

Michael Till, D.D.S, Ph.D.
Narrator

Lauren E. 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

Michael Till grew up in Independence, Iowa. After completing some undergraduate work, he entered the Navy and was assigned to be a dental technician in Kingsville, Texas. He earned his dental degree in 1961 and his specialty degree in pediatric dentistry in 1963 from the University of Iowa. He then spent one year at the Eastman Dental Center in Stockholm, Sweden and two years at the Royal Dental College in Aarhus, Denmark, where he was also appointed chair of the Department of Pediatric Dentistry. He joined the faculty at the University of Pittsburgh where he also earned his master's and Ph.D. in education in 1970. He joined the faculty at the University of Minnesota in 1969 and served as chair of Pediatric Dentistry. In 1982, he founded the School's No Cavity Clinic. He served as President of the Minnesota Dental Association in 1988 and 1989 and as dean of the Dental School from 1996 to 2000, when he retired.

Interview Abstract

Dr. Michael Till begins his interview by describing the trajectory of his education and early career, including his experiences in: the Navy; at the University of Iowa; at Eastman Dental Center in Stockholm, Sweden; at the Royal Dental College in Aarhus, Denmark; at the Arabian America Oil Company (ARAMCO); with Operation Crossroads in Dahomey, West Africa; and at the University of Pittsburgh. He then discusses his recruitment to the University of Minnesota and the building of the new Dental School facilities in 1969 and 1970. He describes his responsibilities as chairman of Pediatric Dentistry, his work to initiate the International Exchange Program, and his time as a Robert Wood Johnson Health Policy Fellow. Focusing on the Dental School, he covers the following topics: the culture of the dental school; student unrest in the 1960s; the relationship between dentistry and dental hygiene within the school; debates regarding manpower within dentistry; the Mobile Dental Clinic and the Hibbing Dental Program; the relationship between the School of Dentistry and University Hospital; the role of Pediatric Dentistry in the bone marrow transplant program; state and federal support for the School; the School's efforts around water fluoridation; and the creation of the Academic Health Center (AHC) and the inclusion of the Dental School within the AHC. Dr. Till also describes Dr. Lyle French's tenure as vice president of the AHC; the tenures of Drs. Erwin Schaeffer, Richard Oliver as deans of the School; retrenchment, strategic planning, and the reorganization of the school; the No Cavity Clinic; the changing demographics of dentistry; the potential for a two-track tenure system; his work in the creation of the Ectoderma Dysplasia Center; the pediatric dental program at Hennepin County Medical Center; the tenure of Dr. Richard Elzay as dean; and the threatened closure of the Dental School. He concludes with a discussion of his relationships with the vice presidents of the AHC, his time as dean, and his work with Project HOPE.

Interview with Doctor Michael Till

Interviewed by Lauren E. Klaffke

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

Interviewed in Diehl Hall, University of Minnesota Campus

Interviewed on December 19, 2012

Michael Till - MT
Lauren Klaffke - LK

LK: This is Lauren Klaffke. I'm here on December 19 [2012] interviewing Doctor Michael Till in Diehl Hall.

Thanks for meeting with me today, Doctor Till.

MT: Thank you very much.

LK: To get started, could you tell me a little bit about where you were born and grew up and your education?

MT: I grew up in Iowa, Independence, Iowa, which is a small town in northeast Iowa. I got my dental degree at the University of Iowa and, also, my specialty degree in pediatric dentistry at the University of Iowa.

From there, after completing my pediatric dentistry residency, I spent three years in Europe, one year at the Eastman Dental Center in Stockholm, Sweden, and, then, two years at the Royal Dental College in Aarhus, Denmark, where I taught for a year and, then, was appointed head of the Department of Pediatric Dentistry. I completed the year in that capacity.

Then, I came back to the United States and joined the faculty at the University of Pittsburgh. While there, I went to the School of Education and got a master's degree and a Ph.D. in education, at which time, I was recruited to come to the University of Minnesota. I actually joined the faculty in 1969, but was granted a year's leave of absence, so I didn't come on board physically until I think it was July 1, 1970, the reason

being that I hadn't completed my thesis. I told Doctor [Erwin M.] Schaffer, who was the dean at that time, that I knew too many people who had accepted a position and, then, never finished their Ph.D. and that was not going to happen. He was very understanding. He was a wonderful dean. He said, "Fine."

At that time a new dental school, Moos Tower, was being designed. I was very pleased that he wanted my input into the design of the Pediatric Dentistry Department, since I was going to be the chairman of it. So he said, "What we'll do is give you a leave of absence. We'll have you come out every two or three weeks to meet with the faculty, meet with the architects, etcetera, so that your input will be there, but we won't expect you to be onboard until the first of July"—which was fine—"of 1970." So that's how I got here. I did join the faculty physically and moved to Minneapolis on approximately July first.

LK: I'm going to back track a little bit. What prompted your interest in dentistry?

MT: [chuckles] That's an interesting question.

LK: Okay. [chuckles]

MT: I had thought about the sciences and one of the health professions. I hadn't really decided on which. I had been to college for two years and still didn't know exactly which direction I wanted to go. At that time, the G.I. Bill was still in force and I thought, well, I might as well take advantage of that, since I really didn't know what direction I was going. Then, I'd have financial support for whatever education. Like everybody else back then, we didn't have any money and, if you could get, basically, a scholarship through the G.I. Bill, that would help.

So I went into the military service, into the Navy. It happened that they assigned me to be a dental technician.

LK: Oh!

[laughter]

MT: That was quite by accident. I enjoyed it and had the opportunity to work closely with the naval dentists and got a good taste of what the profession was all about. So when I got out of the service, I switched my major to pre-dent [dentistry] and went to dental school and the rest is history.

LK: Yes. Where did you do your naval service?

MT: In Kingsville, Texas.

LK: I'm from Texas.

MT: Oh, are you? Where?

LK: San Antonio.

MT: Oh, really?

LK: Yes.

MT: I did it in Kingsville. There was a naval air station there at that time. It's closed now. There was Corpus Christi, Kingsville, Beeville, and a couple more that were further on down the coast towards Mexico.

LK: Great.

Then, you went to Eastman Dental Institute in Stockholm, Sweden. What prompted that?

MT: I had never been out of the country. Here, I'd been in the Navy and I haven't even seen any water...

[laughter]

MT: ...because I was always on naval air stations. So I took the opportunity to travel.

I talked to one of my professors at the University of Iowa who happened to be from Norway. He was aware of the Eastman Dental Center, which was, actually, founded by the Eastman Kodak Company, by George Eastman. He established several dental centers around the world: one in Stockholm; one in Brussels [Belgium]; and I think there's one in Cairo [Egypt]. Four or five and I'm not exactly sure why, but I think because he was producing dental x-rays at the time as part of the business, he thought that that would be a good thing to do. The Eastman Dental Center was a large inner-city clinic that took care of children in Stockholm. The professor that I mentioned knew the director and said that he would intervene and see if there would be an opportunity for me to go and practice there. Well, it worked out, and I did, and I practiced there for a year.

While I was there, a new school in Denmark was opening in Aarhus, Denmark. The person who was head of the Pediatric Dental Department was on a Fulbright [Scholarship]. He was from Loma Linda University. I got to know him when I went to a couple of continuing education courses and he was there. He invited me to come and visit Aarhus, Denmark. They were in need of faculty, so after I had completed my obligation at the Eastman Dental Center in Stockholm, I thought it was a good deal. I'll stay here a while longer.

[chuckles]

MT: So I joined the faculty at the Royal Dental College in Aarhus, Denmark. I was there for a year. The chairman left, and they said, "Would you like to run the

department?” I said, “Sure, why not?” So I did. I was the head of the department for a year. Then, after that period of time, it was time to get back to the United States. I’d been gone for three years. I needed to get on with life, so I came back and joined the faculty at the University of Pittsburgh.

LK: Your interest in your master’s degree and your Ph.D. was in education. What prompted that from dentistry?

MT: That’s also an interesting question. So many people in the health sciences are very good at their clinical or scientific specialties, but, quite frankly, they don’t know beans about education. By that time, I’d been on the faculty at Aarhus for two years and had really had a good indoctrination into teaching. I came to the realization that if one is going to spend a career teaching students, you ought to know something about the intricacies of how to teach.

So it happened that the University of Pittsburgh had a very good program that was specifically designed for health sciences educators. They had the foresight to recognize that you might be a wonderful surgeon or you might be a wonderful orthodontist or a pediatric dentist in terms of treating the patient clinically, but if you couldn’t communicate that well to students, a lot of effort was being wasted. So I decided that if I was going to be in education, I should know as much about education as I did about my clinical specialty. So I did.

LK: Great. Was your Ph.D. on teaching in the health sciences or in dentistry?

MT: Well, the actual program was on the methods of education, testing, evaluation, presentation of materials, and things that would make one be, basically, a more effective communicator is what it comes down to. My minor was in Educational Administration.

My dissertation was on faculty recruiting and what made people go into academics versus practice. Why did they choose a particular place? How much influence did their undergraduate education have on where they located? It had very little, but where they went to graduate school had a great deal of influence as to where they would end up in terms of their affinity to the university or the hospital. Where they had received their graduate degree, their advanced training, they were much more likely to stay in that general area. Obviously, if they were a good resident—there’s always been a shortage in medicine and dentistry and veterinary medicine—and were any good, they were going to be offered a job.

[chuckles]

MT: That’s why it skewed very heavily in favor of where the person went to graduate school as opposed to undergraduate school.

LK: I saw you had a couple other international experiences with the Arabian America Oil Company [ARAMCO]...

MT: Yes.

LK: ... and as dental educational consultant for the Operation Crossroads in West Africa.

MT: In Dahomey, West Africa.

Yes, the Arabian American Oil Company situation...I was a pediatric consultant for them for, actually, a three-year period. At that time, it was a privately owned company, owned, primarily, by Standard Oil. It's now called Saudi ARAMCO. It was nationalized and, now, owned by the Saudis, but there are still a lot of Americans who go there. They have a very large medical facility that has all of the specialties. At that time—this was back in the mid 1960s—they didn't have pediatric services available. So I would go, primarily, in the summers. Again, at that time, most dental schools were operating on a nine-month period and people took off in the summertime. I would finish—this was when I was in Sweden and in Denmark—in June, hop on a plane and go to Saudi Arabia and take care of children. Up to that point, they just really weren't getting care unless it was emergency care. I would spend the summer, basically, getting the children of the oil workers into a healthy condition. I did that for three years.

LK: How did you get involved in that?

MT: Well, another...

