

Neal A. Vanselow, M.D.
Narrator

Dominique A. Tobbell, Ph.D.
Interviewer

**ACADEMIC HEALTH CENTER
ORAL HISTORY PROJECT**

UNIVERSITY OF MINNESOTA

ACADEMIC HEALTH CENTER ORAL HISTORY PROJECT

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

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

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

Biographical Sketch

Neal Vanselow was born March 18, 1932 in Milwaukee, Wisconsin. He earned his bachelor's degree in political science in 1954 and his M.D. in 1958, both at the University of Michigan. Dr. Vanselow completed his internship at Minneapolis General Hospital (now Hennepin County Medical Center) and returned to the University of Michigan for his residency and a fellowship in immunology and allergy. He completed a master's in Internal Medicine in 1963. He then became a faculty member in the Department of Internal Medicine at the University of Michigan Medical School and became chairman of Post Graduate Medicine. From 1974 to 1977, Dr. Vanselow served as dean of the University of Arizona College of Medicine in Tucson. Dr. Vanselow then became chancellor of the University of Nebraska Medical Center in Omaha in 1977. From 1982 to 1989, he served as vice president of the Academic Health Center at the University of Minnesota. Dr. Vanselow was named chancellor of Tulane University Medical Center in New Orleans in 1989. He also served in leadership positions on the Association of Academic Health Centers, the Council of Graduate Medical Education, and the Association of Graduate Medical Colleges.

Interview Abstract

Dr. Neal Vanselow begins his interview by reflecting on his education and training at the University of Michigan and his internship at Minneapolis General Hospital (now Hennepin County Medical Center). He then discusses his tenure as dean at the University of Arizona College of Medicine and his move to the University of Nebraska Medical Center in Omaha. He relates the reasons for his move to the University of Minnesota Academic Health Center (AHC). Concerning the University's AHC, Dr. Vanselow describes all of the following: the culture of the AHC particularly town/gown relationships; the relationship between the AHC and the rest of the University; the relationship between the AHC and Central Administration; relations among units in the health sciences; the incorporation of the College of Veterinary Medicine into the AHC; and Ken Keller's Commitment to Focus and the threatened closure of the Dental School and the College of Veterinary Medicine. Reflecting on larger trends in healthcare and health education, he discusses: efforts to admit more minority students; issues regarding the rising costs of hospital care and the impact on University Hospital; faculty practice; retrenchments; the creation of the Biomedical Ethics Center; and the issues surrounding the University's production and sale of Antilymphocyte Globulin (ALG). Dr. Vanselow also describes the tenures of the presidents of the University and the regents with which he worked; his work with the Legislature; the differences between a private and public academic health center; and his time on the board of the Association of Academic Health Centers. He concludes his interview with a reflection on his experiences as part of the Institute of Medicine's Committee on the Future of Primary Care and the Continuing Evaluation Panel of the American International Health Alliance.

Interview with Doctor Neal A. Vanselow

Interviewed by Dominique Tobbell

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

Interviewed at the Home of Doctor Vanselow

Interviewed on July 10, 2013

Neal Vanselow - NV
Dominique Tobbell - DT

DT: This is Dominique Tobbell. I'm here with Doctor Neal Vanselow. It's July 10, 2013, and we're in Doctor Vanselow's home in Rio Verde, Arizona.

Thank you for meeting with me today.

To get us started, can you tell me a bit about where you were born and raised and your educational background?

NV: Yes, I was born in a suburb of Milwaukee, Wisconsin and went to grade school and high school there, and went to the University of Michigan for my undergraduate degree, which was a major in political science, and went to medical school at the University of Michigan. Then, upon graduation, I went to Minneapolis for a rotating internship at what was then Minneapolis General Hospital and is now Hennepin County Medical Center. I stayed there one year and went back to the University of Michigan for a residency in internal medicine and a fellowship in allergy and immunology.

I don't know if you want me to go...

DT: I can follow up with more and, then, we'll get into more details, too. First of all, what led you to pursue a career in medicine?

NV: I don't know. I was always interested in it. I don't know, but I never regretted it.

DT: [chuckles] Do you recall why you went to the University of Michigan?

NV: Yes. In Milwaukee, there were many very prominent physicians who were Michigan graduates. We knew some of them, and they said, “You ought to think about Michigan.” Some of them wrote letters for me and, again, I’ve never regretted it. I think Michigan is a great institution, a good medical school.

DT: Are there any highlights from your experiences as a medical student, anything that kind of stands out as being memorable about your experiences at Michigan?

NV: Well, the thing we always think about—some of us in the class get together on a regular basis—is what we called Junior Joy Week. In our third year as juniors, we had something like twelve examinations in two weeks.

DT: [laughter]

NV: Yes, that really tested us.

There were some giants in the field who taught us. We were all scared to death and didn’t particularly care for our first year. It got better as time went on. That’s true of any medical student.

DT: Yes. That resonates with what I’ve heard from others and my friends who are going through medical school. [chuckles]

What led you to do an internship at Minneapolis General Hospital?

NV: There were several other people in my medical fraternity who were interested also, and we thought we would go together. Three of us, counting me, went up there. I was always fascinated with the University of Minnesota, because there were some real giants there on the faculty. But I wanted some experience in the real world, not how it’s practiced in academia. We got very little of that at the University of Michigan. The University of Michigan emergency room, for example, was a very small operation. Minneapolis General was very different. It was the real world. We rode in the ambulance, and I wanted at least one year of that. It was the quality of the place. They filled their intern slots every year with people from all over the country. I wasn’t particularly interested in going to the East or going out to Stanford [University, California] or someplace like that.

DT: I understand Robert Good was a mentor of yours.

NV: No, I never met the man.

DT: Oh, okay.

NV: He was a giant in his field. I was interested in immunology and allergy. This was a time when the knowledge in those fields just exploded. For example, when I was a medical student, we were taught that the thymus gland was a vestigial organ; it had no

function. Of course, it turns out it's responsible for about half of the response to an antigen. So the fact that he was up there wouldn't have had any impact on me in terms of my internship, but I was considering, at that point, taking a residency and a fellowship at Minnesota.

But the reason I didn't was that I thought that the residency there was too much research oriented. I was more interested in clinical medicine. At Minnesota, if you walk down the hall, there would be a couple patient rooms and a lab. While I might have wanted to do research later on, it wasn't in those early years.

DT: So you went back to Michigan to do your residency and you were on the faculty there, as well?

NV: Yes. I took a residency in internal medicine and already had an interest in allergy and immunology and, then, went on to take a fellowship in allergy and immunology at the University of Michigan.

I have to go back a little bit. In those days, at Michigan, there were two ways you could get paid. Most physicians were on a salary. There were some very senior physicians who had what was called a P number, and they could admit private patients to the University Hospital. My boss, who was head of the section of allergy, had a P number. I was going to go into practice someplace, probably back in Milwaukee, and maybe keep an adjunct appointment someplace, but he asked me to come in to practice with him. So I had the opportunity of having a private practice in an academic setting. We were in a tenure track. We did teaching. We had time to do research but we had our own private patients.

DT: What was the name of your boss?

NV: John [M.] Sheldon, S-h-e-l-d-o-n.

DT: Was that pretty unusual at the time to have that private practice within an academic setting?

NV: Not unusual. It was unusual at Michigan though. You just had to be very senior to do it. There's no way I would have gotten it if I hadn't been practicing with him.

DT: What led you to go into administration? As I understand it, you were appointed dean of the University of Arizona College of Medicine in 1974.

