for a while as well.

DT: Hmmm.

VW: ...for years. Yes, that's life. [sigh]

DT: Bright Dornblaser was director of Hospital Administration.

VW: From 1969 to 1980, as I recall.

DT: How was his leadership style, particularly compared to James Hamilton's?

VW: He tried to emulate Hamilton, but he was no Hamilton. He could read some of the formal things. Dornblaser is a first kid so he ran it by the rules. He didn't understand that Hamilton wasn't. Hamilton was a tenth child, which is the same as a two, so he ran by subversion, manipulation, end runs, and all the rest. Dornblaser tried to run it the way he thought Hamilton did, but didn't understand the difference. However, Dornblaser was an experienced administrator, who wrote the longest memos on earth, because he believed an academic was somebody who wrote lots of papers. It was painful in terms of

relationships. He didn't understand the academic structure, and always was defensive because he didn't have a Ph.D., so he was trying to make up for it the whole time. There was just no question that that belief was debilitating to him.

DT: Do you think that was something—I can understand that he may have thought it was an issue—that faculty actually regarded it as an issue that he didn't have a Ph.D.?

VW: Ummm...not those inside the MHA program, for two obvious reasons. If they did, they probably wouldn't join him and, if it made a difference, they wouldn't have accepted an appointment. We had people that said, "Who cares? I'll do my own thing." Of course, he went through a frightfully, nasty divorce. It just reverberated through the faculty and the whole operation for three, four, five years. He and his ex-wife lived together in the same house years afterward. It was never easy. Obviously, after he retired, he became much more human because he got rid of what *he* thought was this symbol of his power or whatever it was supposed to be.

DT: I'm thinking about another person with power. How was Lyle French? Did you have much interaction with him? Did he have much involvement with the school?

VW: Not very much. Lyle French distanced himself from—I can't be *certain* that he said it exactly that way—the organizational politics. He made some comment like that. He wasn't going to get involved with that Mickey Mouse...and he didn't. So, as any good, super surgeon would, there were some things that were important and you cut on them and you didn't on others and all the rest was irrelevant. He was very much that way. He was a very clear decision maker. He was timely, but had figured out that there were things that he didn't know about, so he didn't decide on them. [laughter] Boom!

By the way, his son... What's his son's handle on his email address? What's the big, truck? Anyway, his handle on his email is... I should show you. This will take just a couple minutes. [Doctor Weckwerth uses his computer.]

DT: Sure.

VW: This is the database we created.

DT: Oh, okay.

VW: I had a staff person that I taught to do some Boolean logic. This is the only database every written in Boolean algebra. We've never had anybody *hack* it.

DT: [laughter]

VW: And my bet is, they never will, because this is so obtuse that nobody would figure out how to make it work.

Let me show you, for example, if I want to call up whoever it is, this would, in fact, tell you how many there are. There are 3,890 ISPers. That includes both students and faculty.

DT: Okay.

VW: If I want to find out how many students there are, that tells you there are 3,117, which is the correct number. Now, I don't know whether I can call... I don't think French ever did anything. That isn't Lyle's son. No. It's not on here. Now, that this came up, I've got to go to a different database, because I've got to get...

His handle for that email is the same as one of those big, massive over-the-road trucks...just weird. Bookmark. Come on! You can imagine how impatient you can get because you're used to instantaneity.

DT: Yes.

VW: Log in. Alumni search. Criteria. French. I think we've got two of them. [sigh] Yes.

DT: There you go.

VW: Out of the 1800, these are day schoolers. There it is: KWdrv. KW is that big over-the-road transport. When it bears down on you... Kenilworth [correctly, Kenworth]. KW and he's the driver, drv.

DT: Oh, I see.

VW: Sorry, I just had to pull it up.

DT: That reminds me of a question I had about what role the introduction of computing had on Biostatistics.

VW: Ummm... I'm not necessarily a good one to respond to that. I taught the staff, hospital administrators, and in the school, but not directly as a faculty member in Biostatistics. I taught the courses. My own view is that it was dramatic, because it changed what was the way it was taught, and, that is, you had a lecture and you had a lab. The lab was where you had access to the computing stuff. I used to take my students over to the University computer center over in IT [Institute of Technology] when we had punch cards. We'd go over there and we'd program and stick these things in and run it off. Then, as the modern era of the desktop [computer] came, you didn't have to do that anymore. So how would you access it? Then, as the software came in, it no longer was necessary to segregate the class teaching from the lab, so I kind of worked them together. I would have the four hours of class that we gave them. It was a two-credit course. That was because, historically, you had to have three hours of lab for one credit. The impact was that unless the faculty member *really* was into the computer stuff, they weren't the

appropriate one to teach the computer applications. I wasn't that enamored with the technology, strangely enough. I never was, but I had someone who was here and worked for me for thirty-eight years...

DT: Hmm.

VW: ...who is superb at this and did the lab teaching and the computer teaching. I only know enough to be dangerous. I do know enough to be dangerous.