[laughter]

MT: Just being in the right place at the right time.

ARAMCO, the company, recognized that these kids were not getting ongoing care. Also, there was another group of older kids—they didn't have high schools; they had elementary schools for the children in Saudi Arabia—who went to school in the United States. They would come back to the United States or some would go to private schools in Europe. Then, they would come back for the summer. So there was a large influx of teenage kids that would be coming back to spend the summer in Saudi Arabia with their parents, and I took care of those as well. So there was just a need for somebody during the summertime and it worked out well. They were looking around for somebody who could do it. Somehow, my name came up, and they contacted me and said would I be interested, and, as I say, it did work out. I would finish in Denmark, for example, or in Sweden, at the end of May and, then, I would go to Saudi Arabia for the summer, which is a screwy time to go to Saudi Arabia.

LK: Yes.

MT: But the buildings were air-conditioned. The working conditions were quite pleasant.

LK: Good.

How did you get involved in the Operation Crossroads?

MT: That was while I was at the University of Pittsburgh. There was a project that was going on in Dahomey, West Africa, to train, basically, technicians. It didn't have a sufficient number of dentists, so we were training people to do emergency services. If somebody had a bad toothache or something, you could at least get a tooth out. I didn't go physically to Dahomey. Most of my work with that was helping them to develop a curriculum that they could use. Then there were actual dentists from Dahomey who were trained dentists but they just needed more help, again, on how do you train other people to do what I can do? That was what that was all about. I think that lasted only for about a year. That program, unfortunately, didn't succeed. It was a nice thing to be involved in.

LK: So you were recruited to the University of Minnesota. What particularly brought you here?

MT: I was contacted. There was a need for a chairman of Pediatric Dentistry. Doctor Schaffer was the dean at the time, and I don't know how he got my name, but he did. Like anything else when you're recruiting, you send out flyers to almost everybody. He contacted me and asked if I would be interested. I said that I would give him a proviso that I was going to finish my Ph.D. before I considered anything. He said that would be fine. We'll still talk. So it was just the normal recruitment that went on. I came out for a couple of visits, and liked the place, and thought that it would be a good place. Being a Midwesterner to start with—I grew up in Iowa—I thought it would be something that I would enjoy coming back to this part of the country. That's how I got here. I was just recruited in the normal manner that anybody else would be recruited.

LK: Your specialty in pediatrics, was that something that you developed in dental school?

MT: Yes, I developed an interest...

[knock at the door – break in the interview]

MT: I enjoyed taking care of children while I was in dental school and felt that that would be a good specialty. When the opportunity presented itself, I applied for residency in pediatric dentistry and, fortunately, was accepted. It was a two-year program, so I stayed in Iowa City for two more years and completed that residency course. That was it.

LK: Did you do research in pediatric dentistry or was your research related to education in the health sciences?

MT: It was more related to education and health sciences.

One thing I tried to do was to always have very good researchers on my faculty and they did good scientific research. A woman named Louise Messer—I don't know if her name has come up—was with me for many, many years. She is Australian. She and her husband returned to Australia, I can't remember exactly when, but it was in the late 1980s. But from 1970 for probably fifteen or sixteen years, she was there, and she was a magnificent researcher and continues to be. Our Department was producing a lot of more basic clinical and scientific research, but I wasn't necessarily that deeply involved in it. My interests were more in administration and in education and in health policy.

LK: When Doctor Shaffer recruited you, I know that you were finishing your dissertation, but you were, also, traveling to the University to oversee the construction of the Pediatric... Could you describe that a little bit?

MT: That was one of the nice things that Doctor Shaffer worked out. He wanted all of the departmental chairpersons, at the time, to be involved deeply in the design of the School. Doctor [Mellor] Holland would be one, also. Doctor Holland was the person who was actually in charge of the building project, and he did a magnificent job. He was a real perfectionist. He wanted everybody to be 100 percent satisfied. I doubt anybody who was there at that time ever had reason to go back and complain about anything and say, "No, you should have done it this way," or "You should have done it that way," because he made sure. That was the philosophy that Doctor Shaffer and Doctor Holland had. I was in Pittsburgh. I was going to be coming here and they, obviously, had hoped, I would assume, that I would be here for a period of time having to work with whatever was built. They wanted it built to specifications that I couldn't complain about. [laughter]

LK: That was a great environment.

MT: It was! It was a wonderful environment, and I thought very, very foresightful.

LK: Yes.

MT: I've been to a lot of dental schools. The first thing people do is, "Oh, this piece of equipment is terrible. It should have been over here. That room is in the wrong place." We just did not have that in the School of Dentistry. Everybody was, I think, very happy with how the School was designed. The School ran efficiently. It's now over forty years old, so it's obviously showing its age and there have been changes that, now, would be appropriate to make. I've been chatting, just tangentially, with Doctor [Leon A.] Assael. He can point out things that he wishes were different, but that's to be expected. But, at the time, it was state of the art, and it stayed state of the art for many, many, many years. It still is a very efficient school, but, as I say, there are changes that have been made. New clinics have been put in.

One of the things that Doctor Holland insisted on—this may be an exaggeration, but it's not very far off—is that every piece of clinical equipment in that School when it was built

could be bought off the showroom floor. By that I mean so many schools have made the mistake of thinking that they've got to design everything just a little bit differently. Doctor Holland's philosophy was that I want to be able to go the dental supply company and replace that without having to modify anything. That's what he wanted. So if we had a piece of equipment that broke down, it wasn't a question of having to wait for something to come from someplace else. There were always a couple of extra duplicates of the piece of equipment around. The maintenance person would come up, take out the old one, put in a new one, take the old one down, and fix it up. So we never had any down time. I can't say enough good things about Doctor Holland and his efforts to build that School.

LK: I wish he was still around to interview. [Doctor Mellor Holland died April 16, 2003]

MT: Yes. He was a fascinating person and as nice a guy as you could possibly find and, as you can see, very detailed.

LK: Very thorough.

[chuckles]

Could you talk a little bit about your responsibilities as chairman of Pediatric Dentistry and, then, as a faculty member, your teaching?

MT: Sure. Yes. The responsibilities of Pediatric Dentistry, like any department, is that I was expected to try to make the Department the best that it could possibly be. You do that by recruiting good faculty. We had good facilities, so there was not a question of having facilities. You want good faculty. You want good staff. You can have bricks and mortar, but it's still the human beings that make the school. So I was responsible for and I hope accomplished getting topnotch people on the faculty. That entailed, of course, as the responsibility of any chairperson, being able to...I don't like to use the word fight for my department, but you know what I mean.

LK: Yes.

MT: You've got to make sure that your department does not get left out, that there are going to be different priorities that come up and you've got to make sure that your priorities are looked upon as being as important as somebody else's, so somebody who's got a louder voice or a bigger stick doesn't get all the goodies. That's what a chairperson is expected to do.

Obviously, you've got to be a leader in creating the environment for education, helping people to be better teachers. I think that's where the educational part came in. You design the curriculum that is going to be presented to the students and make sure that the right people, the best people for any given entity are the ones that do it, and identify people's strengths and weaknesses.

I think another very definite obligation of any department chairman is to help to promote the other members of the faculty so that, number one, they can get promoted to a better position, and, also, when somebody leaves the department to go to another school or something like that, that's a compliment. That's not...oh, I don't want to tell anybody about him or her, because somebody might come and recruit her. That's the goofiest thing I've ever heard in my life. If somebody is good enough that some other school wants that individual for a more senior position, that's the greatest compliment you could have and we accomplished that. As a result, we have always gotten some of the best graduate students applying to our program, because people who had gone through our program go elsewhere and they recommend. A student comes up to them and says, "Where should I go to graduate school?" They say, "The University of Minnesota."

I think those are the types of things that a chairman is supposed to do, just try to make the department as good as it can possibly be.

LK: In terms of your teaching, I assume you taught pediatric dentistry courses?

MT: Yes, I did.

LK: I didn't write this down but did you begin the International Exchange Program or you were on...?

MT: No—actually, yes, I guess I did.

[laughter]

MT: There may have been some students—I honestly don't know—before I came in 1970. If there had been other students who had gone some...but there was really no formal program. When I came, because of my connections with Aarhus, Denmark, within a couple of years, we established an exchange program that still goes on. Every year, one or two of our students go to Denmark for three months and one or two students from Denmark come to the University of Minnesota. We've made arrangements between the two schools that what they do at the other school, they get credit for when they come here. So if there are courses or if there are clinical forms of treatment that we expect the student to have performed and proven their ability before they graduate, if they do it in Denmark, fine. We know that the faculty there is good and if they learn it over there and can prove to our Danish colleagues that they can do it, they get credit for it here, and vice versa. We did start that. I can't remember exactly when it was, about 1973 or so.

LK: I have 1974. Was that because of your own experience abroad had been helpful?

MT: Yes, I've always felt that I wish every student in any of the health sciences would have the opportunity to spend some time abroad and just see how things are different and how things are the same. It just is a broadening perspective to be able to go and function in another country and find out that there are some very good ideas in other countries that

we ought to be using here, as well. As a result, we've always, in Pediatric Dentistry at least, and many of the other departments have promoted international opportunities.

I don't know if you've had an opportunity to find out anything about Doctor James [R] Jensen [Senior]?

LK: I've read a little bit about him, yes.

MT: He was very, very active, also, in international programs.

LK: Is he still around?

MT: No. He passed away about three or four years ago [Doctor James Jensen died January 12, 2011]. He was very, very interested in and involved in international dentistry and brought a lot of people here.

Anyway, I've just always felt that it would be good for people to be able to do so, so I'm very pleased that the program has flourished and is still going on. Forty years later, we've still got it.

Have you interviewed Doctor Larry Wolff?

LK: No, I haven't.

MT: He is the head of, it's called, the Department of Preventive Sciences. He was one of the first exchange students at Aarhus...

LK: Oh, okay. That's great.

MT: ...when he was an undergraduate student. In fact, I had dinner with him just the other night and we were talking about that. How many years ago was it that he was one of those guys jumping on a plane and going to Denmark?

LK: I'll make sure to make contact with him.

I saw that you had been a Robert Wood Johnson Health Policy Fellow in [Washington] D.C.

MT: Yes.

LK: I was wondering if you could comment a bit on how you got involved in that and what that was like.

MT: [chuckles] That is a program that is sponsored by the Institute of Medicine and funded by the Robert Wood Johnson Foundation. The reason that it was formed is that the Institute of Medicine recognized that, again, people in the health sciences are too

focused on their clinical or scientific specialties. This is for health policy. They wanted to take people who are mid-career, which, obviously, I was at that time, and, basically, give them an immersion for a year in health policy. So they established this program, sent out forms for nomination.

