

**Bashar Bakdash, D.D.S., M.P.H., M.S.D.**  
Narrator

**Lauren Klaffke**  
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**

Bashar Bakdash was born June 6, 1944 in Damascus, Syria. He completed his pre-dental and dental education at Damascus University in 1968. Dr. Bakdash sought specialty training in the United States, arriving at the University of California, Los Angeles in 1969 as a postdoctoral scholar, where he earned his Master of Public Health. He then moved to Indiana University in 1972 to pursue a Master of Science in Dentistry, with a focus on periodontics. In 1974, Dr. Bakdash moved to the University of Minnesota and held a dual appointment in the School of Dentistry and the School of Public Health. (His dual appointment ended with the closure of the public health program in the Dental School in 1992.) In 1988, Dr. Bakdash became director of the Division of Periodontology. He has served on many committees within the Dental School, in the University, and in professional organizations. Dr. Bakdash has also won numerous teaching awards over the course of his career. At the time of this interview, Dr. Bakdash was serving as interim Associate Dean for Academic Affairs in addition to his position as professor and director of the Division of Periodontology.

## **Interview Abstract**

Dr. Bashar Bakdash begins his first interview by discussing his dental training and his arrival in the United States. He recalls his time studying at the University of California, Los Angeles, his pursuit of a master's degree in public health, his move to Indiana to complete his degree in periodontology and his residency training, and his move to the University of Minnesota. In reviewing his time at the University of Minnesota, Bakdash discusses his experiences with Dr. Erwin Schaeffer as dean, his teaching, his work toward gaining citizenship in the United States, Dr. Lars Folke's leadership in the division of periodontology, and Dr. Carl Bandt's mentorship. Bakdash also discusses his work in professional organizations, his education and media work, his dual appointment in the Dental School and the School of Public Health, teaching, his work for the Center for Disease Control, the threatened closure of the School of Dentistry, and his committee work. He concludes part one of his interview discussing the balance of teaching, research, and clinical work.

In his second interview, Bakdash begins by discussing his international work through the Dental School. He then reflects on the leadership of Drs. Lars Folke and Carl Bandt in the Division of Periodontology, the culture of the Dental School in the 1970s, the leadership of Dr. Erwin Schaeffer as dean and his relationship with the legislature, the relationship between the Dental School and the Medical School, and funding for the Dental School. He then considers the Academic Health Center as an umbrella organization and the relationships among the different schools within the AHC. He then discusses Dr. Richard Oliver's tenure as dean, retrenchment, efforts to admit more women and minority students in the 1970s and 1980s, the Rajender Consent Decree, Dr. Richard Elzay's tenure as dean, Dr. Frank Cerra's role as Vice President of the AHC, Dr. Michael Till's tenure as dean, his work on the Minnesota and American Dental Associations, his work on the faculty senate. He concludes with final thoughts on changes in dental education and the function of the AHC.

**Interview with Doctor Bashar Bakdash**

**Interviewed by Lauren Klaffke**

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

**Interviewed in Moos Tower, University of Minnesota Campus**

**Interviewed on January 31, 2013, and February 14, 2013**

Bashar Bakdash - BB  
Lauren Klaffke - LK

LK: This is Lauren Klaffke. I'm interviewing Doctor Bakdash. It is January 31, 2013, and we're in his office in Moos Tower.

Thank you for meeting with me today.

BB: You're certainly most welcome.

LK: I wanted to start off and ask you if you could tell me a little bit about where you were born and raised and your early education.

BB: I'd be happy to do so. I was born and raised in Damascus, Syria. I came [was born] on D-Day. You can figure out which year. [June 6, 1944, Invasion of Normandy, France, World War II]...

LK: Oh, wow.

BB: I had my pre-dental and dental education at Damascus University.

After that, I decided I really wanted to come to the United States and specialize. The reason I was interested in coming to the United States is I had a brother [Hisham Bakdash] who was here. He was doing his neurosurgery residency. My desire to come here was a little complicated because I did not speak any English. My education was in Arabic and French. That was a big obstacle to come here and establish myself since I really have no fluency in English. I wasn't that good in French either, by the way.

I came here and my brother was able to get me a position at UCLA [University of California, Los Angeles] called postdoctoral scholar, which, basically, gave me the opportunity to take courses and do things without being enrolled in a formal degree program since the language barrier was an issue.

I arrived here toward the end of June 1969 at UCLA. It was a very interesting arrival. I lost my luggage and I had only my briefcase with me when I landed at L.A. International Airport. That was a good introduction, coming and having no clothes with me.

[chuckles]

BB: Fortunately, they did find the luggage, eventually, and everything went fine.

The challenge was that my brother was here only for one week and he left. I remember they wrote a letter at UCLA introducing me to the school community saying if they need any translation, they could contact my brother. By the time the letter was sent—remember in those days, there was no Internet, nothing, so people have paper copies—he was already on the plane back to the Middle East, and I was on my own.

LK: Wow.

BB: So baptism by fire. Maybe that is one way to describe it.

LK: Yes.

BB: I can't say enough about the people at UCLA. They were very kind to me and, slowly but, surely, I started learning English and moved on.

LK: Did you take courses in English?

BB: Actually, my brother thought I should take some courses so he sent me to Santa Monica High School, which is a one bus ride from Westwood Village where UCLA is. I went there and, frankly, after two sessions, I figured out I'll be better off sitting in the lobby of the dorm I was living in and talking to people.

By the way Santa Monica High School may not have any significance in Minnesota, but in L.A., a lot of the future movie stars went to high school there.

LK: Oh, really?

BB: This part is not that far from Beverly Hills. So really a lot of kids went there. We went in the evening, but I felt most people who came to it, frankly, they weren't fluent in their own languages, a mix of people. I felt I could do better basically, like I said, sitting in the lobby and talking to people. But I did go and finish the course and it probably had

influence over me that I did not think it did. That was really the only course that I have taken for English language.

I met a lot of friends, a lot of young students in those days. I was twenty-four years old, at that time. There were a lot of young undergrads, basically, at UCLA who were very, very eager to tutor. I joined the International Center at UCLA and that was fabulous, because this is the time you meet families and you get mentored, not only in the English language but in the culture and what have you. So I did not feel that I was really left out in any of the stuff or homesick simply because I was really well taken care of. People would always invite me to do things. So that's fine.

LK: Great.

Backtracking just a bit... What prompted your interest in dentistry?

BB: Well, I had my dental degree from Damascus University and, frankly, when you finished your high school education in Syria in those days... The education is basically is for free, provided by the government based on your high school exam placement. It's a French system called baccalaureate degree, but it was basically the high school diploma in this country, but over there, it's equal to about two years of college, as well.

LK: Oh.

BB: So I was specialized in science already. Frankly, it was between pharmacy and dentistry and somehow, I ended up in dentistry not knowing anything about dentistry, other than I liked my dentist...

LK: [laughter]

BB: ...but I did not know much about dentistry day to day compared to what you see here in the United States today. People go and visit dental offices and really get indoctrinated.

Over there, your score on the baccalaureate exam, national exam, determines what you would be eligible for, so I was able to go to any liberal arts school I desire, because I'm a science major. But the one I qualified for was pharmacy and dentistry. Really, I wanted pharmacy, but my family said, "You'd be better off in dentistry." I always believed I'd like to have a little store and have it organized really nicely.

LK: [chuckles]

BB: I'm in dentistry and, fortunately, it turned to be a good match. Although, it really was a random match.

LK: You said your brother had studied at UCLA?

BB: Right. He was chief resident in neurosurgery. He's a physician.

LK: He's back in Syria?

BB: He was back in Syria, at that time.

LK: Is he back there now?

BB: He's back here. He's retired. His wife is from Toledo, Ohio, so when the situation in Syria became volatile, they're here temporarily. They'd really like to live there, but the situation is very unsettled right now.

LK: Right.

You were talking about being part of the International Center at UCLA. Did you have any particular mentors that you would want to talk about?

BB: Actually, I have two types of mentors. I have the social mentors, so to speak, the people I met and, after that, I met their family. I met a number of students at the International Center. Sometime, you did volunteer at the International Center, so really the International Center makes sure that you have connection in the community. It's not really dentistry or medicine. There's a social part of it. That was really good, because if you didn't know anybody, at least you met somebody and put the name with a face. At the time, I met a number of people that were very generous and invited me, like at Thanksgiving and other holidays, to come and visit their family. Mostly, they lived around the UCLA campus. That really was a place to connect with other international students, not just the American family that hosted you. That was really wonderful. I think there was a lot of curiosity about somebody coming from the Middle East who doesn't speak any English and they have a doctorate already.

LK: Yes.

BB: So it was interesting.

Later on, I started meeting people through other people and the mentorship for my field of dentistry was really at UCLA. I had fabulous faculty members, not one or two, probably a half a dozen at least, who were excellent mentors. It's very difficult to go to a graduate in dentistry if you don't have some connection that recognizes your ability. Since I came, really, with not much English skill, how could I show my ability in dentistry when I could not articulate my ability in one way or another.

LK: Right.

It sounds like you had a good reception despite the fact that you weren't very fluent in English and they were very welcoming to the international community.

BB: Absolutely. They were very welcoming. I didn't know how welcoming it is until I started moving around to other schools within the United States. Frankly, I never really felt other than being welcome in every place, because I had education besides UCLA. Later on, I went and got a public health degree from UCLA and I went to Indiana University [IU] to get my training in my own field of periodontics.

Remember 1969 was a very volatile era, the Vietnam Era and things, so it was very interesting for me. I believe in democracy; at least that's what I felt before I came. I didn't understand why they're fighting in the street over Vietnam. If people don't want to go to Vietnam, you just vote and not go to Vietnam. Obviously, that was a very naive approach because I didn't really know enough about it. It was an eye opener to sit down and see what's going on during that very volatile time.

LK: Yes. Was that the biggest culture shock you experienced?

BB: That probably was the most surprising one. I just could not believe the National Guard or police would start firing teargas and hit people with a baton. I got one advice—it was the best advice I got during my first year here—"If you get caught, they deport you, so stay in the dorm until the crisis is over." That is exactly what I did. I did not go to the campus during the demonstrations. It didn't happen every day, obviously. It happened once in a while. It was really shocking to see what's happening. It took me a while to understand the relationship between being free to demonstrate and how the decision is made about the Vietnam Era situation.

LK: You said you took some early course work at UCLA and, then, you went back to do your Master of Public Health [MPH]?

BB: Actually, it became very clear after a few months when my English started picking up that I needed to find a job. I didn't really have enough money. Basically, I was volunteering at the beginning. The department I was in was the Division of Periodontics, at that time at UCLA. I thought I could go to grad school there. When I arrived there, they did have a graduate program but after a few months there was some issue between different faculty and the majority of the faculty left. So it was a big vacuum, no more graduate program and no more leadership. But that was an opportunity for me, actually, to start showing them that I could do things. So I stopped volunteering to do things and, frankly, within six to eight months, they went to the dean and said, "You should hire this guy because he can help us." So the chaos was an opportunity, in a way.

LK: Yes. Did you begin doing clinical work?

BB: Actually, I started observing. I remember the first time I asked a patient to put their head back and open their mouth. It was like Christmas.

LK: [chuckles]



BB: Frankly, that was a big thing in the way you tell the patient. I was introduced as a visiting scholar from Syria to the patient. My English was so limited. Again, I can't say enough how kind my colleagues were and how understanding, as well. It's an experience that I will never forget, because that's not the experience for every person who comes to this country, usually.

LK: What prompted you to pursue your Master of Public Health?

BB: Well, pursuing a Master of Public Health... I always was really interested in public health, but in those days, to be in public health, most people were retired from dentistry and they were pursuing a second career after retirement.

LK: Ohhh.

BB: That was very common. It was very uncommon to see somebody in their mid twenties pursuing public health as a main occupation. That, obviously, has changed over the years. So that was part of it. The other thing is I really wanted to occupy my time doing something and improve myself. Right now, it's very common that international students come take the degree in public health, establish their ability to do academic within the United States, and, after that, apply for a residency or a graduate education. At that time, it was not common but today, it's more common than ever before, because they see it as a springboard to more education. Public health provides an excellent background in epidemiology or research or what have you.

Before going into public health, I did meet a number of public health faculty through some social contact. One gentleman, who was a physician, asked me, "Have you ever thought about going into public health?" I said, "Yes, I really would like to." He said, "How come you haven't applied?" I said, "I don't have any money to go to school." He, basically, told me to come and talk to him. I went and talked to him, filled out an application, and I was able to get a scholarship, not in dentistry, but in maternal child health. He told me not to tell anybody I am a dentist, because they don't know the difference if I don't tell them. Usually, dentists don't go to maternal child health.

LK: Yes.

BB: I'm very grateful to him that we were able to go into the program and receive a partial scholarship.

LK: Did you have to do a thesis with that?

BB: In those days, you could do a project. This is a program which we have here at the University of Minnesota. You get a MPH and it's designed for professional people already. You could be a nurse, a vet-med [veterinarian in medicine], a pharmacist, a physician, or a dentist. This program is specifically designed as a one-year program—actually, it was less than one year—for people who already have a professional degree. Like I say, I didn't tell anybody I am a dentist. So I ended up doing family planning and

other things out of my externship. It was interesting. I did do dentistry, as well, on the side, because I did take some dental epidemiology courses. But the money came because of the maternal child health.

LK: After you completed your Master of Public Health is that when you decided to move to Indiana University?

BB: In those days, you had to be accepted into the master's degree at least a year away.

LK: Oh.

BB: So, basically, I did my public health while I'm waiting. That really worked very well, because I finished my degree and, literally, within a couple weeks moved to Indiana to go through the second degree in periodontology and dentistry residency.

LK: How did the environment at UCLA compare to that at Indiana?

BB: At UCLA, I think, the comfort level was different. But I have to admit I didn't come as a student may be part of it. Again, I went as a graduate student, so really you can't compare the two, because there is a lot of pressure to perform. The field of periodontology is not an easy field, because it's very heavy in basic science and surgical. So, basically, your skill is not only didactic skills but you have to have clinical skills. Frankly, I could not survive Indiana, not Indian per se, but this type of graduate program if I did not have that fellowship that I had at UCLA, because it gave me more skill. Remember, I didn't really practice dentistry much. I left after I finished my degree. So that's part of it.

LK: Okay.

When you got your MSD, did you have to do a research project for that?

BB: Yes, I had to do a thesis. The only different between the MS and MSD, at that time, was one is granted by the school of dentistry called an MSD, Master of Science in Dentistry, and, for the MS, you have to have foreign language requirement and they would not let me do Arabic, so I decided I don't want to do the foreign language requirement, therefore, I can get an MSD. MPH and MSD, three letters of each sounds really good.

LK: [chuckles]

BB: At least, that's what I felt about it. [chuckles]

LK: What was your thesis on?

BB: My thesis was in microbiology. I studied an obscure bug called [*Actinomyces naeslundii*]. The only reason, really, I did Master of Microbiology, although, I don't

consider myself to be an expert in microbiology, is because the only time you could finish the program was in two years. Otherwise, if I did the clinical study, I would not be able to finish my program in two years. I was, frankly, just running out of money. They were very understanding and very kind to let me do it, which is not unusual for other people to do it. My professor wants to do a clinical study but again the time span...

I did meet a fabulous mentor, Doctor Chris Miller who is retired. He was the head of microbiology. I told him my dilemma and he said, "I have a project you could work on. I will get you out of here on time," and he did. So I'm very grateful to him.

LK: Did you have funding through IU?

BB: At Indiana University, I did have partial funding.

LK: Okay.

BB: Were you working, as well?

BB: Well, as a T.A. I was a graduate student teaching in the clinic part time and getting a scholarship.

One thing I haven't mentioned so far is I came on a visa called J-1, which is a very complicated visa in those days and even today. It's called postdoctoral scholar. The problem with this type of visa in those days is you could not change it to anything else. You had to leave the country for one year.

LK: Oh!

BB: A lot of people like me who came to this country, they get their J-1, not F-1 but J-1. It is designed really for scholars, for people who are seeking post degree residencies or other things. It became very clear that I really wanted to stay in this country. The dilemma was that you can't change that J-1 to a green card in those days. However, there was some exception and some sharp attorney at UCLA figured it out and I was able to apply for a green card through the sponsorship of UCLA. The green card, basically, made me a state resident in California; therefore, I'm eligible to take scholarships. After that, Indiana made me a resident of the United States, the same way. At that time, frankly, that was the biggest issue for me, because I needed to be treated like a resident, because it gives you a lot of benefit. I'm very grateful for the people who helped me get the green card. It opened doors.