NV: John Sheldon, in addition to being head of the allergy program, also was the chairman of a department called Post Graduate Medicine. It had a lot of responsibilities, putting on continuing education courses, relations with other hospitals in the state, and so on. When I first accepted his offer to come into practice with him, he said, "Have you ever done any administration?" I said, "No." He said, "Well, I can pay you a little more if you would set up post graduate courses for the Department of Internal Medicine." I

said, “Yes.” Then, John Sheldon died of lung cancer [in 1967]. A man named Harry [A.] Towsley, who was married to Margaret Dow, from Dow Chemical, came in his place and asked me to spend more time there. Then, when Harry retired, I was made chairman of the department. I was still seeing patients. I was still doing some teaching. I was still doing some research. But over a period of years, the time that I had to spend doing administrative work there became more and more.

Then, all of a sudden, out of the blue, I got this call from Monte [Merlin K.] DuVal at Arizona who said, “I’d like you to come out and look at a job in the dean’s office.”

DT: When you got to the University of Arizona, what was the environment like there when you arrived?

NV: Let me first say that Monte DuVal was one of my mentors. He invited me out the first time to be assistant dean for Continuing Education. When I got out there, he said, “I’ve got to tell you something. President [Richard] Nixon has asked me to come to Washington [D.C.] as assistant secretary for health. How would you like to come out as acting dean?” I hadn’t even thought of myself as a dean. The more I thought about it, the more I thought it was tough enough being a dean and even harder being an acting dean when you’ve never been out there before. So I said, “No.” He spent eighteen months in Washington in the Nixon Administration. He came back as vice president for Health Sciences, and they started a search for a dean. That’s when I got involved and so on.

The situation in Arizona: it was a new medical school, very different than Michigan or Minnesota. It didn’t have the anchors around that existing medical schools had. It could get into trouble very quickly. I don’t want to spend much time on this, but just before I accepted the job, Monte DuVal said, “I’m having trouble with the chairman of surgery, and I might have to fire him, but don’t worry about it. By the time you get out here”—our kids were in school, and I wasn’t going to come for six months—“it will all be over.” He kept sending me letters and calling and saying, “Everything is going in the right direction.” Other people sent me the newspaper. It started from the back pages to the front page... This was a man, the chairman of surgery, who was a superb surgeon, superb researcher, superb teacher, but probably a little crazy and was an absolute disaster in terms in offending other chairs and so on. I spent about three years trying to get that worked out. Before I got there, DuVal had fired him as chairman of surgery, but it turned out, he was a tenured professor. He was making so much trouble that we had to go through that terrible procedure of trying to get rid of a tenured professor. The first thing I did was go to the faculty and say, “If this is the way you work out here, I’m out of here.” The faculty censored the Department of Surgery. So we had a lot of support, but it was in the papers almost every day. It was not at all the type of entry that I would have wanted.

DT: As I understand it, you spent three years there as dean and, then, you moved to become the chancellor at the University of Nebraska Medical Center.

NV: Right.

DT: What precipitated that move?

NV: My responsibility at Arizona was the medical school. My responsibility at Nebraska was much bigger. I was responsible for the medical school. I was responsible for nursing, pharmacy, the hospital, the Nebraska Psychiatric Institute, the Children's Rehabilitation Institute, and, before I left, the School of Dentistry, which was the only health science school in Lincoln. They asked me to take responsibility for that. So I was responsible for all the health sciences.

The other thing was the salary and fringe benefits were much better at Nebraska than they were at Arizona. That was the only time in my career that my wife and I were worried about, "Am I making enough money to send our kids to college?" When you have to ask that question, you better make some change.

DT: Now that salaries for physicians and at medical schools are much higher than they were in the 1970s, it's funny to hear that now.

NV: Yes.

DT: What challenges did that present to you, the fact that you'd come from being dean of the medical school to now being responsible for all the health science units?

NV: My experience has been that the higher up you go up on the administrative ladder, the more of your time you spend in the outside world rather than worrying about faculty and students and things like that. I wish it weren't that way. I spent much more time in the legislature—it was a unicameral legislature, and it functioned very well—and a lot more time with alumni, a lot more time fundraising, a lot more time in the Omaha community being very much involved in the United Way, for example, and a lot of time recruiting.

I can't remember what your question was.

DT: The particular challenges in...

NV: First of all, we loved our years in Omaha. If anybody had told me we'd live in Omaha, I would have said, "You're crazy." Union Pacific was there. All the insurance companies were there. There were some wonderful people. The Strategic Air Command was headquartered at the Air Force base there, so we had friends who were generals and admirals. It was really an opening up.

The biggest challenge I had was the Cancer Research Institute where the head of it... I don't think I'd been there more than two months when the faculty came to see me and they said, "We can't stand this guy," and so on and so forth. We had to get rid of him. Fortunately, he went away quietly; although, I must tell you that, at one point, my secretary came and said, "You've got a phone call from *60 Minutes*." *60 Minutes* was

interested in doing a story on this man and the problems he was having. Fortunately, I hadn't been there very long, and I wasn't able to talk on that. I said, "This is so complicated, there's no way you're going to be able to cover it in..." The segments were twenty minutes each, I think, on *60 Minutes*. The last thing I wanted to do was to be on *60 Minutes*. That was probably the biggest problem.

Overall, we had a good bunch of people. I really enjoyed working with the president of the University. He was in Lincoln; I was in Omaha. There's a fifty-mile difference.

I don't know if that answers your question.

DT: Yes. What was the experience like going from just working with the medical school to trying to coordinate the different health science units?

NV: I think it depends more on people than the organization that you have. We didn't have any big problems. I had an opportunity over the years to recruit people. There were good people there when I came. I knew something about nursing. I didn't know a lot about nursing education. My wife [Mary] is a nurse.

DT: Oh.

NV: She was teaching at the University of Michigan when we first got married.

Pharmacy was very much in a changing period where they were going from a bachelor's degree to the PharmD. So I learned quite a bit there. I didn't find it that difficult. The difficulties usually came when you had people who couldn't get along with others. Unfortunately, many of those were in the medical school. I hate to say that.

DT: [chuckles] Given that you were in Nebraska, which, as I understand it, was then as much as now a largely rural state, did the legislature have expectations that the university would be producing practitioners for rural practice?

NV: They did. They did in Michigan. They did in Nebraska. They did in Minnesota and Arizona. That's been one of the difficulties in all of those places, to get physicians and other health professionals to rural areas.

DT: Were there specific things that the legislature demanded of the University in exchange for state funds or was it much more implicit or hands-off?

NV: It was more hands-off than some legislatures that I've been exposed to. I don't recall that they ever said, "If you don't do this, we're going to do this." But every time that you would go up there, they would be asking the questions, "What happened this last year?" "How many stayed in the state?" and so on.

We spent a lot of time in rural Nebraska though. Every summer, the president said, "All of us are going to go out, and we're going to go the small towns, sit down and have

coffee with the local people, find out what their needs are, and what they want us to do, and how we can be more helpful.” And we did. We went out every year and learned a lot.

The problem is, it isn't easy to try to get doctors to the small towns. First of all, they're probably going to be practicing by themselves or with a small group, so they're on call, in some cases, twenty-four hours a day, seven days a week. The spouse may have an advanced degree in something, and there's no job for her or for him. It's tough. The schools aren't as good as they would be in an urban area. There aren't as many options. Those are things that affect where a doctor is going to practice, but a medical school has no control over it. About the best you can do is try to admit kids from those places, and we did. That was something that was a plus if you were from a small town. Of course, every student who interviewed said they wanted to go into a practice in a small town. They were intelligent and knew how to *game* the admissions process.

DT: [laughter] I know at Minnesota, there was a Rural Physicians Associate program. Was there something similar at Nebraska?

NV: Not quite as formal as that. I thought Minnesota had one of the best ones in the country. That was John [Jack] Verby.

DT: Yes.

What about nurse practitioners? Was the nursing school at Nebraska preparing nurse practitioners?

NV: I think we were just starting to do it. I can't really recall whether we had a small program or were planning a bigger one. The university was not opposed to nurse practitioners.