As it turned out, again, Doctor Schaffer came to me one day and said, “Would you like to be nominated for this?” I always have had an interest in the political end of things in health policy and I said, “Sure, I would.” I was due for a sabbatical anyway. He said, “All right. I’ll nominate you,” and, as it turned out, I was one of the ones that was accepted. It happened that myself and another dentist from Harvard [University] were the first two—it was the second year of the program—dentists that were selected to be Robert Wood Johnson fellows. There were six of us. There were two physicians, a pediatrician and an endocrinologist, a hospital administrator, and a person who was a health policy specialist in the business school at the University of Pennsylvania. The Wharton [School].

LK: Yes.

MT: He was a health policy mathematician. He figured out why things cost as much as they do and that. Then, there was a hospital administrator from [University of] Wisconsin-Madison, who is now at Iowa.

LK: What were you all focusing on? Were there particular issues?

MT: We all worked either with an individual congressman, a representative or senator, and worked on health policy. I worked with John Heinz who, unfortunately, was killed in a plane crash. I worked with him. He was the heir to the Heinz fortune, Heinz 57.

LK: Oh, wow.

MT: His former wife is now married to John Kerry, Theresa.

LK: Yes, I was going to...

[laughter]

MT: I worked with John on health policy. He had a whole health staff because health was one of the areas that he was interested in, so I just joined his staff and did whatever I could.

LK: I’ve seen that you’ve been a legislative assistant. I was trying to figure out when you did that in your career. That makes sense being in that program.

MT: Yes, it was during that same time. That was in 1975 to 1976.

LK: Is that what prompted you to run for Congress?

MT: Yes. Yes, I did.

LK: What was that...?

MT: That was fun. I tell people I had a mandate: people decided they wanted me to be a dentist rather than a congressman.

LK: [chuckles]

MT: So I had a mandate to stay a dentist, but it was fun. It was a lot of fun.

Where are you getting all that information? Was that all in Mel's [*A History of the University of Minnesota School of Dentistry: 1888-1988* by Mellor R. Holland] book? [laughter]

LK: A lot of it was in the book and, then, in the University Archives keep information files.

MT: Oh, really?

LK: Yes, they have old résumés and newspaper articles about you.

MT: I see. You've done your homework. There's no doubt about that.

LK: [chuckles] I'm prepared for this.

As chairman of Pediatric Dentistry, I saw that you had done some reorganization of the undergraduate program and, then, developed a pediatric graduate program. Was that graduate program directed at research particularly for developing...?

MT: No. Actually Pediatric Dentistry, the department here, was established by a gentleman named Harold [C.] Wittich. He was a wonderful gentleman, but he was not a trained pediatric dentist, as we are now. I think he started in 1925 and retired in 1966, if I'm not mistaken. The dean at that time—I think it was possibly [Alfred] Owre—had just asked him if he would establish a pediatric component of the Dental School, which, at that time, was part of the Department of Operative Dentistry, but devoted to children, so he did. But because he was not trained to the academic level himself, he couldn't really have a graduate program. The University, obviously, requires that anybody who is going to be directing a graduate program has to at least have a graduate degree himself or herself, which Doctor Wittich didn't have. But he did a very good job of introducing the dental students to how to take care of children. I can't say enough good things about him. He was just a super guy. He retired in 1966.

Then, there was a series of interim chairpersons. Doctor Jack [John] Grewe was one. Freeman [N.] Rosenblum was another one. I think they were each there for about a year

to a year and a half, just, basically, holding the Department together as interims. They did a good job, but that wasn't their long-term goal.

Then, when I was appointed chairman in 1969, I appointed Doctor Louise Messer, who was here at that time, to be the interim director of the Department until I could come fully on board. That's why she and I worked so closely together when we were there.

So I came in 1970, and that's when we wanted to establish a fully accredited pediatric dentistry program. We didn't do it until 1972. We took the first two years just to get the undergraduate program to the point where we wanted it to be, get the curriculum established well, get the faculty built to the point where we could do that. Then, in 1972, we accepted our first graduate students. That's continued and that program has gone on ever since. It's a fully accredited program now. The students who graduate from it are eligible for the American Board of Pediatric Dentistry and so on. That didn't happen until 1972. The first ones graduated in 1974.

LK: Are any of them still here, those original students?

MT: Yes, yes, several of them.

LK: On the faculty?

MT: Well, one just retired, Dan [Daniel W.] Shaw. He just retired at the end of last month.

LK: Oh, okay. I'll try and look him up.

MT: Dan is still around. He'd be a very good one for you to talk with. Who else would be here...not still on the faculty here? He's the only one, I think, who would still be on the faculty, but we've got other people in the community who went to our program, other practicing dentists. If you ever want to get in touch with any of them, I can give you their names.

LK: I'll see. We're trying to focus on sort of organization and connection to the health sciences.

MT: Well, Dan would be a good one to talk with. He was on our faculty. Then, he went to the University of Washington for a period of time and was there. Then, he came back to Minneapolis and practiced privately, but taught part time. Then, when he retired from his private practice, he came back full time. He was instrumental in the design of the new Pediatric Dental Clinic in conjunction with the Amplatz [Children's] Hospital.

LK: Oh! Okay.

MT: He would be a very good one for you to speak with.

LK: Yes. That sounds great.

MT: He's a nice guy. You would enjoy him.

LK: Good.

MT: And he would enjoy chatting with you.

LK: I'm going to change gears a little bit. I wonder if you could comment on the culture of the Dental School in terms of how it was oriented, more towards clinical practice or research, or, perhaps, with your arrival towards education.

MT: When I first came, Minnesota was looked upon as one of the absolutely top clinical schools in the country. The clinical departments were all headed by topnotch people. When the students left here, they were very well trained. There was research going on. Doctor Schaffer was very much in favor of maintaining a good research component, so the culture of the School, I would say, was pretty universal about what a health sciences component should be, good clinical training. It's a land-grant institution. A land-grant institution is supposed to train dentists to take care of the population and we were certainly doing that. At the same time, we were contributing rather significantly to ongoing research.

Much of the early work on fluoridation took place right here in Minnesota with Doctor [Leon] Singer and Doctor [Wallace D.] Armstrong, two biochemists. They did much of the early work on the use of fluoride in the water, recognized the value of it. We can certainly claim them as topnotch contributors to public health.

Then, after Doctor Schaffer, Doctor [Richard C.] Oliver was the next dean, and he, too, was, I thought, a very good dean. By the time he came, the Dental School was already built, so he didn't have to get involved with that. Doctor Schaffer and Doctor Holland, the two of them—Doctor Holland did the planning; Doctor Schaffer got the money—did a good job. Doctor Oliver didn't have to do that. He, I think, maintained the school in a very happy situation.

After Doctor Oliver, Doctor [Richard] Elzay was the dean. He was, also, a topnotch guy. That was when the situation occurred where they decided they were going to close the Dental School.

LK: Right.

MT: Well...the person who was going to close the Dental School is no longer here. The Dental School is, so that's about all I've got to say about that.

[chuckles]

MT: I thought Doctor Elzay did a masterful job of, basically, refuting that idea. He's still...I'm sure he'd be happy to chat with you.

LK: Okay. Yes.

MT: You'd have to call the dean's office to get his number. I don't have it right off hand, but I could get it for you, I'm sure. But I think if you just call over to the dean's office, it will be on file there.

Doctor Oliver is still very much still alive, as well.

LK: Yes.

MT: He just received the Distinguished Alumnus Award [University of Minnesota Outstanding Achievement Award, June 2012] for the Dental School, just about a month or so ago. He's in Arizona.

LK: Yes.

MT: I'm sure he would be happy to chat with you, as well.

LK: Okay.

MT: You could do that either by SKYPE or by telephone, however you want to do it.

LK: Dominique [Tobbell], actually, has to go to Arizona to do some other interviews, so I think she is going to try and contact him.

MT: Dick Oliver would be a good one to chat with. He did a nice job being dean.

After Dick Elzay, that's when I was dean. That was fine. [chuckles]

LK: I saw in the 1970s... You maybe touched on this a little bit, but can you speak at all to debates regarding specialization versus comprehensive care for dental training?

MT: Well, dental training, in contrast to medicine, has always focused more on general dentistry comprehensive care. In medicine, almost ninety to ninety-five percent enter a specialty of some type. In dentistry, it's only about twenty percent to thirty percent. It may have changed, but that's what it, at least, used to be with the vast majority still choosing to go into general practice. That's the way it should be, in my opinion. Very much of dentistry can be handled by a good general practitioner, but specialists are certainly needed to deal with the extremes, but not everybody has to be a specialist. I, personally, think that medicine—you don't need to report this—has probably made a mistake by getting too highly specialized. The person who leaves our Dental School is ready to go into practice and to take care of patients. If he or she wishes to do something more, the opportunity is there, but they don't have to spend eight or nine years getting to

wherever it is they're going. So comprehensive care has always been at the forefront in dentistry and I, personally, hope that it will always stay that way.

LK: This is kind of a funny question, I suppose, and may be particular to the 1970s. I saw some news articles and, then, had read some of the minutes from faculty meetings regarding student behavior and appearance. I was wondering if you could comment on that. Also, there was a protest—this was right when you got here—the Dental Operative Exam. Can you comment on that?

MT: That did occur before I got here. In the late 1960s was when all of the political unrest was going on. You aren't old enough, I'm sure, to remember the 1968 political convention in Chicago when all of the students were rioting. The students here were rioting and the dental students participated as actively as anybody else on campus. It used to drive Doctor Holland nuts [whispered].

LK: [laughter]

MT: He was a very staid, proper gentleman. When the students would be out there in ragged shirts and old jeans, it would just drive him up the wall [again, whispered]. That was just a phase that the whole University went through. We lived through it.

Yes, there were attempts over the years to try to get the students to dress a bit more professionally. Most of the time, those things run their course and they'll come back to some phase of normalcy. But the late 1960s and early 1970s...again, it was waning when I came, so I really didn't have any real involvement with that, but I sure heard enough about it.

[chuckles]

LK: Doctor Schaffer has been weaving in and out of our conversation. I was wondering if you had any other comments on his deanship or particular...

MT: He would be, in my opinion, the ideal person to be a dean. He was bright. He was hardworking. He was the type of person who was always extremely fair. He wanted people to bring him ideas. He never would demean anybody. If somebody were to come with an idea and it wasn't something that was feasible at the time, he wouldn't say, "That's a stupid idea. Get out of here." You were always approached in a gentlemanly manner. If anybody could model their deanship, I would say Dean Schaffer would be somebody that... I'm sorry there aren't that many people any more that know of him.

