

Burton L. Shapiro, D.D.S., Ph.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 20th century. AHCs became not only the primary sites of health care education, but also critical sites of health sciences research and health care delivery.

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

Biographical Sketch

Burton Shapiro was born in New York City on March 29, 1934 and grew up in Manhattan. He completed his undergraduate work at Tufts University and then attended New York University (NYU) Dental School from which he graduated in 1958. After completing two years of naval service in San Diego, California, Shapiro pursued a master's degree in oral pathology from the University of Minnesota, studying under Dr. Robert Gorlin. Shapiro then completed a Ph.D. in genetics in 1966. At the time, he was one of only two dentists in the world trained in genetics. He became an associate professor in the University's Dental School in 1966 and conducted research on a number of topics, including Down syndrome, exfoliative cytology, programmed cell death, and cystic fibrosis. Dr. Shapiro also served the University on several committees, including the Faculty Consultative Committee, and on the Faculty Senate. He retired in 2005.

Interview Abstract

Burton Shapiro begins his interview with a survey of his education and choices to pursue dental specialization and genetics research. He discusses his position as a genetics researcher in the Dental School, his dental education at New York University (NYU), and his responsibilities as a professor at the University of Minnesota. Dr. Shapiro then provides a chronology and review of his research, including his work on Down syndrome, exfoliative cytology, programmed cell death, and cystic fibrosis. He discusses his sources of funding, including money that came directly from the Minnesota Legislature and money from the American Cancer Society. Dr. Shapiro then reflects on the Dental School and the University more broadly, including the following topics: the deanships of William Crawford and Erwin Schaffer, student activism in the Dental School, the work of Carl Witkop, changing configurations of the School, the increasing number of women in the School, the creation of the Division of Health Ecology, the relationships between University Hospitals and Clinics and the Dental School, water fluoridation in Minnesota, the move from Owre Hall to Moos Tower, his experiences with Lyle French and the State Legislature, his work on the Health Sciences Policy and Review Committee and other committee work, Richard Oliver's deanship, retrenchment, minority admissions, Richard Elzay's deanship, the threat of closure of the Dental School, Neal Vanselow as vice president of the AHC, William Brody as provost of the AHC, and Frank Cerra as vice president of the AHC.

Interview with Doctor Burton L. Shapiro

Interviewed by Lauren Klaffke

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

**Interviewed at the home of Doctor Shapiro
in Saint Paul, Minnesota**

Interviewed on December 14, 2012

Burton Shapiro - BS
Lauren Klaffke - LK

LK: This is Lauren Klaffke. I'm interviewing Doctor Burton Shapiro. It's December 14, 2012. We're here at his home in Saint Paul.

Thank you for meeting with me today, Doctor Shapiro.

Just to start off the interview, could you comment a little bit on where you were born and grew up and your education?

BS: Yes. I was born in New York City, grew up in Manhattan. I went to Tufts University as an undergraduate. Then, I went to NYU [New York University] Dental School where I graduated in 1958. I went into the Navy for two years in San Diego. Then, I wanted to increase my education and I spoke to somebody in San Diego and he said, "Go to Oregon or Minnesota." So I went to Minnesota.

You must have heard the name of Doctor [Robert] Gorlin.

LK: Yes.

BS: He was an absolute superstar. I came here to train with him. Essentially, training with him was following him around and checking up. He was really loose.

Then, after two years, when I got my master's degree in oral pathology, I enrolled in the genetics Ph.D. program with Doctor [Sheldon C.] Reed, who was also a very, very hands

off advisor, so I kind of led myself for six years. I got my Ph.D. in 1966. I skipped assistant professor and I was made an associate professor.

LK: Oh, awesome.

BS: Yes. I was publishing while I was a graduate student.

Then, I had to decide where to go. I had a good offer from San Francisco. It was matched here and my wife said to me, "I don't care where we live, just tell me where we're going to live." I chose Minnesota and I'm not sorry. I'm not sorry—although, I love San Francisco. That's it and, then, I retired in 2005.

LK: Going back a little bit... What prompted your decision to join the Navy?

BS: Oh, there was always the threat of there's going to be a war someplace and rather than be in a practice and be drafted, I wanted to be in control.

LK: I think, actually, a few other doctors have mentioned that. Was it called the Berry Plan?

BS: No, there was no plan.

LK: What prompted your interest in dentistry, initially?

BS: I don't know.

LK: [chuckles]

BS: I've been asked that a lot. I don't know. It may have been a fraternity I was in at Tufts. Everybody went to either medical school, law school, or dental school at Tufts. I had an uncle who was a dentist, but that had nothing to do with it, and I had a girlfriend whose father was a dentist, and I don't think that had anything to do with it. So I really don't know. My history would suggest I had no good reason to do that because I only practiced dentistry in the Navy for two years.

LK: Yes, it seems like your work was within research.

BS: Yes.

LK: In choosing Minnesota...

BS: It was Gorlin.

LK: It was to work with Gorlin. You mentioned that you were choosing between Oregon and Minnesota. Was that because of the...

BS: No, this specialist in San Diego said, “Go to one of those two places.”

LK: For?

BS: For pathology training.

LK: Oh, okay.

BS: I’m sorry.

LK: That’s okay. Who was that? Do you remember?

BS: [pause] Before we’re finished, I will tell you.

LK: Okay.

BS: Howell...Francis Howell. That’s pretty good for an old person.

LK: [laughter] That’s great!

You had an interest in oral pathology.

BS: Yes, I can tell you about that.

LK: Yes, yes.

BS: Every three weeks or so, one of us had to stay overnight on duty for trauma or whatever it was. It was a captain’s room and in it, he had piles of journals called *Oral Pathology*. I used to look at them to go to sleep. I was very frustrated that the histological images meant nothing to me. I was interested in disease, as it was. So that got me into pathology, by reading those journals and not understanding what I was reading.

[chuckles]

LK: Then, you decided to do your Ph.D. in genetics?

BS: Yes. I wanted to do it in pathology, but they wouldn’t let anybody who was not an M.D. then—I don’t know about now—get a Ph.D.

LK: That’s really interesting.

BS: I was offered a slot at Boston University in radiobiology and I don’t recall the others in pathology. But I decided to go into genetics. That was before human genetics blossomed.

LK: I saw in the Archives that Doctor [Erwin M.] Schaffer was really pushing for you to stay. From what I read, it looks to me like genetics was a very new field in dentistry. What was it like working in such a new, emerging field in dentistry?

BS: My research had nothing to do with dentistry...

LK: Oh, okay.

BS: ...which really upset one of the deans we had who was a moron.

LK: [chuckles]

BS: Maybe you're going to talk with him, [Richard C.] Oliver. Have you interviewed him?

LK: I haven't yet.

BS: Well, he's kind of a charming guy. He was by far the worst dean we ever had, and I was here a long time. Schaffer was by far the best. I'm so sorry that he died [Doctor Schaffer died on December 25, 2007].