LK: So you didn't have to go back to Syria?

BB: I did not. As a matter of fact, I have not been back since.

LK: Wow!

BB: I came and never looked back.

LK: Once you completed your work at IU, were you recruited by Minnesota?

BB: In those days, everything in our field, a year in advance you have to do things. A number of people told me, “You really should consider academics.” At that time, I could not practice in the United States because they would not allow international degrees to be accepted to be a practicing dentist, but accepted in academic. So academics would be one of the few things available for me to do at that time; otherwise, I would have had to go back to dental school to be able to be licensed. But a number of people at IU, as well as UCLA, told me I’d make really a good professor. Honestly, I did not recognize that in myself, but other people did. I did not have a pleasant dental education, so I said, “I’m going to learn from my unpleasant experience being a dental student in Syria, which, by the way, wasn’t too different from the United States. In those days, education was not humane at all. I decided, well, maybe that would be a good way.

I got an offer to stay at Indiana University, but I really wanted to leave Indiana so I could spread my wings and go to a new place. At that time, I really wanted to be back at UCLA, because I felt UCLA was the best place, because I had very, very good memories of it. The problem was they were still dysfunctional and they still didn’t have a chair even after all those years.

LK: Today?

BB: No, no.

LK: At that point. Okay.

BB: In 1974. Basically, I knew a number of people at different universities. One of the connections was right here in Minnesota. I always like to network, so I picked up the phone and called the guy in Minnesota. His last name is [Lars] Folke. He’s Swedish, from Sweden. I told him, “I have finished my degree and if you have anything, I’d like to come and visit.” He said, “Oh! I just happens that we have an opening.” That would be good. I didn’t really know anything about Minnesota. The only thing I remember was that it was a cold place. And I remember looking at the *Time Magazine* and seeing the governor of Minnesota—at that time, it was Wendell Anderson—holding a fish in his hand and saying, “The good life in Minnesota.”

LK: [chuckles]

BB: Of course, I’ve been corrected many, many times since I’ve been in Minnesota. This is not a fish. It’s a *walleye*.

LK: [chuckles]

BB: That was really my introduction to Minnesota, knowing Doctor Folke and seeing that article about Minnesota.

As a matter of fact, I did have the chance to meet Governor Anderson—he was a Regent on the Board of Regents—many years later. I went to him, shook his hand, and I said, “Thank you for bringing me to Minnesota.” He looked at me and said, “Do I know you?” I said, “No, you don’t. But I saw your picture holding the walleye in your hand, and I read the article that said this is really a nice place to come and visit.” After that, he opened up. He was so happy, because at least one person had looked at his picture and ended up coming to Minnesota.

LK: [chuckles]

BB: That was a nice situation. He’s a very nice gentleman. I think for a few minutes, he couldn’t figure out why I am talking to him. Finally, he got it when I told him I’m here partially because of you.

LK: That’s great.

You said you didn’t know much about Minnesota, but did you know much about the dental program other than your contact...?

BB: Actually, not much, but I knew that they had a brand new dental school and I said, “Who does not want to go to a new building?” At that time, frankly, most dental schools were very old throughout the country, physically very old. When I came for an interview, they gave me a hard hat, because the building was not completed. That was in March 1974. After that, they showed me my future office on the blueprint. It looked very good on the blueprint. I didn’t know that it didn’t have a window. They didn’t tell me that.

LK: Oh. [chuckles]

BB: But that’s fine. After that, we were able to work out the arrangement. The person who really was the most nurturing to me, not Folke per se only, was Dean Erwin Schaffer. He was the dean of the school and he’s the guy, basically, who was able to get the building that we are sitting in right now.

LK: Yes.

BB: Doctor Schaffer...in time, I got to know him. He’s quite a gentleman. He’s an *excellent* mentor. He was my mentor and friend really, until his death a few years ago.

LK: He was in periodontics, as well, right?

BB: Yes, he was. He was the dean but he was professor of periodontics, too. When I came to visit, I was really taken about how nice he was and how humble he is. I did go to

other interviews and met some deans and they were nothing close to him. I'll never forget what he said. He walked me from his office to the elevator and no other dean that I visited at other dental schools did that. Those are small things, but that conveyed, really, a non-verbal message that you are important, you know, that I won't forget. I do it often right now; I take people to the elevator because I was impressed, so, hopefully, I'm doing the same thing with people.

LK: Yes. That creates a good environment.

BB: I could have found the elevator on my own...

LK: [chuckles]

BB: ...but I felt that really was nice. It was a beginning.

Actually, a year later, after I got here, I did get a contract from UCLA because they got their act together, finally. I went to visit and there really turned to be a lot of stuff in my head. Reality had changed completely. In the mid 1970s, prices of homes inflated so high and the school really was not the same school I remember. Things had changed. It was more a mirage than reality. It became very clear after my visit. I love to be back in L.A., but probably Minnesota is my best place to stay.

I remember going back to Doctor Schaffer and talking to him about it. I showed him the contract. I wasn't asking for anything, by the way. I didn't try to get a higher salary. He said, "You're not going anywhere." He took the contract and tore it, just took it to pieces. I laughed. He said, "You have a copy, don't you?" I said, "Of course. You know me too well."

LK: [laughter]

BB: I had copies for everything. He said, basically, "I would not shred it," so to speak, in those days. "But I really don't want you to go." I did get a little better situation, as a result of it; although, I did not ask for it. That was, frankly, a very good decision to make and I don't regret it for a minute.

LK: Backtracking just a bit... You said you had a teaching assistantship at IU. I've seen that later in your career, you won a lot of teaching awards. Was that prompting to become a professor based on just how they saw you working in the classroom?

BB: I'll be honest with you, I think that's what they saw. Again, they saw it before I realized it, which is really surreal. Right now, I'm seeing other people that I recognize their ability and they don't really see that. Remember, when you come from another country, there is a lot of barrier and some of the barrier, frankly, was in my own head. Largely speaking, I have very few experiences that I could label unpleasant, but mostly were really pleasant experiences. I knew that I liked to do it, but I didn't really know how other people felt about it, especially starting with the limitation with English. That

certainly was an issue. I would see my English improve very quickly, but speaking versus comprehending is a *whole* different world. Right now, I sit down and read on my iPad and I say, “Why didn’t they have that when I was learning English?” because you can turn the speaking function on and you can hear things again and again.

LK: Yes.

BB: I’ll tell you a funny story. I decided in the mid 1970s... I was in Dinkytown doing something and they had an outfit say, “Lose your accent. Come and we’ll help you with your accent,” basically, trying to work with foreign students to improve their English. I said, “I know a lot of people like my accent, but maybe I’ll go take a course from them.” I was already a faculty while there in Dinkytown. So I made an appointment. I went and after fifteen minutes, the woman shook my hand. She said, “You have a charming accent. I don’t think you need us.”

LK: [laughter]

BB: But I really went because I thought they could help me and they didn’t think I had any problem. She lost a good customer, I guess.

[laughter]

BB: It’s true. I’m not shy about doing things. People sometimes think I don’t know what I’m saying. I do.

[laughter]

LK: Were you so outgoing when you came to the United States or do you think that was part of this big move?

BB: Originally, frankly, I felt I’d come here to get a good education, but after I finished all those programs, I did have my brother take my CV [curriculum vitae] and show it to different people. He was a professor at Damascus University already. The politics became very clear. They told me they don’t really need anybody like me...

LK: Ohhh [whispered].

BB: ...because I wasn’t from the party in power—by the way, the same party they’re trying to get rid of right now; although, my family and myself not politically connected to anybody. We, basically, just went to school and minded our own business. But it became very clear that if my future was going to be bright, I would be able to really realize my potential and grow in the United States. That was really a hard decision to make, but looking what’s happening right now in the Middle East, I don’t regret it for a minute. Frankly, I did not feel homesick at all.

LK: Wow.

BB: The other issue that we haven't talked about is in between all the programs, I did get married. My former wife [Diane Bakdash] was from Hawaii. She's a nurse. I was very determined to get the green card on my own, because the first question her father asked me was, "Are you marrying my daughter because you're looking for a green card?" I told him, "No, I already have an application pending for the green card, because of my professional involvement, not because of your daughter." Probably I'd ask people the same thing right now for my own daughter. I see why he asked that question. That was another factor to consider with a wife from the United States. I think it would be very difficult to go back to Syria; although, my brother, the neurosurgeon, his wife is from Toledo, Ohio. She moved to Syria and they got married and, up to the recent crisis, she became native. She has done extremely well living in Damascus, after growing up in Toledo, Ohio.

LK: Wow.

LK: Did you move on to the path to citizenship?

BB: Yes, I waited until 1977 and, after that, it became clear that I needed to get the citizenship to be able to apply for certain grants. I think it's part of my job. Besides, they took the Syrian passport away from me. They called me for mandatory military service and I refused to go.

LK: Okay.

BB: So, basically, I went and got the citizenship based on the green card that I obtained because of my professional status.

LK: You said your former wife was a nurse? Did you meet her here?

BB: I met her in Los Angeles through a mutual friend. She's from Hawaii, originally. Her mother is Japanese and her father is from Chicago. O'Grady is his last name. It's an interesting combination. She's labeled as Eurasian. We were married until the 1980s. Unfortunately, later on, we got divorced. We still live a mile apart, one mile literally from each other.

LK: Really?

BB: Obviously, the common thing is we have the three kids.

LK: I'm going to move into a little bit about your research right now.

BB: Sure.

LK: I was wondering what you saw the early direction of your research being, what you had wanted to focus on.



BB: When I came to Minnesota, like I said, Lars Folke was the chair of the department. He was from Sweden originally. There's a reason why I tell I label him from Sweden. I got here and he wanted to take me out for lunch. I said, "Wonderful." Why not? We went out for lunch and he dropped a bomb on me that he's leaving; he's going back to Sweden. Literally, I'd just got here. I said, "So who's going to run the place?" He said, "Me." So he's leaving, but not really leaving. He's going to be sitting in Sweden and run the department, just remember, before the Internet.

LK: Yes.

BB: The only thing you have is the phone and it's not reliable in those days to call internationally on a regular basis. That was really perplexing for me, because here, a new faculty coming in to establish his career and the chair, literally, a week later left. Right away, I saw an opening, really an opportunity in a way. He did not leave anybody in charge, per se here. So I went to Doctor Schaffer, who was the dean, and I expressed to Doctor Schaffer my concern, that I'm willing to work hard, but I need a mentor, somebody to give me direction. Literally, the faculty figured out I'm new here, so then I have to do all the work. So they start giving me courses. I got here in July and I started teaching courses in September. I didn't have any educational material. Remember, this is pre-computer.

LK: Yes.

BB: It took forever to provide slides or do anything to use the overhead. Actually, looking back at it, that was a good opportunity, because it opened an opportunity that usually is not opened to new faculty, that they put you in charge, so to speak. But that's very, very scary.

I did get some mentoring from a gentleman named Doctor Carl Bandt. Doctor Bandt, at that time, was assistant dean for Clinic Affairs, but he was a periodontist, as well. As luck would have it, Lars Folke eventually left the University and stayed in Sweden and Doctor Bandt became the chairman of the department. He was my mentor before he became chairman. He's very good with statistics and research design. Somebody told me, "You should really get to know this guy. He's very good. So, basically, he was my mentor shortly after I got here. Doctor Schaffer told me, "Doctor Bandt could really work with you."

But I did something they thought was odd. When I came, the first day, I went to the dean's secretary. In those days, if you are on good terms with his secretary, you could have access to the dean.

LK: [chuckles]

BB: Fortunately, Mrs. [Marilyn] Mork actually liked me, so we had a good relationship. I asked a couple questions. The first question is, "What will it take to get promoted? I

want to see the guidelines for promotion.” She rolls her eyes. Again, I’d just got here. The second question you should ask is parking, because parking has always been a problem. It was a problem in 1974 and still a problem today to get parking. A few other questions... I guess they thought I was a very serious guy even the first week on the job asking what it will take to get promoted around here. But, frankly, I wanted to know what they expected of me so I don’t spin my wheels. That was a good beginning to do that.

LK: Yes.

You said Doctor Bandt was good at statistics?

BB: At research design.

LK: Okay. Did he guide your research at all or was it more in guiding your teaching?

BB: He was really a sounding board. I started looking for opportunities. That’s what Folke right away said is I should team up, because we did have a number of Ph.D. microbiologists and immunologists, and he thought I could team up with them, so I would be in the clinical part. I would be in the microbial part, the laboratory part. But I was very honest with him. The only reason I got my thesis in microbiology is so I could finish on time and go make a living. My expertise is not in microbiology—neither my desire. I felt very ill prepared to do any microbiology research. If you want to do microbiology, you really need to get a Ph.D. I realized very quickly that my passion was not going to be sitting looking at bugs. I just don’t have that interest or the expertise to do it, both of them

So I started looking for a thing... I said, “Gee, I have public health background and I have perio background. What about if I could merge those two and start looking in that direction and, obviously, education, as well. I remember when Doctor Schaffer interviewed me. We were talking about salary back and forth. Finally, I ran out of reasons why he should pay me what I’m asking for. [chuckles] Finally, I said, “Listen, I have two degrees. You’re getting one faculty like two faculties, because I have two degrees. I have a master’s degree in public health. I could do this, and this, and that. And I have perio, I could do this, and this, and that.” He said, “Fine. What are you asking for? We’ll divide it in half.” I knew that, because I go out bargaining even over tomatoes.

LK: [laughter]

BB: That’s the way people do it. He was very savvy. He understood me very well. Many years later, he told me, “I didn’t really believe a word you say, but I thought what I’ve got to do is give you a couple more thousand bucks. But you really delivered that integrating public health with your perio research.” So that really came gradually.

The mentorship, frankly, was more research than teaching. None of the faculty whom I worked with really had any interest in mentoring anybody, but, you know, you probably get mentored without realizing it, just observing people's behavior and things.

LK: Yes.

BB: I think that's part of it. Bandt always surfaced because he was a mentor that, later on, became my chair, basically, by knowing when to get involved and knowing when not to get involved. His style was very, very low key and, like I said, he was fabulous in statistical research design. So when it comes to mentoring, I certainly give him a lot of credit in this area.

What I had done after that is I started meeting other people and started, basically, utilizing... If you look at my CV, I have done research, let's say, in mass media. Well, the way you do it in mass media, statistics is very different than the way you do statistics for clinical data or other data. So I had the opportunity over time to start networking with different people inside the University and outside the University with different talent. Clearly, you get mentored without being mentored, so to speak. That really was big. I thank Doctor Bandt and Doctor Schaffer being flexible for allowing me to spend a lot of time with what today is called community engagement. I didn't even know what that was. I thought, I need to get away from Moos Tower once in a while and do something else.

Frankly, that's the best thing that I got to set forth to go get involved with the Minnesota Dental Association [MDA], the American Dental Association [ADA], the American Academy of Periodontology, the International Association for Dental Research. Those became really my mentors, in a way. In the process, you met a lot of people and you, basically, broadened your horizons.

LK: Looking at some of your early research... You brought up some of the mass media research you've done. I think this was an early study. It was loosely titled, "Examination Determination Time, and Student Performance." Were you doing a lot of work about teaching early on?

BB: It became very clear that our faculty is very opinionated about a variety of issues. I'd go to a meeting and people would say, "Oh, this guy finished the test so fast. They don't know what they're doing." Frankly, I'm interested in education, but I knew I had to have research other than in education. So if you look at my CV really, the theme here tends to be clinical, educational, and community education. In a way or another, they fit in that paradigm.

LK: Okay.

BB: So some of the educational research was really driven because of those perceptions that, frankly, didn't make any sense. "Examination Termination Time" is a very short paper, very simple. Some people thought it was brilliant; I thought it, frankly, was a very

basic paper. It turned to be, probably most people would think today, a personal style. Some people finish fast. Some finish early. It had almost no relationship to your grade, at least in this particular study. But faculty, especially pre-clinical faculty, you suggest to them, "Look at them and judge them based on things that, frankly, is not tangible...how fast you finish your exam... Again, having kids, they have a style and that style may or may not have anything to do with their performance. That paper really, basically, was to show don't judge people whether they finish fast or early. It's a style that has very little to do with reality. Some people might read every question three times and some people get a feeling the first answer they do and probably they're right. Statistically, if you don't change your answer, you'd be better off.

LK: Hmm. [chuckles]

BB: That really was one of those reasons to do some of those studies, basically seeing an issue that people talk about but nobody every looked into it.