LK: Yes.

MT: I'm probably about the last one around of the faculty that actually worked with Doctor Schaffer. There may be one or two more. Doctor Anderson... Is Dwight [L].Anderson still on the faculty?

LK: I don't know. I'll have to look that up. I just interviewed Doctor [Burton L.] Shapiro.

MT: Oh, yes, Burt was here when I came.

LK: He was very animated.

MT: Good.

LK: A little less mobile.

MT: He was here and he was a topnotch guy, too. The three of us, I assume...but he's not here [at the University] anymore I don't think.

LK: No. No. He's retired.

MT: The only other one I can think would be Doctor Dwight Anderson. He was a microbiologist who might have been here at that time.

LK: Was he a microbiologist within Dentistry?

MT: Yes.

Now there are several other people you might be interested in who were on the faculty who are still around. Doctor Robert Isaacson is retired. He was here for many years. He certainly overlapped with Doctor Schaffer. [T.] Michael Spiedel, S-p-i-e-d-e-l, is still in town. He overlapped. Doctor Anthony Romano, R-o-m-a-n-o, lives in Pine City [Minnesota]. He was head of Operative when Doctor Schaffer was here. I'm sure they could give you some insights into that era.

LK: Yes, that would be great. Thanks for the names.

MT: They all preceded me. If I think of any others, I can give you a call, too.

LK: Yes. That would be great.

I was wondering if you could comment a bit on the relationship between Dental Education and, then, Dental Hygiene, and dental assisting. Would the students take classes together?

MT: Yes. We no longer have a Dental Assistant program at the School.

LK: Right.

MT: That was dropped...I can't remember when, but quite some time ago.

LK: I want to say in the 1980s.

MT: Yes.

Dental Hygiene has been a very strong component of our School. It's always been a very supportive relationship. Everybody has gotten along. I think Minnesota, probably more than other schools—maybe I'm wrong—has emphasized the fact that dentistry really is a team. The dental hygienists are important. The dental assistants are important. The dental receptionists, everybody has their job to do. You get a heck of a lot more done and it's a lot more fun if everybody works together rather than separately. The animosity that has occurred in some places, particularly between dental hygiene and dental schools has not happened here.

LK: I hadn't realized there had been animosity elsewhere.

MT: It's not animosity of a... They're not going to get out and conk each other on the head or anything like that. But there are snide remarks made about this, that, and the other thing that probably would be better left unsaid.

LK: Right.

My next question deals with the national and state health manpower. Gosh, what was the foundation that did that? I wonder if you could comment on this push. It began in the 1960s, but seems to have held steady into the 1970s to educate more dentists to meet growing health needs.

MT: Yes. That did occur.

LK: It was the Hill Family Foundation.

MT: Yes. That was a situation where there was a scarcity of dentists. There were a lot of places that were not being served by dentists. There was a push to increase the number of people graduating from dental schools. That occurred and that was one of the reasons why our Dental School was built. We needed a new dental school anyway, but part of the impetus was that the student body needed to be increased. Our Dental School went from, I think, 75 students, when I first got here, to 150.

Well, it didn't take long for people to realize that... Two things happened. Prevention, the advent of fluoridation, the advent of much better preventive measures delivered through the dental office cut down on the amount of needs for dentistry considerably. Whoever dreamed up the idea that more dentists were going to get people into the remote areas had their head in the sand. That isn't what makes people go someplace. So there were more dentists. There were more dentists in Minneapolis, and in Saint Paul, and in Saint Cloud. Around the country, they still are going to stay closer to the larger community. It wasn't really solving the problem. We did get to the point where we were graduating more students than there were vacancies from people retiring or dying,

whatever the case may be. So, for a period of time, there was a surplus of dentists that were being graduated. Gradually, the size of the Dental School has been reduced. I think they now have 108 or something like that; I'm not exactly sure. When I was dean, I think we had 104. Maybe it's down even a little bit more than that. Anyway, it just didn't necessarily work to have just increased class size and produce more dentists. It didn't solve the problems that the government thought was going to be solved. People still weren't going to go to some small town.

We've had to attack it in a different way. Now, we have a very good program in Hibbing where students get the experience of what a practice in a small northern community would be. We have an affiliation in Willmar where our students go. We have a mobile dental clinic that goes around the state. So students are getting more and more experience in rural areas. I know the Hibbing program, at least, has attracted several dentists to northern Minnesota where they are finding that the lifestyle is pleasant. They have to be somebody who likes to do the types of things that you can do in Hibbing, especially hunting, fishing, and other outdoor activities. [laughter] There are enough that seem to.

It would be good for you to speak with Doctor [Leon A.] Assael, because I know that he's got some ideas as to how he would like to see the School evolve. It's not so much history, but it's the future. He's got some ideas as to how he wants to expand on what we already have and make it even more available for students to have experiences in Greater Minnesota.

People don't realize that Minnesota educates over sixty percent of the dentists in North Dakota and about forty-five percent of those in South Dakota. Neither of those states have dental schools. So we really have a broad range. Getting students to go to those areas is important.

Other social factors have come up, obviously. When I graduated almost all dentists were male. That isn't the case anymore. Also, most women are not going to be schoolteachers or nurses anymore, as they were back then or, quite frankly, bad term, housewives. One of the reasons that it's difficult to get the students... If you go to a smaller community, the husband and the wife, one may be the dentist; one may be an attorney or one may be something else, and if there isn't an opportunity for both of them to pursue their individual professions, neither one is going to go there.

So it's not always just get more people and more people will go there. That's not the case at all. There happen to be many other factors that enter into someone's decision to go to particular place.

LK: The Mobile Dental Clinic and the Hibbing and Willmar programs... When were those established?

MT: I can speak for the Hibbing program. That was established in 1998, when we first started up there. The Willmar program was started, I think, after Doctor [Patrick] Lloyd

came. I can't remember exactly when he came. [pause] The Mobile Dental Clinic has been around. The director is Paul Schultz. You should interview him, the guy that runs it.

LK: I can look that up.

MT: Yes, you would be able to find that. He's a very nice guy. He's, I know, done a super job with the Mobile Dental Clinic. He would be a good one to interview.

LK: How did you all come up with those concepts?

MT: Again, I can speak for the Hibbing one more than anything else. The dentists in the area in Northern Minnesota, basically, the 8th Congressional District, but it, also, happens to be what's called the Northeast Dental District, recognized that the typical dentist was getting considerably older. People weren't coming to that area. They were conscientious enough to say, "You know, I want to retire. But, I can't retire as long as there are all these people that need my services." It was the dentists themselves who came to—I was the dean at the time—me and said, "What can we do to attract to dentists to Northern Minnesota?"

Again, by good fortune, the Hibbing Community College was expanding and they had a dental assistant training program there. There was a dentist there, actually several dentists... One of the dentists, Mike [Zakula], went to the president of Hibbing Community College, Tony [Anthony] Kuznik, and said, "What would be the possibility of expanding the dental assisting clinic to make it a full service clinic?" Tony Kuznik was very receptive to the idea. So they came to me and said, "Would you be interested in establishing a satellite?" Yes, I thought that was a wonderful idea. Let's do it.

We went to work and had plans drawn up and so on. We honestly didn't know if it was going to fly or not. We did get on board, primarily through the efforts of the dentists in Northern Minnesota. We got the legislators from the area on board and they worked hard to get the necessary funding to establish the clinic. That's what happened. We guaranteed that we would have students go up and they would take care of whatever patients come. It's actually open to anybody, but most people would recognize that it's primarily going to be the underserved population that is going to go there. There is a much greater time factor when you're being treated by a student. The end product is every bit as good as if you went to a specialist, because it just has to be. You've got people looking over your shoulder all the time to make sure it is. But it takes a long time. They recognize that probably the people who were going to come to the clinic would be those who were in greatest need but didn't necessarily have the funds. It's been a win/win situation for everyone. The students have enjoyed going up there. They, basically, get out from under the umbrella that's over them and they can act like normal human beings.

LK: [chuckles]

MT: One of the things that we tried to emphasize was that when they're up there, we wanted the local dentist to really take them under their wing, take them to the football games on Friday night or the basketball games. If they were going snowmobiling or something like that, make sure that they really got a good impression of what it's like to live in a town of, say, 5,000 or 6,000 people in Northern Minnesota. A lot of people said, "Yes, that's what I really want. I like to hunt, and I like to fish, and I like to go snowmobiling."

LK: [laughter]

MT: But they like it and it's worked out well. I think the same thing is probably true of Willmar, but, again, I really have had nothing to do with that one.

LK: That really speaks to the relationship between practicing dentists around the state and the School.

MT: Yes.

LK: That's really incredible.

MT: It is. Yes, it is. We have always had a very, I think, exceptional relationship. I'm the only faculty member who's been...I know I'm the only dean that's ever been president of the Minnesota Dental Association. That helps...

[laughter]

MT: ...to know that we're speaking the same language, that it's not a competitive situation.

It was interesting because one of the things that some people, more from here than in Northern Minnesota, when we were establishing the Hibbing program, said, "The local dentists will think we're going up there to compete with them." The local dentists didn't think that at all. They were *very* happy to have us come.

In fact, one day when we were up there having a meeting with them, we mentioned that it's going to be necessary, if we do come up here, that some of you will volunteer to be part time teachers. So we established a program for them to come down here and go through a basic training program as to what you needed to do to be a clinical instructor on a part time basis. We asked—there were probably fifteen or sixteen people in the room at that time—"How many of you would be willing to volunteer?" Every one of them said, "Yes."

LK: Wow!

MT: So if we weren't going to be competing with them... We used to laugh about it. You know, if you can't compete with senior dental student, you've got a bigger problem than anything."

[laughter]

LK: Could you comment, also, on the relationship between the School of Dentistry and University Hospital?

MT: Yes. It's always been very good. Yes. The ones who, primarily, work in the Hospital are the pediatric dentists and the oral surgeons. We've always had a very good relationship. Time was always made available for us. In pediatric dentistry, it's particularly important because if you're going to be doing general anesthesia, the patient can't have anything to eat. Now, you can explain that to an adult. You may have to fast until noon, because we just can't get you in any earlier. But try telling that to a four-year-old child who is hungry.

LK: Right.

