

**Frederic Kottke, MD, Ph.D.**

Narrator

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

Interviewer

**ACADEMIC HEALTH CENTER  
ORAL HISTORY PROJECT**

**UNIVERSITY OF MINNESOTA**

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

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

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

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

### **Biographical Sketch**

Frederic Kottke was born in Hayfield, Minnesota, on May 26, 1917. He attended the University of Minnesota for his undergraduate and graduate education, receiving his BS in 1939, his MS in 1941, his Ph.D. in Physiology with a minor in pathology in 1944, and his MD in 1945. He held the Baruch Fellowship in Physical Medicine in 1946-47. He joined the faculty of the University of Minnesota in Physiology as an instructor in 1941. He was Assistant Professor (1947-49) and Associate Professor (1949-53) in Physical Medicine and Professor in Physical Medicine and Rehabilitation. From 1949-52, he was the director of the Division of Physical Medicine, which was part of the Department of Radiology. In 1952, when the Department of Physical Medicine and Rehabilitation was established, Kottke was appointed its first head. He remained the head of Physical Medicine and Rehabilitation until 1982.

### **Interview Abstract**

Frederic Kottke begins by describing some of his background, including his education and why he went into medicine and specifically physical medicine and rehabilitation. He briefly talks about the establishment of the Department of Physical Medicine and Rehabilitation; the integrative and interdisciplinary approach to medicine in physical medicine and rehabilitation; the different types of patients he saw; funding at the University of Minnesota; perceptions in the 1960s that there was a shortage of physicians; the Medical School curriculum revisions in the 1960s; the faculty practice issue; the attempt to establish a medical school in St. Paul; the reorganization of the health sciences in 1970; Lyle French and Neal Gault; the establishment of the Program in Human Sexuality; the support of members of Congress; and the VA Hospital.

**Interview with Frederic Kottke**

**Interviewed by Dominique Tobbell, Oral Historian**

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

**Interviewed at Doctor Kottke's Home**

**Interviewed on February 4, 2010**

Frederic Kottke - FK

Dominique Tobbell - DT

DT: This is Dominique Tobbell. I'm here with Doctor Frederic Kottke on February 4, 2010. We're at Doctor Kottke's home at 3701 Bryant Avenue [South, Walker Place] in Minneapolis.

Thank you, Doctor Kottke.

To get us started, can you tell me a little bit about your background, where you born and raised and how you came to practice medicine?

FK: I was born in Hayfield, Minnesota. I moved to Windom, Minnesota, during my school years and, then, went to the University of Minnesota for my college degree and graduate study and got my Ph.D. there.

DT: What was your Ph.D. in?

FK: In physiology.

DT: What led you to practice medicine? Why did you become a physician?

FK: Why did I become a physician? I don't know.

[chuckles]

FK: Partly, it was due to the influence of my parents [George and Harriet Kottke], who were great friends of a doctor of surgery. At the moment, his name escapes me.

DT: What was it like being a medical student at the University? How did you find your experiences with the faculty? Was it a good experience?

FK: It was a good experience. I enjoyed it. I had to work at the time I was a student. That took up all the extra time I had. [pause] I worked as an orderly in the University Hospital and, then, I had I guess you'd call it a graduate degree in medicine during the time when medicine.... I don't know what to call it.

DT: What led you to go into physical medicine and rehabilitation?

FK: I was attracted to it because I needed the money.

DT: [chuckles]

FK: I worked as an orderly in the hospital during the time I was in medicine, and as I worked there, I started out intending to become a surgeon, but I found that my interest in research in physical medicine was dominating what I did.

DT: It strikes me that there was a lot of attention on physical medicine around World War II because of the wartime experiences and injured soldiers. Did you find that to be true, that there was a lot of national attention on physical medicine?

FK: Physical medicine was gradually developing at that time, and there was teaching activity in a number of medical schools about physical medicine. They all increased my interest in it.

DT: You had a Baruch Fellowship. Is that correct?

FK: That's right.