DT: [chuckles] What is the name of the person who worked with you?

VW: Oh, Dean McWilliams. Dean is just a joy. He's on phased retirement now. [pause] I may be off by a decade. He may have been here for over forty years now. Yes.

DT: So he had an appointment in the School of Public Health, as well?

VW: He was one that I hired when they told me, "You can't have all those people inside the school." I hired him for Minnesota Systems Research.

DT: Oh, okay.

VW: That was the link there. He's been involved. He's just a joy. I've had lots of really nice people, capable. Yes.

[Doctor Weckwerth uses his computer.] This other record thing... Just to give you a perspective, I'm going to put in Kong here. Then, you'll see the thirty-four from Hong Kong.

DT: That's great.

VW: Here, it tells you what their credential is. Here's Ma [Doctor Ma Hok-Cheung] He's CEO of this Caritas Medical Centre. There's [Margaret] Tay who is the big dog in the Hospital Authority of Hong Kong. Here's [Jimmy] Wu, who is also the executive director of all allied health. This is for Hong Kong. I mean, this isn't an individual institute. This is Hong Kong. There's Jeffrey Lieu, chairman of the whole thing in Asia. Yau is now retired, a physician specialist. It goes on and on and on. I keep track of them all. They hospital authority no longer, of course, has any tuition money. They used it all up, or it was taken away.

DT: Were there any other programs that developed in the country on the model of ISP?

VW: Yes. None of them got it right, but that's all right.

DT: Are they still going?

VW: Oh, yes. Oh, yes. Here, for example... I know where they are, and, more than that. These are the ones that I don't know where they are, and I publish them, and people say, "You know who you don't know?"

The answer is, "Yes." You can see. The interesting part is there were more lost faculty than there were lost students. The faculty were of two kinds. There were the ones that were here during the time they were on campus. That was one kind. Then, all of these others who were mentors and overseers were faculty. I had to find them in Tanzania and I had to find them in Nepal and forty-five countries. So it was a real challenge.

DT: How did you establish whether these people in these far off places would be good mentors?

VW: Well, it's called asking questions. I had a good enough network so that I could get somebody to tell who was good. It doesn't take a lot to figure out who bobs up in Katmandu. [laughter] Most people say, "How did you do that?" The answer is, "Duh! Do you think the people there are any different from here?" This is like asking, "Who is an outstanding administrator in Willmar [Minnesota]? Uhhhh, and the answer is, "The former student, who is now the head of the Minnesota Hospital Association." That's how you do it. This is a small world. There are only 5,000 hospitals in the U.S. There may be 30,000 in China alone if they could ever count them, but they aren't sure. But, it's still a small number. It doesn't take very long to ask questions. That's how I'd get them. The nasty questions that I could never answer to the satisfaction of the University and that was, "How do you know that they're any good?" The answer is, "I don't. If you can tell me what criteria you will judge them on, then I'll get them. If you can't, then I declare them good and keep your civility in your head."

Yes, they're good. They're better than anybody else there. They may be arguably competent, but they're the best they've got.

DT: Do you have anything else you'd like to share with me about your career?

VW: The painful part is—I don't know what you'll do with this material—you can't even find the content of ISP anymore. It was purged. There's no official indication of its existence.

DT: I've seen it in the University Archives. There are documents.

VW: Yes, but there's nothing...

DT: There's nothing on the internet.

VW: Last week I got two former student requests that needed evidence as they go into their doctoral Nursing Practice programs.

DT: Oh, I see.

VW: They can't find it. They can't get it. I consider this, at the kindest comment, unethical behavior. It's just not acceptable. Then, to take the \$5 million that was generated for another reason and say, "Well, we'll spend it any way we want to on what we want" is something that hurts [whispered].

DT: When did you retire?

VW: A year ago in October—well, that was my last paycheck.

DT: When did you step down from ISP?

VW: They closed ISP.

DT: They closed it first.

VW: They closed ISP two years before that.

DT: Okay.

VW: ISP was three years long. It wasn't until this July that the students got done, so they just expected me to go ahead and pro bono take care of the thirty last students, for free, because they knew I would. As advice to others who would be not self-serving, this is what the U would do again. Hurts. It hurts. [pause]

I don't know what else I should tell you. I spent thirty-seven years in the University Senate.

DT: You must have seen some interesting things in the Senate.

VW: There were interesting people at this place.

DT: You saw things beyond just the health sciences then.

VW: Ohhh! On University Senate, oh, man. Whew!

DT: What's the responsibility of the Senate? What role does it have?

VW: The University Senate, technically, is the governing body of the University. If you look at the structure, theoretically, the administration are the servants of the faculty, by the Latin meaning as well as the structure. It is only because academics are either not diligent enough or so insecure that they would let those they hire become their boss that we have the mess we have.

DT: Where do the regents fit in, then, within the power structure?