MT: It was important for pediatric dental treatment to be done as early in the morning as we possibly could do it. We never had any trouble getting OR [operating room] time early in the morning. People were understanding. Whoever was doing the scheduling always was very accommodating. We, obviously, didn't abuse it in any way. It was important just for the sake of the comfort of the child to try to get in as early... So we've always had a very good relationship with the Anesthesia Department, certainly with the Pediatrics Department, Pediatrics Cardiology. I think Surgery has found exactly the same thing with the various surgical services here at the University. I don't think there's ever been a problem.

I don't know what it is now. All the OR cases are being done at Amplatz. I haven't been involved in that, at all. That all came about after I retired. I haven't heard anything negative, so I'm assuming...and being a children's hospital, it shouldn't be a problem.

LK: I am also particularly interested in I think it was something I read in Holland's book about Pediatric Dentistry playing a particularly special role with the transplant program as it was growing here, in treating those patients.

MT: The bone marrow transplant, primarily.

LK: Okay.

MT: You, obviously, want any local infection to be taken care of before you undergo or go into any type of... You want the patient to be as healthy as you possibly can in all respects. Whenever patients were coming not only for transplants, but really for any type of major medical problem, some type of an infection could be influential. We always made sure, if they couldn't get it done by their dentist in their local community before

they came, that we would do the job here. So we worked very closely with the transplant group in order to make sure that their oral cavity, which is actually one of the major portals for infection to get into the blood stream... If you've got a big abscess in a tooth and the nerve is wide open, obviously, everything that goes into one's mouth is going to eventually have the opportunity to get into the bloodstream and from there, to go any place. So it was important to make sure that that particular portal was closed. That's, I think, what he was referring to in that respect. We worked with them... obviously, children with heart conditions. Many times oral conditions can be influential in heart conditions, so we made sure we worked very closely with Doctor Bob [Robert] Kaplan and Bob [Robert] Moller, M-o-l-l-e-r, in Pediatric Cardiology. We would make sure that if the child needed dental care when they came for whatever they were going to be doing... The two of them and I wrote a pamphlet, at one point, many, many years ago, explaining why it was so necessary to get dental care before heart surgery.

LK: Hmmm. Interesting.

In terms of financing dental education, can you speak at all to what state and federal support looked like or how that evolved over the years?

MT: I know it was never enough.

[laughter]

MT: There's no question about it and it's been declining on a consistent basis. When I was dean, I believe we only got about twenty-eight percent of our entire budget from the state. The other seventy-two percent would have to be raised either by tuition, or by patient service, or through grants, or whatever the case may be. So it was and is at a critical point, in my opinion. One thing I think none of us would want to see is that making money becomes more important than good dentistry. That probably wasn't the best way to phrase that, because you're going to get good dentistry anyway. But if you can't afford to do good dentistry, you're probably going to do less good dentistry. Anybody who got dentistry was going to get the best we could do it. But if there were ten people and you only had money enough to support five, five people are going to be left wanting and that's not right, particularly in a land-grant institution. One of the biggest problems that any dean faces, the medical dean, dental dean, veterinary dean is how do you maintain equilibrium with rising costs? You can't just put it all on the backs of the students. One of the advantages that certainly dental schools have had is that we were able to provide good dental care at a lesser cost. The downside of that was that it would take more time. That can't go on forever. Costs have always been a major factor. Probably one of the most discouraging components of being in a senior administrative position is that you've got to spend more time figuring out where the next dollar is going to come from rather than how can you improve your delivery of care or quality of care or amount of care, whatever the case may be.

LK: This happened before you arrived, but maybe you can speak to how Medicare and Medicaid influenced the Dental School, if at all.

MT: We always have accepted Medicare and Medicaid and we should. But I really don't have any... Probably Jeff Ogden would be the one that could... Do you know him?

LK: No, I don't.

MT: He's the business manager of the Dental School. I'm sure that he would... I think it's J-e-f-f or it might be G-o-e-f-f or G-e-o-f-f. I'm not sure, but O-g-d-e-n, I think. [Correctly Jeff Ogden] He would probably be able to give you a much more intelligent synopsis of how that's handled rather than I. We've always emphasized it and we've always been open to whoever comes in and we've accepted Medicare and Medicaid for those who are eligible for it and so on, as well as every other type of welfare program—and well we should. That's what the Dental School is for.

LK: I guess it kind of fell in that period of trying to increase dentists anyway, to meet that growing need?

MT: Yes.

LK: I know that Minnesota passed its water fluoridation legislation in 1965. Was there any residual impact or attitude of the faculty when you arrived? Can you speak at all to the fact...?

MT: Everybody was in favor of it. Everybody was very much in favor of it. A guy named Bruce Keyworth—I think he's still around; he's retired—was very active for the Minnesota Dental Association in promoting fluoridation. Brainerd [Minnesota] was the town that just held out as long as they could.

LK: Right.

MT: [chuckles] They made life miserable for everybody. Actually, that was still going on when I was here. There were always bills coming up to rescind fluoridation, so we continued to have to argue it. We've always won.

LK: Did the School produce literature to educate the public?

MT: Oh, yes. We tried to educate. We talked to various groups, parents' groups, civic groups as much as we possibly could to promote it. It took a long time.

LK: Yes.

MT: But now, it's established and will stay established, I'm sure.

LK: Can you speak at all to the creation of the Academic Health Center and the decision to include the Dental School within that? If you could, speak to the reactions of the faculty or...

MT: Yes. I think that there was never any question, I don't think, in any of our minds that if there was going to be an entity called the Academic Health Center, the Dental School should play a major role. It wasn't a question of coming in at the last minute or anything or fighting it. No, it's part of the health system and it should be included.

Whose the person who has the picture who was vice president at that time? I've been trying to think of it all morning.

LK: Was it Lyle French?

MT: Lyle French, yes. Lyle French was very much in favor of all of the schools being part of the Academic Health Center. I know Erwin Schaffer was. There was never any question that I'm aware of that the Dental School shouldn't play a major role in the Academic Health Center, and I think it has.

LK: Did that change relations at all with the other health science schools in terms of creating a more collaborative environment?

MT: I don't know if it changed the relationship. I hope it improved it. Again, I can only speak for myself, but we never had any trouble. As I mentioned, we worked closely with Pediatric Cardiology right from day one. We worked very closely with the School of Public Health when we were promoting different preventive aspects. In fact, at one time, we even had—I think it's been reactivated—a joint master's degree in Dentistry and Public Health.

LK: Yes. Yes.

MT: So that went on for quite some time. I don't think that there's been ever any...

I know that Les [Leslie] Martens, who was on our faculty—he passed away, maybe two or three years ago [Doctor Martens died January 13, 2011]—did animal dentistry. He would go over and work with the veterinarians and do treatment on prize animals that had a toothache.

Nursing...we worked with the nurses in the OR all the time. No, I don't think there was ever any... There's always going to be turf battles.

LK: Right.

MT: You've got more space than I've got. That type of thing is always going to go on in any large institution, but it never came to blows or anything like that. It was usually easily resolved.

LK: Les Martens...did he have a joint appointment in Veterinary Medicine and...?

MT: I don't know if he did or not or if he just did it out of his interest. But he was very accomplished in taking care of animals.

LK: You brought him up. Do you have any comments on Lyle French as the vice president of health sciences?

MT: I thought he was great. He was just, again, of that era. They were nice guys. [chuckles] I didn't know him well. Any association that I had with him and anything I ever heard about him was that he was somewhat similar to Erwin Schaffer. He was very fair. He would listen. He would act. If he could possibly do something that you needed, he would do it. He, obviously, must have done a pretty good job, because it certainly is a very successful Academic Health Center.

LK: Yes.

Then, in 1973, there were efforts to establish a health sciences bargaining unit. Were you aware of that?

MT: No. I wasn't involved in that. That was shortly after I got here and I was low man on the totem pole, so I didn't get involved in that.

LK: Okay.

I believe that Erwin Schaffer stepped down as dean, but then remained on the faculty?

MT: Yes, he remained on the faculty in Periodontics right up until he died. [Doctor Schaffer died on December 25, 2007]

LK: Do you know what his reasons were for stepping down?

MT: Yes. I think he just thought he'd accomplished what he had worked for. The School was built. That was his big accomplishment was to get the School built. He'd been the dean for quite some time. He'd had a couple of heart attacks...

LK: Ohhh.

MT: ...so his health was not as good as it could be. I think he wanted to just enjoy life and get back to teaching. He taught in Periodontics and worked with graduate students on their research projects.

He was very helpful to me when I was dean as we'd go around raising money, because his age group was the group that were getting ready to retire or they were establishing their estates and so on. Erwin was always very much a promoter of the School. You

mentioned that your colleague is going to Arizona. We've got a lot of snowbirds that go to Arizona and Florida every year. We'd go to those places in the wintertime and do a nice dinner and, then, basically, get up and make a pitch to give money to the School, and Erwin was always, as long as he was able, very pleased to go and always did a good job, much better than I could do. He would say, "You're the same age as I am and we're not going to be around long, so give your money to the School."

[laughter]

LK: Could you speak at all to the appointment of Richard [C.] Oliver as dean? Were you involved in that process?

MT: Yes. I was here. I wasn't on the search committee, at that time. But I do recall that we interviewed Dick, as faculty members do. So we had the opportunity to meet with him and to interview him. I can't remember who the other candidates were during that search. I thought Dick was a good person. He was dean at the University of Southern California when he came here, so he had a very good background in terms of having been a dean. That was all. I didn't really have any great influence in his coming or anything like that, other than I was just one of the department chairmen who had the opportunity to meet with him, and I certainly thought he was fine.

LK: Was he strongly supported by the faculty?

MT: I think so. Yes, I think that he was. He was a Minnesota graduate.

LK: Oh, okay.

MT: He had graduated from Minnesota and was known quite well to the practicing community. So I think that he was quite well received.

LK: Was there like a leadership style maybe in comparison to Schaffer or any comments on...?

MT: Yes, Dick's leadership style... He was much more involved in the American Association of Dental Schools. It's now called the American Dental Education Association. He was president of that organization. His major influence was in the umbrella of dental education. He was chairman of the American Dental Association committee called Dentistry at the Crossroads. They did a one- or two-year study that would result in, you know, what's the future of dentistry and where do we need to be going? Where do we need to be putting our emphasis? How has the profession changed, etcetera? It's a nicely done study and he chaired that committee. He was much more involved in the dental education politics, I guess would be the best way to put it.

LK: What would you say are his major accomplishments? Do you have anything particularly to highlight?

MT: He came at tough time, because the School had just been built.