DT: It sounded like the Baruch family was trying to fund a lot of physical medicine programs.

FK: Yes, the Baruch family was interested in promoting and the development of physical medicine in the practice of medicine.

DT: After you graduated and you finished your internship, you joined the faculty at the University [of Minnesota]. Is that right?

FK: That's right.

DT: At that point, the department was a division within Radiology.

FK: Yes.

DT: What led to the establishment of the Department of Physical Medicine?

FK: Interest, I guess. Part of that was that we had a lot of poliomyelitis at that time, and this led to the development of a teaching program in physical therapy and, also, in Physical Medicine and Rehabilitation.

DT: The interesting thing about Physical Medicine, the department, seemed to be that there was a lot of integration, as you say with physical therapy, and, then, you had occupational therapists and speech therapists. Is that right?

FK: That's right.

DT: That seems to have been quite unique within the practice of medicine, that you had such an integrative approach to medicine.

FK: I think that's true. We were one of the best developed programs in physical medicine, which included physical therapy, occupational therapy, and speech therapy, all integrated together.

DT: You were working with not just physicians then. How did you build relationships with the physical therapists and occupational therapists? Was that easy to do?

FK: I don't know how to answer that. It occurred because of the interest and developing an integrated system.

DT: It was just kind of part of being a physiatrist?

FK: Yes.

DT: It's so different to the other medical specialties at that time where the surgeons were just used to practicing with one another and interacting a lot less with the auxiliary professions.

FK: I guess you need to say that over.

[chuckles]

DT: Physical medicine was quite different in that respect to the other medical specialties where physicians would interact with nurses but they weren't interacting with other healthcare professions.

FK: That's true. They were closely integrated with nurses. I guess that's all I have to say.

DT: What types of patients did you see? You mentioned polio patients. Were there other kinds of patients?

FK: Any kind of physical disability, we had contact with or worked with. It happened that polio, at that time, was developing a large number of involved patients, so we suddenly had all those patients added to our program.

DT: Did you see a lot of patients who were in iron lungs?

FK: Yes. Yes, we worked with patients in iron lungs and all those got out, and any kind of limited capacity to carry on activity required our participation.

DT: Did you do a lot of work with the Sister [Elizabeth] Kenny Institute at this time in the 1950s?

FK: Yes, we did.

DT: If I understand correctly, the Center for Rehabilitation was established in 1954. Is that correct?

FK: As far as I remember.

DT: [chuckles] What prompted the creation of that center? Did you have to go to the State Legislature and convince them that this needed to be built or was there already support there?

FK: I don't remember.

DT: Also, in the 1950s, the cardiac surgeons were doing a lot of open-heart surgeries. Did this create new patients for you? Were you seeing those patients who, after surgery, needed to undergo rehabilitation?

FK: Those patients ended up in kind of a special relationship with the surgeons. So, I would say, we didn't have much contact with them.

DT: That's interesting. Was that because the surgeons wanted to retain the patients for themselves? They wanted to take over that role?

FK: That's right.

DT: I read that in the early 1960s that you had an important role in seeing the University department and the Sister Kenny Institute set up as a regional institute for rehabilitation.

FK: That's right.

DT: Could you tell me a little bit about how that came about?

FK: Nationally, there was money available, and we applied for money for our institute. There were about fourteen other programs that were funded by the Federal Government.

DT: It seems like you were in a lot of conversation with Senator [Hubert H.] Humphrey at this time and other congressional members to marshal some support for Minnesota.

FK: That's right. Yes, Senator Humphrey was a good supporter. Actually, all of the legislative people from Minnesota gave us support.

DT: I interviewed Doctor Ellis Benson last month, and Doctor Benson mentioned that you had really good connections with members of Congress, that you were kind of unique in that respect.

FK: Yes, that's right. We worked to develop a close relationship and support. We had to report annually on the work we were doing in order to maintain that support.

DT: Were other physicians and department heads also trying to make connections with members of Congress to get federal support, or were you unique in that?

FK: No. Other departments were working diligently to get money to run their programs.