DT: Were you able to do any clinical practice once you went into administration?

NV: I did a little bit. It was very frustrating because allergy was pretty much an outpatient specialty. We had a huge practice in Michigan. I tried to set aside, let's say, Tuesday afternoons to see patients at both Arizona and Nebraska and, to some extent, in Minnesota, though much less. But it would seem every Tuesday, there would be some crisis in administration, some meeting I'd *have* to go to, and, then, somebody would be left to see my patients, which wasn't fair to them, and it certainly wasn't fair to the patients.

DT: Did you miss clinical practice?

NV: I did. On the other hand, I think if I had done nothing but see asthmatics and runny noses all of my career, I might have been a little bored.

DT: Yes.

What led to the decision to move to Minnesota as vice president for Health Sciences?

NV: There were push/pull factors. We were very happy at Nebraska. The only thing that was upsetting us was there was a year, I think it was a year before I moved, where the state didn't have any money to give faculty salary increases. But the private sector managed to scrape together a lot of money to give the football coach a big increase. That upset a lot of people, including us. I had faculty that were performing very well, and I couldn't do very much for them in terms of giving them an increase. It kind of told you something about priorities. So that was a push factor. The pull factor was the fact that there had been giants at the University of Minnesota and not just Bob Good, but [Owen H.] Wangenstein—by the way, we got to know his wife [Sarah “Sally”] and his son, Steve [Stephen L.], very well—and Walt [C. Walton] Lillehei. Of course, Christiaan [N.] Barnard had been there. These were really outstanding in their field. Plus, it was the Big Ten [Football Conference], and I thought I'd died and gone to heaven when I could go back to the Big Ten.

DT: [chuckles]

What was the culture of the Academic Health Center [AHC] like when you arrived?

NV: At?

DT: At Minnesota.

NV: We could talk about that all day, because it was a very different culture than anyplace else. It was almost like a union culture, sort of an adversarial relationship between administration and the deans and the faculty. There was sort of a divide between the health science units on one side of... What was the name of the avenue?

DT: Washington Avenue.

NW: ...Washington Avenue and the main University on the other side. I hate to say this. Students didn't seem to have the same interest in the University that many of the other places I'd been. I think it was because the Twin Cities campus was pretty much a commuter campus. Students came to class in the morning and went home to study. It wasn't a residential campus. They didn't go to football games, for example. That was very different than Michigan and Nebraska. The Faculty Senate had a lot of power. University Administration seemed to be worried about what the Faculty Senate was going to say much more than I'd seen at any other place.

I wrote some of these things down because I knew you were going to ask it.

DT: [chuckles]

NV: There were a lot of little fiefdoms that people had developed over the years where they had a program going, and nobody knew very much about it, and nobody knew how much money came in, and so on. I'm sure we'll be talking about that later. There was a relatively poor relationship with the medical community out in practice, much more so than anyplace I'd been, sort of an arrogance within the faculty about their relationship to the local doctors and so on.

DT: Yes. I've heard that from several people and also seen it in the Archives. It's surprising given that a lot of those local physicians were trained at the University.

NV: That's right, they were, and not only their Medical School, but their residencies, too. But once they left, they were looked upon as local M.D.s. They were very good. They were stealing patients from the University on a regular basis. The University faculty felt that, "We're good and they'll come to us," and here was all this change taking place in the Twin Cities in terms of the health care delivery system with Paul [M.] Ellwood [who introduced managed health care in Minnesota] and HMOs [Health Maintenance Organizations] and all that kind of thing and the University wasn't participating. The faculty didn't want to do that. We're good. Let them send patients to us, and we won't have to do anything.

DT: You hadn't really experienced that at, say, Arizona or Michigan or Nebraska?

NV: There was always a little bit of town and gown, but *nothing* like this.

DT: You mentioned the arrogance of some of the faculty in the Medical School. Do you think there was any other reason for the fact that that town/gown was so much stronger at Minnesota?

NV: No. I couldn't figure it out then and, frankly, I can't now. It may have been sort of a hand-me-down type of thing. There probably was a time when the Wangensteens and the Goods and people like that were much better than the guys in practice, but that time was past. There weren't that many giants in the field when I arrived at Minnesota.

DT: You mentioned that union culture and the antagonism between faculty, deans, and administration. I'm wondering, was that across the University, beyond just the health sciences? And, I guess, what was the relationship like with Central Administration versus the administration in the Academic Health Center?

NV: Well, I can't say much about whether it was true across the University. I rather think it was. But during the time I was there, there were three occasions in which faculty came to see me to complain about a dean and say, "We want him out of here." That was more than I experienced anyplace. Some of these were, I thought, very good people. They weren't perfect. I just hadn't experienced that anyplace else. It doesn't mean everybody always loved the dean or anything like that, but this sort of, "We're not happy with him, he's got to go," and so on...

What was the second part of your question?

DT: The relationship between University Central Administration and your office, basically.

NV: It all, of course, depended on who was in Central Administration. I started out under [C.] Peter Magrath and then, Ken [Kenneth] Keller and, then, Dick [Richard J.] Sauer for a little while. And, then, Nils Hasselmo, by that time, I was, essentially, out the door. There was a tension there, but I'm not sure it was any worse than anyplace else. There always is. I think, in general, the faculty across Washington Avenue from the Medical Center, were still angry from the years after World War II when the Federal Government poured tons of money into research, and they didn't get a whole lot of it then, and salaries shot up over a period of time compared to what professors across the street were making. Yes, there was that sort of tension between faculty. But between the administration in the health sciences and the rest of the University, there was some but it wasn't terrible.

With Ken Keller, I felt that he meddled somewhat more than Peter Magrath did in health science affairs. By that I mean he had some people who were probably faculty members or had been faculty members who would whisper in his ear. There was a surgeon by the name of Dick [Richard L.] Varco—that's a name you've heard. He was long gone from the University, and I think was living out on the West Coast—I may be wrong—and would show up periodically in the Twin Cities. Keller liked him, and he'd whisper in Keller's ear and, then, I'd hear about it. "Why was so and so doing this or that?" It would have been much better if Varco had come to talk to me. He was sort of a secret guy, hidden guy back in the corner.

DT: That's interesting. I hadn't heard that about Varco. I've heard other things about Varco but that's the first...

NV: He and Keller got along very well, but he wasn't there anymore.

DT: I'm curious. Would you be able to talk about the three instances when the faculty came to you wanting to oust the deans?

NV: Uhhh... I'd rather not point out the schools involved.

DT: Okay. I think I know.

NV: I think you know. Maybe you can tell me.

DT: Yes, well, I would say the School of Public Health and Bob Kane.

NV: That was after I left.

DT: Okay. I've heard about that from people in the School of Public Health.

NV: Bob is still there, isn't he?

DT: Yes.

NV: He's very happy as faculty member.

DT: Yes. Actually, my research assistant is, hopefully, going to interview him soon.

I know that there were issues in the School of Nursing, some concern with Ellen Fahy, at one time or another.

NV: I don't remember that.

DT: That's the thing. I thought I knew. Well, actually... Then, in the College of Vet Med [Veterinary Medicine], I think there were some concerns there.

NV: That was one of them.

Let me tell you a little story about Ellen Fahy. I don't know if you know her background.

DT: Yes. Actress.

NV: Yes. Did she tell you the story about Eva Marie Saint?

DT: No.

NV: Eva Marie Saint... Does that name ring a bell?

DT: No.

NV: She was a very prominent actress, movies and everything else. Ellen was fairly young, and Eva Marie Saint was fairly young, and they were doing soap operas. They did them live, no taping. It was early television. She had some wonderful stories, Ellen did, about her time as an actress on the soaps.

DT: That's wonderful. It's unusual to have someone go from being an actress into nursing and, then, be a dean of the Nursing School.

NV: Yes.