[laughter]

MT: Erwin got all of the credit, well deserved, for building the School. Then, he retired and Dick came and we were at the top of the heap. We had the newest school in the country, one of the best schools in the country. We had very good faculty at that time. So, in that respect, there was much less for Dick to do for which he would be remembered than there was for somebody who came when the School was in a slump. Then, look what I've done. I've got it way up to here. In Dick's case, it was already up there. I thought he did an excellent job of maintaining that status, but, that, I think, was one of the reasons that gave him the opportunity to be looked upon as a leader in dental education across the country and be influential in what other schools were doing, more possibly, than what is being here. He, as I say, was very highly respected among the senior people all across the country.

LK: Also, under his deanship in the 1980s, that's when a lot of the retrenchment and budget cuts had...

MT: Yes, exactly. That affected our School as much as it did anyone else, so he had to put up with that.

LK: Can you speak at all to long range planning that took place in the late 1970s as, I guess, pushed by Central Administration? This is, I guess, dealing with this impending retrenchment and budget cuts.

MT: Well, we all had to look at strategic planning. I, personally, hate that word.

LK: [chuckles]

MT: If you're not strategically planning every day, you're going to be left behind.

You had to draw up good plans. Obviously, the issues that we had to deal with were how do we get people out where they are needed? That was, I think, our primary function. What can we do to make sure that the students are going and, then, how are we going to afford to do this? Just to give you an example... Just say, hypothetically, some hospital comes to us, as they frequently did, or some entity would come and say, "Oh, gosh, we have a lot of patients. Why don't you send students out?" Well, that's fine. Are you going to pay for them to come? If they're treating patients here, they're generating money for the Dental School. If we go out, they're generating money for you. We'd love to do it. We would love to have everyone have this type of experience. If, then, we're going to find at the end of the year our budget is very much in deficit, that doesn't work. So, those are the types of things that you just have to be prepared to deal with. You've got to, I hate to say it, think of me first, but you do have to. The dean has to think how can I keep this school funded properly so that you don't have everybody coming at you from all directions and still do the job that you're supposed to be doing.

LK: I hadn't thought about dental students going out and, then, therefore, not generating revenue.

MT: In an ideal world, we wouldn't even have to charge for dental care. The law students don't charge. The students don't get paid for doing briefs for the people that they work with. Medical students don't. But dental students are expected to generate money to pay for their own education.

LK: Hmmm.

MT: We're lucky that we can do it. But, at the same time, is it always fair? That's something that we fight with all the time.

LK: Do you know how that evolved?

MT: Well, yes. It evolved because of budget necessities. How else are you...? Many early dental schools were proprietary schools in which they were, basically... If you want to be a dentist, you come, you pay. They were owned—this is back in the very early days of dental education—by individuals as a business. So we'll train you to be a dentist, but we're going to charge you tuition and we're going to charge the patients who come here. Then, as dentistry evolved and states began to support the dental schools, as they were some of the other schools, there were budgetary contributions from the state, Minnesota being one of them. But they never have been able to...and I think that people looked around and said, "Well, these guys can make money. Why should we put money into them? Let them go to provide treatment." So our dental students generate a large percentage of the money that it takes to run the Dental School. If they're not doing it here, they can't be doing it someplace else and generating money for someplace else.

LK: Do you have any comment on the reorganization of the Dental School? It was from twenty-six divisions to thirteen departments.

MT: Yes, that came from Doctor [Richard] Elzay came on board.

LK: Oh, I have 1979 under Oliver. Maybe, I...

MT: Let me figure it out. Oliver came in... Okay. Yes, you're right. Under Elzay, it went from thirteen down to four departments with individual divisions.

LK: Ohhh. I didn't realize that.

MT: We used to have three people and they had a department. That was a bit cumbersome. Yes, one thing that Dick did, Dick Oliver, was to coalesce some of the departments. For example, in Pediatric Dentistry, the Cleft Palate Program was merged in with Pediatric Dentistry. In other departments, the Operative Department, the Endodontic Department, and some of those were merged together into larger entities.

That was done not only for administrative efficiency but, also, for the reason of promotion. If you're going to be promoted in a university, you have to have people who are more senior to you who can recommend or not recommend, as the case may be, and if you only had two people in your department...

[laughter]

MT: ...you didn't have anybody to do it. We really had to make the departments somewhat larger so that we could fulfill the obligations of the University in terms of seeing that people were doing what they were supposed to be doing in order to be promoted from assistant professor to associate professor to full professor, etcetera. That was one of the reasons, but, you know, efficiency also. It was just easier. You didn't have to deal with twenty-six department chairmen all wanting something when you could do it with thirteen.

Then, when Dick Elzay came, he merged many of the department into divisions, so, as I mentioned, Larry Wolff was the chairman of a department. There are four departments now. That came under Dick Elzay's administration.

LK: Was that after the threat of closure?

MT: Yes. I don't know necessarily that that was a response to the closure, but it just made things a little bit simpler.

LK: Right.

I was wondering if you could talk about the creation of the No Cavity Program.

MT: Yes.

LK: I know that was Louise Messer.

MT: Louise Messer and I...our philosophy is that dental decay can be one hundred percent prevented. Period. We were ready and we were prepared to demonstrate it. The philosophy was that if you take care of your child, almost by prescription, this is what you're going to have to do. Come to see us on a regular basis. Take care of your child. Feed the child the appropriate foods. Maintain oral hygiene, etcetera, etcetera. We will guarantee that you will not have decay. Period. If you do, we'll fix it for nothing.

LK: Oh, wow!

MT: We started calling it the Cavity Free Clinic, when we first started out. But people thought they got all their treatment free.

[laughter]

LK: Funny.

MT: We had to change that in a hurry.

LK: Yes.

MT: People were calling, “Oh, I want to come to that free clinic.” Well, no, it didn’t quite work that way. So we changed the name to the No Cavity Clinic. It is possible. There’s no question about it. My children have never had a cavity.

LK: Oh, wow.

MT: My daughters are now thirty-eight and forty and they’ve never had a cavity in their lives. People say, “Oh, you’re lucky.” No, I’m not lucky. I just knew how to care of them. And I saw to it that they took care of themselves.

LK: I saw that it was featured on *Good Morning America*.

MT: Jane Brody did a very nice article about the No Cavity Clinic in the *New York Times*. She used to be the health writer for the *New York Times*. That’s how it ended up on *Good Morning America*. Jane Brody is married and her husband owned a property on the Saint Croix River near Stillwater [Minnesota].

LK: Ohhh.

MT: So she used to come out here—I didn’t know that until she told me—to either vacation here or whatever. So one time when she was out here, she had heard about the No Cavity Clinic and she said, “Can I interview you about it?” and did, and did a very nice article about it in the *New York Times*. Then, *Good Morning America* picked it up and invited me to come to New York to be on their program, which I did.

LK: That’s exciting.

MT: It was fun. Yes, it was fun. I went and talked about it. Our faculty members were able to demonstrate that if you do what we say... Here is a prescription that is going to keep your kid cavity free. If you follow those steps and we will do our part and together we will see that your kid goes through his or her formative years without decay. It works.

Are you doing this depth for everybody?

LK: Yes. You maybe have more questions though because you were a dean and...

[laughter]

MT: This is amazing.

LK: Could you comment a bit on the culture of the School in the 1980s, the efforts to admit more minority students and, then, also you had said that more women were coming into the Dental School, as well.

MT: Yes, we recognized that we wanted to have more minority students. So we have exerted and, I think, still exert a great deal of effort to attract minority students. The problem that we have and any profession has—I think it's probably the same in medicine—is that it takes a long time to become a dentist or a dentist who is a specialist, and the same thing would be true in medicine. If one is a very talented minority, be the individual an African American, an Hispanic, whatever the case may be, there are a lot of other professions that they can enter as well where it doesn't take them nearly as long and they can probably make as much if not more money. So the competition for good minority students is tough.

The same thing is true of faculty. We always try to recruit as many minority faculty as we possibly can. I recall attracting somebody, a nice guy, to direct our graduate program, who was Chinese. He came from San Francisco. He was here for about a year. He came to me one day—a very nice guy—and said, “I like it here, but I want my kid to be able to open up the door and see somebody who looks like him.”

LK: Mmmm.

MT: We don't have a lot of people with Asian...it's getting better. He said, “So, I'm going back to San Francisco where my child will be able to have playmates...” It wasn't that he wanted to discriminate against the white Scandinavians. He just said, “I think it would be better for my child to have the opportunity to not be the unique one all of the time,” is, basically, what he was saying.

It has been difficult here. Our weather doesn't help, even though it's the reputation of our weather more than the weather itself. Anybody who's been here, we make it through the winters and it doesn't bother us. But there's always that reputation. That's been difficult. We have tried and continue to try and I think have been tangentially successful, as well, in attracting more minority students and more minority faculty. But it's a tough go.

LK: In 1980, I have seen discussion in some of the faculty meeting minutes about increasing emphases on research in the school. Do you have any perspective on it?

MT: Yes. There was a push and we did get to the point—I think it would be maybe in the year 2000—where Minnesota had the largest amount of NIH [National Institutes of Health]...

LK: Oh, wow!

MT: ...coming to the School of any. So, there was, yes. People like Doctor Shapiro, Doctor [Dwight] Anderson, Doctor Bill [William] Douglas... I don't know if you've talked to Bill?

LK: No.

MT: You should talk with him. He came here and established our Biomaterials Department and it's been a wonderful department.

So there was a definite emphasis on it and it paid off. So we made it to the top, I think in the year 2000. I may be a year off on that, but it was 2000, 2001, or something like that that Minnesota had the highest number of NIH grants in terms of dollars of any school in the country.

LK: Also, in 1980—I think it was Dave [David] Brown who brought this up—there was some discussion about creating a two-track tenure system to allow faculty...

MT: Yes. I agree with this philosophy. I was in favor of that. What it would do is that there are certain people who are very good at research... Right now, if you're not doing research and if you're not publishing a lot of papers, it's going to be very difficult to get tenure. In the health sciences, as opposed to some of the other areas, people do spend a lot of time in clinical endeavors, and they may not be as capable in research as others or they may be spending so much time doing their clinical component very, very effectively, that they just simply don't have time. So their seven-year—it's typically a seven-year span in order to be promoted; if you're not promoted within seven years, you don't get tenure—span is jeopardized. The thought was—again, I agree with this a hundred percent—that it's not the responsibility always of the individual, but it's the responsibility of the department. It falls right back on the department chairperson in this instance to make sure that every department is doing good research and in the health sciences that every department is doing good clinical instruction and clinical treatment. Everybody in the department doesn't have to be doing both. So, if at the end of a given period of time, you can say that Doctors X, Y, and Z have spent X percent of their time doing clinical and somebody else has been doing research, who, otherwise, might have had to be doing clinical when they're really better at doing research, both of those should be recognized and promoted. That was what the philosophy was. I was greatly in favor of it.