LK: What was your clinical research involved with? I didn't run across...

BB: The clinical research really involved primarily finding out what motivates people to do better oral hygiene per se. So we used the locus of control. I teamed up with another Swede, Doctor [Per] Ödman, who was a visiting professor. We teamed up together. We did a number of papers. Before he became to Minnesota to visit, we worked out all the research projects we were going to work on. He was here for one year. You'll see his name on a number of papers we published together. As a matter of fact, he's a mayor in a small city in Sweden [Kungsbacka]. He's still a dentist, a periodontist. He's quite a character. He's amazing, a very competent guy, a very nice guy, as well. After that, we did a lot of testing of different therapeutic modalities. We did the baking soda...

LK: Yes.

BB: ...which, today, people would look at. That's a million dollar study. Basically, the government paid for it. At that time, they thought using baking soda may replace doing perio surgery. So politically, it was a very, very charged project.

When you look at my publications, really they tend to be in two categories: me being very much on my own, so to speak, and, after that, being part of a team. That has worked extremely well, especially with those last studies, because none of us could do it ourself. When I'm talking about a one million dollar study, like the baking soda study, I worked very closely with Doctor [Larry] Wolff, Doctor [Bruce] Pihlstrom, and Doctor Bandt. So for the big study, I was part of the team. On smaller studies, I was very much on my own or teaming with people from outside the University. Like the mass media, most of the team people I teamed up with are not at the University of Minnesota.

LK: Okay.

I think this is separate, but you also did some studies on tobacco use?

BB: Yes. That's an area that really fits into the prevention and public health. Since I have a degree in public health, I started teaming up with some people from the Department of Health. As a matter of fact, I feel sad that I have to do it. I just gave up the tobacco cessation program yesterday—I've been the director of it—to another faculty member because I can't do it anymore. The program here at the school was established by myself and the late Doctor Eric [E.] Stafne, who passed away several years ago [in August 2010]. I'm very much still involved in tobacco cessation; although, the day-to-day right now, it's going to be Doctor Dan [Daniel] Skaar. Like I say, I'm a little sad, but in my present position, I cannot continue to keep all those programs.

LK: Right.

BB: That really fit the public health connection.

LK: Yes. I was going to ask you... I recently interviewed Maria Pintado and she had said that there was a specific dental program within the School of Public Health that she had participated in, but, then, it closed. So I was wondering if you had any connection with the School of Public Health through that program.

BB: Yes, I did...yes, I did. As a matter of fact, I had a joint appointment as well. If you look at my CV, I was there for a number of years as an adjunct faculty. I went through my promotion twice, because I had appointments in two schools. I had to go through it twice. Today, I look at it and say, "Why did I put myself through it?"

[chuckles]

BB: But it worked really well. They thought I should be promoted, too, so it wasn't an issue.

Yes, a few schools did have a dental public health program. UCLA did not, as such. Michigan did. Minnesota did. Frankly, it was a very good program and educated quite a few people. Unfortunately, over time, the applicant pool literally dried up for the *dental* public health program.

LK: Ohhh.

BB: The program, unfortunately, ended up closing. I was part of the faculty of that program for that period of time. I was very sad to see it close, but the reality is if you don't have applicants, you don't have a program.

LK: Yes.

BB: Today, in fact, you don't have to have a dental public health. You can always take a minor in dental public health. I was able to do it UCLA. It was no problem. But, again, it is sad to see the program close. That's reality, again.

LK: Do you still have a dual...?

BB: No, I do not have that appointment anymore. I certainly have a lot of colleagues there and the dean is a colleague and a friend of mine, as well from those days.

LK: It seems like a lot—maybe I’m miss-remembering this—of dental students still do MPH degrees.

BB: Actually, we just are going to start probably next year a brand new DDS-MPH program.

LK: Oh!

BB: So then they can do that. I have a number of people... It depends what you like to do, but I tell people, “Even at a full time practice, the MPH definitely would open new doors.” In dentistry and medicine and pharmacy and nursing, we are really trained to take care of *individuals*, but we don’t see the community at large. The community at large is an essential part of the equation, especially with the healthcare reform and what have you. Although, our mission continues to be one patient at a time, we should not lose the perspective of the community. Today, it’s interesting...more popular than when I went to school.

Just for a side line here... When I went to the School of Public Health at UCLA in the mid 1970s, there was very serious talk that the Senator Edward Kennedy bill would pass and we would have national health insurance in the mid 1970s. We studied how it was going to be. The other day, I went and I still have some of the papers that I read or wrote on the subject. It is really amazing, going back and looking at something that I wrote in 1974, how far we came and how little we changed.

LK: Really!

BB: Except the national dialog in those days was quite different. It didn’t go anywhere, obviously, in those days. What people said is, “National health insurance is a new thing.” Actually, they talked about it in the 1930s, if you go back to history books and look. They were talking about Social Security; it was a brand new thing and how it can take care of the poor people in the United States. A lot of presidents way in the 1930s talked about it, but didn’t get the press they get today. It’s still a controversial subject.

LK: Yes.

BB: I can’t see our fellow citizens in the richest country in the world under the sun not getting at least basic care.

LK: Yes.

Also speaking to what you had mentioned about mass media... I also saw a lot with public relations. I guess this kind of goes into that paradigm you were talking about of the three tiers. How did you get into doing more of that public relations?

BB: That's a really an interesting story. I always believed in organized dentistry, so I joined the Minnesota Dental Association, the Minneapolis District Dental Society, and the ADA, as soon as I got here. Most international people usually shy away from organization, because, frankly, in the past, they have not been welcoming. They were extremely welcoming to me here. I felt if I'm going to be successful, I really want to be successful in the broad sense, not stay in Moos Tower. I want the other dimension: the community dimension.

The reason I got into it... First of all, not too many people volunteer during Dental Health Month. I remember I joined the Minneapolis District Dental Society and within a couple months, I was the chair of their Public Education Committee. I laugh, because I thought, gee, they really...and I found out, later on, nobody else wanted to take it. So I took it. After that, they said, "This guy can really do the work," so I got offered more committees to do.

LK: [chuckles]

BB: I got involved with the public relations with the Minnesota Dental Association because they needed somebody who understands statistics in those days. They spent a *lot* of money at the Minnesota Dental Association doing programs on TV, commercials. You can see some of the paper that we have received an award for. So, frankly, the chair was a good friend of mine and he said, "We need somebody. Those companies come sell us good will but we have no idea what they're selling us. We need somebody who understands statistics." By the way—you're not going to believe this—I'm still on that committee. I'm the chair of this committee. I have served continuously since 1980.

LK: Wow!

BB: A number of officers at the Minnesota Dental Association thought it's time for me to leave. But after they talked to the staff, they said, "We can't live without him." That's not really true. But this is unbelievable that since 1980, I've been on that committee. I've just been asked, again, to stay another year. I was teasing the president [Doctor Michael Flynn], who is, by the way, a former student of mine, that it's time for me to go. He said, "Well, you are our archive if we need to ask about anything that happened since 1980." During that time, we had a couple of executive directors and new staff back and forth. I give them a lot of credit for liking me, but I think part of it is I'm not rigid and I have changed with time. So they don't see me as an obstacle; they see me as a power man. Frankly, because of my nature probably, I'm always looking forward. Treasure the past but don't live in the past. I just keep going forward. They saw it as public relations; I saw it as education. So it worked really well for all of us.

LK: I don't know if this is connected to that, but I saw that you had established booths at the [Minnesota] State Fair.

BB: Yes.

LK: Was that part of that?

BB: That's actually part of it, but that has another story.

LK: Okay.

BB: Doctor Schaffer believed that the School of Dentistry should get more visibility. He really didn't want to spend the money either. At that time, there was a professor of communication at the School of Dentistry named Q.T. Smith, who is still alive and well, actually. Q.T. Smith, basically, was a guy who could talk non-stop, a very charming guy. He was professor of communication. Schaffer told me when I got here when he saw that I knew public health, "Why don't you talk to Q.T. Smith?" It was more education. He said, "None of the faculty is really interested to talk to people at the State Fair." Honestly, I'd been at a state fair only once in Indiana and I have no idea what the state fair is at that time. I said, "Fine." He said, "My secretary will pay for lunch for you and Q.T. Smith." This was before let's do lunch was popular. "Go out and see what you can do to work with him." Q.T. and I connected instantly. We both like to talk. We like people. After that, we have a lifelong friendship. I went there and I said, "I don't have any money to do research. But, since Doctor Schaffer said, "See what you can do for education..." Why not do some education and after that, I could come back to him and ask him ask him for more money, because I have data to show him since he was a research guy, too. It started as a friendship and it worked really well. At that time, we tried printed pamphlets versus an audio versus visual. Remember, in those days, there was no computer so we're using tape recorders and Kodak projectors, two-by-two [slides]. Frankly, we did a study—everybody thought it was crazy—and got published, and I don't know who's crazy.

[laughter]

BB: I went to Las Vegas [Nevada] to present the paper and people after I presented said, "I missed a few things you said because of your accent. Did you really go to the state fair?" I said, "I really did." I had a picture of it showing...

The State Fair has the same time during those days. I spent there two weeks. The school bought us tickets. Q.T. went there at six-thirty every morning. He would come pick me up from my house—we lived close by—and spent the day there, and talked to people all day long. It's just an amazing place. We just gave up that space a couple years ago.

LK: Oh, really?

BB: Yes. We have, right now, a booth at the University of Minnesota, the various...



LK: Oh, oh, right.

BB: The education booth is just an amazing place to be at. Primarily school teachers, people looking for freebies. Apparently, they used to announce on radio that today the Education Building is giving free toothbrushes, so everybody would come, especially schoolteachers. They'd open their bag and say, "Drop in whatever you have." That, I don't think has changed much; it's still like that.

[laughter]

BB: It was fun. We got a couple papers out of it.

LK: Yes.

I wanted to shift the conversation a bit and talk about your teaching. What courses were you assigned when you came in and did those change a lot over the years?

BB: Actually, I was assigned every course nobody else wanted to teach.

LK: [laughter]

BB: Basically, they were the didactic courses, primarily. Believe it or not, I'm still the director of those courses.

LK: Really! Wow.

BB: I'm just passing the baton slowly but surely. Obviously, those courses have very little similarity to what we have today. They've been consolidated. Right now, I'm moving my courses online. We would like to do more seminars but have the basic courses in Moodle, online. A lot of change has happened. Frankly, the faculty are very happy to have me do most of the work; although, it is team-taught, all the courses.

LK: They're team-taught?

BB: Yes. I'm still the course director, believe it or not up to today. I hope that will change because, again, I think it's time for other faculty to start doing other things, too. Yes, it's been a long time.

LK: So what were those courses?

BB: All the courses we teach the dental students and dental hygiene students and dental therapy students had to do with basic periodontics, so you're talking from anatomy, everything that has to do with my field, all the way to advanced surgical procedures.

LK: Oh, wow.

Being that you were recognized early on as such a good teacher and, then, won so many awards after that, could you speak a little bit about your teaching philosophy or when you kind of recognized that in yourself?

BB: Well, really, in teaching, you've got the technical part of it, how you present. I've always been very interested in graphics and things, and did a lot of work... As a matter of fact, when I was in my late teens, I used to demonstrate printing machines for the company in Germany, Heidelberg [Press]. So I learned a lot about graphics.

Those were the days, by the way, to print color, you had to print it four times. So I learned a lot about the precision of putting the plates certain ways, so when you ran the picture three, four times, the color will be totally on top of each other and there are literally one millimeter or two millimeters, a fraction, between the two plates. You get those funny shadows that you see sometimes that cheap newspapers use. So I learned a lot about graphics working for this company called Heidelberg. Interesting...I didn't speak a word of German; they didn't speak a word of Arabic, but they trained me to use the machines. I always think how the heck I did it... When I meet anybody from Germany, I tell them I worked for that company in Heidelberg and everybody knows, because that was the Heidelberg Press, which is a big deal in the printing business. Nobody in dentistry would know anything about it, but that's fine. So, really, that was a good background in graphics.

After that, I formed a very nice friendship with the people in audio/visual here at the School of Dentistry, so they were very helpful to me. Remember, in those days, it was very extremely labor intensive to produce visuals. It's not like today when you can sit down at your computer and do it in a few minutes. Basically, I always had the best presentation in terms of the graphics and the visual. I always like to have fun stuff too, not just very serious stuff in the lecture to lighten it up and people will remember things better.

But, really, treat the student like you want to treat your own kid. That's really been my philosophy. When faculty come and they're upset with a student, I say, "You know, I don't blame you for a second being upset," because some of those issues get people going. But if you think of the student like your own children per se, I think you look at the world differently. It's a partnership, really. The teacher and the learner have to be a partnership. It doesn't work all the time. If you're asking what's your basic philosophy, frankly, it's not that complicated. Do your best and tell the students that you really care. You don't have to say it, but so they know this.

LK: Right.

BB: I have not passed a number of people over my career and, frankly, most of them, after I tutor them and do things, they come back and shake my hand and say, "This really wasn't a pleasant thing when I didn't pass, but I'm glad we had the opportunity to work together." That, frankly, to me, is precious.

LK: Especially when you're talking about developing graphics, it seems like it's so important for dentistry, because there's so much you have to illustrate visually.

BB: Absolutely. Right on! Of course, with visually clips everything changes. But, frankly, I always have good at graphics, because probably my interest working for that company in Heidelberg. I learned a lot about graphics and, later on, I have taken a lot of courses. Of course, working with the television people, that gives you a lot of background in graphics. You have to be interested. Doctor Bandt used to say, "If your hobby is your job, that's the best." Frankly, I made everything to become part of the job. So when you travel, you take a landscape picture and put it in part of your presentation, what have you. With the technology today, there is really no excuse for people not to be very visually stunning, but you have to have a message.

LK: Your interest in print material, did that, also, help your public health work in your community...?

BB: It's a combination. I actually did have a contract with the CDC [Center for Disease Control] as a consultant.

LK: Oh.

BB: I learned a lot about how to approach different ethnic groups. For instance, in those days, they did for the for the label Hispanic, what have you. It's a different paradigm shift right now. They designed material appropriate for different cultures. I did work for the CDC on that project. They think I'm the expert and often, I'm learning more than I'm giving them. But if that's what they believe, that's fine with me.

LK: [chuckles] How did you become involved with the CDC?

BB: I went to a meeting and I always have cards to pass to people and I got to know some individuals in public health service. It's amazing. They don't know too many clinicians who are in public health and active in both. So that opened a lot of doors, because I could do both for the price of one, so to speak. I think they felt comfortable that I'm one of them. Most public health people are not clinicians, so that was really a nice thing. I worked with them. Somebody who spends their life in public health service...very savvy people. That's an opportunity that I did not have, but I had the opportunity to work with them. I had already worked in a public health setting per se.

LK: Did you work with any one ethnic group in particular or was this producing materials...?

BB: Frankly, I did quite a bit of consulting. It's amazing when you win a national award how the phone calls come.

LK: [chuckles]

BB: After we finished the Minnesota campaign, somebody called me from the American Dental Association and encouraged me to submit the project that wasn't even published for a preventive periodontal community award. That was a brand new award that had never been awarded to anybody. It was awarded to one person who had already died. At first, they didn't know what to do. They gave it to somebody, [unclear] is his name, and after that, I was the first live person to receive it.

[chuckles]

BB: A lot of people were talking to me, different organizations. So I submitted the paper to the American Dental Association. Frankly, I did not know at all...because I had never competed for an award before. I remember one afternoon, I received a phone call from Chicago, and the woman asked me to sit down. I said, "Why?" She said, "I just want you to sit down." I think she wants money.

LK: [laughter]

BB: She turned out to be very funny. I met her in person, later on. She was afraid I'd faint or something. She told me I won the award. She said, "I'm just happy to tell you that you won the award." I said, "You're not kidding?" That was before caller ID [identification]. Right now, I could see the caller ID. I thought, frankly, it was a joke. She said, "No." I knew what the project was, but you know... She said, "Are you able to come?" and told me the date. I said, "Fine."

Literally, within half an hour, a company, to remain nameless, called me and they said, "We'd like to fly you to our headquarters to help us on some projects..."

LK: Oh, wow.

BB: ...which was really interesting. I had been talking to the same people for three years before and they always told me they were interested in talking to me, but they did.

LK: [laughter]

BB: However, I have to admit the company is very ethical and I had almost a lifelong relationship with them. It continued, actually, because I helped them with a lot of their research projects for public education.

LK: Okay.