What was the question?

What was it like, genetics... Oh, oh, oh... Since I was the first—this is just conjecture—I think some people responded negatively to it, because genetics has nothing to do with this. Genetics has nothing to do with that.

I'll give you an example. It may mean nothing to you. Somebody I hired on the faculty looked at the pattern of proteins in saliva. Are you familiar with electrophoresis?

LK: Yes, actually.

BS: They obtained slides with saliva from a couple of hundred students and electrophoresed the samples and except for identical twins in one class, nobody had the same patterns of proteins.

LK: Hmmm.

BS: It was very, very, very different. They are different bands. Two people may have the same band, but, over all, the bands were indistinguishable, except for identical twins. I remember talking to somebody in the Biochemistry Department about that. He said, "That's nonsense. Everybody is the same." That was before we knew that everybody is different.

LK: Right.

BS: In Biochemistry, they should have known better. Oh, this was in the middle 1960s, which was eons ago.

Some people in the school, I think, were negatively disposed. What does genetics have to do with disease or dentistry? But I went my own way. Then, there were other people though, like Gorlin and Schaffer, who were very, very supportive.

LK: Did you teach in the Dental School?

BS: Yes, I taught the earliest genetics course in a dental school in the world, I think.

LK: Wow!

BS: I did that for a lot of years.

LK: You focused on research and teaching. Did you have a clinical practice, at all?

BS: No. [Though Doctor Shapiro did organize many oral cancer screening clinics in Minnesota and Wyoming. He also lectured on oral pathology around the state and elsewhere.]

LK: In terms of your experience here at the University and seeing what went on in the Dental School here, what was that like in comparison to your experience at the NYU College of Dentistry? Was it a different environment?

BS: Well, let's see. The professors were much more decent here. Some of those at NYU were real punks. I think the standards were equivalent. That was a very good school and this is a very good school. They're not all good all over the country. I see this as one of the best. NYU is one of the best.

LK: Did they have a similar environment in terms of the basic sciences, research, and clinical practice?

BS: I do know there were part timers who came in in both places. That was tough education. That was the toughest of all the degrees I have.

LK: Really?

BS: Oh, yes, by far. You just didn't have enough time. Somebody told me, "All of a sudden in the second year, you're going to be behind in everything." It was true. I was behind in absolutely everything. Then, when you got over that second year, you could survive.

I just can't recall the physical layout of the basic sciences. When I went to school, the clinical units were in one building in the third and fourth year and the basic sciences were in another building. Now, it's all-together at NYU.

Did you want to know about here?

LK: I'll probably get into that.

BS: Okay.

LK: Did you have any particular mentors in the dental school at NYU or notable faculty that had a strong impact on directing your education in the future?

BS: No.

LK: When you first joined the faculty here at the University, what were your primary responsibilities? You mentioned teaching.

BS: Yes, that was ten lectures a year. I think I gave a couple of lectures in pathology. I also gave a lecture for the med techs [medical technicians] in genetics, one lecture in genetics in the Hospital.

I'm sorry, I lost the question.

LK: Your primary responsibilities.

BS: Essentially doing research, getting money, and using it.

LK: Did you have a lot of dental students that you were working with who were also doing research?

BS: Every summer for about, oh, five or ten years, I had a summer research fellow. One of them went into the Air Force and came back and did his Ph.D. degree with me. Another one, I think went directly from the dental degree to doing a Ph.D. with me. I had a bunch doing their master's degrees doing research.

LK: Who were these two students?

BS: The two Ph.D.s?

LK: Yes.

BS: Robert [J.] Feigal, who died a couple years ago [Doctor Feigal died April 20, 2009], a young guy, and the other one was Leigh, L-e-i-g-h, Anderson. He may even be a professor now. He's at Loma Linda University, but I think they changed the name and I don't know to what. That's easy to look up, in California.

I was also offered a job in San Antonio.

LK: Ohhh, really? I'm from San Antonio.

BS: I know.

LK: Right, right we had that conversation... [laughter]

It sounds like you were primarily doing research more so than teaching?

BS: Much, much more.

LK: I saw that you had done a significant amount of work in cystic fibrosis [CF].

BS: Yes.

LK: Was that the bulk of your research?

BS: No. I can tell you chronologically.

LK: Sure.

BS: I remember talking to a geneticist and saying to him when I was on my Ph.D. program, "I know I could do and finish a thesis dealing with Down syndrome, but I really want to work with cystic fibrosis." He said, "Get your Ph.D. on Down syndrome." So I've written on Down syndrome from the very beginning.

When I graduated, I told somebody in pathology in the medical school that I just sat around for a year and didn't do anything. It was kind of nice that they let me do that.

[laughter]

LK: Yes.

BS: I was just mulling over in my head what to do with my life. I started a very big field of research in those days and certainly now, on how the palate develops.

LK: Oh.

BS: I did work on that. I used histochemistry and electron microscopy and was the first to introduce the idea of programmed cell death in palates like this in the embryo...both sides of the tongue. At some point, it goes like this and, then, they touch in the middle. I came up with the idea of programmed cell death of portions of embryonic epithelial cell covering. The covering goes away and the two halves fuse; otherwise, you have a cleft palate.

LK: Right.

BS: Interestingly, if you look at the developing eye, it's almost an identical situation, but the cells do not die. So when a kid is a newborn baby, the eyes open. It's the same morphology, but a totally different result. So I worked on that, histochemical and ultrastructural differences.

Then, I had written a lot on Down syndrome trying to explain how one gets from the extra chromosome in Down syndrome—you know there's the extra twenty-first chromosome...

LK: Yes.

BS: ...to what you see clinically and behaviorally in Down syndrome. For, maybe, thirty years, there's been kind of a scientific feud between those people who agree with me and those people who always say, "oh it's a gene on that chromosome that causes everything," which I think is nonsense. I explained it by having a hundred extra genes on that one small chromosome; it disrupts everything. So you get numerous abnormalities. Every congenital malformation is increased. All kinds of infectious diseases are increased. If something can go wrong, it will go wrong in Down syndrome. People agree with me and people agree with other people and that's where it's at. Every time somebody reaches out and says, "This will be definitive." It ain't.

LK: [laughter]

BS: So, I think I'm right. I get cited a lot for that. So that's been with me my entire career. Every once in a while, I write something. I get invited someplace to present something and they publish it.

Like I went to Wales at a meeting. That was a very funny experience. The projector stopped working.

LK: Oh, no.

BS: The slides of the old days... I'd put the slide in and it would fly up in the air. It ruined the whole thing. People told me afterwards, they were very impressed how cool I was. For some reason, I didn't get upset.

LK: That's great.

BS: I don't know why.