LK: There are a couple centers that I want to ask you about. Any comments on the creation or did you have any role in the creation of the Ectodermal Dysplasia Center?

MT: Yes. I created it.

LK: Oh, that's what I say on here. [laughter]

MT: Yes, I've got a lot of comments about that.

[laughter]

MT: The ectodermal dysplasia—going back to when Doctor Wittich was here—is a unique condition. It's a genetic condition in which the ectodermal structures, which are hair, skin, sweat glands, sebaceous glands, teeth, anything that evolves in development from the ectoderm, can be affected. When Doctor Wittich was here, there were three of four children that had it and, like anything else, if one child is treated successfully, all of a sudden, a lot more come out of the woodwork. So there were quite a few patients when I took over the department who were coming. We recognized that this is a unique population that we have. They were coming, actually, from all over the Upper Midwest.

LK: Oh, wow.

MT: We established a center so that we could treat these kids. We worked very closely with Doctor Maria Hordinsky in Dermatology, because she'd be working with many children with ectodermal dysplasia or who were bald, having alopecia. So she was working not only on their very dry skin. She was doing the dermatology. We were doing the oral care. We are still treating a lot of children there. It's been a successful endeavor. I think that we probably can safely say that we've treated more kids here with ectodermal dysplasia than any place in the country.

LK: Wow.

MT: And we still do.

Have you done anything with Doctor [Robert] Gorlin or Doctor [Carl J.] Witkop in this history?

LK: I've run across their names. Are they still around?

MT: No. Both of them have passed away. [Doctor Gorlin died August 29, 2006] and [Doctor Witkop died on March 11, 1993]

Doctor Gorlin is probably one of the most prominent people that has ever been on the faculty. Period. He was head of our Oral Pathology Department, but he was, also, on the Dermatology staff here in the Medical School. He was on the Pediatrics staff. I would read the section on him here, if I were you.

LK: Okay.

MT: He's done more. He's the only one of our faculty who has ever been a Regents professor. He is the only member of the Dental School faculty who's ever been elected to the Institute of Medicine.

LK: Oh, wow.

MT: His book, *Syndromes of the Head and Neck* is the absolute bible of oral facial conditions. He would have to play a *very* large role in the history of the Academic Health Center.

LK: Okay.

LK: Then, you had mentioned Carl Witkop.

MT: Yes. Carl Witkop was a geneticist, as well. He did a lot of work with albinos. But, because of Doctors Grolin and Witkop being here and both being involved in the genetics, people came from all over the country, many of them with ectodermal dysplasia, for initial diagnosis and consultation and, if possible that they could stay, we would do whatever dental treatment was necessary for them or we would work closely. It's a condition that many dentists have not seen. It's not that common. If somebody lived in California or Virginia or someplace, they, obviously, can't be coming back and forth to Minnesota to get dental care done. We would try to get them established usually with a dental school or with a hospital in their locality and, then, work with the faculty on that as advisors saying, "This is what we think should be done" and, then, they could do it.

LK: I also have that in 1983, the Hospital Dentistry Clinics were established.

MT: Yes.

LK: Did that affect, at all, the relationship with the University Hospital or were different things going on at...?

MT: No. Was it in 1983?

LK: That's what I wrote down.

MT: Earlier than that, in the early 1970s, we established the pediatric program at Hennepin County Medical Center. Is that in there, at all?

LK: It might be and I just missed it.

MT: We have had our residents rotate through Hennepin County Medical Center and that goes back to the early 1970s.

LK: Okay.

MT: So even in the old hospital, before the new Hennepin County Medical Center was built, our students were going to that hospital taking care of children. They have a large inner city population where care is given. Our students still go there, so we've been established there since, I think, around 1975.

Then, the Hospital Dental Clinic over here...well, that actually is a different entity than pediatric dentistry. That's more for adults. It was here and it was on the third floor of the old building.

LK: In terms of what was going on at Hennepin County, was that more emergency care?

MT: No, it was basic care. We treated children from very minor care to those that needed general anesthesia. It's been a full service program at Hennepin County Medical Center for a long time and it's been very successful. The person who runs that program and has actually run it from the very beginning is Doctor Monica Jungbluth.

LK: In 1986, Richard Elzay came in as dean. Did you have any role in that committee to appoint him?

MT: Again, I was not on the search committee when he came, but we did interview him and, basically, the same thing as with Doctor Oliver. I certainly liked Dick and thought that he would be a good dean and he was. But I had no influence.

LK: Then, his leadership style, any comments?

MT: In fact, when he was being recruited, that was the same year that I was a Robert Wood Johnson fellow.

LK: Ohhh.

MT: So I wasn't even around that much; although, I do recall being here at one time and interviewing Dick. In terms of having any definitive say in his appointment, no.

I thought his leadership style... His strength was dealing more with the University. In fact, he became the acting vice president for health sciences for a period of time. I think that he had a natural propensity to do that. His success in fending off the people who wanted to close the School showed that he had considerable savvy. He did a very good job of that. In fact, I've always said a lesser individual would have said, "Well, nuts to you. I'm getting out of here." He hadn't been here very long and I'm sure when he was recruited, like anyone else he was told. This is a wonderful place and he gets here and about eighteen months later, oh, yes, by the way, we're going to close the School. I don't have a lot of respect for the people who pulled that on him. Someone else might have said, "Nuts to you then. I'm out of here." He could have gotten another deanship easily enough at some other school, but he stuck it out, and fought it, and did a good job and he won.

LK: A good leader.

MT: And I admire him for it.

LK: In terms of that threat of closure... When I was talking to Doctor Shapiro, he made it sound like it was a suggestion that got out of hand more so than an actual plan that was being put into...

MT: Well, no. You don't need to report this but I'll give you my theory.

LK: Do you want me to continue recording or...?

MT: I don't care.

LK: Okay.

MT: At that point, [Kenneth] Keller was the president. The head of Anatomy, I think, was the one who chaired the committee that made the recommendation.

LK: Yes.

MT: I can't think what his name was. Dave Hamilton. The four schools or four entities were selected and they were all...oh, we've got to close these: the School of Dentistry, the School of Veterinary Medicine, the Freshwater Biologic Institute, and the radio program, the radio station.

LK: Oh! I hadn't known about the others.

MT: I think that they thought that, well, we're not going to get all of them. Which one would be the easiest? It's like playing poker or something like that. I can't get everything. I was very surprised and shocked that almost every farmer in the state, all of the implement dealers, anything having to do with agriculture, were writing letters to the editor, "You can't close the Veterinary School." "In Minnesota, you don't up and close the Freshwater Biologic Institute in the land of 1,000 lakes." We didn't have that type of support for the Dental School. People would take it for granted. That was one of the most disappointing things to me. I was involved in trying to generate the support for the Dental School at that time. They were getting a heck of a lot more support through the newspapers and editorials and letters to the editor than we were.

Anyway, the upshot was that I don't think they intended to close all four of them, but I think they would have been very happy if one or two would have closed. Actually, they did end up closing the radio station. But I think it was a serious threat.

LK: You do?

MT: Yes, I do. I think if somebody would have said, "Let's do it," they would have closed it. Because at that time, we did have a superfluous number of dentists that had graduated. Oh, yes, we can get plenty of dentists from elsewhere." Well, maybe not.

LK: It serves South Dakota and North Dakota.

MT: Actually, that was one of our strong points, that we had the South Dakota people writing on our behalf. The legislature of South Dakota was supportive of our School and so on. We generated a lot of support, but it wasn't just the spontaneous support that the veterinarians were getting. Don't affect my cow.

[laughter]

LK: Was this effort more directed at talking to University administration to prevent the closure or was it something also involving the State Legislature?

MT: The State Legislature was involved, yes. The Minnesota Dental Association was active in supporting the School. As I say, the Dental Associations in North and South Dakota were involved, because of the number of dentists that we were sending out there or their students were coming here for training. So it was aimed at anybody we could aim it at, but I would say probably the Legislature more than anything else.

LK: Was it letter writing, calling...?

MT: Letter writing, calling, going to their offices, visiting with them, explaining the contribution that the Dental School was making to the state, and, also, what would be the effect if the Dental School, all of a sudden, closed. It would have taken a long time to recover from something like that and when you found out you'd made a mistake how much it would cost to reestablish a dental school.

LK: Did it take a long time to recover from the threat of closure?

MT: No, I don't think it did.

LK: It seems like it would affect morale.

MT: It could have affected morale, but it really didn't. Like anything else when you've been through a crisis—it was a crisis; there's no doubt about it—it brought people together. I think that, if anything, we came out ahead.

LK: Oh. Good.

You made the comment earlier that you have been president of the Minnesota Dental Association. I was wondering if you could maybe comment more broadly on relations between the Minnesota Dental Association and the American Dental Association, those relationships between those professional organizations and the School.

MT: Sure. The town and gown situation that everybody talks about, we honestly have not had that in Minnesota, again, going back to Doctor Schaffer who was very influential in getting out and talking to people. Doctor Holland definitely was. He was the editor, as well as writing his book, of the local dental journal, *Northwest Dentistry* for years and

years. So he was one of the most highly respected people. I was involved and was the president of the Minnesota Dental Association and I, also, chaired the political action committee for a period of time before that.

LK: Hmm.

MT: Then, I was the representative of the five states in this region on the American Dental Association Board of Trustees. That's Minnesota, Iowa, North and South Dakota, and Nebraska, the area that I was representative of. We've always been able to maintain the good relationship and it's not a question of, as I say, competition. The practitioners have a job to do; we have a job to do. Let's work together and we can both do it better. That's the way it's always been in Minnesota. Other states, not. I can tell you that some states just fight like hell.

LK: Do you know what contributes to that?

MT: I've never been able to quite figure it out why, but there are always just petty jealousies and things like that. Again, it all comes, I think from the leadership. Minnesota has always been lucky that we haven't had people who have been deans who have said, "Oh, we've got to get this first," or "Give us the money. Don't give them the money." There are things that the Minnesota Dental Association supports that they require funding for, as well. Some of their programs are important and certainly the compensation for the dentists who are providing for the underserved. They always, you know, think that they need to be paid more. I agree; they do. But when there's a limited amount, you've got to be realistic or you "fall off the cliff."

[laughter]

MT: We've always been able to work together to make sure that they Dental School gets an appropriate amount to keep going and that the dentists get an appropriate amount to keep going. We'd both like more, but you've got to be realistic. The point is, Lauren, the relationship has always been good.