BB: That was very interesting. I won three thousand bucks and it became a big fuss about what are we going to do with the money. I said, "I'll tell you what. The best way because we've got the Minnesota Dental Association, me, the school, everybody else..." I did the right thing. I just donated it in the name of the Doctor Schaffer Periodontal Research Chair. So that was the donation that was made. This way, we don't have to

deal with what to do with the \$3,000 and everybody was happy because it went to Doctor Schaffer, the chair that's named after him.

LK: Yes.

BB: As a matter of fact, I remember the article—I have that even—that the money was given to Doctor Schaffer for his chair. It was fabulous.

LK: What year was that when you won that award?

BB: I think the mid 1980s. I have it in my CV. I'm very sure it was the mid 1980s. I won't like to you, I don't remember all this stuff anymore.

[chuckles]

BB: It's on my CV. Honors and awards. [pause as Doctor Bakdash looks at his CV] It has to be in the mid 1980s. That's the second teaching award. That award, by the way, doesn't exist anymore.

LK: Oh, really.

BB: Nineteen eighty-four [First recipient of the American Dental Association's Periodontal Health Award, 1984].

There is not enough people. As a matter of fact, I won it—our group won it actually—and after that...

By the way, you don't see any awards here. I'll be glad to take you to my office downstairs. They just painted the office and I don't want to make any holes, since I'm an interim associate dean.

LK: [chuckles]

BB: Later on, if you want to take some pictures, I'll take you to the office and you can see all the awards and all the stuff I have. That was in 1984. Yes.

A former student of mine got it the following year. The problem is can't find enough projects, in those days at least, that have the perio and the public health bent. I'm very sad not to see more people received it. We always joke that one deceased person got it and two live ones got it as well.

LK: When you came to the University, you said they were dumping courses on you that they didn't want to teach.

BB: It's true.

LK: Did you also end up doing a lot committee work?

BB: I found out one thing. If you want to be part of the change, you have to show up. So if you don't like something or you want input into something... That's really true in everything I have done. I start by saying, "It would be really nice to do it differently." If you're not at the table, you're not going to be able to eat. That's been the philosophy evolved here. Right now, frankly, it's very hard to say, "No," to people, because they know I get the work done. But you learn a lot in the process. So it's more than just being a committee member. It's really the process, you connect. I always viewed myself citizen of the school and the University community. That's, unfortunately, not shared with all our faculty. Many of our faculty see the discipline of their citizenship, not the University at large. I'm very proud of my public health and perio background, but, again, I am a citizen of the University of Minnesota, as well.

LK: There were a number of committees, but would there be a couple that you would want to speak to about, maybe major accomplishments that you had in those?

BB: Well, I think the impact would be... One of them was the public relation for the school. The reason I'm mentioning that is because if you go back and look at Doctor Holland's book, you'll see that they tried to close the School of Dentistry, at that time in the mid 1980s.

LK: Right.

BB: I was the chair at that time. I was put in charge, basically to orchestrate a campaign, since I knew mass media very well and had a lot of connections in the community, literally, to go against the University of Minnesota, my own institution and have a public relation campaign in the newspaper and the media to show that this is a misguided decision, to close the School of Dentistry. It gave me the opportunity to team up with the College of Vet Med. I still have a friend that we keep in touch as a result of that. That was really an interesting experience, but, again, it tells me about something that had an impact. It was a wake up call for the School of Dentistry. The School of Dentistry today is a much better school. If it wasn't for that crisis, I don't think it would be as good a school today as it is; although, some people may disagree with me. I probably did not see it in the mid 1980s, but reflecting back, definitely that was a wake up call. We didn't really have the resources... The way they looked at it was very simple. Looking at the School of Dentistry, they found the people who bring money for resources are few, most of them close to retirement, and there is nobody to take over. So they thought we were a very easy target. As you see, this is a beautiful building. A number of people wanted the building. So, frankly, the decision may not be as misguided as people thought, but, on the other hand, it was a big wake up call for us.

LK: Yes.

BB: That was, frankly, a very tangible thing.

Other than that, probably my next favorite committee is promotion and tenure. I chaired the Academic Health Center [AHC] Promotion and Tenure Committee for almost five years. That was a very good experience, because it allowed me to see the accomplishments of our faculty from *all* the Academic Health Center schools. I worked closely with Doctor Frank Cerra, our former provost, and really forged a relationship that I value very much.

The other committees... I was the chair of the Council of Faculty Consultative Committee and the University Senate. I've been in all those. That was interesting, because you go into faculty governance, and what have you. I felt I was very inclusive in terms of having clinic faculty and contact faculty, full time faculty, and full time tenure track faculty able to vote in the School of Dentistry and have a voice. That's not true in most schools. They tend to be only tenure faculty. I value our colleagues who are not tenure or tenure track faculty. Today, about fifty percent of our full time faculty are *not* tenure or tenure track faculty. They started out to be because of what's happened.

Otherwise, I probably have been on every committee in this school. I told, the other day, Doctor [Aaron] Friedman, the dean of the Medical School and the provost, "I have done everything except being a dean, a provost, or something else." I have done every job, almost, that is available. Right now, I'm intern, so that's another job.

[laughter]

BB: By the way, I love the title interim. My job, basically, is to do what needs to be done and hand the baton to the next person, so I can go and do all of the things I like to do.

LK: When you said you were on the tenure committee... I was noticing—I think this may have been exclusively within the Dental School under Doctor [Michael] Till's deanship—that there had been talk about creating a two-track tenure system. Do you have any comments on that?

BB: Well, really, it was a clinical research track thing. Frankly, it's very appropriate, because of what you need to do and we do actually right now... The only difference is job security. One has a one- to three-year contract and one like me who has a job for life. It's a little surreal that you have a job for life, but that's the situation with it. A job for life, frankly, is just a portion of it. To me, I couldn't do all the tobacco research I have done if it wasn't for the academic freedom and the academic security that nobody could go and tell the dean of the Dental School or the president of the University that this person tried to get people to use less tobacco so we can't make money, so speak. I look at the academic freedom really more closely than I look at the job security. They come together. I'm not complaining *per se*. So having the tenure track versus the contract faculty or the clinic faculty is very appropriate, because you should really evaluate people based on what they do. Otherwise, it doesn't make any sense. That is definitely an issue for the University, especially the University Senate, who have x number of faculty, a

large number who are not on tenure track. Again, it has worked very well for the Medical School and the Dental School, because of the way the job function is.

LK: We're coming close to ten thirty.

BB: Yes, we could schedule another time. We will.

LK: Okay. I have one last question and, then, we can break.

BB: Sure.

LK: I wanted to ask you a little bit about the balance in your research and your clinical work and you teaching, like what proportion of time you were spending in each of these.

BB: I think that's a very valid question. I, frankly, think about it. It's become very clear, after being here almost thirty-nine years right now in this building, that you could not really survive and keep motivated without evolving. I have not had the chance, unfortunately, to take any sabbatical.

LK: Hmmm.

BB: The most I have taken is a quarter leave when we used to have a quarter system, before the semester system, primarily because I looked into it and it becomes too difficult to take a year off and go away. But it became very clear that being part of the University is to evolve. If you don't evolve, you're going to die emotionally and professionally. So I kept that in mind. I'm lucky to have those opportunities. The other day somebody told me, "It's not random. You think you're just a lucky guy. No. Basically, things happen."

So at the beginning, you need to establish yourself as a teacher, as a faculty. On tenure track, you have to do research. Service really was underestimated. It was very strong for me. So I was able, frankly, to integrate service and research very early and have, literally, money given to me to do research with a handshake, which doesn't happen anymore. Faculty have a very hard time finding funding. I was in the right place at the right time, so to speak. Obviously, I did work with other faculty to get NIH [National Institutes for Health] money and what have you. We did that, too. That period really...establishing yourself and that's the time you need the most help.

I always have a strong part of serving on the University Senate or committee or other things, so really, I didn't say, "I'm going to focus on this only." I went quite fast between assistant professor to professor in a period, considered today, to be a very short time. Frankly, I worked day and night, but I really enjoyed it. I always managed to integrate things, so, basically, I'm spending my time wisely. If I'm doing research, that's really part of service if you look at it.

LK: Yes.



BB: I was working with the Minnesota Dental Association but in the process of data getting collected, I'm serving on the committee. So, it's really an efficient way to do it. Again, the stars lined up a certain way, I guess. That's the way it worked. After that, you evolve.

I remember sitting down in the mid 1990s, when Doctor Bandt decided to retire early from the University of Minnesota. He and I were talking because I'm losing my best friend and my best mentor and my sounding board. Where do we go from here? I got his job, basically. Literally, nobody said, "What are we talking about that we need to find a new person? He's here. He does the work anyway. Just appoint him." So they did appoint me, I guess because I was doing the job anyway—although, we had reorganization, at that time, at the school. I started thinking, where do we go from here? Clearly, a lot of the stuff I had done started maxing out. The Minnesota Dental Association ran out of money to do mass media. It became very clear they weren't going to do it anymore. So what other things can we do? A lot of the big grants we had started getting done. You have to reevaluate what we need to do.

It became very clear after a very short time that my biggest weakness, but my biggest opportunity was going to be in information technology. At that time, I would not lie to you, I did not how to turn a computer on. If you'd give me a computer, I'd have to hunt around to find where is the button to turn it on. So I was totally unsavvy. I thought email...who needs email? At that time, frankly...remember 1996, Netscape was Netscape 1.0.

LK: Yes. [laughter]

BB: So there was nothing about it. I decided I really need to do something about information technology, because that's the future. I started seeing it coming, but, at that time, if you didn't have a pocket protector, probably you didn't really do anything. It had to be nerd to get a computer. Honestly, I knew very little about it. I decided I need to learn about computers like everything else I have done. I didn't have any money to get a computer, so I had a colleague who said he had a computer that he would like to give me. I was very happy and very honored to get his computer. He put it on this beautiful cart. He brought it to my office. I turn it on and you have a blue screen with the blinking things on it.

LK: Yes.

BB: I said, "Oh, my god." I knew that Mac had a nicer computer, but I didn't know the difference. He said, "Oh, no, no. Mac is for kids. That's not for professors." I decided, okay, I need to take a class and learn how to use this computer and DOS [disk operating system]. The woman was very nice. We had a two-hour session. After the first hour, I looked at this and I said, "This is for birds. There's no way in hell I'm going to do this.

LK: [chuckles]

BB: I went to her and I said, “Please, don’t get offended, but I’m not going to sit down and watch this blinking cursor all day long. I’m not really interested in code. I have no interest in these things.” Later on, I found that that computer was defective and didn’t work well.

LK: Ohhh.

BB: So, basically, I had a double whammy. The computer didn’t work well; although, my friend who gave it to me thought it did work well. Later on, I found out it had been in three other offices and was given back to him.

LK: Ohh.

BB: I made sure that it went to the junk yard and did not go to any other faculty. He wrote me script but it never really worked. It became very clear, really, my calling to get a Mac computer because I could work with it. I didn’t really have any time to learn how to use it. I started taking classes. I went to the dean once—Dick [Richard] Elzay at the time—and I told him, “I want to take computer classes, but I don’t have any time. So I’ll have to hire a tutor in the evening. I want some money.” He looked at me and he said, “Why do you need a computer? You are already a professor.” He didn’t really believe in the computer at that time, but, later on, he did. Anyway, I talked him out of giving me some money and I found this guy, who worked part time at the school, to come in the evening and teach me one on one. The guy was so good. I went back to the dean and I said, “You have to hire this guy.” I would not leave his office. Probably one day he threw me out of his office. We were good friends, because we worked on the school closing together, so we spend a lot of time together. This guy, right now—his name is Richard Ruth—is one of my employees. He reports to me here in the academic associate dean’s office.

LK: Really?

BB: He was really my tutor. After that, I became an expert in information technology, step by step. But totally because I sat down and said, “What does the University need?” Frankly, this is an area that I totally self-educated myself, the same with mass media.

As a matter of fact, mass media is funny. The way I educated myself is I went to the School of Mass Communication and tried to team up with some of the faculty to do the research we needed to do, but, frankly, they could not understand that somebody in Dentistry wanted to do mass media and it was a very lukewarm reception. I felt, gee, I’m one of their colleagues. They should treat me nicer. They weren’t rude, but they weren’t welcoming. So I decided, fine.

I went to the bookstore. It used to be in Williamson [Hall]. That’s the one in the basement. I went to the woman in charge of the textbooks and I said, “If I’m a freshman student in mass communication, what books would I buy?” The woman looked at me and said, “Is it for your son or daughter?” I said, “I’ll tell you after you tell me.” Clearly,

very few people talk to those people, so when somebody asks them a question, they're more than happy to help.

LK: Yes, yes.

BB: She was very helpful. She told me which books sell more than other books. After that, I told her that I'm trying to learn about it. She said, "You really should go to school. You are a professor, aren't you?" I'm wearing a tie and a suit. I said, "Yes, I am." I went and bought all the books that had to do with mass communication and studied them on my own so I could learn the language.

LK: Wow.

BB: Frankly, that's exactly the way I learned information technology and I'm considered by the University as the expert. Frankly, I don't consider myself an expert. I'm one of the few faculty in the School of Dentistry... All our teaching is on the web right now.

LK: Yes. That's incredible.

BB: That's really how you evolve from one thing to the other. As a matter of fact, I did hire somebody, finally, from mass communication, a graduate student, to come to my office and teach me. I did things that an average person doesn't even think about, but that really work. People, frankly, they roll their eyes and say, "You really didn't do that." I say, "I did!" I said this publicly when I was interviewed for the present job. I told them if I need to learn something, I'm not about hiring somebody to come to my office and tutor me. Frankly, that has worked extremely well. It works.

LK: Yes.

I'm going stop. It's right at ten thirty.

Thank you so much.

BB: You're most welcome. Next time you come, I want to take you downstairs to see my living shrine, whatever it is.

LK: Yes.

BB: We'll schedule another time.

[End of the conversation on February 8, 2013]

LK: This is Lauren Klaffke. I'm here today again with Doctor Bakdash. It's February 14 [2013] and we're in his office in Moos Tower.

Thanks for meeting with me.

BB: You're most welcome. Happy Valentine's Day.

LK: Yes. You, too!

[laughter]

LK: I wanted to start off asking you a little bit about some of what I saw with your international work. For example, I saw that you were an external examiner for the graduating class in Benghazi in 1979. Was that something that you did here in the United States or did you go to Libya for that?

BB: Actually, we were invited to go to Libya to do that and I traveled with a number of colleagues from the University of Minnesota. The person I traveled with at that time was Doctor Jimmy [James] Jensen who was associate dean. As a matter of fact, that's his office where we're sitting right now.

LK: Oh, wow.

BB: I used to be his office, except they didn't have this wall, so it was open so he could see his secretary right away if he needed something. It was a different set up.

We traveled together. We were invited to go there. It was quite a trip for a couple of reasons. In Libya, at that time, still Moammar Khadafy was there, so still a very tense place for people with an American passports traveling there. We were invited by a classmate of mine from Damascus University. He'd become the dean. But we really didn't know what the invitation was for until we got there. It turned to be totally different than what we thought. We were brought in as external examiners but we found out that the people who teach at the school have fear of the student and didn't want to do the final exam, because they did not want not to pass anybody, because a number of people really didn't have the qualifications to graduate, and they were connected with the government, and they were fearful of them. So that really turned to be the real reason for finding external examiners—part of the reason, not one hundred percent. There were several people who really weren't ready to graduate so Doctor Jensen and I really had a harsh reality, because we would like to get out of the country in one piece, obviously. We did have a moral dilemma: do we pass somebody who did not deserve to be passed?

So, we came up with a clever idea, basically to have a crash course so they could pass the final exam but, at the same time, we're not passing them. They're passing them because they know the material. So we taught them the materials that were on the test so they could pass it. I'll never forget, a number of them came to me and Doctor Jensen and told us that they would never practice dentistry, so we don't have to worry about it. They just wanted the degree so they could get a high position in Khadafy's government at that time.

LK: Oh, wow.

BB: However, morally, we felt okay, because we saved our colleagues and they didn't have to face the problem with the people with the connection, but, at the same time, we did not compromise our principles in terms of passing people who didn't deserve to be passed. That was really an eye opener and was a difficult situation.

LK: Yes. Did that relationship with that dental school continue at all?

BB: The relationship, unfortunately, did not continue, because my former classmate, after a while, found the situation to be difficult and he left the country. He's in England. Clearly, after what's happening, I don't think either Doctor Jensen or I have any desire to go back there.

[chuckles]

LK: Then, I saw that you were a visiting professor in Saudi Arabia.