The other school...the reason I don't want to say anything. After the faculty came to talk to me, I sat down with the dean and said, "Your faculty was over. I've got some suggestions of things that you might want to do differently." A year later, they weren't happy. So I had to ask him to step down. He said, "Okay. Just don't let my wife know," and to the day, she doesn't know it.

DT: Ohh.

[pause]

DT: Sorry. Now I'm trying to put pieces together.

I wonder if you might be able to comment on what you thought relations were like between the different health science units while you were there.

NV: Of course, they were all competing for funds. It's one big competition...one side of Washington Avenue and the other side of Washington Avenue and on our side of Washington Avenue everybody was competing. I thought they got along pretty well. We had a retreat every year that they came to and everybody participated. There was some arrogance on the part of Medicine where the dean there, Dave Brown, just really didn't want to have to spend time sitting down with these other people and talking. I think that was the only problem; otherwise, I think everybody got along pretty well. But that was a problem that would surface every once in a while.

DT: While you were under your tenure, the College of Veterinary Medicine was formally incorporated into the Academic Health Center. Can you talk about that process?

NV: I don't remember much about it. It was after I'd been there a number of years. It seemed logical to me, because the basic sciences were pretty much the same. I just can't remember exactly why it was done. The dean of Agriculture didn't get along with Bob Dunlop, the dean... It was a new experience for me. I can't remember if there was anything sinister underlying it.

DT: I know that discussions had been going on previous to Dunlop to Dean [Sidney E.] Ewing and the v.p.s and associate v.p.s in Central Administration about whether to transfer the college to the AHC since 1976. It seemed like the faculty of the college wanted it, but President Magrath had opposed it, for some reason.

NV: Okay. So then when Keller came in it was different.

DT: Yes.

NV: I didn't feel as though there was a big faculty push for it or faculty resistance to it. It seemed to be pretty smooth. I learned a lot about horses. I can't help you very much.

DT: It's interesting. I'm not surprised that you say it was kind of a smooth transition. From talking to faculty from the College of Vet Med, they had always had relationships, particularly with some of the faculty in the Medical School.

NV: Right.

DT: So, they probably saw themselves as already a part... Obviously, they're part of the health sciences. I think it's a one health, one medicine approach that the Veterinary faculty often held. It's not surprising that it wouldn't have been too disruptive.

NV: The other thing may have been—although, I don't remember this specifically—that there was a feeling in the non-health science faculty that they were getting less money from the Legislature than the health sciences. So there may have been a feeling amongst the dean and the faculty over there that if they were part of the health sciences, they could get some of that, too. I don't think there was that much to get.

DT: [chuckles] My understanding is that the College of Vet Med had a lot of support in the community from farmers and, I hear, the turkey industry was particularly effective and the cattle industry.

NV: Well, are you going to get into the Commitment to Focus, too?

DT: Yes. We can talk about that now, Keller's Commitment to Focus, and the threat to close the College of Vet Med and the School of Dentistry.

NV: It was a very interesting period. Peter Magrath left, and Ken Keller took over as interim president, but he was a candidate for the permanent position. The Legislature didn't have a whole lot of money and felt that the University was trying to be all things to all people and offer degrees at the bachelor's level, and maybe even associate degrees in some cases, all the way up to the Ph.D., and felt that the state colleges could do a lot of those things, and the University ought to focus on what it did best. Here's Keller, a new president. He wrote a paper, which was a very good paper, called "The Commitment to Focus," which you've read and heard about. The Legislature agreed with him. That's basically how he became president, because of that paper. The question was, outside of a paper, how do you actually implement that and focus an institution the size of the U?

Keller had been academic vice president. Now he was president. There was a vacancy in the academic v.p. area, so he recruited Roger Benjamin, whom you've heard about, to come in. I can't remember where Benjamin was when he was recruited to Minnesota. He let Benjamin chair a committee to come up with the way to implement this and it was done secretly. Very little information went out from the committee. There was a retreat of senior officers planned, and Benjamin was going to unveil his committee's report there. No questions were asked. "We'll be coming out with our report..." We all went someplace; I don't know where, away from the University. The first thing on the agenda was Benjamin's report. They passed it out...

[brief break in the interview as Doctor Vanselow's wife enters the room]

NJ: They passed it out and everybody looked at it, and there were ooohs and aaaahs, including from Keller. He hadn't seen it until then. Among other things, Benjamin recommended closing the School of Dentistry and the College of Veterinary Medicine.

Now when you think about it, in a rural state like Minnesota, every little town probably has a veterinarian and a dentist, and they're leaders in the community. Fortunately, I had really worked hard at establishing relationships with both the rural and the Twin Cities community. I had a Health Science Advisory Committee that met on a regular basis, not to take the place of the regents—we couldn't do that—but to convey to leaders around Minnesota what they had in the health sciences, getting advice on things like that. I'll tell you, it took about two minutes to mobilize them, to get these people to say, "This isn't going to happen." It took about two minutes in the Legislature, and it took about two minutes to rally the faculty in the health sciences. It was one of the dumbest things I've ever heard of in my life. Benjamin wasn't there very long.

I think that was the thing that was the nail in Ken Keller's coffin. He had let Benjamin go ahead and do it. He never supported Benjamin, but it was looked upon as Keller's document.

DT: Sure. What reason did Benjamin give for wanting to close these two schools?

NV: I think he was a political scientist. I don't think he had a clue. It wasn't in his area. I don't know. There are some things twenty years later, thirty years later, you can't figure out.

DT: It just seems so shocking to me and was particularly reinforced by Dick [Richard C.] Oliver yesterday. Both the School of Dentistry and the College of Vet Med were not only very good schools nationally, but they were some of the only schools in a large geographic area that were providing veterinarians and dentists to the Upper Midwest and some of those western states, too.

NV: Yes. I suppose if you look at the Dakotas, that's true. But Nebraska had a whole range. Michigan did. Wisconsin did. So I don't think it was that so much—just stupidity, I think.

DT: I understand there were efforts within the AHC to increase the recruitment of minority students. That preceded your tenure as vice president, but I wonder if you can speak to that during your tenure.

NV: Well, it's obviously very important to do. One of the problems was that there were very few minorities, except for Native Americans, in Minnesota. What's the percent now of African Americans? The Legislature and the University felt that you could take a few out of state students but not a whole lot. So that was a problem. I can't remember specific efforts. I know we made them. I know the deans were aware of it, and the Admissions Committee was aware of it. But the fact is that, number one, we were pretty much restricted to in-state students, not completely, and, number two, there were relatively few minorities in Minnesota.

Incidentally, I've been on—I just got off because of my health—the Board of Trustees at Meharry Medical College [Nashville, Tennessee] for sixteen years.

DT: Hmm.

NV: I chaired their Board of Academic Affairs Committee, the committee that recruited the president, and so on. So have been very much involved in that. I know some of the problems in Minnesota...

DT: I also saw that you were on the AAMC [Association of American Medical Colleges] Task Force on Minority Student Opportunities.

NV: That was very early in my career.

DT: As we're on the subject of minority students, I wonder if you could talk about your experiences on that task force.

NV: No, because it was the first task force I'd ever been on. I was just learning. I don't think I contributed very much to it. It was a time when we all knew it was important. It was a time when programs were gearing up. No, I was pretty naïve and pretty young.

DT: You mentioned the Native American population in Minnesota. Were there specific efforts to reach out to the Native American community?

NV: Yes. It was very difficult though, because of the ethic—I'm not sure that's the right word—of the Native American community that you're not supposed to touch a dead person. So starting out in anatomy, the real question was, "How are we going to teach it?" It was also a problem, of course, because the schooling they had so far wasn't up to snuff in terms of most of the other students. Yes, we tried very hard. I'm not sure I understand the Native American culture, but there were certain things in addition to not touching a dead body...the way in which Native American students looked upon themselves and the way they were looked upon by their tribe. It was difficult, much harder than it would be for Hispanics or for African Americans.