The same thing happened to me at Gorlin's memorial service [Doctor Gorlin died August 29, 2006]. I was sitting in the front row with my wife, and I had notes on a piece of paper written very small so I'd know what I'm saying. I went like this [motions toward reaching into his pocket], and it wasn't there. I said to my wife, "I can't find my notes." I said, "I'm going to go out." It was at the Radisson. There was a big reception room

outside, and I went into the lecture room and looked all over the place. I could not find it. I never found it.

LK: Wow.

[laughter]

LK: Did you just go off the cuff?

BS: I just went off... Having written it down on the notes, I didn't miss much.

Cystic fibrosis... What did I do there? I'm just in the middle of communications with a biochemist from Argentina. For some reason, I can't find all the emails from him. The early ones disappeared. He's working on a whole new phase in cystic fibrosis and he cited papers of mine from the early 1980s and said, "You were absolutely right." I discovered the second step in 1987, I think. People [particularly Lap-Chee-Tsui at the Hospital for Sick Children] in Toronto and Ann Arbor came up with the gene causing cystic fibrosis. For fifteen years, nothing has come from the discovery. But just before them, I published a paper where I thought I was really close to the basic defect but not the gene. This guy wrote in a paper...Santos...I can't remember his full name. He said in the paper, "With the discovery of the gene, Shapiro's work was forgotten." I forget exactly what he said. But he said I was right, a visionary, and, now they're working on the next step. This is the guy from Argentina. We've been corresponding. Almost the same statement was made by a guy from Paris, but this is all within the last year.

LK: It's so interesting that your work is reemerging.

BS: Oh! it's terrific. You have to live long enough.

Where were we? I got carried away.

LK: You were talking about your work in cystic fibrosis. You said that you had focused on Down syndrome. When did you end up getting into cystic fibrosis?

BS: I'm sorry I can't remember years.

LK: Okay.

BS: This is kind of convoluted. A friend of mine, who is now a lawyer but who was a reporter for the *Star* [*Minneapolis Star Tribune*] mentioned to me, just as an aside, that people at the University get what they call specials, funds from the State Legislature, to do research in a particular field. I started making inquiries about it. I remember going to the State Legislature. There was a pharmacologist who said, "If I get money from you this year, I'll never come back again." When they came to me, I said, "Of course, I'll come back to you again."

LK: [laughter]

BS: I can't promise results in a year. So I got a lot of money directly from the state to me.

LK: Wow.

BS: [pause] I was doing stuff with CF before that? I got enough money and it was about the time we were moving into a new building [Unit A, Moos Tower]. In fact, I was the first resident in that building.

LK: Oh, really?

BS: I was going to England to do a sabbatical, so I had to move my stuff in before I left.

I was also the first one to lecture in 2690 [in Moos Tower]...trivia.

This was my rationale for cystic fibrosis. In those days, we had not yet grown cells in culture. Since it was a genetic disease, it was clear, there was no question about it, both parents had to be carriers for the disease in order for the child to have it. I wanted to culture cells so I could have an unlimited supply and I got the cells from parents and children and my wife and my daughters. So I wanted to culture cells, have an unlimited supply. In those days, the only two kinds of cells you could grow were skin fibroblasts and white blood cells. But in order to grow white blood cells, you had to transform them. You had to infect them with a virus. My thinking may not have been right, but I thought if it's a genetic disease, don't fool around with affecting DNA [Deoxyribonucleic Acid]. The other issue was that the disease was not expressed in fibroblasts, but since it was a genetic disease, that abnormality is in every cell. So those were the commitments, why I ended up maybe the biggest fibroblast lab, certainly CF, in the country or the world...

Then, I started from the beginning to characterize the cells with the controls, carriers, and affected people. So I did how long they survived. The cystic fibrosis cells did not last as long as normal cells. I looked at different parameters like amino acid content and aging. Then, I determined that there was premature senescence in those cells and I published that in *Science*, which was pretty good.

LK: Yes.

BS: I studied calcium, and we determined with graduate students that calcium was a sign of aging. I think I was the first person ever to say that. I think it's true in all cells.

LK: Was that in relation to your work with Louis Lam?

BS: Yes, he was a graduate student and Bob Feigal.

LK: I don't have Bob Feigal. [Doctor Shapiro mentions Doctor Feigal on pg. 6.]

BS: There was increased premature aging—that's a funny way to say it—and the amino acid content was the same. What I was doing was trying to profile the cells. Then, I came up with a calcium difference, that cells with CF had increased calcium. It was really significant. So then I said, "Well what can be the origin of the increased calcium?" There are a lot of papers that we wrote. It turned out that the calcium increase was in mitochondria.

LK: Oh.

BS: So that was published. How does calcium get into the cell and stay there? It turns out that mitochondria... You're familiar with mitochondria? Do you have a biology background?

LK: Yes.

BS: Mitochondria are a sink for calcium. That's where the increased calcium was. There's another sink in the endoplasmic reticulum, but it wasn't there. It's a miniscule amount in the cytoplasm. So the mitochondrial sink was where the increase was.

The next thing was how does calcium get into the mitochondria?

LK: Yes.

BS: Do you remember the electron transport system?

LK: Yes. [chuckles] You're bringing it all back.

BS: And the pain back?

[laughter]

BS: To make a long story short... We looked at the first enzyme complex in the electron transport system, complex one. Do you know what K_m is?

LK: Oh, my gosh...yes.

BS: It's the binding of an enzyme with its substrate.

LK: Right.

BS: We found that the K_m was lower in cystic fibrosis and in the parents, which means that... [pause] The K_m , which is the binding of the substrate to the enzyme, was lower, which means that it bound... This was a long time ago. The K_m was different and that's very, very basic. The pH optimum also was different in the three groups. In fact, I just saw that I had a patent on that.

LK: Oh, awesome.

BS: But it turns out that wasn't the gene defect. That was the second step.

LK: Yes.

BS: That's what I was saying. These guys from Paris and from Argentina have confirmed that and gone beyond it. So there we are.

LK: Yes. That's awesome that it's coming back like that.

BS: Yes. Oh, yes! It's wonderful. He was nice enough to communicate with me, to let me know; otherwise, I never would have known.

LK: Do you keep up with the literature on cystic fibrosis much?

BS: No, not much.

LK: You had mentioned, when you were talking about the cleft palate... I know that there was a Cleft Palate Clinic. Were you not involved in that?

BS: No. That was not research. That was essentially a clinic. I know Karlind [T.] Moller. Are you going to do him?

LK: I haven't contacted him yet.

BS: He's a sweetheart. He's really a nice guy.

LK: Okay. I will contact him.

BS: K-a-r-l-i-n-d. I know you misspelled it from sitting here.

LK: [laughter]

BS: Even without my glasses. [laughter]

LK: I saw that you were an advanced fellow for the American Cancer Society. Have you done a lot of work in cancer?