LK: You had made the comment that you were head of the political action committee for the Minnesota Dental Association.

MT: I also was on the Board of the American Dental Association political action committee.

LK: What kinds of issues were you all working on?

MT: You work on, primarily, financial issues. How do you get care? A lot of issues are how do you get care? Well, everything is going to come back to how are they going to be funded? Yes, it would be very nice... Things that we were working for, some successful and some not, were to have funding for students to spend time in the remote areas. If a student goes to, say, some small town in Northern or Northwestern Minnesota and spend

two years, will you forgive any federal funding that he has had or she has had? Those are the types of issues, but it, basically, all comes down to what are programs that are going to be appropriate for dental care and how are we going to fund them? When there are thousands and thousands of different people all wanting their share of the action, the squeaky wheel gets the grease. So the political action committees, basically the committees themselves, raise the money to support the programs and the candidates that are supportive of what we want to do.

LK: Okay.

I want to move more into the administrative end of things. We talked about Lyle French. Do you have any comment on Neal Vanselow?

MT: He was a nice guy, too. Again, I didn't know him that well or work with him that closely. Dick Oliver and he were very good friends, I know. Via Dick, I used to hear good things about Neal, but I never really worked with him. I know Neal asked me to be on the search committee—now that you speak of it—when Dick Elzay was appointed, but I was taking a sabbatical at that time, so I couldn't. But that was really the only time that I ever had anything to do...other than knowing who he was. I thought that his performance in office was quite good.

LK: What about Robert Anderson as v.p. or William Brody? Did you have any interaction with them?

MT: I didn't think much of Brody. Brody was the guy that was going to put everybody in silos. His reputation was, I thought, quite negative. I just don't think he did the health sciences center any good at all.

Bob Anderson... Yes, I knew Bob. He was a nice guy.

LK: Maybe you would have had more interaction with Frank Cerra?

MT: Frank was the chancellor or the vice president when I was the dean.

LK: Right.

MT: Frank and I worked well together. I think he did a good job.

LK: When you came to the deanship in 1997...

MT: Nineteen ninety-six.

LK: Oh, 1996. Okay. You were, at first, interim dean, but, then, you became permanent?

MT: I was interim dean for about three months.

LK: How did that position become permanent?

MT: [chuckles] Well, because Dick Elzay said, “I am leaving at the completion of ten years.” I don’t think Frank Cerra believed him. I think Frank Cerra thought that Dick would hang around and they were going to, then, establish a search, etcetera, etcetera. It came to the last day and Dick Elzay said, “I’m out of here.”

[laughter]

MT: So a call went out to members of the faculty and I was one who was considered. I was and Bill Douglas was. I don’t know who else, probably Burt Shapiro, I would guess. I’m not sure who else was on that list. It ended up that they asked me if I would serve while they got a search going. So I said, “Okay, fine.” Then after period of time, Frank said, “Let’s just appoint you dean.”

[laughter]

LK: Okay.

MT: I said, “That’s fine,” but I also told him, “I’m not going to do it after the age of sixty-five.” When I left, they had smartened up a little bit. They had somebody ready to go.

LK: I guess you kind of fell into the position then.

When you came in what were your major... Did you have a vision that you were looking for or what direction did you want to take the School?

MT: I wanted to keep the School going in a positive direction. I have never believed that even though I came as an interim thinking that if they get a search going and get somebody, that’s fine, but I wasn’t going to just sit around and be a placeholder. We were going to get things done, and we did. We established the clinic in Hibbing. We remodeled a couple of our clinics to make things better. I recruited twenty-two faculty members during the time that I was there—not one of them on the fifteenth floor, the administrative floor, incidentally. That’s where the administrative floor is.

LK: Oh, okay.

MT: They were faculty members. That’s what we needed.

Then, we established what we called back then—I was appointed in 1996—a fund called 2000 by 2000 by 2000, which was intended to raise \$4 million for the School by the year 2000. We ended up raising \$8 million.

LK: Oh, wow.

MT: That was just small contributions. We wanted to get more of our alumni involved in the habit of giving, so rather than go to people and say, “Gosh, give us \$50,000 in your estate,” I wanted more people giving smaller amounts with the expectation, as has been shown over the years not only here by elsewhere, that if you start giving on a regular basis, you will continue to give and as one advances in age and gets to the point where you are starting to settle up your estate before the inevitable, they’re much more likely to remember the School. So we wanted to get that started and did. That was successful. So, I would not accept the argument that I was a placeholder.

LK: Yes.

MT: [laughter]

LK: I didn’t mean to...

MT: No, I wasn’t...

We had things that we wanted to do and we did them.

LK: A broad question, I guess, to round out the interview... Any major changes you’ve observed in dental education or research or practice in your career that you think we maybe we didn’t cover?

MT: Oh, yes. There’s been much more emphasis on prevention than before. Now, the whole emphasis is can we prevent this from happening? To a great extent, we can. Obviously, there have been some major improvements in our techniques and in the materials that are used. We’ve been affected by the development of better technology, digital technology, digital radiographs, the same thing that is true every place else. I would say, probably, the major one is the demise or the decline in dental caries and the ability to treat them. We now know that enamel can be remineralized; whereas, before, you had to do a filling. Now, there are ways of not having to do a filling, to remineralize and things of this nature that is much more prevention oriented than was the case.

LK: Any final thoughts that you’d like to include?

MT: Well, I think we’ve covered everything.

I’m surprised at one thing. You didn’t have this, my involvement in Project HOPE [Health Opportunities for People Everywhere].

LK: Yes!

MT: [chuckles]

LK: Oh! I can’t believe I didn’t... I must have had it in here. Sorry. [laughter]

MT: I don't really care whether you do or not. But I just noticed that that hadn't come up.

LK: Yes, yes. Would you like to talk about it?

MT: If you wish. I don't care.

LK: I remember reading about it. I guess I thought I had included it, but I didn't. Yes, I'm glad you brought that up. What was your involvement?

MT: Are you familiar with Project HOPE

LK: Not very familiar, no.

MT: Project HOPE international philanthropic organization based in Washington, D.C. or right outside of Washington, D.C. that provides assistance in the development of health-related programs around the world. It was started by a gentleman [William B. Walsh, M.D.] who happened to be a personal friend of President [Dwight D.] Eisenhower. When the Second World War ended, Doctor Walsh went to President Eisenhower and said that he would like to have him donate a war ship that could be converted into a hospital ship. They thought that was a good idea and did. The [SS] *HOPE* ship would go around the world with, primarily, American dentists, physicians, medical personnel serving people. That's how the whole project got started. Over a period of years, the ship was discontinued but Project HOPE is still very much alive. They provide assistance to schools, and to hospitals, and to various places that are looking for expertise, basically, in training of their own personnel. That has gone on since the end of the Second World War.

I, one day, saw an ad in one of the dental journals that said, "Would you ever be interested in volunteering? Would you volunteer for Project HOPE?" I thought that would be a nice thing to do sometime. So I just filled it out. After some period of time, I didn't think anything more of it. One day, I got a call from the Project HOPE headquarters saying that they had received a request from a dental school in Lisbon University [in Lisbon, Portugal] and they wanted to establish a pediatric dentistry program. Would I be interested in being an advisor for them? I said, "Sure."

So, one thing led to another and I went to Portugal on several occasions and worked with their faculty, helped them develop the curriculum. Then, in 1988 it was, I took a sabbatical and went and spent a year in Portugal and, basically, worked with the entire faculty, not only with the pediatric faculty but with the entire faculty and gave a course in education on, again, how best to communicate with the students, on evaluation, and normal teaching techniques.

The program itself was completed, but, since then, several people from the school in Lisbon have come here for graduate education. The head of pediatric dentistry there is a

graduate of our program. A fellow in biomaterials came and worked with Bill Douglas in that area. The head of the orthodontics program was trained in Minnesota. So we've been able to help them, as well as to place people in other schools around. If Minnesota doesn't have the particular specialty that a person is interested in or if we feel that there would be some reason that they would benefit from going someplace else... We've sent people to the University of Iowa and to the University of Kansas in Kansas City and so on and they've gone there for their training but always with the intent that they'd go back and work. It was just another international activity that Minnesota can take credit for. There have been other people... In fact, there's a gentleman named Jorge Perdigão, who is on our faculty, who is from Lisbon and was a student at that school. He came here to head the Operative Department, but he's, basically, doing research now in dental materials. It's been a very successful relationship.

LK: Yes, yes. That's great.

Do you speak many languages?

MT: No. I can read Portuguese. I'm terrible in speaking it.

LK: Your time in Denmark and Sweden and...

MT: The same thing... I can utter the appropriate phrases. I was in Denmark and Sweden for three years. By the time I left there, I could probably hold a conversation. It would be pretty much straightforward. You didn't get into a lengthy argument or a lengthy discussion of politics of something like that. In terms of talking just as one might talk having coffee or something, I could do it in Danish. But, I'm not a linguist. My wife [Christine Till] speaks perfect Portuguese.

LK: Oh!

MT: One daughter speaks perfect Portuguese. My other daughter was a little too young and she didn't...

LK: They all went over for the year?

MT: Yes, they went over.

LK: That's cool.

MT: They were there. My wife has a propensity for languages anyway. She is now retired, too, but she was involved in outreach for the Minneapolis Public Library. She was the director of the multi-language program where they made sure that with all of the languages... You can't believe the number of native languages that are spoken in Minnesota, in Minneapolis particularly, and all of the immigrants that we have. Her job was to make sure that, irrespective of what your language was, there would be resources at the library that could help. She speaks Portuguese very well and she speaks Spanish

very well. She doesn't speak Somali, but she can get by in Somali with the help of an aide.

LK: Oh, wow.

MT: She always had interpreters with her, as well.

I try everyday, too. At the computer, I look up a Portuguese newspaper and see if I can read it. I have found, interestingly enough, where it's easiest to read are the stories about what would be—I wouldn't think of reading them here—the movie stars and things like that, but for some reason, those are written in a style that is a heck of a lot easier to read than trying to read about the fiscal cliff or something like that. [chuckles]

LK: So funny.

MT: If you read about sports or about the future queen having a baby, those things are easy to read. But it's good practice.

LK: Well, do you have any other final thoughts?

MT: No. I think, Lauren, you've done a wonderful job. You have my phone number.

LK: Yes, I do.

MT: When you look at this, if there's anything else that I can help you with, I'd be happy to. It's been fun.

LK: Okay, great. Thank you so much.

[End of the Interview]

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