DT: In terms of the different quality of education the Native American students were receiving, say, at the high school level and beyond, was there any program that was put into place to kind of counter balance the less well prepared they were to begin, say, Medical School or the Nursing School? I'm wondering if there was any kind of effort to correct the lack of preparation they had had for health science education.

NV: I can't remember specifics. Almost every academic health center I've been at has had a program like that...in some cases where they start out during college and get summer courses and things like that. Then, very often after they're admitted, the summer before, they actually enter a fulltime course where they get early instruction and, then, special courses over the years that they're there, particularly during the basic sciences when most of them get into trouble and can't go beyond that. We had at Meharry a very strong program. The woman who started it, started it at Tulane [University], and she was

the one who recruited me to the board there. I can't remember specifically what we had at Minnesota. I'm sure we had one, but that's twenty, thirty years ago...

DT: Sure. [chuckles] Your memory is great. These specifics can be hard to recall, especially when you've had the range of institutional experience that you've had.

I wonder if we can talk about the Hospital, because that was, obviously, part of your responsibility as vice president. I know there were a lot of concerns about rising hospital costs beginning in the mid 1970s onwards. I wonder if you can talk about some of the challenges of managing or of dealing with that issue of rising hospital costs.

NV: First of all, the University Hospital was very expensive, but it had a skewed group of patients. It wasn't your ordinary community hospital. When you're running a transplant program or multiple transplant programs and doing all kinds of cutting-edge types of things, it's going to be more expensive. That, historically, has caused some concern over Medicare reimbursement. Was the money Medicare gave to teaching hospitals enough? There was a lot of negotiation and so on with Medicare and with Congress over that issue.

There was a special problem, which I've alluded to, in the Twin Cities, because of this arrogance of the faculty and the fact that they felt they were better than local doctors. A lot of times you would hear from local doctors, "I sent a patient over to the U, I never saw the patient again." That happened too often. Or the patient would come back to the local doctor and talk about what the faculty member did to demean the local doctor. There were times when there would be a clinic scheduled and the faculty member wouldn't show up or would show up late, and the patients would be sitting there.

So there were some common problems and some unique problems. Don't get me wrong. Every place I've been some of those—quote—unique problems exist but not as strongly as they existed in Minnesota.

DT: I've heard from several people that a lot of the affiliated hospitals and hospitals in the community had established good competitive residency programs, so there was that increased competition in the Twin Cities' market.

NV: Yes, that's true.

DT: And in general, nationally, the hospital market was becoming increasingly competitive. You mentioned HMOs earlier and the changing nature of health care delivery.

NV: Paul Ellwood was right there, and I got to know Paul very well. We worked with a man named Jack Whitehead. I don't know if that name is familiar.

DT: No.

NV: His family...their business [Technicon Corporation] invented the AutoAnalyzer. He's a very wealthy man, wanted to start a rural HMO in Minnesota. He asked Paul and me to serve on the board, which we did. It never got off the ground for other reasons.

It was that type of thing that faculty at the University would not have wanted to have anything to do with. They wanted to take care of a small number of patients and do their research. It was sad to see, when all this change was taking place, the University not participating in it.

DT: I guess when you arrived, I think plans for the new hospital were already underway.

NV: Yes.

DT: What was that experience like coming in when the decision to build a new hospital had already been decided?

NV: Well, when you looked at the old hospital, anything would have been better. I thought they were pretty well done. As I recall, they were pretty much on time. That was not a big issue.

DT: On the subject of Medicare... In 1983, the Diagnosis-Related Groups, that way of reimbursing was introduced. Did that have a particular impact on the Hospital and I guess on faculty practice, more generally?

NV: Faculty practice is something else that we ought to get into.

DT: Yes.

NV: I don't think anymore than anybody else. Yes, it had an effect, but I don't think it selectively affected teaching hospitals.

DT: You bring up faculty practice. I know long before your arrival at the University, faculty practice had been one of those things that I think had been particularly contentious in the Medical School's history, at least since the late 1950s. I wonder if you could talk about the faculty practice issue.

NV: Yes. The Faculty Practice Plan, in my opinion, was one of the things that has caused the standing of the University of Minnesota Medical School to decrease in quality over the years. Nationally, I don't think it's as highly rated as it used to be. The Faculty Practice Plan wasn't one plan; it was a whole bunch of different plans, arrangements that had been negotiated between—it was before I got there—the dean and certain members of the faculty. I was shocked when I got there. The shocker was that those of us in Administration did not know what people were making. That was secret. There was a person who, presumably, was appointed jointly by the Practice Plan and by the University called the monitor. The monitor knew what people were making, but the President of the University didn't. I didn't. The dean didn't. We really pushed very hard

on that. When Keller was in, he said to me, “We’re going to go find out,” and we did. But we had to meet with the monitor, first of all, with lawyers in the room and everything else. It was absurd. It turned out people weren’t making that much. That would be unheard of in any other place. I think it’s since been changed, maybe changed several times. There were a few people who were taking advantage of this. Their efforts as—quote—faculty were basically making money. It was a big weakness at Minnesota.

DT: Did you encounter a lot of resistance?

NV: Oh, absolutely! Absolutely. Yes. Nobody wants their income to be made public. If you gave that information to the University, it might become public. Nobody wants that. I understand that. If you don’t want your income to be made public, then go out into a practice. Don’t hide behind the University.

DT: I know that Bob [Robert B.] Howard, who was dean of the College of Medical Sciences through the 1960s, had, at the behest of the University presidents also, tried to investigate and, then, change the faculty practice model, and had a heck of a time. It was what he, himself, has termed... It kind of signaled his downfall, in many ways, even though he was dean for ten years. It was the bane. It’s significant, I think, that by the time you were vice president that you had the strong support of the president to do this and were able to attain it.

NV: We did. Peter Magrath would not have wanted to handle that, I don’t think. The threat was, particularly amongst the high earners, “You do that, and I’m leaving.” And they could. They were good physicians, and they could leave. So it was a real dilemma. But it just couldn’t continue the way it was.

DT: As I understand it, that monitor was the product of... Lyle French, it was under his tenure, but, again, the faculty practice issue resurfaced in the 1970s, and this was a compromise or a strategy that this auditor, this independent auditor, would have access to information but no one else.

NV: I think that’s correct. The question is what would the independent auditor do with it other than file it away?

DT: Yes.

NV: It wasn’t a good compromise.

DT: You mentioned earlier the fiefdoms that existed when you arrived at Minnesota within the Academic Health Center. I wonder if this faculty practice issue tied into that, that those that were clinically powerful and were making a lot of money were also the ones that were threatening to leave.

NV: Yes. There were clinical fiefdoms, [John] Najarian in the Department of Surgery being the biggest one. But there were also basic science fiefdoms. What Fritz [H.] Bach

was doing, for example, was, in my opinion, one of those things. Fritz invited Mary and me to dinner just after we'd been there a couple weeks. I didn't know who he was. We went to the most expensive place in town that we'd never go to otherwise. It was a pitch to look at what I'm doing, and look how good I am. You've got to support me. There were several others like that, too.

DT: He was a basic scientist who was also a clinician?

NV: Bach was an immunologist, I think.

DT: I've not come across his name before.

NV: The other one was—I can't think of his name—in chronobiology.

DT: Oh, [Franz] Halberg?

NV: Yes, yes.

DT: I've met Franz.

NV: Is he still there?

DT: Yes, still there, still has a lab. [chuckles] Yes.

NV: I never knew what ever came out of all of that.

DT: He's still doing the chronobiology. One of my colleagues actually is working on a history of chronobiology preceding Halberg, but it was Halberg who kind of got him on the subject. Yes, he seems to have been an interesting character in the Medical School in recent history.