BS: It's very interesting you ask that. In the early years, I did exfoliative cytology, like a pap [papanicolaou] smear in the mouth and published an article in *Cancer* saying, "It's a waste of time," because you see a lesion. In the cervix, you can't see a lesion necessarily. But in the mouth, you don't do the scraping until you see it. When you see it, you may as well take it through a biopsy.

LK: Right.

BS: In the years I was an advanced ACS fellow, I had to be interviewed—I don't know if it was two years or three years—by people away from the U [University of Minnesota]. I remember being interviewed by a surgeon—I forget where he was from—and a dean from the University of Wisconsin Medical School. I told him—this must have been the early 1960s—“I feel really badly that I'm not involved in cancer research and getting money from the Cancer Society.” He said, “Forget about it. As long as you're doing research and it's good research, that's good. Period.”

LK: Yes.

BS: That was really kind of neat. I've done some writing on malignancies in Down syndrome.

LK: Oh.

BS: So it stayed someplace in my head.

LK: It sounds like from your ability to get money from the State Legislature and the American Cancer Foundation that it was a very open research atmosphere. Was that particular to the 1960s?

BS: It was more like the 1970s and 1980s.

LK: Okay.

BS: Money was much easier. I know like pediatrics—most of my research was involved with pediatrics—they were huge and they had more money than anybody.

LK: Were there any areas of research that you were involved in that I've missed in my questions?

BS: There was the exfoliative cytology. There was Down syndrome. There was cystic fibrosis and programmed cell death. I can't think of anything.

LK: Then, did you have any big collaborators that you worked with at the University?

BS: No, no. Feigal and Lam and technicians. You could call it a collaboration... Warren Warwick was the head of the Cystic Fibrosis Clinic, but he was a terrible collaborator.

LK: In the sense of research or...?

BS: In the sense of being unreliable. In fact, I wrote a letter of recommendation to the department for his promotion, and I got chewed out by other people.

LK: Oh, really?

[laughter]

LK: I'm going to switch gears a little bit.

BS: Okay.

LK: I wanted to talk about the culture of the Dental School in the 1960s. I know that you did a lot of research, but did you feel like the Dental School was more research oriented or clinical practice oriented?

BS: Starting with Dean Bill [William H.] Crawford... Physically he was ill. He was a strange guy. He was *tremendously* supportive of research. They all were, except for Oliver, who tried to tell you what to do. Knowing nothing himself, he tried to tell you what to do. He wasn't anti-research. He liked the money coming in. I think it was a good research environment.

LK: Were there many debates in terms of specializing in a particular area versus like comprehensive care for patients and the direction the school should go on that?

BS: I don't think so.

LK: This is kind of an off the wall question, I suppose. I had some older newspaper articles that were commenting on the behavior of dental students in the School in the 1960s and 1970s, like about their appearance and how they acted in class. I didn't know if you could comment on that at all?

BS: Well... Around the time of the Vietnam War, students were very active—that's a nice word. The leader of the gang was Feigal.

LK: Really?

BS: Yes. That's one thing. I don't think, in general, students had much time... Dental school is tough as hell in time. I don't recall any real agitation. The one thing was at a meeting of the department heads. Did you get a Doctor [Douglas] Yock? I don't think he's living anymore. Most students had beards or long hair and if we're going to tell students not to have beards. Yock said the faculty shouldn't have beards. I was the only one with a beard there. These were the department heads. I thought they were going to lay me down on a table—I can remember the room in Owre Hall—and shave me. Schaffer said, "Cut it out." He was the dean. "You can't do that kind of stuff." The faculty was very conservative. I don't think the students were terribly rambunctious. They went on strike. I forget what for? It was something to do with exams.

LK: I can probably look that up.

BS: Mel [Mellor] Holland was such a pussycat. He probably wouldn't have written that in his book.

LK: I might have some notes about it from the Archives. I couldn't really understand what was going on, but students were talking a lot about something with exams.

BS: And they went on strike for it. Guys like Yock wanted to throw them all out of school. There would be no graduating class that year. Dean Schaffer said, "Come on." They were very friendly.

LK: I'll see if I can look that up.

BS: Okay.

LK: When I send you the transcript, I'll ask you about it.

We've been talking about Crawford and Schaffer a little bit. I know that Crawford was leaving as you were coming in?

BS: He was there for a couple of years.

LK: Okay. Could you comment a bit about him as dean? I know you said he was big on research.

BS: He was very ill. He was very tough. He was there until at least 1965.

LK: I have 1963. [Correct. Mellor Holland became interim dean in 1963.]

BS: Is that right?

LK: Yes.

BS: How could I have done the...? Well, okay.

LK: It's possible I miswrote it.

BS: No, no.

I went to Gorlin and told Gorlin I wanted to give a course in genetics to the dental students. He said, "Go speak to Crawford." He came back and said, "Okay, do it." That was a positive thing. He didn't function very well. There was an orthodontist named Bob [Robert] Isaacson who is still around, who, essentially, was running the school. Isaacson and Crawford's secretary, who are now married many, many years, kind of ran the School at the end of Crawford's tenure.

What's wrong with me? I can't think who replaced Crawford. Was it Schaffer?

LK: Yes, it was Schaffer.

BS: Schaffer was on the committee and Wally [Wallace] Armstrong, who was the head of Biochemistry and who else? I can't remember. Schaffer was on the committee to choose the new dean. He was out of town for one of the meetings and the committee said, "Let's appoint Schaffer. He'd be the best one there is."

LK: [chuckles]

BS: And they were right. I do remember...then, he was replaced by Oliver. Oliver was a disaster. Finally, Vice President [Neal] Vanselow... Do you remember?

LK: Yes.

BS: Vanselow must have gotten so many negative messages, including from me, that he called Oliver in one day and asked him to leave. His wife, I was told, referred to it as the day the hurricane hit, to a bridge group. The trivia that I come up with...

Do we want to talk about Crawford or Schaffer?

LK: Both, either one.

BS: Crawford. I was a little kid and he was not the person you get close with or know. Besides that, I was too far...too junior to have anything to do with a dean. I think I spoke to him a couple of times. I can't think of anything else about Crawford.

LK: Okay.

BS: He did hire some good people, I mean not including me. There were good people on the faculty, Gorlin and I don't know if you know the name Anand Chaudry.

LK: Mmmm...

BS: He was an oral pathologist, too. He's dead also.

Schaffer was appointed dean and except for his politics, he was right in every other way.

[laughter]

BS: He was a good man; he *really* was. He supported people, got along with people, made tough decisions. He was just the best dean I've ever seen. And he had a private practice. He was a periodontist and very, very successful. I think he did some research but not deep.

LK: I imagine that dean duties were probably overwhelming.

BS: That's right. He wasn't trained in any way to do research.

LK: You said that Schaffer was chosen for dean at a meeting that he missed?

BS: Yes, at a search committee meeting.

LK: When he came back, what was his reaction?