BB: That was really a totally different story. That was a very pleasant experience. I went there for about three months. The facilities were fabulous, but it was truly teaching, like doing it here in the United States. It was a very positive experience. I was not the only one who went. Other faculty from Minnesota did go and that resulted in having a number of Saudi students who came and got their graduate education, including a couple of their deans who graduated from the School of Dentistry. Their caliber is really second to none. Obviously, they did have the resources to be able to have the standard that they have.

LK: Is that relationship maintained?

BB: I did come back to give a talk at one of their international meetings a number of years later, but, frankly, they want people to come and stay and that was not part of my personal professional plan to go other than visit. That relationship continues to be here and I'm still in contact with a lot of the former graduates.

LK: Okay.

How would you compare the Dental School environment here at Minnesota versus what it was like at the dental school in Saudi Arabia?

BB: Well, their model, they use the American model, but their faculty are truly international. When we went in the 1980s, what happened, they did not really have any Saudi citizens who are educated to be able to run the show, so, basically, all the faculty are expatriate, primarily from the United States but they came from every nationality you could imagine; although, a lot of them held an American passport. A lot of them, like me, were born somewhere else, got educated in the United States, and went back to visit. Right now, the picture has changed. They have a lot of Saudi faculty, but they still have a mix of expatriates who teach there. That's really a big thing. Basically, you walked in and it looked like the United Nation. But the common thing is their education, because

mostly they were educated here. They do hire people from Sweden, Belgium...truly international. It's a very rich environment in terms of having that international twist. The teaching is done in English.

LK: Oh. Okay.

Have you had many other international experiences in teaching abroad, other than these two?

BB: Those are the main ones. However, I have traveled especially to Canada a number of times. All of this is really connected with our former graduate people who came to Minnesota to get educated and went back and still remember fondly their professor, so I got invited. I did, probably at least a half a dozen times in Canada in particular, travel with the University of Minnesota School of Dentistry to give courses like in Jamaica and other places. Part of it is vacation; part of it is really education. The University of Minnesota used to have courses—we still have it, actually—that you go to different places. So you have a half a day of education and half a day of doing other things, like to be a tourist, basically.

Jamaica was very special to me. I met a nun who was a dentist. Unfortunately, she died a number of years back [March 6, 2006]. Sister [Rosalie] Warpeha is her last name. Her father and one of her brothers is a dentist. They're very well known here. Meeting her was to me very special because I didn't know any nun who was a dentist before. I found out that she doesn't take no for an answer. She always called me and asked for things. It must be her holy spirit or something, I always gave her what she wanted...

LK: [laughter]

BB: ...even though I didn't really have it. I always went and found whatever she wanted. She's greatly missed. She's the one who introduced salt fluoridation in Jamaica. That's the only common thing that everybody in Jamaica uses. They don't have a central water supply to fluoridate. She was really the person who spearheaded the salt fluoridation in Jamaica.

LK: Oh, wow. I've never heard of that.

BB: Sister Warpeha was a very special person and she's really missed. She passed away, unfortunately, a few years ago.

LK: Educational efforts abroad... Is this just part of the University's outreach or are you trying to create student connections so that students can work internationally, as well?

BB: Honestly, it came as personal connection to start with, but the University always sanctioned, basically supported this effort. Remember, in the 1970s and 1980s, the University of Minnesota was a different place. International education has always been here, but faculty make it happen, more than anything else. The connection that I have

and other people have... It seems to me if you're open to this type of thing, people do invite you. Right now, I feel guilty when I say, "No," when I get an invitation. I try to pass it to other faculty because I think the next generation of faculty should have the same experience, really in a rich and a very positive way. Obviously, some people are interested and some are not. I have been very lucky to be able to do that.

In addition, I ran the International Exchange Program for about five years for the school, in which our dental students go to a different country for a semester to get educated. The ironic thing, it's back in my portfolio as an associate dean for Academic Affairs and, right now, I supervise the person who runs it, so I guess I'm not too far from this program. I did a lot of work with the American Dental Association in their international program because of the Minnesota experience here. I've been quite involved in International Association for Dental Research, as well, being on their council. These are experiences that happened from the teaching, the education, and the public service, as well.

LK: Last time we met, we had talked a little about Lars Folke and how he had quickly transitioned out of Minnesota when you came in. I didn't know if you have any other comments on his work as chairman of Periodontics?

BB: I never really had the pleasure to see what he did. Everything I saw was the past. He built a very strong basic science based research program in the Division of Periodontology. However, when he left the leadership changed, one by one, the people he hired left because, frankly, the emphasis had shifted from being basic science research to more clinical research with the new leadership, which fit me much better, actually, in a way. Definitely, he had a superb operation and he had quite a few Ph.D. individuals who were able to get granted to do research. But, when he left, there really was no ownership. He was the leader and the motivator, and it became very quickly that the people on their own couldn't really continue to do it. I think the emphasis has shifted to clinical research.

LK: Was that something unique to Periodontics or was that a general trend within the Dental School in the late 1970s?

BB: Periodontics has always been heavy in basic science, especially microbiology, immunology, histology, histopathology, but I think what's happened is it's just a sign of the times. Things have shifted and funding became much more available. Before, the funding focused more on the microbiology and immunology. In the 1980s and 1990s, it started moving more and more toward clinical research. Fortunately, my colleagues, Bruce Pihlstrom, Larry Wolf, and myself, Doctor Bandt, all of us were quite equipped to do more of the clinical research. However, most of the research we did did have a basic science dimension in terms of microbiology at least. So that really wasn't lost completely.

LK: That shift in the source of funding to a greater focus on clinical research... Do you think that is part of this new focus on having applications for the research that's being done?

BB: Absolutely, yes. I think what's really happened is you've cataloged every bacteria known to man. Frankly, there was an unbelievable amount of work done in Minnesota and throughout the country. We were a giant in those days. We didn't know a lot about bacteria as much as we know... The funding really helped to do it. It became very clear, after a while, that we needed to move into a different direction, to application. Perio has always been ahead of the game as far as clinical research, even many years ago. It's always been really evidenced based before evidence based became a popular thing. The shift, I think made a lot of sense. Right now, we've seen a new shift to go to evidence based, so not only basic research over clinical research, but more the evidence based. Perio is very rich and a lot of studies have been done that could be analyzed and come out with a conclusion. The government had supported very heavily in the 1980s and 1990s clinic research, trying to find better ways to prevent and treat periodontal diseases. We were the recipient of many of those grants, fortunately, as a group.

LK: When Doctor Folke left, I know that Doctor Carl Bandt came in and he was an important mentor for you?

BB: He was a fabulous mentor, a very important mentor. He never really left the school. He just went to become clinical dean. So when Lars Folke left, it became very clear that we had a vacuum. Doctor Schaffer had a very good vision. We did have a national search but it became very clear after meeting x number, quite a few candidates that Doctor Bandt probably the best choice, because of his ability to work with people and the trust that Dean Schaffer had in him. That really was the second building of the department, so to speak, that I've been very fortunate to be a part of.

LK: I saw in Doctor Holland's history that he noted that Doctor Bandt had a focus on pre-doctoral education.

BB: Correct.

LK: I'm wondered if you could comment a little bit on that.

BB: That was really unique because a lot of the specialties emphasis was on the grad education, residency education. Doctor Bandt was very interested in it and, frankly, that was very perfect for me, because I'm interested in it, as well. Somebody had to make sure that this is done. Doctor Bandt had the political connection, as well the know how to get it, so it was very natural for me to be part of that team and still do graduate education, too. If you look at my work, it's been heavily in D.D.S. [Doctor of Dental Surgery] education, in particular.

LK: I did see that you became director of that program.



BB: Right. Musical chairs. He got a new position. I got a new position. It's really interesting. It seems to me almost surreal to see how things pass from person to person. But continuity has been amazing. Although, we may have a slightly different vision, the continuity has been very important to have the stability.

LK: I saw that the same year that you became director of the pre-doctoral program, you became assistant chairman of the Periodontics Department.

BB: Right

LK: How did your responsibilities shift?

BB: Basically, I had to go in less to ask what we need to do. Whenever I shifted—frankly, I was doing it all and didn't get much credit for it on paper—Doctor Bandt always publicly and privately provided credit to me and other people, as well. It got to a degree that he, frankly, became, again, more involved in the school affairs as the chairman of the department, but started doing more and more for the school and it became very clear that he couldn't really handle the whole thing. He felt that factor would help in the future to advance my career, as well. So, really, it was recognition. He didn't have to do it, but he was very generous. Obviously, I did more when I got the title, as well.

[laughter]

LK: What caused him to step down? I believe you took over the department in 1996.

BB: The division. Basically, he was the department chair. At that time, Doctor Elzay was ready to step down as a dean and Doctor Bandt timed it so they announced it the same day.

LK: Oh!

BB: He really felt that this is the time for him to transition out of the University. There is really no reason. It was, frankly, quite a surprise to all of us when he announced it. He decided when Doctor Elzay stepped down as a dean that he did not want to stick around and he decided to leave, as well. There is really no good reason, because Carl would be functional today as much as yesterday. It was a personal decision and he was very young, only in his mid sixties. He did have a very good private practice, so he left the University but he did not leave perio. He just retired from private practice completely a couple years ago.

LK: Was he very close to Doctor Elzay?

BB: They were very close as far as helping each other run the school. That was a very turbulent time in the Academic Health Center.

LK: With a lot of the retrenchment that going on?

BB: Retrenchment, uncertainty, and on and on.

LK: When you took over the division in 1988, did you continue Doctor Bandt's clinical research focus or was that in tune with the funding opportunity?

BB: Actually, I did not take the department. Somebody else got appointed.

LK: Oh!

BB: I stayed in Perio. Carl before was running Perio and the department and, after that, I started running Perio.

LK: Ohhh.

BB: So, I was not a department chair. As a matter of fact, I have never served as a department chair, other than interim basis because of the illness of one of our chairs. But I have a very close relationship with all the interim chairs that we have in the department and we had a number of them over time.

Research really has changed because we started having faculty changes. Doctor Pihlstrom, shortly after Doctor Bandt left, took a three-year leave to work with the NIH. Bruce Pihlstrom, myself, Carl Bandt, and Larry Wolf did a lot of the large studies and, frankly, the money started drying in those areas. We started doing corporate sponsored studies, but not the same. The product testing is not the same as doing clinical research sponsored by the government. Definitely, we had another stage of changes in which it became clear that we'd still continue to do the research but on a much smaller scale. The personnel changes after Doctor Bandt left definitely affected the group; although, only Doctor Bandt and Doctor Pihlstrom left. Doctor Pihlstrom was very, very instrumental in our group.

LK: Okay.

Doctor Bandt was head of the division and the department?

BB: For a while and, then, I took over the division.

LK: I see why he was sucked into administrative affairs...

BB: Right, right.

LK: I wanted to talk a little bit about the culture of the Dental School in the 1970s. We've touched on some of these questions. In the Archives I saw some debate regarding specialization versus developing dentists who were capable of administering comprehensive care. Do you have any comment on that?

BB: Well, you have to put it in perspective. In 1970, we are really a mirror of a school. It's not like we function on our own. Most faculty are hired because they are specialists, yet, we educate generalists. That's really always a dilemma, so to speak. Again, a large number of the faculty are specialists but teaching generalists. That sometimes creates some tension, because, how far do you teach those procedures for a general practitioner to be able to do it? When I came here, it was extremely in compartments. Perio had their own clinic. Everybody had their own clinic, and the patient was shuttled from place to place. So Tuesday, you are in Perio. Wednesday, you're in Pros [Prosthodontics], almost like a block assignment. It became very clear that to deliver care the way should be practiced—that wasn't in Minnesota only, but we started seeing the trend nationally—we really needed a comprehensive care clinic.

Of course, the culture was why do we need to change everything? Everybody was very happy to have their own clinic and do their own thing, frankly. It worked a while, because that's the only way we knew it. But it became very clear as we progressed that this model certainly not workable anymore, and we started inching more and more toward a model that the student would be educated with multidimensional model in which you have teams, including specialists as part of it but have a higher role or a more involved role of general dentists with educating general dentists.

LK: Were those individual clinics done away with when you moved...?

BB: Perio was the only one and, as a matter fact, still the most committed even today. I was very happy, basically. I had twelve people to supervise as staff and I really didn't want to do it anymore. It's tough to supervise that many people, plus all the faculty and everything going on. But I did believe that the place for it was to be part of the general clinic or comprehensive care clinic, so perio was the first specialty to move in and be part of it.

LK: Oh.

BB: It was not easy, frankly. Some faculty retired or left so the faculty that were hired were hired with the understanding that they support this model and be a part of it. It flourished only because we had individuals who believed in the model and continues to recruit people. Even today, if they don't believe in comprehensive care, frankly, we're not going to hire them even though we have a specialty clinic.

LK: Right.

We did talk about Doctor Erwin Schaffer in our last conversation. I didn't know if you had any more commentary on his leadership style or changes to the culture? I know that you said he was very welcoming of you when you came in.

BB: Right. Doctor Schaffer was really unique. Remember, you have to put things in perspective in that time frame. He grew up on the Iron Range [northern Minnesota]. He

knew how to connect with politicians. This building would not be here if it wasn't for him. In his time, he was the perfect person for that era, per se. Administration was much simpler. Everything was quite different than what you see today. We still have a lot of wonderful memories of him, but he did have his own challenges, too. Hopefully, we remember only the good things about that era. You have to put it in perspective.

LK: Yes.

You said that he knew how to connect with legislators. Could you talk a little bit about that?

BB: The biggest issue right now with the news media being twenty-four hours a day and having the Internet and all this stuff is everything is constantly up front. But, even today, people still go and close the door, and sit down and have a cup of coffee, and make deals. I don't think that has changed a lot, except it's more public. I think he was able to speak their language. A lot of legislators may even feel intimidated by a professor going and talking to them.

LK: Mmmm.

BB: But Erwin Schaffer had the background. He always told them, "I'm one of you. I grew up on the Iron Range." Remember, the Twin Cities, even today, still get the goodies from the state more than anybody else. But to build a new dental school or to do anything, you really need wide support. Even today, we do court and work very closely with those legislators from outside the Twin Cities because we view ourself as a citizen of the State of Minnesota. A lot of our work in the future is going to be outside the Twin Cities, our outreach.

LK: Do you know if Doctor Schaffer, and if this is something that you all continue to do, worked much with like the Dakotas or Wisconsin or other areas when you all serve as a Dental School?

BB: We are still, yes. That model has increased and improved over time. Yes, the foundation is still with Doctor Schaffer and the other deans who followed him as a building block. Right now, I look back at it and I think every dean we have always appreciates outreach, reaching out to different states. As the budget issue became tighter, we started doing more contract. That would give us more funding by saying, "We'll take x number of people from Montana or other places." Obviously, they have to be qualified for admission. That continues. Remember, we are the only dental school between Milwaukee, Wisconsin, and Seattle, Washington.

LK: Yes.

BB: So we are regional and there continues to be a heavy emphasis on recruitment of state, regional, and national, as well. So Doctor Schaffer, we enjoyed the foundation that he had established in those days.

LK: I was wondering if you could talk a bit about the relationship between the School of Dentistry and University Hospitals and how dentists were distributed and how that relationship was created.

BB: I think over time, you saw the strongest relationship is between Oral Surgery in particular and the hospital base. There is a lot of interaction there. People come in with broken jaws to the emergency room. Some pediatric patients, the kids need surgery sometimes, and it's done in the hospital setting. I think the relationship right now is evolving and will continue to evolve on a couple fronts. One, the integration into professional work together from patient care to education, as well as the future of private practice for faculty in the School of Dentistry. The School of Dentistry is unique that a large number of faculty still practice a day a week *outside* the school.

LK: Hmmm.

BB: However, the Medical School the great majority, if not all the faculty, practice in the UP [UMP, University of Minnesota Physicians] as an associate.

LK: Yes.

BB: So that, probably, would be more integration. As a matter of fact, the dean and I and another administrator from the School of Dentistry have been going to meetings about the new building that would be built for outpatient care.

LK: Oh.

BB: Dentistry would be part of it. As a matter of fact, right now we are part of the team that's working with the designer to make sure that they design rooms that we'll be able to use for dental therapy.

LK: Great.

BB: So you're going to see that relationship flourish and increase significantly.

LK: This kind of piggybacks on what you just said. There was an expansion in the hospital dentistry program in the 1960s and, then, there was a graduate program for pediatrics in hospital dentistry in the 1980s.