DT: It seems that during the 1960s that Minnesota State government wasn't funding the Medical School particularly well, and that a lot of the funding did come from the Federal Government. Did you feel that the state wasn't fully funding the Medical School?

FK: [pause] Well, partly, it was the limitation of funds that the legislature had, so that all of the departments in medicine were out obtaining funds from other sources. We were working on the same thing.

DT: With so much emphasis on having to secure funding, do you think that influenced the way that medical students were taught and the kinds of practice that the physicians were able to do?

FK: I'm sure that the funding that we received from the Federal Government influenced the teaching that we also carried out. It provided us with a chance to have more faculty and an organized program.

DT: It seemed in the 1960s, there was concern that there weren't enough physicians being produced, that there was shortage of physicians and a shortage of nurses. Was there a particular concern within Physical Medicine that there was a shortage of physicians?

FK: Yes, we always felt that there was shortage of physicians, and we were always looking for a chance to expand our resources.

DT: It certainly looked like in your time as department head that the department grew enormously during the 1950s and 1960s.

FK: That's true, and that was because we got institutional programs funded from the Federal Government and, also, funds from private resources.

DT: Did you have many interactions with other departments, other clinical departments, or were you, basically, just focused on dealing with physical therapists and occupational therapists?

FK: We were dealing with other medical departments, in neurology and surgery, mainly those.

DT: I suspect that with the orthopedic surgeons you had involvement with those, too?

FK: Yes.

DT: In the context of this concern about there not being enough physicians, the Medical School, I know, tried to expand the number of its students that it took in, increase student enrollment and gain more state funding. This caused a lot of changes at the Medical School. I know that Dean [Robert] Howard tried to institute some changes during the 1960s to support increasing enrollments, one of them being revision of the medical curriculum. Were you involved in any of that?

FK: [pause] I lost you.

DT: It was a big question. [chuckles] Were you involved in the effort to revise the Medical School curriculum in the 1960s?

FK: Yes. [pause] I guess I don't have anything more to say about that right now.

DT: One of the things I read about was that there were some difficulties or tensions around how much time the basic scientists would have for teaching and how much time the clinical departments would get to teach. Do you recall any of that?

FK: Yes, that's true. There was always competition for time for teaching.

DT: It seems, from what I've read, that the medical students were quite keen to have the curriculum changed somewhat so that they had more time to work with patients and to have more flexibility in their schedule. Did you get a sense of how the medical students felt about their time?

FK: Well, some of them wanted more time in contact with patients with disabilities. Others were more concerned with different aspects of medicine and surgery.

DT: Was your son [Thomas] a medical student in the early 1970s [1970-1974]?

FK: Yes.

DT: I remember seeing his name. I'd like to talk to him at some point.

When Dean Bob Howard first became dean, he tried to change policies around faculty practice and to have more control over the incomes that faculty were making from private practice. It seems this caused a lot of consternation. What was your experience of this?

FK: It's true that the dean was trying to get more control of practice. I don't think it affected our department and its practice very much.

DT: Do you remember any of the complaints that some of the faculty had about the dean's efforts?

FK: No.

DT: One thing I saw, when he was trying to change the policies and institute a strict full time system and to have a limit on how much the faculty could take home and the rest they would put into the University, is that your department was one of the few to adopt that.

FK: Yes.

DT: Do you recall why you adopted that system?

FK: I don't remember.

DT: It really struck me that Physical Medicine and Pediatrics were the two that were very supportive of the dean's efforts.

FK: That's right. We went along with the dean on his effort to establish a full time teaching appointment in our department.

DT: Yes. It seems that because of some of the dissatisfaction from other faculty about the dean's efforts that Dean Howard had a difficult time. I actually spoke with Doctor Howard and he said he had a difficult time getting a lot of things done. Do you have any perspective on that or recall any of that?

FK: I suppose if I had time to think about it, I'd come up with something. I don't have anything right now.

DT: Okay. If you think of anything, then feel free to let me know.

One of the other things that seemed to be taking place is that the Saint Paul physicians, some of them, were trying to get a second medical school created in Saint Paul.