BS: I don't know.

LK: As dean, what did you see as his major goals or how did his tenure impact your research? Any comments you want to make?

BS: Yes, he left me alone, which is the one of the best things I could ever say about anybody. Really. He encouraged me. He didn't bother me. He supported me. He was just terrific.

The head of the National Institute of Genetics, I think—no, there is no such thing, but it wasn't dental—who happened to be a dentist and oral pathologist, was approaching retirement, still a young man. He could do that. You get a big pension.

LK: That's true.

BS: Then, you go to a school and get another salary. I think Gorlin approached Schaffer about hiring [Carl J.] Witkop [Junior]. I never went any place where they didn't ask me about him. He was a major human geneticist. He did a lot on albinism. See, there's another example of a guy who was a dentist, oral pathologist. His was albinism, but he also knew everything there was about teeth. And then Gorlin, in the same faculty...it was extraordinary. I don't think there's a school in the country that had even one like them and there were those two.

LK: Did you work much with...? Is it Woodcup?

BS: Witkop.

LK: Oh, I know that name.

BS: W-i-t-k-o-p. Did I work with Carl? I don't think so. When I was a graduate student, I published a couple papers with Gorlin on this pap smear kind of stuff. I don't think I ever published anything with Witkop. After he died [in 1993], I wrote obituaries for him in the *American Journal of Human Genetics* and the *American Journal of Medical Genetics*. He was a good person, too.

LK: I'm going to try and look those up.

BS: Okay.

LK: With Schaffer's appointment at the U was there any change in terms of the culture or organization of the department?

BS: This was always going on. I really, honestly, Lauren, can't tell you. They were always trying to figure out some kind of configuration for the School, divisions, departments, divisions. This latest dean, [Patrick] Lloyd, did not have one head of the department who was not what do you call them, temporary, interim.

LK: Oh, really.

BS: I think it was a power grab. Oliver was always trying to change the setup with divisions.

I caused a *furor* when they tried to get one printer for the entire School. You have to understand this was when the computers came out. I don't know when that was. They tried to get one printer for the entire School in the dean's office...

LK: Wow!

BS: ...and I refused, and I bought my own printer.

Oh, about organization... It was constantly in a state of flux. Now, we're back to four. I think there may have been thirteen divisions.

LK: Yes, I think the divisions were in the twenties and, then, it went down to thirteen departments, but, now, it's at four?

BS: I think so.

LK: It was twenty-six divisions to thirteen departments in 1979.

BS: That's when I was head of the department. The Department of Medicine must be ten times the size of the entire Dental School and Pediatrics and Pathology. Really, the Dental School could be one department.

LK: Yes.

BS: But the specialties are very different from one another.

LK: Is that what you think causes this constant flux because of these different subspecialties?

BS: This not authoritative. Probably, there was always an attempt to get more money, to decrease the number of, say, secretaries or... That's what I would guess right now. There's no other rationale for the ongoing quest for reorganization.

LK: I don't know if you'll remember this... In 1965, there was a curriculum revision that seemed like it was pretty major from what I saw in the Archives. Do you have any comments on that?

BS: No. I think I was still a genetics graduate student, and I think I was busy.

[laughter]

LK: I'm sure you were.

I wondered if you could comment at all on the—maybe this won't relate to you either; it's more clinical—relationship between Dentistry and Dental Hygiene or Dental Assisting.

BS: Well, I don't know anything about that, except that Donna Aker [Dehn] was the head of Hygiene for many, many years [1973 to 1985]. I can picture the woman who was the head of Assisting, but I can't come up with her name [Helen Tuchner was director of Dental Assisting from 1965 to 1982.].

LK: Okay.

BS: So that's how out of it I was. I think the Hygiene program was very good.

LK: From the 1960s into the 1980s, I saw sort of an interesting trend in the number of students that were being admitted. There was a Health Manpower Study in the 1960s and, then, there was this push to increase the number of dental students, but, then, it seemed like there was a surplus and they had to cut down on the number of students. Could you comment at all on that?

BS: The major change, as far as I'm concerned, was the drastic—I don't know if this sounds negative—huge change in the number of women.

LK: Oh, okay. Yes.

BS: When I went to dental school, there was one woman in a huge class, much bigger than the classes here, who was from Puerto Rico, just one. I felt sorry for her. It's funny...she got better looking each year.

LK: [laughter]

BS: Here, I think it's about fifty percent.

LK: Yes.

BS: Well, that's a *tremendous* change, but the same change in the Medical School, also.

LK: Right. Was there any particular effort in the Dental School to admit more women?

BS: I wasn't on the inside, but I have no question that... I think part of it is more women started applying. That would be true for all...engineering, medicine, and everything. I don't think there were different standards. I think women are better students, in general. That's usually the case.

I remember a hundred years ago when, maybe to save money or whatever, the medical students and the medical technician students took biochemistry together. There was almost no overlap in the curve. The female medical technology students were *way* better than the male medical students were.

LK: Wow. Wow. Medical technicians were predominantly women?

BS: Still, yes. [Unclear] women. Maybe they were just better students.

[chuckles]

LK: Do you have any comment on the Dental Practice Act of 1967? I think that was a State Legislature move.

BS: What was it?

LK: I think it was to increase dental school enrollment.

BS: I see, ok.

LK: In 1966, the Dental School established the Division of Preventive Dentistry. Do you have any comments on that, like the impetus for that?

BS: That was Larry [Lawrence] Meskin who died recently [on June 26, 2007], also, in Colorado. He was a hustler. He wanted his own little thing. Then, they changed the name to Health Ecology.

LK: Oh, okay. I have seen a lot about that.

BS: They were the behavioral scientists. There are still psychologists in there. It was public health kind of stuff.

LK: Was there much of a relationship between Preventive Dentistry and Public Health?

BS: Yes. Meskin got a Ph.D. in epidemiology, but I think he got a master's degree in public health. I think there was some kind of a relationship, but I don't...

LK: This is also another program, the Comprehensive Care program. That was kind of taking care of the whole mouth rather than specialization. Do you have any...? Okay.

I was wondering if you could comment at all on the relations between the School of Dentistry and the University Hospital?

BS: I was on the staff at the Hospital at one time [unclear]. There was a relationship. The Oral and Maxillofacial Surgery Service at the Hospital, I think was distinct from the Dental School; although, the people who were doing work there were on the faculty of the Dental School. That's my sense of what it was. It was mostly surgeons. I'm trying to think if there was anybody else.

The Cleft Palate Clinic...the first head of it was a guy named [Ralph B.] Kersten, and, then, Karlind Moller. They had a clinic once a week where they had specialists come in, some of whom were at the Hospital, like my son-in-law, who is an eye surgeon. He was interested in congenital malformations. He used to go there, and there were other people from the Hospital. That's the relationship I know. There is not a department of dentistry in the Hospital like there are in some hospitals.