BB: What's really happened is that part of the dilemma we have is the budget. So you see programs in and out because of the budget. The budget keeps fluctuating up and down, up and down. Actually, we had to close excellent programs because there were not able to self-support themselves, including maxillofacial prosthodontics, including the GPR [General Practice Resident], other programs. Right now, the new program that we put in place is just a replacement and we have not replaced all the ones we lost.

Fortunately, or unfortunately, the need is still there but, again, the issue of beings self-sufficient becomes an important issue and the budget is dictating some of those moves.

LK: Another relationship that I thought was kind of interesting, and I think speaks to the collaboration between the Dental School and the Medical School, is I saw a growing relationship between Pediatric Dentistry and the transplant program.

BB: Yes.

LK: Could you comment on that?

BB: Basically, you really have to make sure that whether it's an adult going through chemotherapy or radiation therapy or a child that they have the best oral health. The problem is as soon as you start going through radiation or chemotherapy, if you have any infection in the oral cavity that's a real issue. So we want to have them as healthy as possible before they start their radiation or get a transplant or other things. So that is really the emphasis on that, total patient care.

LK: Right.

I don't know how much interaction or knowledge you might have of this, but do you know what relations were like between I suppose it would have been the deans of the Dental School with the hospital administration, like Ray Amberg or John Westerman?

BB: Honestly, if we had any relationships, they were because of common interest or common patient care. I can't really tell you a specific. The dean usually tends to facilitate the process if there is a process that needs to be done. But, generally speaking, all the deans, they bascially try to reach out as much as possible. Remember, Dentistry, again, is practiced primarily as an outpatient service.

LK: I wanted to talk a little bit about funding for dental education. I suppose this goes to state and federal support, and that expansion in the 1960s and 1970s and, then, the contraction in the 1980s. I didn't know if you could talk a little bit about the balance of state and federal support, as well as getting any private funding.

BB: Sure, I'd be happy to do that. Dentistry has been interesting because it's been very much outside the circle of any organized healthcare reform. You rarely hear about dentistry. You hear about everything else. If you look at the history, there is plenty of disease to treat, although, dentistry has always been in the prevention arena, as well. You always look at how many thousands of patient per dentist or per capita. The Federal Government, in the 1970s, started thinking that the only way they could really deliver the care needed at a reasonable cost is to have more providers. Healthcare reform is not a new idea. It's been around since the 1930s, actually, if you look in the history books. When I was in the School of Public Health at UCLA in the 1970s, there was a big push because they felt we had to get ready, because Senator Edward Kennedy was going to have a bill that's going to pass and we're going to have national health insurance. So

they thought if they could flood the market with physicians and dentists, they could drop the price and provide care for everybody. Obviously, none of those bills passed until now.

LK: Right.

BB: The economic model really didn't work. Flooding the market did not reduce the prices. So the Federal Government, in the 1970s, came in and they said, "We are going to give you an incentive. The incentive is every extra dental student you take above a certain number, we'll give you money to support their education."

LK: Ohhh.

BB: The student didn't get the money; we got the money, capitation. *Every* single school in the United States went in and took the capitation money, except Oregon [Oregon Health and Science University]. Oregon was the only school, in Portland, who did not take the money. They had just built a new building, because they'd been waiting since the 1970s to build a new building, because they didn't take the money.

Ironically, our dean came from that school.

LK: Oh, wow.

BB: They just moved or are going to move to a new building, finally. So they lost a lot because they did not have any money to build anything. Our situation...look how beautiful this building. Part of it came from the capitation.

After a few years, it became very clear, in the 1980s, that that model is not working. We're flooding the market and, frankly, we started having problems. The dentists did not have enough to do, especially when the economy situation changed. That resulted and very cleverly, we had to change our formula very quickly, reduce the class size. We went from 150 to 75. Right now, we are back to about 100. That model, frankly, has not worked. However, I'm not complaining. We got a beautiful building out of it and probably I'm one of the people that was hired from that money.

[laughter]

LK: In terms of flooding the market, I know that though the market in the cities was typically flooded, there were problems getting dentists out in rural areas. That idea of trying to encourage dentists out into those area, was that something that evolved with the flooding or was that something that...?

BB: I'll be honest with you, it's always been there, but the problem is some dentists willing to be underemployed went to the city rather than rural. The only change is that we have a large number of people retiring, so, right now, it's become more acute. As a matter of fact, right now, we're talking about the rural track...accept a student with the

understanding they will practice in Greater Minnesota. Right now, we are in the talking stages about even potentially opening another campus in Duluth. But that's very, very preliminary. They do have the reputation at the Medical School in Duluth, the campus there, that at least half of the medical graduates end up in the rural areas.

LK: Right, right.

BB: So probably, we may do a program like this. This issue is not a new one. It's just getting worse simply because of the age of the dentist. There is a large number exiting, so we need to replace them, not in the Twin Cities. That's not an issue. The rural area becomes much more critical. Our outreach program, right now, is designed to be in the rural areas. That will continue to expand as we go.

LK: In 1970—I suppose this kind of goes to an over all health model, because a lot of this was supported by federal funds—the passage of the Health Professions Educational Assistance Act [1963] really emphasized the expansion and reorganization of the health sciences to be more comprehensive and collaborative.

BB: Correct.

LK: I was wondering if you could comment on that health sciences concept. I know you came in after this reorganization, but what you saw when you came in.

BB: Right now, every time I go to the Academic Health Center associate dean meetings or what have you—as a matter of fact, Doctor Barbara Brandt is the queen of IPE [Interprofessional Education] and she does a superb job—there's still a lot of obstacles to get that interprofessional education and collaboration. Right now, we do have a significant amount of funding coming to the Academic Health Center. I think, right now, we may call it differently, but it's really collaboration. It's very difficult to change the culture. It has to start from education. One of our biggest barriers is just scheduling.

LK: Mmmm.

BB: If you asked me what's the biggest barrier to IPE right now, I'd say scheduling. It's really difficult to get students to be available at the same time; although, we could use distance learning and other things. The IPE and the Health One [correctly One Health], these are all a step in the right direction, but it's difficult to change the culture over night.

LK: It seems like you would also come with the attitude of the faculty, as you had commented on the perio clinic and having faculty come in, who would be supportive of the comprehensive care.

BB: Correct. I think that continues to be an issue, because we are all a function of our education and our education has all been, basically, done in isolation, so to speak. It's really hard to change the paradigm shift.



LK: Could you comment at all on how you see the AHC functioning in comparison to other allied health centers that you've...?

BB: Well, I think throughout the country, when you take a look and see how academic health centers function, they function in different ways. Right now, we have a happy medium, so to speak, in which you have the dean of the Medical School as the provost. Really, so far, it has worked well, because they've been fair enough not to look at the Medical School only but to look at the other unit and value. I, personally, feel very much welcome when I go to the Academic Health Center. I have done quite a bit of work being the chair of the Promotion and Tenure Committee for over five years at the Academic Health Center. I remember the first meeting. They looked at me and said, "What is a dentist doing here?" But it didn't take them much time to figure out that, basically, I'm equally capable of doing anything other people do.

LK: Yes.

BB: We have wonderful colleagues who are nurses, pharmacists, vet med, what have you. So if you get out of your comfort zone and out of your environment, I think you'll find a lot of people who are absolutely fabulous and there is a lot of interchange of ideas and what have you. I've been very lucky to be able to experience, which, unfortunately, most of our faculty don't experience, what I have experienced being involved in other disciplines and quite a bit in the Academic Health Center.

LK: Did you have any sense of how colleagues have responded to the forming of the Academic Health Center, initially? Did you hear anything about the pre- and post-life?

BB: I'll be honest with you. It didn't come over night. It came gradual. The question always there was how is this going to make my life better or empower me to do more? In the beginning, frankly, Dentistry did not benefit much, at least it was not obvious to people. Eventually and today, it's definitely obvious that the Academic Health Center benefits all the colleges and the schools. That was not apparent in the beginning. Unfortunately, every time you talk about the Academic Health Center, people think of the Medical School. It's true, the Medical School is the biggest unit, but it's not the only unit. When I go to meetings, right now, I feel that my colleagues from the Medical School are much more aware and appreciate the rest of us, Nursing, Pharmacy, Dentistry, than ever before. Before, frankly, everything, Medicine and everything else came second. Some of the credit goes to Doctor Frank Cerra, who basically took it in that direction. Today, you cannot compare in 2013, the Academic Health Center and, let's say, ten years ago. It's very, very different.

LK: Oh, wow.

BB: I saw a lot of things that most people have not seen. Being involved in a variety of committees in the Academic Health Center, promotion, technology, education, what have you and being the co-char of two search committees for the dean of School of Dentistry,

gave me access to people both in the Academic Health Center and Morrill Hall. Really, I have a picture that very few people have.

LK: Yes.

BB: Most dentists or even Medical School people don't have those opportunities. I'm very lucky to have that opportunity to do it. When you are co-chairing a search committee of this caliber, you definitely meet people that usually you would not meet. Combined with being on the University Senate for quite a few years, I have, really, both sides of it.

I was talking to our dean, Doctor [Leon A.] Assael, the other day. He just got appointed to be the co-chair of the search for the dean of the Medical School and provost. That is a first. I have never heard of a dentist before being appointed to be co-chair of a search committee for the Medical School. So I think that shows clearly the recognition of the University Administration, as well as the people in the Academic Health Center. Obviously, he's an oral surgeon, not a dentist only. That makes us feel very, very happy. So we are, right now, not a stepchild anymore of the Academic Health Center.

LK: Yes.

Would you say that this relationship among the schools and colleges is more in administrative and leadership support?

BB: Administrative and really recognizing... One thing I recognized when I served as chairperson for the Academic Health Center Promotion and Tenure was the caliber of the faculty coming from other colleges and schools within the Academic Health Center. I saw documents that very few people ever see, the promotion documents. I have appreciation for those people in a way that you can't imagine, because you sit down and read document after document. Probably very few people at the University see this type of document, because it usually goes through a process. So my appreciation for my colleagues from the other units is just amazing. When we talk about accomplishment, I think we have a lot of stars coming from everyone of those schools, not just the Medical School.

LK: Have there been any efforts to have joint classes, say, for dental student and medical students?

BB: Actually, we do have some already but, really, the one mostly you see right now that's truly joined and truly on an equal basis is IPE. In the future, I think we need more and more of that. Again, the biggest obstacle we have right now is not the lack of desire; it's scheduling issues.

LK: We talked a little bit about Frank Cerra. I was wondering if we could back track and if you had any sense of the attitudes of the Dental School faculty toward Lyle French as v.p. [vice president].

BB: Honestly, that was in the beginning when I came here. It was a different relationship. Doctor Schaffer and Lyle French were very good friends and colleagues, so they did things [together] a lot. Frankly, at that time, I was too new to really know any politics, but I think it was a very peaceful relationship, because those two got along really well. They trusted each other. Even the individual who followed Lyle French, it was a very good relationship. It was a different relationship. You can't compare it to what happens today. Frankly, it was mostly working on budget and a few other things. At that time the Academic Health Center could go to the state legislator and lobby for the Academic Health Center.

LK: Okay. So it's a different structure now.

BB: A different structure. Right now, I think it's much more collaborative rather than going and saying, "Give me my portion," so to speak.

LK: [laughter]

When Doctor Schaffer stepped down as dean in 1977, Richard Oliver came in. I was wondering what your relationship was like with Doctor Oliver and if you knew anything about his appointment.

BB: I know a lot. Doctor Oliver and I came from California.

LK: Okay. [chuckles]

BB: I came from UCLA; he came from Loma Linda [University]. After that, he became the dean at the University of Southern California. My relationship with him is really an interesting one. The first time I met him was at some dental meeting in L.A. [Los Angeles]. This is a funny one. I had applied to be a graduate student in his program because I really did not want to leave California and UCLA did not have a program to go to a graduate program. I went and met him and I was not accepted into the program.

LK: Ohhhh.

BB: I went to Indiana and it was fine. I wasn't bitter or anything. So when he came for the interview, we sat down and talked about it. I knew him enough to talk to him. So, really, he wasn't a total stranger to me, because I knew him from California. As soon as he got here, actually, he called me into his office and was giving me an assignment to do things. I had never brought up the issue of not being accepted into the program...neither him. A few years into his deanship, one day we were talking about something. I did something for him and he was very happy whatever project I did. I don't remember. He looked at me and he said, "I made the biggest mistake one time." I said, "What mistake did you make?" He said, "I didn't take you into my graduate program."

LK: Oh!

[hearty laughter]

BB: Funny things. Frankly, I never took it personal. As a matter of fact, maybe he did me a favor by my leaving California and coming to the Midwest, so to speak. Probably if I went to his program, probably I'm still in California and didn't move to the Midwest. I was the guy who gave a talk when he was honored by the University, got this accomplishment award. I did mention that. That's all water under the bridge and I never really took it personal that he didn't take me. But that's the funny relationship that we still talk about and joke.

LK: Yes.

BB: Obviously, we both survived it.

LK: Could you speak to the support of other faculty and reactions to his appointment?

BB: People were very happy to see him. A lot of people knew him, because he went to school here. He's a Minnesota guy, per se. You know, it was a different time. We started seeing a different era. He stopped pushing the generalist model, so he had his own challenges. He was the chairman of a committee from the American Dental Association and produced a report called, "The Future of Dentistry." It was *way* ahead of its time and a lot of people, frankly, did not appreciate the report. It turned to be there was a lot of stuff in this report that tended to be very true, but it took ten, fifteen years to realize that. He was very visionary. He probably was most connected outside Minnesota than most people at that time. He was very well recognized nationally, internationally, for being involved in a variety of things. Schaffer was involved but not as much. Oliver had connections in a Scandinavian country, because he went there for a while. Many other things. It was really a different time. Obviously, there was some friction and some pressure, like any other dean who comes in. For me, it was a fine era, like I told you, when we took the picture this morning. I've been through nine of them between interim and dean. Frankly, I've been able to work with each one of them. Oliver, frankly, did a lot of stuff that I believe in. That really wasn't an issue, but some faculty did have issues with him. After that, when he stepped down as dean, he became faculty in Perio. I, basically, was managing him and Doctor Schaffer at the same time...

LK: Yes.

BB: ...in the Division of Periodontology. That was an interesting experience.

[laughter]

LK: Did they ever rib you about being in charge?

BB: Actually, we had some issues. One day, I got really fed up. I went to Doctor Bandt and I said, "I have some issues with those two former deans." He said, "It's your

problem; you fix it.” So I went there and did something I would never do, usually. I called him into my office and I sat on my desk and I looked at Doctor Schaffer and I said, “I’m very grateful you brought me to Minnesota.” He was wondering why I’m saying that. I looked at Schaffer and I said, “I’m very grateful you promoted me to full professor. So why do you want to kill me?”

LK: [laughter]

BB: I think after that, they were nicer to each other. If we had any friction, it was not really that serious, but was serious enough for me that, you know, it interfered with the operation of the division. Having two former deans is not easy to work with.

LK: Yes.

BB: But, frankly, it was a blessing to have them and, in the long term, it was nice to have them.

LK: Did they continue to be mentors when they had stepped down?

BB: Yes, absolutely, especially Schaffer. Schaffer always has been a mentor. He just loved to work with the graduate students and did innovative stuff. We were laughing because he’d get a better evaluation from the students than any other faculty and he would teach only a half a day a week at the clinic.

[laughter]

BB: Oliver, actually, was different. He did more in terms of reaching out and doing things. He really was involved in relation to more healthcare reform as far as dentistry, like more healthcare administration, what have you. He had a lot of national and international connection. As a matter of fact, we’re having a meeting coming up shortly. The people that are going to be at the symposium, Oliver had a very good working relationship [with] and I met them because of him. So it will be nice to see them back here. If it wasn’t for Dick Oliver, they wouldn’t know who I am. He was very good, basically, connecting people.

LK: I think you’ve commented a little bit on this question already...his different leadership style. It sounds like he had an emphasis on healthcare reform and, then...

BB: In dentistry, so to speak, the generalist model.

LK: Right. He was moving away from the generalist model?

BB: No. Oliver was just the opposite. He’s the guy who planted the seed and hired many people. He was for it.

LK: Okay.

BB: It was resisted immensely.

LK: Any other comments on...?

BB: No. I think he served extremely well for the time he was dean. It was a different era, again. Schaffer...the building era, so to speak. Oliver came to things that had already been built, the building, what have you. He faced retrenchment, budget, federal funding drying up. He faced all this stuff. But, fortunately, Doctor Schaffer was very, very aware of it, so we were able to replace some of the funding from state funding. So it was not a total disaster.