NV: He was.

DT: The establishment of the University of Minnesota Clinical Associates, which, then, became the University of Minnesota Physicians, was that related to the faculty practice to have all of the faculty in the same group?

NV: That must have been after I left.

DT: Okay. I'm not sure on the timing.

One of the challenges, it seems, that your tenure was faced with was the repeated retrenchments. I wonder if you could talk about that.

NV: Yes, there were repeated retrenchments. I don't know what to say about it. It wasn't just the University of Minnesota that was having that. It's difficult to deal with.

In general, I felt the Legislature was pretty supportive. Nebraska and Minnesota, I thought, were pretty supportive. We had to do it. I'm not sure it harmed things that much. The deans may have felt differently. I wasn't very happy with it; none of us were. But what are you going to do?

DT: In 1985, the Biomedical Ethics Center, as it was called, was established. Were you involved in that?

NV: Yes. I won't take responsibility or credit for things that somebody else did, but this is one thing I did. I did it because it was the Jamie Fiske thing [Jamie received a liver transplant in 1982 at 11 months of age]. We had this terrible dilemma. I'm sure you've talked with other people about it. Here you have a little girl who needs a transplant. She's not first on the list. Her father [Charles Fiske], who knows pediatricians and is part of the establishment, puts her to the front of the list, and she gets a good result. Najarian got a lot of publicity because of it. But the question is... There are all kinds of issues when care is limited—you can just do so many transplants—as to who decides who gets the treatment that is both expensive and limited in availability.

That sort of opens up the broader thing about the whole area of bioethics. We didn't have the expertise and almost no medical school did. I sat down with some of the faculty. I think they were mainly Public Health faculty; I can't remember now. We went to the Northwest Area Foundation, and they provided quite a bit of money to get it started. We recruited... [pause]

DT: Art [Arthur L.] Caplan.

NV: Yes, Art Caplan who, at that time, was probably as well known as anybody in the country was. He's the one who built it. Unfortunately, he left to go to Penn [University of Pennsylvania]. I think it's still functioning, and it's still needed. These things haven't been solved. I'm kind of proud that we were one of the first places to have a center devoted to biomedical ethics.

DT: As I understand it, the medical students, since the late 1970s, had been pushing for training in bioethics and had established a lecture series. How did they factor into that decision to establish the center?

NV: If the medical students were pushing for it, it didn't get to my level. It should have, but I don't remember that it did. I remember it was the Jamie Fiske thing that was the spark for the whole thing. That's interesting, because I don't recall a lot of Medical School student pressure. It probably would have gone to the dean first. I don't remember Dave Brown coming to talk to me about it.

DT: Before you recruited Art Caplan, Paul Quie was appointed interim director. What led to that decision?

NV: He was always interested, knowledgeable, a gentle man who thought about these issues, obviously not interested in being the permanent person. He was respected by students, by faculty, and the perfect person to get it started.

DT: Caplan was a philosopher. I wonder if there was any resistance to having a philosopher appointed as director of the center.

NV: If there was, I don't remember it. It was hard to be against Caplan. He was a very articulate and very exciting young man.

DT: And he's still such a public voice on issues of bioethics.

NV: He is. When NBC news needs somebody to comment on something, they call Art.

DT: Yes.

NV: He sort of the people's philosopher. I mean, he doesn't get off into all kinds of minutia and things like that. What he says is very much to the point, and people can relate to it. We kind of felt that's the type of person we needed.

DT: In talking about Jamie Fiske and John Najarian, I wonder if we might spend a little time talking about Najarian and the ALG [Antilymphocyte Globulin] situation.

NV: Right. Do you want me to just talk?

DT: Yes. [chuckles]

NV: Well, first of all, John is a superb surgeon, a superb researcher, a superb teacher. He's not like that guy at Arizona who I told you I thought was crazy.

As a matter of fact, going back to Arizona for a minute, the president of the University, the vice president for the health sciences, and I, as Dean of the U of A Medical School, had guards twenty-four hours, around the clock, because the chairman of psychiatry was afraid this guy was going to do something violent.

Anyway, Najarian wasn't like that at all. He had a very good department. I was concerned because it wasn't quite clear what the cash flow was in that department. Over the years, we learned that they had this facility in Saint Paul where they had horses and where they were making the Antilymphocyte Globulin [ALG]. ALG was a horse serum. I'm not sure the University really had known about that. Maybe they did over on the Saint Paul campus. This was after I'd been there for some years.

Najarian built a huge program. He was one of the people—what would you call them—in the Twin Cities who were sort of heroes. Mama D was another one. John Najarian, and there's somebody else, and Mama D could do no wrong. You heard about them all the time. Everybody was kind of afraid to ask questions about some of these things.

When the Antilymphocyte Globulin thing came up—I can't remember just how it did or why it did—I was told that they were operating under a special license from the NIH to allow them to do this, even though it hadn't gone through all of the tests that drugs and medications have to go through with the FDA [Food and Drug Administration]. One of my concerns, though, was it was making a lot of money. Where is that money going? Who is looking at it?

Unfortunately, that came up at a time when the whole University was under attack by the papers, by the Legislature. It was the end of Commitment to Focus. There was the fuss over Eastcliff [residence of the University President]. Keller was fired. Dave [David M.] Lilly, who I thought was a superb finance vice president, was fired. Frank [B.] Wilderson [III], the vice president for Student Affairs was fired. Benjamin was fired—thank God he was.

Everyday, some new crisis would emerge, like how much money were we spending on entertaining? Well, entertaining was part of the job. That's how you got donors to give. That's how you got support from the Legislature and things like that. My wife and I tried to do some. People said, "What are you doing that for?" We tried to do it as inexpensively as possible, not as inexpensive as when I was a resident, but close. The newspaper was attacking, and I couldn't get anybody interested, including Steve [Stephen] Dunham, I think it was, who was the University attorney, in this Antilymphocyte Globulin thing. I knew when it started, it was going to be a big fuss and the whole University was going to be involved if Najarian went to them. So it was very frustrating. These were in the days when you got up in the morning and you didn't know what was going to happen, because there would be a new accusation. I never experienced that at any other place I've been.

The regents were *terrible*, one of the worst governing boards I've ever been with. I don't know if you've talked to Dick [Richard J.] Sauer?

DT: No.

NV: You ought to. When Keller got fired, Dick agreed to be interim president. Immediately, the regents started coming after him, even though they'd appointed him. I can remember regents meetings when we sat there in front of reporters and everybody else and the regents would go after Dick or somebody else in Administration. Fortunately, the health sciences wasn't involved at that point. It was later on, the concerns about health sciences surfaced. There was a time when vice presidents said we were not going to sit there and let them do it to Dick. We were going to walk out. I'd never had that experience before.

It was a *very*, very difficult time. I guess what I'm trying to do is convey the scene then and why we didn't jump on this earlier. But you know, a lot of people's jobs were at risk. There was something in the paper everyday about the University and what a bunch of crooks they were. It just seemed like something you could put aside and deal with later on. It turned out it wasn't. I had a terrible time getting anybody interested.

DT: Why was there so much antagonism, opposition to the University from the Legislature and the newspapers?

NV: In general, I look back on the Legislature as a pretty good Legislature. I think there were some legitimate questions—not that anybody was a crook. Keller and Dave Lilly were superb financially, and they'd been able to save money and put it aside for a rainy day. The minute that came up, it was a slush fund. Well, that will get the attention of the Legislature. I don't think there was any more there than it would have been... If he was a legislator, for example, got up in the morning, and read the paper and here was something in the paper, in the [*Minneapolis*] *Star and Tribune*... Why the newspaper had it in for the University as a whole, I don't know. I could never figure it out. Nobody ever explained it to me.

Have you gotten any insight into that?