LK: Do you know anything about the relationship with or the attitude of the Dental School towards Ray Amberg or John Westerman?

BS: Boy, that's a long time ago.

LK: Yes, it is. That was in the 1960s.

BS: I couldn't tell you. I was really far removed from that level of people in the 1960s, but I know the names.

LK: I have some questions about those relations in the 1970s and 1980s. Hopefully, we'll get into that.

In terms of financing dental education... With the Dental Practice Act of 1967, the Legislature was more generous, I suppose, getting more dentists. But do you know anything about getting state and federal support or private foundation support?

BS: No [spoken very softly].

LK: Okay. Then, attitudes of faculty or dentists on the water fluoridation legislation...?

BS: [chuckles] Funny that you say that. There may have been a couple of faculty... When I had the three months in Japan, my host was *violently* opposed to fluoridation.

Someplace—was it Brainerd [Minnesota]; I think it was Brainerd—they wouldn't use fluoride in the water. They thought it was a Communist plot.

LK: [laughter]

BS: You've heard that?

LK: I have heard that.

BS: What was the question?

LK: Attitudes in Dental School. They wanted it?

BS: Yes, or if they didn't, they were embarrassed and didn't speak out.

LK: What about the impact of Medicare and Medicaid on the Dental School?

BS: [pause] I don't know. [whispered] Does Medicare and Medicaid pay for any dental? I don't think so.

LK: Okay. I thought I had seen in the Archives that there were discussions about the need to supply more dentists because of Medicare and Medicaid.

BS: I can think of an indirect reason. I don't know if it is right. With Medicare and Medicaid, medicine has gotten better, and more people are living longer. I don't know if that's right. I don't think Medicare and Medicaid pay for dental.

In fact, a surgeon at Harvard [University] wrote an article in the *New Yorker* years ago saying the number one medical need in this country is dentistry.

LK: Because it's so important to...

BS: And people can't afford it. I don't know where it's gone from there.

LK: What about the expansion and reorganization of the health sciences when they were switching into the Academic Health Center? What was the Dental School's reaction to that? How did the Dental School react to the push to reorganize the medical sciences and the basic sciences into one academic health center?

BS: When was this?

LK: In the 1970s. I think it was 1971 or 1972.

BS: There was talk about separating the basic sciences and the clinical sciences. Is that what you're talking about, maybe like a school of medical sciences in the Medical School?

LK: Well...

BS: Otherwise, I don't know.

LK: I'm talking about the Dental School and the Veterinary School, all of them coming together into the Academic Health Center.

BS: Oh. Gee, I don't have anything to comment on that.

LK: Okay.

You had commented earlier that you were the first person to go into the new building.

BS: Yes.

LK: Was that Unit A?

BS: Uhhh...Moos Tower.

LK: Right. I saw that you were on the building committee for that. Could you comment a bit on what your role on the committee was?

BS: Yes. The architects were architects from Cambridge, Massachusetts, not Minnesota. My memory of them is, as opposed to a lot of architects who tell you what's good for you, they did everything that we asked them to do. It was an extraordinarily good relationship. I don't know if this is relevant, but I think Schaffer had a *lot* to do with getting money for that building.

I went with [Lyle] French to the Legislature, by the way.

LK: Oh, really?

BS: He was also a neighbor of mine where I used to live. Schaffer and French were really close. I think I'm off your subject.

LK: No, no. Would you mind talking about going to the Legislature with Lyle French?

BS: Oh, the nerve I had.

[chuckles]

BS: I went there and this other guy, a pharmacologist went there. I have no memory of the conversation or what transpired, but what I do remember is being asked to leave. When they left with French, it was like in a backroom with cigar smoke. They came down and said, "Okay, you'll get X amount of dollars."

LK: Wow!

BS: Yes. I don't think that happens anymore.

I do remember...I do remember being told, "No," *over* and *over* and *over* again. "It won't go through. No. No. No." And I persisted. I didn't let go. I was like a rabid dog on somebody's leg. I even called up... Do you know the name George Latimer?

LK: No, I don't.

BS: He's the former mayor of Saint Paul and I think he was a Regent. My wife knew him from the open school. I remember calling him up asking him for advice. I never let go, and I got it.

[chuckles]

LK: Was it because of a need for more space and updated...?

BS: No, no. This was for my research, my cystic fibrosis work.

LK: Oh, okay.

Do you know, at all, how Schaffer went about raising funds for the School, other than getting money from...?

BS: It was federal and state. I don't think there were private funds involved. I wish you could ask him. French probably isn't living anymore either.

LK: I don't think so. [Lyle French died on October 19, 2004]

BS: He was a tough guy.

LK: Do you have any comments on his tenure as v.p. [vice president] of the health sciences?

BS: They say he was a tough guy. He was a neurosurgeon. You've got to be tough to cut into somebody's head. I was friendly with him. Schaffer had a very good relationship with him. The building was built under his aegis. There has always been a conflict between the rest of the University and the health sciences. Why should the health sciences have a vice president when liberal arts doesn't have a vice president? You know that kind of stuff, so you had to be tough. He did well.

LK: Could you comment at all on the relationship of the Dentistry dean with other deans in the health sciences? Do you know what those relationships were like?

BS: No [spoken very softly].

LK: In 1973, I see there were efforts to establish a bargaining unit in the health sciences.

BS: For the faculty?

LK: Yes.

BS: Wow. Oh, I didn't know that.

LK: [laughter]

BS: I must have known it.

LK: I don't know how far it got.

Do you have any comments on the relationship between the University of Minnesota Dental School and the other universities in the region, like South Dakota and North Dakota?

BS: They must have applied for reciprocity.

LK: Right.

BS: No.

I was chairman of the Health Sciences Policy and Review Committee for many years. That was graduate programs.

LK: What was the responsibility of that committee?

BS: Approving new programs. I chaired a committee that reviewed all the graduate programs in the health sciences—that was a big job—and closed down several programs, because they hadn't had a student in twenty or thirty years and they had a Ph.D. program on the books. That's one responsibility. We approved new graduate faculty. Anything administratively that had to do with the health sciences in total, except the undergraduate in Medical School and Dental School and so forth, came through that committee. I think we met once a week.

Do you want to hear about more committees I was on?

LK: Yes, any comments you have on them, major things that you remember from...

BS: I don't think anybody in the Dental School got as high as me in terms of Central Administration. I was chair of the Senate Finance and Planning Committee for seven

years, and, by virtue of that, I was on the Senate... What do you call the biggest committee? [Faculty Consultative Committee]

[pause]

BS: What's the biggest committee that the president meets with all the time?

LK: I don't know.

BS: You'll find that out.

LK: Yes, I can look it up.