LK: I was just going to move into retrenchment. I know that there was long range planning in the late 1970s. That's when a lot of the retrenchment and budget cuts unfolded.

BB: Correct. Yes.

LK: Do you have any comments on how Oliver dealt with that?

BB: I think the biggest issue that really gives you a really hard time is what are you to eliminate? Politically, it's a very sensitive issue, because not all disciplines make money in the School of Dentistry. That's always been an issue. I'm not criticizing the former deans or the present dean, because it's difficult. Often, we used a band-aid approach and took the path of least resistance. So rather than eliminate some programs—there is wisdom why you do or you don't—we cut everybody equally, so that created issues. But, as you see, we're still functioning very well. Honestly, if you walked in today without the history, you would never guess in a hundred years that we were cut again and again and again.

LK: Yes.

BB: We have lost a lot of space in the building because we don't need it anymore. Right now, I see us reclaiming some of the space as people move out. Again, probably in a few years, we'll start thinking about a new building and a new direction.

LK: Oh!

BB: This building will be forty years in 2014.

LK: Crazy. [laughter]

BB: I know! I came with it.

[laughter]

BB: That's really very surreal. Every day I walk in and say, "Oh, my god, I came with this building." Scary.

LK: It's funny reading the archival material. I read how new it is, so I'm still in this frame of mind.

BB: But look at this. You would never guess that this is forty years old.

LK: Right.

BB: Look at this! Really.

LK: I read that as part of the budget cuts, there was the elimination of the bachelor degree. Was there a bachelor degree in dentistry?

BB: No, actually, it was hygiene. Well, no. Hygiene...what we did is we shrunk, basically. We eliminated the dental assisting program. We used to have dental assisting and other programs. But, really, a lot of the programs are still here; however, they're much more productive than they used [to be].

LK: The relationship with Dentistry and the University Hospitals, I think is different than the creation of the hospital dentistry clinic?

BB: Right. But, right now, frankly, we are truly in the hospital environment or close to a hospital environment. As you know, it's been open, close, open, close.

LK: These dental clinics?

BB: Yes. That's really been an issue. I think right now, we are doing well.

LK: In the 1970s and 1980s, I was wondering if you could comment on efforts to admit more minority students.

BB: That effort has always really been there. There are a number of issues of admitting underserved and minority, the issue being coming to dentistry prepared. Right now, they push much more than ever before and there is funding that was never there. When I was at UCLA, there was a program for underserved, disadvantaged students, who were, primarily, African American. Frankly, they wrote the book, in my opinion; although, very few people in Minnesota know that UCLA had done it for years and years. They used to bring students six months or four months early and, basically, work with them. The biggest issue you're going to find with minority is that a lot of them did not go to a school that prepared them or they did not have the environment at home that would prepared them to do what needs to be done. Say you bring somebody and you throw them in the middle of students who have every advantage over them because they went to a school that was much more robust, what have you... We cannot continue to deny admission because somebody did not have the same schooling. But that means that you

really need to mentor and be compassionate and prepare the student for it. Without that, they're not going to succeed. Minnesota struggled with minority recruitment and we continue to struggle with it, because we're competing for the same pool and every school in the country wants that pool.

LK: Yes.

BB: I think we're doing much better. I wish we had more American Indians, in particular. Native Americans at Duluth have been very successful, at the Medical School in Duluth.

LK: Ohhh.

BB: I think we're doing much better, but we're still far from our goal.

LK: On the tail end of that is the efforts to admit more women. Do you have any comments on that? I've heard in other interviews that it's a different situation. It's not about the preparation.

BB: It's really interesting. I came from a school in Damascus...thirty-two students and sixteen were women.

LK: Hmmm! Really?

BB: As a matter of fact, in my laboratory, I had a woman to my left and a woman to my right. They do it the same way in every country in the world: they put you alphabetically for some odd reason. I came to this country and I walked into UCLA and I saw one woman in the whole school, a dental student. With my limited English, frankly, I couldn't figure it out. It was to me a shock. When I asked, eventually when I was able to have intelligent conversation with people, "Why you have that?" they told me that women don't make good dentists. It was really shocking to me, because naturally, it came to me that half my class were women and believe me some of them could do dentistry a heck of a lot better than I can, you know.

LK: [chuckles]

BB: I never really saw them at *any* disadvantage whatsoever. But that was very common in those days, that it is a man's profession and you'd hear it again and again that women lack either commitment to work as a dentist, which doesn't make any sense, or they don't have that three-dimensional. I heard it from some people, too. Frankly, if anybody challenged [by] three-dimensional, it probably would be me and I have done just fine. So these, frankly, are all excuses that do not hold water and does not make any sense. In Minnesota, and national-wide, we've been really fluctuating in the fifty percent category, forty-five, fifty-five, forty-nine, back and forth, but there is no doubt, if you look worldwide, there are more women that go to dental school worldwide than men.



LK: Hmmm.

BB: If you look at the former Soviet Union, look at all the European countries, much more. In some countries as much as *eighty* percent of the students are female.

LK: Wow.

BB: It's a totally different picture. This business of saying that women don't [make] good dentists... Part of it, too, is they believe a woman may not work the same hours. That may be true during the childbearing time, what have you, but when you look at the total picture, women dentists practice more, later on, after they have their family, if they have family, than male dentists. So what's happened is maybe we do have a formula that in the beginning male dentists may practice more hours than females. But, frankly, there is absolutely no data, credible data to show that taking a woman is going to be a disadvantage to anybody. When people complain to me... Believe it or not, we still have dentists right here in Minnesota who think why are we educating that many women. I think it's very sad. I've tried my best to educate them a lot or make them aware that woman are borrowing money at the same rate as men. God help you if two professionals get married, because they have to pay all loans back.

LK: [laughter]

BB: Really, there is no free ride for women. That is totally misguided behavior. Unfortunately, we still hear about it here and there, but not in public.

LK: Yes.

BB: There is absolutely a place for the woman as a place for the man. They're equal. They do a superb job. Every time I look at the picture you see here on the wall...

LK: Oh, yes.

BB: ...there is absolutely no reason not to be practicing. All the excuses you hear, frankly, have very little to do with anything. We're all individuals and whether we have a good sense of three dimension or not is not really a male/female issue. It's more an individual issue.

LK: In the 1980s with the Rajender Consent Decree, I was wondering if you could comment on how that impacted the Dental School.

BB: Well, this was for those people... I know what we're talking about. It had to do with the promotion of a woman. She was not a woman only but a minority. Clearly, in that case, a bunch of guys decided, very wrongly obviously, that she didn't deserve promotion when she really deserved promotion. I think it's a very sad period and dark time for the University of Minnesota to be involved in a case like that, because it did not make *any* sense that a faculty member who did her best, and did everything needed to get

promoted, and she was not promoted. I'm so glad that she was able to go and get justice from the court system. I think that was a wake up call. Really, it doesn't matter whether you wear pants or a skirt, you should be going by your qualifications not by other things. There is no doubt that some injustice has been done, frankly, to both male and female, but maybe, sometimes, more female in the promotion process. As a person who served on the Promotion and Tenure Committee, both in the Dental School as well as in the Academic Health Center, I would go out of my way to make sure that it's fair. Certainly, we don't want the woman to get any advantage or the man get any advantage, but review their dossier as people not as male or female.

The other thing I think we have done a little bit more is having the sensitivity of advising a woman who, let's say, has a child in the middle of the tenure track period to come and say, "You need really to stop the clock. Take a year to be fair," because with this family leave, federal act, and that and other things, I think I am much more and other people are much more sensitive to say that it would not be fair to expect that person to perform at the same level. By the way, some men, right now, is taking that thing and we're stopping the clock for him, not just female. The first one I had to sign, I had to admit I had to think twice, because I think he didn't get pregnant. Why does he want a year?

LK: [chuckles]

BB: Then, I say, "Hey! Man is entitled to the same thing as a female," and I have to, right away, change my thinking. Okay, his wife had a child. He deserves the time off, too. Stop the clock. I think this has really been helpful, because this way, you're not penalizing the woman or the man for having a family.

LK: Yes.

BB: I hope that everybody feels about it the same way I feel and be fair about it, because people have lives in addition to being at the University of Minnesota.

LK: Yes.

Speaking to your role on the Tenure Committee, I think you might have some interesting comments to make on this, but I saw that in 1980, there was a potential for the creation of a two-track tenure system that was, I think, based on just teaching.

BB: Yes. I've been very much involved in that. For your information, half of the full time dental faculty are not on tenure track or tenured. They're on clinic track or research track. The dilemma we have, Medical School in particular and Dental School, is you have people functioning in certain jobs, yet their evaluation, it seems to me, I think, they are not able to do. For instance, somebody in the clinic, you can't evaluate them on research when they're eight half days in the clinic. It doesn't make any sense. Frankly, in the 1970s and 1980s, we have a revolving door. We have wonderful people that we hire and they quit before the time for their promotion or they left with disgrace, so to speak, because they didn't meet the criteria for promotion. It didn't make any sense to

me. Those people are not failures. It's a failure of the system, in my opinion. It's never been the failure of the individual. I can't imagine the psychological damage and emotional damage to people when we have to tell them, "You didn't make it. You have to leave."

LK: Yes.

BB: I think that really was one of the big reasons to have those two tracks in which you have people tenured, tenure track, and, after that, you have people in the research and clinic tracks, and, after that, you have the scholarly activity rather than the research they're doing. So, right now, half of our full time faculty and research or clinic track, they have their own criteria for promotion. But there is no tenure and their contract tends to be one to three years.

LK: Okay.

BB: If you're looking at job security, there is no job security like the tenure track or the tenured people.

LK: Then, in 1986, Doctor Elzay came in as dean. I was wondering if you had participated in that appointment process or if you could comment...

BB: I was involved. Honestly, I don't remember whether I was on the search committee or not. That, I don't remember. But I was, always have been, involved, because of my involvement on the Council of Faculty, the Senate, what have you.

Dick Elzay was a wonderful appointment after Dick Oliver. Unfortunately, he came here and they tried to close the School of Dentistry.

LK: Right.

BB: I was the luckiest person to get to know him, because I was the chair of the Public Relations Committee of the School of Dentistry and I was the Council of Faculty chair. The faculty voted and appointed me to manage the crisis. Since Doctor Elzay was appointed by the Administration, he couldn't really go against the Administration, per se. So I was designated by the faculty, because of my contact outside the school, to manage the crisis. So I worked with him very, very closely. It was a pleasant time, in a way—I got to know him real well—and unpleasant time. It was a very, very difficult and highly charged time. I think that was maybe the best thing that happened to the School of Dentistry, because we woke up and would not be here today if it wasn't for that crisis in terms of the changes that we have made.

LK: Taking on that leadership role in the crisis, what did you see as the major steps that you needed to take? Were you more doing the public relations stuff or were you, also, thinking about how to reorganize the school?

BB: Actually, I was involved on both sides. Being the chair of the Council of Faculty, really taking that lead, I don't really know how I survived it. I look at it today and say, "How did I survive doing all of this, being in the news media, and what have you?" I'm sure if you go back to the microfilm or the Archives, you will see things. We orchestrated a lot of stuff. What would happen to poor people if we weren't around to treat them and other things? The public was up in arms. I think the University made a serious mistake trying to close Vet-Med and Dentistry at the same time.

LK: Yes.

BB: If they tried to close one of them, they probably would succeed. Again, like I said, neither college really deserves to be closed but, I have to admit, at that time, we were not what we are today. So I could see why they thought we should be closed. We didn't have the funding coming in like today. Frankly, we didn't have the caliber of faculty that we have today either. So you could look at it both ways. We survived very well. But Doctor Elzay...that was not an easy time. Fortunately, we were able to resolve the crisis and move on. It worked for the best for everybody.

LK: With the reorganization of the school and response to the crisis, were you focusing on...? Was this when I think it was a department and, then, it change into four departments?

BB: Well, before, it used to be divisions, like thirteen of us, and, frankly, some of them had two people, a division of two people. So that's the time we moved to departments to prove to the University we were serious about it. We're still small, by the way. The whole School of Dentistry is equal to Lab Med in the Medical School, so we're still not really that big in comparison. After that, the research and what have you. The reorganization was a must.

LK: Then, you also cut down on the number of students?

BB: That was part of it, yes, because the pool was three to one. Right now, we are ten to one. That means every ten applications, one admission. At one time, we were three to one.

LK: Wow.

BB: I don't know how we managed it, but we did.

[chuckles]

LK: I was wondering if you could talk a little bit about Elzay's leadership style coming in at such an intense time.

BB: Elzay really was a very kind man. He believed in consensus. A lot of the stuff really needed to be done or was already done like the general clinic, and what have you.

I think his biggest contribution was his ability to work with people. He was a very kind man, but, frankly, they threw at him so many things from retrenchment to closing the school that I'm amazed he survived it all. I have very wonderful memories working with him, because you could work with him and you could trust him. Even when he said, "No," he said it being kind.

[chuckles]

BB: He was a very competent person, as well.

LK: What kind of effects did that sort of closure have on the Dental School morale?

BB: People were very angry, clearly. People really couldn't believe that they wanted to close the Dental School. Looking at it many years later, if I was sitting in Morrill Hall, I would look at it differently and I would say, "What future do they have?" Good, bad, or different, they were right about the future of funding, because so few people brought all the money. It was a wake up call. I probably see it today much clearer than I ever saw it before. If it wasn't for that call, we probably would not be as strong today as we are.

LK: I was wondering if you could comment or had any interaction with Neal Vanselow as senior vice president.

BB: It was a very limited basis. There really wasn't much. Him and Dick Oliver worked very closely. They were at the same time. So if I have any knowledge it's because of my work with Oliver and him. If I worked on any project, probably [it was] because Doctor Oliver recommended that I work with Neal Vanselow. I really did not know him well, but I knew his secretary very well. As a matter of fact, she's right here on this floor.

LK: Oh, really?

BB: Sue Jackson. I knew her the longest because she was the secretary at that place. Right now, I work with her every day.

LK: Yes.

BB: It's a small world.

LK: Yes.

Any comment on Cherie Perlmutter as...?

BB: She was his right hand assistant, associate actually. Frankly, I have very, very fond memories of her. At that time, faculty like me did not have much work to do with the Academic Health Center. The Dental School, frankly, was not that visible, so the role was very limited. They knew who I was; I knew who they were. As a matter of fact, I

saw Cherie when they honored Doctor Oliver. We talked for a while, but I never got to know them the same way I knew Doctor Cerra or the present Academic Health Center... It was just a friendly relationship.

LK: It started in 1978 but, then, really expanded in 1980... I was wondering if you could comment on the Clinical Research Center for Periodontal Diseases.

BB: That is, basically, part of my division and is continued to be run by Perio. Even right now, it's a research center for school, but fun by Perio faculty, Doctor Michael Orvitz. Perio, because it's heavy in basic sciences and clinical...really, credit to Doctor Bandt and the rest of us who worked with him.

LK: I saw that the Center had a relationship with 3M.

BB: Yes. We work very heavily... Actually, there are two different relationships. At one time, we had a clinic. We did research at 3M and did employees, Cargill as well, Control Data, so Perio was doing a lot of research since we didn't have the type of patient we need here. If you look in the history, in the 1980s in particular, there was a lot of wellness programs. They're still. So that's part of the wellness program to have a dental component and we capitalized on it by doing research on an employee of those. Basically, Control Data, we did, and we did Cargill, and we did 3M.

LK: Okay.

BB: Right now, there is a lot of research relationship with 3M but, primarily, in the dental material area. In the past, we did have some research in Perio, but that area no longer exists at 3M.

LK: I was going to ask you about Robert Anderson and William Brody, but it sounds like you would have more to say about Frank Cerra as...

BB: Actually, Brody, I have worked with him a little bit, not a lot. He wasn't here that long either.

LK: Right.

BB: That was a very turbulent time, because really the rest of the school resisted the silo. I'm sure you've heard the word silo at least twenty times.

LK: Yes. [laughter]

BB: It was a very turbulent time, because they wanted to make the University...makeover the University before makeover became a big word on TV. It was a very turbulent time. Again, all of these, frankly, led to more soul searching and advance. As a matter of fact, when Doctor Cerra took over, the seed was planted about doing a lot of things and the silo word was never mentioned again, but definitely there. I

did have some, but, overall, a different dean did not look favorably on faculty serving part of those committees. As a matter of fact, I remember a couple people from Dentistry serving on it, and they were not treated kindly by the rest of the faculty. I always say, if you're not at the table, you're not going to eat. You have to be part of the dinner to have dinner and, frankly, I always respected people who went there, but the faculty were not happy to see *any* of our faculty as part of the team or what have you. I participated like other faculty did ...focus group or what have you. I have met with Brody a number of times individually and, then, in a group. I have utmost respect for him but, clearly, the different colleges and schools in the Academic Health Center did not care for him or his people.