DT: No. We mentioned him off the record earlier...Joe Rigert. His name has come up when talking to people. His name is all over the articles that were so critical of the University, at that time. I don't have any insight. I have some additional insights on the situation with ALG, but in terms of that kind of antagonism toward the University, I don't.

NV: There are editors there who, presumably, set the tone. Apparently, they just let him run or encouraged him.

DT: I think it's an excellent question. Hopefully, if I talk to enough people, interview enough people from different perspectives, I'll be able to get an answer for it.

NV: I think this was a man and a newspaper that is partially responsible for the fact that the health sciences at Minnesota are not what they used to be. The word gets out. I read in the newspaper about this or about that. It's hard to recruit in circumstances like that. I know an awful lot of effort and money was spent when I was there when something like this happens the reporter would want this data or that, and everybody was scurrying around. Mary and I were scurrying around. How much did we spend at our house on entertaining? That's ridiculous. Every other place I'd been, you if you didn't entertain, you were in trouble.

DT: One of the first things you said about your responsibility as chancellor at Nebraska and, then, vice president here was that you had that responsibility to meet with alumni to fundraise. That is a crucial part of the job, as you pointed out.

You mentioned, obviously, that you were trying to address or find out more about the situation with ALG and for various reasons that wasn't panning out. It seems pretty clear that the FDA... They had licensed the facility that was manufacturing the ALG and at least Najarian says that the NIH was aware of what was going on and the FDA was aware of what was going on. What was your reaction when it finally did, basically, blow up?

NV: Well, I was gone by that time. I guess my reaction was shock, but not really because I knew there was something there. We were, to some extent, looking at the broader picture of how the Department of Surgery was funded and what they were doing with all this money that was coming in. When I asked, “Is the Federal Government aware of this program?” “Oh, yes. We have a special license,” and I didn’t push it too much farther. It was the money part of it, because nobody knew. It was something we really needed to look at.

DT: Do you have a sense why—I know this was after you left, but given your knowledge of the institution—the Central Administration didn’t support Najarian when the situation with ALG came to light?

NV: [pause] Uhhh... I do know. I think they felt they were lied to. They were told about this special license, which didn’t exist. I’m pretty sure that was it.

DT: Do you have anything else to comment about the ALG and Doctor Najarian?

NV: I think it’s probably too bad that it’s been pulled from the market. I think it worked.

DT: That’s the irony, isn’t it, that it was helping a lot of patients?

NV: I was called to testify at Najarian’s trial by the prosecution. I was very uncomfortable doing it. I was surprised the judge threw it out the way he did, but he did. I don’t think that Najarian was completely above board. It may have been that he was just too busy. I don’t know. I think somebody lied to Central Administration. Basically, it was Cherie Perlmutter who had checked this out for me and came back and said, “No, they’ve got a special license.” We didn’t ask to see a copy, but I suppose we should have.

DT: Would you care to elaborate on your relationships with the various presidents that you served under at Minnesota?

NV: Peter Magrath recruited me. Peter was a very nice guy...I didn’t think real decisive but not a bad president. He did not know how to entertain...entertaining at Eastcliff was something else. There was always a cocktail named after somebody, like Vanselow vodka. If I’d come to a party in our honor, it would be Vanselow vodka. He wasn’t there that long. He didn’t meddle. He was supportive. I think he went to the wrong place at Missouri [the University of Missouri]. I don’t think he lasted there that long, but then he got a good job in Washington [D.C.].

Ken Keller was one of the brightest I’ve worked for. He was a biomedical engineer, so he thought he knew a lot about the health sciences, and he tended to meddle considerably more. But in the last analysis, if you stood up to him, he’d come around. I thought he was a good president and *terribly* treated by the regents, and by the state, and by the University.

Something I suppose I shouldn't be saying is, I felt there was more anti-Semitism in Minnesota than anyplace I've been.

Does the name Jim Klobuchar...?

DT: Yes.

NV: Is he still writing a column for the paper?

DT: I believe so. Yes.

NV: During the time Keller was under attack by the regents, the newspaper, and everybody else, Klobuchar wrote a column in which he said that—I'm paraphrasing [unclear]—this man will never understand Minnesota because he's not one of us, or something to that effect and chided him about his mustache, that he looked like Groucho Marx. You could almost read Jew in there. It shocked us. We hadn't experienced that anyplace. Chuck [Charles F.] McGuiggan, a regent, later I think was also chastised for anti-Semitic remarks. We saw more of that than at any other place, and I think that affected Ken's presidency, to some extent. He wasn't the easiest president that I had to work for, and we certainly weren't personal friends like we were at some of the other places where we just really hit it off with the president. But he was a good president.

DT: How about Nils Hasselmo? I know there was a very short overlap.

NV: Yes. I think it was a month for me.

DT: Okay.

NV: Nils had been vice president for Administration, so I met with him. We used to every Monday or Tuesday morning have a meeting at Eastcliff for breakfast that went on for most of the morning. All the vice presidents were there with the president. I have a lot of respect for Nils, but I have no first hand knowledge of what kind of president he was.

DT: I wonder how you would characterize the different regents that you served under. You often had to go before the regents?

NV: Oh, yes. I was there at every regents' meeting. All the vice presidents were. Do you mean individually?

DT: Individually or as a collective. You mentioned that the last set of regents you served under was very ineffective or the worst you'd experienced.

NV: It was a bad board. It was very political, regents fighting amongst themselves, regents looking out for programs that they were involved in, that they wanted more

support for. For example, Wendy [Wendell R.] Anderson, the former “boy governor,” kept pushing and pushing and pushing for more, I think it was, swimming facilities or exercise facilities or something. It turned out he was going over there all the time. That was all he was interested in. There was always a battle with the regents, and they kind of felt, I think, that they were there to criticize the Administration and people in the University and not be supportive. It was a lot easier to work with the Legislature in Minnesota than it was with the regents. We used to hate having to go to a regents meeting. Sometimes, they’d get off on a tangent and fight amongst themselves. It was very political.

DT: One of the things I’ve heard about the ALG situation was that one of the regents had it in for either the health sciences or the Department of Surgery in general and that was one of the factors that...

NV: Well, I don’t know about that. When I was there, I didn’t think there was any one regent, except one possibility, and I’m not even sure of that, who had it in for the health sciences, and that was Chuck McGuiggan, the dentist from Marshall. He was a very difficult man to get along with. I think I got along with him all right, but you never quite knew. He was generally a negative individual. But I don’t remember that McGuiggan went to the paper while I was there. If there was a problem, he might bring it up at the regents meeting. He might call me or maybe call somebody else or call the president. But that would be the only possibility that I know.

DT: You mentioned that the Legislature was a far more positive experience. Is there anything you’d like to elaborate on in your relationships with the Legislature?

NV: Stan [Stanley B.] Kegler did most of that. I wasn’t involved with the Legislature that much, just very occasionally testifying before a committee, going over to explain health science issues to individual legislators or people who you met within their role as a committee chair. I can’t remember the name of the guy we talked to most of the time. Lynn [H. Becklin], who I thought was very intelligent and very smart and appropriately supportive, not supportive without asking questions. They were good questions. My observation of the Legislature, for the most part, was through what Stan Kegler said and what the president said when he was over there meeting with legislators.

DT: What led to your decision to leave the University of Minnesota?

NV: Frankly, I was fed up. There were a couple of regents meetings toward the end. They didn’t go after me, but I had to sit there and listen to them go after Keller and, then, after Dick Sauer. I just said, “This isn’t worth it.” Dick left, too. If you were to talk to him, he’s even angrier than I am. We get together periodically and have lunch or dinner. We commiserate with each other about those terrible days. I haven’t experienced anything like it anyplace else. Having seen how a board of regents operated at a state university, I said, “I want to go some place which is private.” The Tulane opportunity came up, and I took it. The board there was very supportive, and I think that’s generally

true of private boards. So there was a pull factor from New Orleans and the push factor from Minnesota, which was bigger than the pull factor.