BS: I chaired a committee to—it's coming back to me; I can tell you who Michael [sounds like Koo-cher] was—look at biochemistry at the University, because there's biochemistry in the Medical School, and there's chemistry, which is mostly biochemistry in Chemical Engineering, and there's biochemistry in Saint Paul, and, for some reason, I think there was a fourth someplace. Was it French or [Warren] Ibele...someone asked me to chair a committee to review them. I can't remember what we concluded about reorganizing; I forget now.

And I chaired a committee to review athletics at the University.

LK: Oh, really?

BS: It was formed because there was some suspicion of hanky panky with the basketball program. My committee came up with several conclusions about what to do. We singled out Clem Haskins. Now, do you know who...?

LK: No, I don't.

BS: He was a former professional basketball player who became the coach of the team here and there was funny stuff going on, like hiring people to take tests for students, really bad stuff.

LK: Oh, wow!

BS: We drew several conclusions—I don't remember them—and went before the University Senate and the vote was one vote negative. Then, somebody called for a quorum and we were a couple of votes too little to have a quorum. About a year later, it blew up, basketball at the University of Minnesota. They fired Haskins. Somebody—he's a Shakespeare scholar in English—wrote someplace, "If we had listened to Shapiro's committee two years ago, we wouldn't have gone through this." That was good.

I can't think of anything else. I should have gone in to work and had my CV [curriculum vitae].

LK: I have a copy. I should have brought it.

BS: Of my CV?

LK: Yes, they have them at the University Archives.

BS: No kidding? So you can see the committees on there.

LK: Yes.

You spent so much time on committees. I'm impressed. [chuckles]

BS: Well, it was fun *and* the other benefit is that you get out of your school and you get to meet people all over the University, which most people don't do.

LK: Right.

BS: So it's really very good.

LK: Did that ever prove helpful?

BS: In a pragmatic way?

LS: Yes.

[laughter]

BS: Uhhh... I can't remember.

LK: In 1977, when Erwin Schaffer stepped down...

BS: He stepped down that early?

LK: Yes.

BS: Why he stepped down, I don't know. I was on the committee to choose a successor.

LK: To choose Oliver?

BS: Yes. I shall never forgive myself for that.

LK: What was that process like and how did Oliver end up coming in?

BS: I don't know what you call it when you rank candidates. So if I said, "He's my third choice," and somebody else said, "He's my first choice," then he'd be really number two, that...

LK: Yes.

BS: ...rather than straight votes. I think Meskin was on the committee also, and he introduced that.

LK: Introduced Oliver?

BS: No, that system of voting. There were a couple of people who I thought were really better, but he got the highest in that...

LK: In the way of voting?

BS: Right.

LK: How did he get introduced into the process?

BS: Who?

LK: Richard Oliver? Was he someone that someone on the committee had liked?

BS: No, no. When you start search committees, you really start wide open. You send letters to every school or every dean. I think he was the dean at USC [University of Southern California].

LK: I can look that up. That sounds right.

BS: He was also captain of the golf team at [the University of] Minnesota.

LK: Oh. While he was dean?

BS: No. No. While he was a student. We had Governor Wendell Anderson, who was captain of the hockey team, and they hated each other, which has nothing to do with anything.

LK: That's funny.

You commented a little bit on his tenure as dean...Oliver. Do you have any additional comments you want to make on his leadership style or the faculty...?

BS: Oh, I could say so much about him. He had a book on his shelf—I think the only book he ever read—*How to Manage*. That gives me the creeps...rather than being a person... He was very, very critical. He thought he knew things that he didn't. He was

trying to tell people what kind of research to do when he never held a test tube in his life. He was generally negative, didn't do the things he was supposed to do.

I remember one day, I went in as head of the department with prepared, detailed résumés of what each of the people had done the previous year when it came to salary time. I remember walking in with this sheaf of papers in my hand and him saying, "I have egg all over my face." Oh, I'm sorry. I had sent the documents to him earlier as he had requested. "I have egg all over my face. I never got to read them." What kind of dean is that? That's an example.

LK: Okay.

BS: Then, he was *very* upset about my research, very, very upset, because I wasn't doing what he thought I should be doing. When I reported the association between aging and calcium, he was thrilled, because he thought that he could relate that to teeth.

LK: Oh. [laughter]

BS: He was a narrow, bad guy.

LK: Do you any have comments under Oliver's tenure about long range planning that the School was doing in the 1970s? There was retrenchment and budget cuts.

BS: Yes, right. He had a twin who was his financial officer, not a real twin, a twin in being mean and nasty.

LK: Oh, okay.

BS: They were always trying to take money away from people. In fact, they tried to take the money I got from the State Legislature away from me and to them, to the School. One of the times I went to French, and he stopped it. They were bad people.

LK: What were they going to invest the money in, do you know?

BS: If you lose money, you need money.

LK: I see.

We may have talked about this a little bit... In 1983, I saw that some hospital dentistry clinics were established. I'm thinking those were separate from the Hospital system. I don't know if you have any comments on that?

BS: No.

LK: In the 1970s and 1980s, we talked about admitting more women into Dentistry. Do you have any comments on admitting more minority students?

BS: That was in there, also. Part of the problem with minority students, for one reason or another, they don't apply to these schools. For the experience they've gone through socioeconomically, they just don't. I think this would be the same thing in the Medical School. For all I know, and I don't know because I've never been on the Admissions Committee for which I'm thankful, they may have different standards for minorities. But it's important.

LK: In the 1980s, I saw an increased emphasis on research. I didn't know if that meant that primary care or other areas...

BS: Who was the dean at that time?

LK: It was 1980, so it would have been under Oliver.

BS: [pause] That may just be written on paper. He had no effect. What does increased emphasis on research mean? It means money and people. I don't know anybody he hired who would fit that bill and he certainly wasn't giving money to anybody.

LK: Also, in 1980, I saw that there was...

BS: That was a big year.

LK: Yes. [chuckles] [There was] a two-track tenure system created. I think that was for people who just wanted to teach to get tenure.

BS: [pause] There were people who were in private practice who retired and came to the school, but they wouldn't have been eligible for tenure. Gee, I'm not aware of that.

LK: Okay.

BS: I should have been—which is an outrage, by the way. It was an outrage. They did do that?

LK: That's what I understand, but I can check on that. [Correctly, it did not pass.]

BS: Yes, okay. That's terrible. Research means scholarship.

LK: Right.

BS: How do you get tenure if you're not a scholar? That's very upsetting. You're upsetting me.

[laughter]

LK: Not my intention.

In 1986, with Richard Elzay coming in, were you on that committee as well?

BS: No, but I shared a room with him once in Saint Louis. He was an oral pathologist.

LK: Oh.

BS: We were at some meeting. He was a nice man.

LK: Do you have any comments on his leadership style in comparison to the other deans or his support for the faculty and research?

BS: He listened to people. He had the unfortunate task of having to really, really having to deal with money cuts. You're heard that?

LK: The 1988 potential closure?