LK: The most controversial thing that I saw with Brody was the Fairview sale.

BB: Yes.

LK: Was that a committee that you were on?

BB: No, I wasn't. As a matter of fact, the person who really spent all the time is Frank Cerra. He spent a lot of time and I think they did the right thing because the hospital was a drain on the University of Minnesota. They got quite a bit of money. It all went to the Medical School. When you look at it today, hindsight is twenty-twenty. In a way, it was an odd decision. In a way, it was a good decision. I had no involvement in it. As a matter of fact, none of us had any involvement in it.

LK: In 1997 with the appointment of Michael Till as dean, I wonder if you could comment on his appointment and his leadership style.

BB: Sure. After Doctor Elzay completed his term and stepped down as a dean, it became an issue trying to figure out what are you going to do in the interim? Doctor Cerra just took over and was dealing, frankly, with the hospital and all this stuff. Doctor Till was an interim dean appointment. I knew Doctor Till for many, many years. He's a colleague. As a matter of fact, he was one of the few people to come and welcome me when I came to Minnesota. So I worked with him very closely throughout the years. He has been all my kids' dentist, too.

LK: Hmmm!

BB: So I knew him very well. I worked with him very closely. Well, he was viewed as an interim dean. That's the problem when somebody is interim, per se. Frankly, I think he did his best and kept the place going and had a number initiatives...20 x 20 x 20, that fundraising. I worked with him very closely on fundraising for technology. As a matter of fact, that was the beginning of the laptop [computer]. I remember, we bought the laptop and we took it to different places trying to show them we had a website. Believe it or not, in 1996, that was a big deal, because nobody had a website.

LK: Yes.

BB: People told me that they had no idea what I am talking about, but they wrote the check anyway, so that was a good time to do it.

[chuckles]

BB: I remember it was Netscape 1.0.

Doctor Till, his accomplishment really was the 20 x 20 x 20, the outreach, many, many other things.

LK: I know he has his Ph.D. in education.

BB: Correct.

LK: Did you see that having a big impact on his leadership style?

BB: Absolutely, at least in leadership. Oh, absolutely. Absolutely. He, honestly, has done a superb job. But, like every dean we have, the dean has the vision, but the faculty may or may not have the same vision and that continues to be an issue even today.

LK: This has been scattered throughout our conversation, but I didn't know if you had any more comment on the relationship of the Dental School or your personal relationship with the Minnesota Dental Association.

BB: The relationship, frankly, has always been fabulous. When I travel and tell people about the relationship between the School of Dentistry and the Dental Association, they just don't get it. This relationship was good way before me...Schaffer or even before him. So the relationship has always been there. But I probably had more involvement than most people. Doctor Till was the president of the Minnesota Dental Association, at one time, by the way. You know that. My involvement really was on the local level with the Minnesota District Dental Society. Dentistry is very different than medicine. Eighty percent of all dentists are members of the American Dental Association.

LK: Oh, wow.

BB: The way it works in the dentistry is you have to be a member of the local, state, and, after that, the national. In medicine, you could be a member of anything. I'm amazed that the ADA, the American Dental Association, is able to keep it. There have been a number of lawsuits, but, so far, they have prevailed to require that you have to be a member of all of these. I always thought, because of my public health background, that being part of the Dental Association is really important. I joined the Minneapolis District shortly after I got here and, before I knew it—I thought maybe I was really good at something—I got on the education committee. It turned [out] to be nobody wanted to volunteer and go to schools and teach kids how to brush teeth and stuff like that.



LK: [chuckles]

BB: Actually, it was fabulous and we had a really good time. After that, a number of people recognized that I could do things for them. I was invited to be on the Public Relations Committee for the Minnesota Dental Association. By the way, I'm still on it many years later, since the 1980s. We did all the research that I have done, the mass media, what have you. Every dean, actually, has been very, very much supportive of that relationship. Right now, that relationship has grown. Definitely, the dean goes to meetings and we do things. It's a very unique relationship.

The other thing right now is we're reaching out to the Board of Dentistry. Another thing is our Educational Policy Committee that I chair, that we call EPC, we have as guests, not voting members, people from Health Partners, Board of Dentistry, MDA, because we believe, really, in those, but they're still very unique. It's very difficult to explain to people from outside Minnesota why we do it. In the long term, it's a win/win. Frankly, we don't agree on everything one hundred percent, but we always agree to disagree and move on.

LK: Are you currently the Minnesota rep to the ADA? Do I have that correct?

BB: I am not. I'm not, no. Or do you mean the Minnesota Dental Association House of Delegates? Is that what you're talking about?

LK: Yes.

BB: No, that's somebody else. No, I'm not.

LK: Okay.

I know that you said you did work with the international organization within the ADA.

BB: Right. I served on the Council of Scientific Affairs, which is a position you get because you get nominated and, after that, elected by the House of Delegates. So somebody from Minnesota had to nominate me. After that, it goes to the district trustee and, after that, the district trustee will sponsor the nomination almost like the Senate, but quite. You don't have to go and be drilled. You just send them your CV. After that, you get elected by the House of Delegates and, after that, you serve on the committee. Being on that particular committee, Scientific Affairs...not everybody on Scientific Affairs do what I have done. It really opened doors. Basically, I was the liaison on the International Committee for the ADA. That Scientific Affairs is really a powerful committee and tends to influence a lot of the other committees. They call it liaison. That would be one.

I was on award committees. You need somebody from Scientific Affairs, let's say if they're giving a research award, to be part of that research award committee; although, that committee is separate from Scientific Affairs, but they work together.

I was part—I'll show you the picture when we go downstairs—of the Intel Science Fairs.

LK: Oh.

BB: I was a judge from the ADA. I did that and other things. So, really, that one committee led to so much involvement. But I have to admit, not everybody on the committee did all of this. But I felt...take advantage of it. I was away from here quite a few weeks a year doing all this work. It has been, really an experience that was second to none. As a matter of fact, one of my colleagues is serving in that role. I was talking to him a couple days ago and said, "You haven't taken enough time to do this and this and that." He said, "Yes, everybody said you did everything and they asked me to do the same, but I don't want to spend that much time in Chicago."

LK: Oh, yes.

BB: I personally believe when I have the opportunity to take advantage of it, I'll do everything. These lead to a lot of connections and your horizon gets broadened in a way that it would never be broadened again in the same way, because you have access to material that's not publicly available. But, you know, it's a lot of work, because you still have your regular job.

LK: Right.

BB: That's part of who you are and what makes you to be.

LK: In now becoming interim dean of Academic Affairs, I was wondering if you could comment on what that transition has been like moving into more of an administrative role.

BB: It's interesting because I had served in this position filling for Doctor [Judith A.] Buchanan a couple years ago, but not one hundred percent of the position, part of the position. So I knew what would be there and I knew it would be very intense. There is no doubt about it, just non-stop doing things. But then, I think about it and we have a fabulous administrative team. I'm the one who really wanted to be interim. I'm probably the only one who does not want the interim name taken out of the position. I wanted interim, because that fit into my personal profession plan. Having the word interim does not stop me from doing the job.

Right now, we've got accreditation coming up in October; although, I have somebody who manages that under me, Doctor [Darryl T.] Hamamoto, I still have to deal with it.

We're dealing with a variety of issues. I think there's been a lot of housekeeping and trying to bring some peace and tranquility. We have a lot of faculty administrative type issues from the past. I'm spending a significant amount of my time—I think the best way to put it—in trying to get some healing done so we can move on to something else. I'm

hoping when the person selected to succeed me that the healing phase is done and have a new start.

LK: Yes.

Are you doing any teaching right now?

BB: I'm doing minimum teaching. I'm not teaching in the clinic at all. I'm, basically, taking my courses and making them hybrid courses. I'm still doing the lectures in both public health and dentistry, but, frankly, becoming more and more limited, because of time limitations.

LK: I know that you've been a member of the Faculty Senate. I was wondering if you could talk a little bit about the different roles that you played in the Faculty Senate, as well as how you represented the Dental School.

BB: Sure. First of all, unfortunately, the day I got this job, I had to resign, because the rule is if you have more than fifty percent administration, you cannot be in the Senate.

LK: Okay.

BB: That was really hard, because I really enjoyed being in the Senate. I have served in the Senate three different times since the 1980s. The latest one has been—I don't remember—three or four years. What is the nice thing about the Senate is you get to meet people from throughout the University and see the University at work. The Academic Health Center and the professional school, frankly, we're living in different worlds, in a way. We have a different way we teach. We do different things. It has been an eye opener to see the history, geography, [sounds like sees-fan], whatever the discipline and see how the governance works, so to speak. Unfortunately, I never really got involved in any subcommittees or anything primarily because of time constraints. So that's something I wish I would have more insight into. Basically, my role is very much attending the meetings and representing the School of Dentistry whatever things we're talking about. There are people who've been on the University Senate for many years and it becomes like a second career. I remember seeing people who used to be there in the 1980s and they're still there.

LK: [chuckles]

BB: They're probably going to say the same thing about me. Faculty are not jumping up and down from Dentistry wanting to do it, because, frankly, there is quite a bit of work you have to do if you want to be an informed senator. You have to go to meetings and things. Right now, I can go to meetings, but I cannot vote. So I'm still attending some of the meetings. Either the dean or I could go, because there is some stuff, but usually, really, [it] has very little to do with the professional schools. The new president had been very open. It's nice to sit down and hear his presentations and what have you, and you see the other campuses on the screen as well. That's really a rewarding experience. It

broadened my horizon. The world is not the Academic Health Center only. It's not the School of Dentistry only. You have to see the big picture. I think that would make it really hard for the rest of the faculty in any school, but the School of Dentistry in particular, because everybody wants to see what they're doing themselves, not even how the school runs. The reason I see the big picture is because I've been involved in all those things. So when somebody puts something in front of me, I'm always thinking, well, okay. You've got the people across the street from the School of Dentistry, the other side of Washington Avenue, and other things. That really makes you a citizen of the University in a very different way, because, frankly, we are trained and hired to be very, very type cast. That's been wonderful that I've been able to see the big picture. I think maybe that's the reason, I keep getting appointed to different committees and things. I think a lot of the University Administration recognized that I don't talk about Perio only, but I do look at the big picture.

LK: I think I had seen this on your profile on the website. Have you participated in the AHC eLearning Leadership Table?

BB: Yes, I have. As a matter of fact, that's been one of the things that I have been very consistent. We talk about things a lot. eLearning is moving very fast, but, here, in the School of Dentistry, is has not. Right now, with Moodle and everything else, being in this position, being interim associate dean for Academic Affairs, I'm using Perio as an example about the reason I want to keep those courses and start really having like, you know, courses that you could mimic, so to speak, working with the Biomedical Library, working with Moodle people, I think hybrid would be, probably, the way to go for our teaching. There is not enough hours in the day to teach all the stuff face to face. Again, I think the University continues to struggle with this eLearning.

LK: Yes.

BB: It has not been easy. The other day, I was in a meeting and they were talking about really high-level technology things. Finally, I looked at them and I said, "I just need to talk to somebody if I have a problem with Moodle. Who do I call?"

LK: [laughter]

BB: They said, "Oh, you just send an email." I said, "Nobody sends an email back." This Listserv, frankly, most of the time I don't look at it that closely, because a lot of the problems they talk about, I don't know. So I managed to give my card to two people that day. Right now, they gave me a name of a person. I know he exists, because I've talked to him on the phone every so often. So when we have a problem with Moodle, I have somebody to call. It's really interesting. We're spending hundreds of thousands of dollars and, after than, we don't have a person to talk to.

LK: Yes [whispered].

BB: So I think one benefit of being academic associate dean is I can give my card and get some action done quickly.

[laughter]

LK: We're kind of wrapping up now.

BB: Okay.

LK: I was wondering if you had any final comments on changes in dental education, research, and practice, anything you think that I didn't cover.

BB: I think what you're going to see is a moving target, right now. You're not going to see lock steps anymore for a change. You're going to see change. You either can be part of the change or it gets forced on you. I always hope that the faculty forgets to say, "This is the way I was taught," and looks at the present learner and see how they learn and go from there.

The bottom line, the foundation of everything we do, is you have to be considerate person to yourself and to others and make sure the patient gets the best treatment. Those are really the foundation and everything really comes with it. I think that was what attracted me to work with Doctor Assael, our dean. That's really his foundation, whether you give a lecture face to face or you do it by distance learning delivery, these are really a vehicle, the basic concepts are still the people, so the ability to work with people.

You're not going to deliver care on the web. It has to be face to face with a human being. I think right now the struggle is there is really nothing clearly defined anymore. People thing, if you go to a classroom, it's the best way to teach. There is no best *economic* way to teach this classroom, but, frankly, a lot of the present learners could live without it. But it's very difficult to convince people to do that. Faculty is really very fearful of using technology. Either they don't want to learn how to use it or, basically, they... The other day, somebody told me he's afraid he'll be replaced. I said, "In dentistry, you will never be replaced." But we cannot continue to do it just face to face. It has to be a hybrid model.

The other thing that's going to be really an issue nationwide, not just Minnesota, is as faculty get older, retire, leave, or pass away, you're losing a lot of expertise. So the question is really going to be if every dental school is going have all the expertise they used to have...it's very unlikely. I'll give you an example. We have a course in histology and we're not able to find anybody locally able to do it. Right now, we have a contract with a faculty member from the University of Iowa...

LK: Ohhh.

BB: ...who comes and delivers the course via distance learning and face to face, one of the highest rated courses, one of the best courses I have seen, and it worked fabulous, and

the school saved an extremely significant amount of money by having a person come and teach it for us. Of course, the disadvantage, someone will say, is “Teaching histology is fine, but you need the follow up.” We do have wonderful faculty who could do the follow up. For certain courses, you may not need to have an expert in every school to teach it. Obviously, I’m one of the few who is willing to verbalize what I just said. Probably a large number of people will strongly disagree with me. But I’m a realist. You cannot have [Robert J.] Gorlin, our colleague who passed away [August 29, 2006], who was world renowned, in every school. It’s not going to happen and neither economically possible. I’d really like to see... Like right now, if you look at the Internet and got to Stanford University, all their courses are online.

LK: Yes.

BB: You go and get first class, the best of the best in any field and you can sit down and listen to their lecture. What’s the chance that Minnesota or Ohio State is going to have this type of person in every field? Almost none. Ohio State and Minnesota would have somebody that Stanford didn’t have. If you look at TED [TED Talks], this education video, they have a lot of the really cutting organizations. They have people really on the cutting edge do residency and, basically, sit down and write books on giving lectures and just go to the web and put it. They have an iPad application to download the video and watch it. It’s absolutely fascinating to see where the world is going. It’s no longer a vision coming from faculty; it’s coming from all over the place. I think that’s a challenge that’s going to be for us to admit that and see how we’re going to adjust to this change.

I guess since I got reincarnated a couple times in my career, I’m not really threatened. I love the changes. The technology in the last ten years has, frankly, been very energizing and I hope that everything I learn, I’m bringing to this office. When I finish this assignment, I’m hoping I’ll be in charge of eLearning. Really, that’s what I want to do next, hopefully not full time.

LK: Yes. [chuckles]

BB: That’s what I’d like to do.

LK: Awesome.

Any final thoughts on the AHC?

BB: Honestly, the AHC today has been very supportive, very collaborative and I hope that the new person who will be selected to succeed Doctor Friedman will think of all of us as equals, not just the Medical School. So far, I feel we’ve been treated with utmost respect, and I really feel when I go to meetings, I’m equally respected whether I’m a D.D.S. or an M.D. Sometimes, I have a little edge, because probably I established myself in areas that the physicians, because they treat patients all day, have not. I see things, Pharmacy, Nursing. I think the bottom line is people relations, Doctor Brandt, right now, with her IPE, and other very fabulous things. Being in this position as an associate dean

gives you access to a lot of meetings. With the Academic Health Center, we meet almost every two weeks. Community engagement with the University...meeting people I would never meet otherwise in Morrill Hall. After that, the outreach, public health and technology. This has really been a natural transition for me bringing all those experiences here and I guess will keep me energized, I hope, for a long time.

LK: Yes. Thank you so much for meeting with me.

BB: You're most welcome. It's been a pleasure.

[End of the Interview]

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