Looking back, it's hard to believe that I was there for seven years. I had other job offers to be the CEO [chief executive officer] of the National Board of Medical Examiners in Philadelphia and an offer to be the head of the Association of Academic Health Centers...but in Washington, the cost of housing was prohibitive. I had an opportunity to go and for some reason, I stayed as long as I did. But I'd had enough.

DT: I'm glad that you brought up one of the differences between a private institution like Tulane and the state schools that you've been at. I wonder if you could reflect on whether you observed any other differences in the ways in which public academic health centers and private academic health centers like at Tulane...what differences there may have been.

NV: We didn't have to work with a legislature at Tulane—thank heavens, because the Louisiana legislature is not known for being high quality. But LSU [Louisiana State University] had to work with the legislature there. We didn't have to. There were a few items about which we would go testify, but we didn't have to do that.

The orientation of the private board was to be supportive. That didn't mean they put up with hanky panky or anything like that, but they were supportive. I had some wonderful board members who would run interference for me with other board members if necessary. It was a pleasure to work with them. Politics just didn't exist within the board. These were all leaders in the community in New Orleans, Louisiana, but some from the east coast and from the west coast. It was a national board.

The quality in terms of intelligence and understanding, particularly understanding the difference between the role of a board and a board member and an administrator and a president, like a university president... I'm not sure the Minnesota Board of Regents really understood that. It was certainly understood at Tulane. They were very impressive individuals.

I'm trying to think of what else.

DT: Did you feel the academic health center at either place had different priorities because in Minnesota, it was state and there were certain expectations placed on it from the Legislature, for example, versus at Tulane?

NV: Well, there was no pressure at all that I can ever remember at Tulane, somebody on the board forcing me to talk to a dean to get a student admitted. There was never that kind of thing. There was some of it at Minnesota, but if you look at the spectrum of state academic health centers that I've been associated with, you would get those calls all the time.

I have a friend who was chancellor at the University of Colorado. This is sort of off the subject, but it's an example of what can happen in a state university. There was a chairman up there in the medical school who was, basically, not only running his own practice but putting the money in a non-university fund. That was called to the attention of my friend who was chancellor, and he said, "We can't tolerate that." The guy refused to do anything about it. He happened to have the chairman of the house appropriations committee in Colorado as a patient, and my friend ended up getting fired.

There was always some of that in the state institutions. You didn't get that in private institutions.

DT: You mentioned earlier at each of the state institutions that you worked at, the concerns about rural practice. I'm wondering, did that factor at Tulane?

NV: No. No.

DT: Presumably, rural practice is still an issue, because Louisiana is, again, a rural state.

NV: Well, we were getting no money from the state to speak of. LSU was getting it. That's where the pressure was, but there was pressure. It just wasn't on us as a private institution.

DT: You also served on the board of directors at the Association of Academic Health Centers, and it looked like that began in 1982, 1983. In the little time that we have left, I wonder if you might reflect on your experiences on that board.

NV: Uhhh... I don't know what to say. We, as an organization, decided we were not going to lobby; that was the job of the Association of American Medical Colleges and others. What we would do would be to serve as a way in which people who were in the same position could meet each other, could talk about common problems. The organization would put together background papers on a lot of these things. So I wasn't in the thick of it in that job in terms of lobbying Congress or things like that. It was more of an academic orientation. Some people would call it a vice president's club and the AAMC was the dean's club. That's basically what it was. Before I was elected chairman of the board, I chaired the long range planning committee for the group to put together, what did we want to be in the future. What I just told you about sort of came out of that.

DT: I wonder if you see any kind of shared challenges that academic health centers encountered during your career. I know that's a big question. It's a big stretch of time. But are there particular issues that you think were kind of paramount to AHCs?

NV: Well this is going back... There have been some issues that have been there for a long time. The role of international medical graduates, and do we have too many doctors or too few doctors? What are we going to do about primary care? That type of thing, but no fire engine issues that I remember.

I should say I eventually—you mentioned this in your letter—chaired the Institute of Medicine’s Committee on the Future of Primary Care. I spent two years doing that, and we still haven’t solved the problem.

DT: What were the years that you served on that?

NV: The mid-nineties.

DT: What was the outcome of the Committee on the Future of Primary Care?

NV: I think it, and a lot of other things, was a lot of paper, not much action. The big problem is how much you make. There are other problems, too, with primary care and some real pluses. But you don’t make much money as a primary care physician. You don’t have the prestige that some of the specialties have. Until they change Medicare reimbursement to provide more money to people who *think* rather than people who do a procedure, they’re not going to solve that. We knew that then, and we know that now and nothing has happened to correct the financial imbalance. It’s very disappointing. You hear almost everyday on the news that there aren’t enough primary care physicians. We had imbalance geographically and by specialty in those days and we addressed it in the [unclear] Primary Care. The Council on Graduate Medical Education, which was established by Congress and which I chaired in the mid-eighties, addressed it. The surgeons and radiologists are very powerful lobbies and have managed to protect the procedure-oriented reimbursement system.

DT: Unrelated to this project, but looking at the powerful lobbies within the health care sector, and, yes, I was surprised to see there were radiologists and surgeons up there.

Well, we’ve covered a lot of ground, and I wonder if there is anything that I’ve missed that you would like to...

NV: Let me just see here. [pause while Doctor Vanselow reviews his notes] I think we’ve covered just about everything that I had written down here.

This doesn’t have anything to do with Minnesota—well, I suppose it does, in a sense. After I retired, I was asked to serve on a group that’s called Continuing Evaluation Panel of the American International Health Alliance.

After the Soviet Union collapsed, there was a meeting in Washington [D.C.] of ministers of health or, in some cases, foreign ministers of the developed countries, saying, “What can we do together to prevent communism from coming back into the Soviet Union?” They came up with a number of ideas. One of which was to improve health care in those areas and use western technology and so on to improve health care. They did through the U.S. Agency for International Development. A lot of money was put in by the U.S. government.

After ten years of operating—I think it was ten years—they wanted somebody to evaluate what they'd accomplished. They asked me to serve on a committee to do that. It was the Continuing Evaluation Panel of the American International Health Alliance. Then the panel asked me to serve as chairman. I had some wonderful trips within Russia, Uzbekistan, Kazakhstan, Kyrgyzstan, the Republic of Georgia, the Ukraine. We split up and visited these places. It was very interesting to see what had been accomplished and what hadn't been. One of the bright lights was these places didn't have decent libraries, but if you could put a computer capability in, the world became their library.

The interesting thing to me was that Minnesota really didn't do much in the way of international health, either in the School of Public Health or in the Medical School. It was kind of surprising to me. But having been at Tulane and Michigan, not Nebraska so much although more than what I saw at Minnesota, it was a little surprising that Minnesota hadn't developed more expertise in international health.

DT: It is surprising. Before Neal Gault was dean of the Medical School, he'd been instrumental in setting up the medical school in South Korea.

NV: Right.

DT: So there were those specific connections but more generally...

NV: He did it sort of as an individual, I think. The School of Public Health, which at Tulane has, I think, gone too far. Everything is global health there. At Minnesota, the School of Public Health was a good school, but just not in this area.

DT: It's interesting to hear your reflections on that idea that health care can be a bulwark to communism. In my other work, I've seen that was mobilized as rhetoric and some substance to it earlier in the Cold War, so it's interesting to see it resurface post Soviet Union, post classic Soviet Union. That's really interesting.

NV: The only other thing. I have probably been more negative about Minnesota than I should been. It was not a happy time for me and for others in Central Administration.

DT: I think you balanced that well with your other perspectives on the schools, the University, and the Academic Health Center. I appreciate you spending the time. Thank you.

[End of the Interview]

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