BS: Oh, that's another story. The Faculty Affairs Committee... I think I know what happened, but nobody ever admitted it to me. I think it was the head of the Department of Anatomy who was on that committee who suggested that the Dental School be closed. I was furious.

LK: Oh, yes.

BS: I think I know who it was.

I wanted to promote somebody in Microbiology and this guy in Anatomy was on the committee of the Medical School, so if you're on the faculty of one of two schools, you have to be promoted in both schools. You can't become a full professor in Medicine and not in Dentistry or vice versa. So I went to David whatever his name was and I showed him a CV and he said, "No. He can't be promoted." I said, "What are you talking about? Look at what he's published. Look at what he did." He backed down. He had a pre-impression that anybody in the Dental School doesn't deserve to be promoted in a basic science department.

He also was on that committee that suggested closing the Dental School. I always believed that's how... That was outrageous, because this is the best school in the entire Middle West.

LK: Right, right.

BS: Oh, you agree?

LK: Oh, yes. It's impact on so many other states in the region is...

BS: That was nuts.

I forgot your question.

LK: I was asking about Elzay's appointment.

BS: Oh, oh, Elzay, as I say, had to deal with a lot of cutbacks in money. He was a *very* nice man. He was a Jehovah's Witness, I think, that's part of being nice. You could talk to him. He was always smiling. He was just a nice guy, dressed beautifully.

LK: You had commented on maybe it was Crawford having that hands-off approach to research.

BS: Hands off, you mean in letting people do their stuff? Oh, yes. Elzay, too.

LK: In talking a little bit more about the threat of closure of the Dental School... When that hit the fan, how did you...obviously outrage.

BS: I can't remember the name of the committee. It was not Faculty Affairs. [Faculty Consultative Committee] It was on the top committee in the University—shame, shame on me—so I had some clout. That was where all the major decisions were made. That's where the president went when he wanted to consult.

LK: You were on that committee?

BS: I was on that committee. By virtue of being the chair of the Senate Finance and Planning Committee, I was on that committee. I don't know if I was *ex officio*, but I was on it. I don't know if people in the Dental School were aware of it, but I had access to Central Administration. I talked about that. I don't know what happened at other levels. But it was an idea that was thrown out. They were talking about closing the Veterinary School, which was really insane in a state like this, and probably more insane than closing the Dental School.

LK: [laughter]

So the plan didn't get very far? It was just a big PR [public relations]...?

BS: It was a big thing.

LK: I saw a ton about it in the Archives with the newspapers. That makes sense.

In Elzay's attempt to negotiate all of that, what were the budgetary decisions?

BS: Oh, he closed things. He did. There was a cytogenetics lab headed by a friend of mine [Cervenka]. Elzay closed it, because he was paying for the technician and they weren't bringing any money in. That's an example. That couldn't have been the only one. There had to be other things that he had to close.

LK: Were there any organizational changes other than the closure...?

BS: I can't keep track, because it was changed so many times.

LK: In terms of what that threat did to morale in the Dental School, how did Elzay try and deal with that? You said he was a happy guy.

BS: Well, he appeared to be happy. I don't recall.

In retrospect, I don't even remember *me* being concerned.

LK: Oh.

BS: So what was I going to do, right? I'm sorry I interrupted you.

LK: That's no problem. That speaks to what the problem was and how big it became.

Do you have any commentary on Neal Vanselow as vice president?

BS: You know vice presidents, people always have mixed feelings about them. I liked Neal Vanselow. I had access to him, which is kind of unusual. When I went to San Antonio, among other things, they offered me a big raise. I came back and told Oliver—ordinarily when somebody offers you a big raise, the school matches it—and he said, "Get something in writing." So was he calling me a liar? I went to Neal Vanselow and he gave the raise to me.

LK: That's great.

BS: Oh, yes.

LK: He was very supportive of the faculty or...?

BS: Well, of me.

[laughter]

BS: I don't know when other people had dealings with him. He's the one who got rid of Oliver, which was a shock.

LK: What was that situation like?

BS: Oliver was uniformly disliked. That's a tough job being vice president of the health sciences, but Vanselow, he was good. I liked him. Did he follow French?

LK: Yes.

BS: Okay. And [Frank] Cerra followed Vanselow?

LK: Then I have Robert Anderson from 1989 to 1993. That was a short tenure. Then, William Brody from 1994 to 1996.

BS: William Brody, he was a beauty.

LK: Do you have any...?

BS: Oh, yes. He wanted to control all the health sciences himself. It's not solid in my mind, but he was, I would say, anti-faculty. I remember being in a room...

[telephone rings—break in the interview]

BS: Brody. He's at Johns Hopkins now. I think he wanted to control everything and manage everything.

[break in the interview]

BS: The faculty—I think it was the Dental School faculty—were in a room with Brody asking him questions. I didn't realize he was vice president for any length of time. He was almost acting like a dictator. It was *really, really* strange. He had a couple of guys in the room dressed in dark suits, like the Secret Service. It was really ominous. When he took the job at Johns Hopkins, the first thing he said, I've heard, is that faculty are on their own. They're free to do whatever they want and so and so. It was just the opposite when he was here. So that was Brody. I never had anything to do with Brody.

Robert Anderson...that means nothing to me.

Cerra... I've got to say that Cerra was the most responsive vice president I have ever seen. If you emailed him something, you would always get a return email in response. I didn't know him personally, but I thought he was good. I don't think it was universal, that feeling about him.

LK: I don't know.

BS: I think he was good. He was very, very bright.

LK: Do you have any comment on the relationship between the Minnesota Dental Association and the American Dental Association?

BS: No.

LK: What about the relationship of the Dental School with the president and the Regents? I don't know to what extent you might have been involved in any of those things.

BS: Well, for most of the time, it was the vice president for health sciences—I don't think all the time. It would be the vice president that would have the relationship.

There was another question in there.

LK: I guess if you have any commentary, maybe, on the vice president. You knew...

BS: Vanselow, French...

LK: Do you know anything about their relations with...?

BS: Central Administration? French was a strong guy with anybody. I don't know about Vanselow in terms of his relationship with Central Administration. All I know is his relationship with me and it was supportive.

LK: This is a bit of a broad question... Do you have any commentary on major changes in dental education, research, or practice that you've seen in your career?

BS: [pause] All research has expanded. That's for sure. I think there's been an attempt to be more...

LK: Comprehensive?

BS: That's the word, comprehensive and to be more patient-oriented. That's really a big one. I think Patrick Lloyd was that way. I don't know why he left. Somebody told me that like I went to Vanselow about Oliver, people went to someplace about him, so...

LK: Okay.

Do you have any final thoughts on the Dental School or the AHC or anything that I have missed that you want to comment on?

BS: [pause] No, not really. You've got it all

LK: Well, great. Thank you so much for meeting with me today.

BS: I wish I knew the name of that committee.

[End of the Interview]

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