VW: The regents are the ones who, technically, have to approve policy and to approve the continuation of the University. They're the only ones that can terminate this place, but they will have great constraints on them to do that. It is the mechanism to validate whatever is done inside. That's what regents do. Guess what? A former student is one of the regents...

DT: [laughter]

VW: ...the one who blows the whistle.

DT: You're so proud.

[laughter]

DT: Were you elected to the Senate? Is that how it's...?

VW: You're elected to three-year terms and you can serve two consecutive three-year terms. Then, you have to get off for a year. I served six sets of those terms. I was dutiful.

DT: What led you to want to be on the Senate?

VW: Well, no small part was just to think that that was, in fact, the governance body of this University, and the School of Public Health wasn't even represented. So my argument was, "Damn it! Let's at least get our oar in." That's how it came to be.

DT: When you cycled off for those years that you had to cycle off for, did someone from Public Health replace you?

VW: Well, we had more than one senator.

DT: Okay.

VW: It was always allocated depending on how many faculty you had and so forth. I think the School of Public Health now has six. I, actually, was a senator when I was in the Carlson School, from there.

DT: Who made the decision to send Health Care Administration over to Carlson?

VW: The dean.

DT: What was his rationale for that?

VW: Management.

DT: That's right. You were managers so, therefore, you belonged in management.

VW: Yes, that, erroneously, was the reasoning.

DT: How did you survive seven years? Were relations always tense when you were over there?

VW: I actually enjoyed the faculty. In general, I've enjoyed wherever I am. This just comes with the territory. If you don't like what's occurring, so you get your shovel and you shovel.

[laughter]

VW: It was the two deans over there that drove us out. I was the one that blew the whistle on them because they took my \$5 million endowment and spent it. That's when I wrote to every one of the 3,000 alumni for whom I had email, and that's when it hit the fan. Then, subsequently, those deans left. We could have stayed there, but we'd already decided to come back with hat in hand. We were powerless. Only six of us came back. Eleven of us went over. We weren't big enough for our division, so that's how we were placed into this HSRP [Health Services Research and Policy] group, which doesn't fit. The MHA program is suffering because of being inside of HSRP.

DT: Is there any chance of the MHA program being moved out somewhere else? Or this is its home now?

VW: Yes. Using the old German philosophy means you live with it. Smile! *Ja wohl!*

[chuckles]

DT: Is there anyone else that you could recommend that I talk to about the School of Public Health?

VW: You could talk to former associate dean, [Robert] Veninga. Certainly, Veninga would have the advantage of a lot more of the inside of what went on than I ever did, because he was on the inside of the deanship.

I think you should talk to [Russell] Luepker from Epidemiology, and you should talk to the one who is retired. Who was the one that put Epidemiology on the map? Who made it be the empire it is?

DT: [Henry] Blackburn?

VW: Blackburn.

DT: Yes, I've interviewed him.

VW: Have you?

DT: Yes.

VW: Okay. He's good, never short of ego, but good. I have no idea what they say about me. This has been the most egocentric discussion I've *ever* given.

DT: [laughter] That's what interviews are good for.

VW: Unbelievable!

DT: That's the kind of thing that I look for.

VW: That's why we don't have very big auditoria here, because we learned that there is no auditorium big enough for the ego of two clinical chiefs.

[laughter]

VW: Somebody said, "Weckwerth, you can anger people by just opening your mouth." I said, "I don't even try." Dean Stauffer said, "It's a gift."

[laughter]

DT: You can't help having it. You were born with it.

Well, thank you. I really appreciate you taking time and being so candid with me about your experiences.

VW: I have no idea what you'll do with this.

DT: The next step will be that I will have my transcriber transcribe the interview, and, then, I'll send you a copy of the transcript.

VW: Oh, with all these...oh! painful.

DT: All I really ask for is to make any corrections to names, dates, and if there is anything you're uncomfortable having in the transcript, then, we can certainly take it out.

VW: I'm sure that there are things I've said today that there's no way that certain people would want to see it written. I don't know what to tell you.

DT: If you're comfortable having it in, it's always valuable to scholars who are trying to write the history of the place or understand changes in public health. Then it's useful to have as much information as possible.

VW: [whispered] I understand. Good judgment about what to say and not to say was never a gift I had.

DT: [chuckles]

VW: Anybody else? [long pause] Have you talked to Kralewski?

DT: He's on the list.

VW: Okay. [pause] One that certainly can give you some insight into the expanded [unclear] Education here is Debra Olson. Have you heard of her?

DT: No, I haven't.

VW: She's the associate dean. She's the one that just got her doctorate in Nursing Practice.

I don't know. I have your letter right here.

DT: Yes, if you come up with anyone else...

VW: I'll call you.

DT: Well, thank you.

[End of the Interview]

Transcribed by Beverly Hermes

**H**ermes Transcribing & Research Service

12617 Fairgreen Avenue, St. Paul, Minnesota, 55124

952-953-0730 [bhermes1@aol.com](mailto:bhermes1@aol.com)