FK: That's right.

DT: Do you remember much about this?

FK: Only that there was a unit of medical education in Saint Paul that was trying to strengthen itself. I don't have anything else right now.

DT: Do you remember how you felt about those efforts? Were you supportive?

FK: I was not really supportive of it. I felt that we ought to have one *total* department, and that's what I was working toward.

DT: It seems like a lot of other faculty agreed with you.

FK: Yes.

DT: But there was a lot of opposition, too.

FK: Yes.

DT: I noticed that one of the University regents, Herb Huffington, who was a physician in general practice, in addition to wanting the second medical school was also putting pressure on Bob Howard to introduce a program in family practice.

FK: Who is this?

DT: Herb Huffington. He was president of the Academy of General Practice in the mid 1960s and, then, he became a University regent.

FK: No, I don't have anything to add.

DT: [chuckles] That's okay. I ask a lot of questions in the hopes that people remember something.

In the late 1960s, there was the move to reorganize the health sciences and create the Academic Health Center. I've gotten the sense that for the faculty in the Medical School, this may not have made much difference to them. Did you feel like the reorganization was going to impact Physical Medicine?

FK: No, I didn't feel that was having any particular effect.

DT: I'm curious. Do you recall how those in physical therapy and occupational therapy think about the reorganization?

FK: They supported it.

DT: One of the arguments that I think was made for the reorganization was to incorporate more of a team approach to patient care and to student teaching. Of course,

your department was already doing that. So I wonder whether your department served as a model, perhaps, for how the health sciences should function after the reorganization.

FK: I guess our department felt that we ought to have an integrated system, so we were working for that. Some of the others were kind of passive or negative about it.

DT: It looked like part of the reorganization was a move to establish the School of Allied Health Professions. That would have, presumably, taken the physical therapists and the occupational therapists out and into a different school. Do you remember that effort and the position of your department toward that?

FK: I remember that we were opposed to any kind of redistribution that would decrease our participation as a whole.

DT: I don't think the school was created in the end.

FK: No.

DT: A lot of people opposed it, I think,

Do you recall how the other health science units, dentistry and nursing and public health, felt about the reorganization?

FK: No, I don't.

DT: Did you have specialist nurses working within your program or did you just draw from the general nursing service?

FK: Essentially, the nurses who were in our program had special duties and special training to participate.

DT: I know there was a lot of inpatient care, but you, also, did outpatient services. Did you ever go out into the high schools or the elementary schools and give care in those instances or was that someone else's responsibility?

FK: That wasn't really in my range of responsibility.

DT: But I guess you saw a lot of school age children, so you had some interactions with the schools.

FK: Yes.

DT: Going back to the reorganization... As a result of the reorganization, Dean Howard stepped down and left the University and was replaced by Lyle French. Do you remember anything about that transition? Were you surprised that Bob Howard didn't stick around?

[pause as an intercom announcement is made for the residents]

FK: Lyle French and [Richard] Varco and some of the other surgeons wanted to dominate any kind of teaching we had. This led to some conflict, and Bob Howard, who saw the teaching of medical students as a unit, withdrew from the program. It certainly didn't strengthen the program.

DT: How was it under Lyle French's leadership?

FK: Well, as I remember it, he was only interested in what he was doing, and I don't think it strengthened the Medical School.

DT: Did that change when Neal Gault came on as dean?

FK: Yes, Neal Gault was a much better administrator and much more interested in organized development. French really wasn't, in my memory, much of a leader. He functioned to develop his own interests.

DT: That must have been frustrating for people.

FK: Yes, it was.

DT: It seemed under French's leadership in the 1970s as the University continued its expansion, they faced some trouble with the State Legislature in getting the money that they had initially been promised to build the expansion.

FK: Yes. I guess I don't have anything more to say about that except I was not in favor of the kind of organization that French wanted to lead.

DT: Do you feel he ended up getting what he wanted or were faculty like you, who were not supportive of it, able to ensure that your department functioned as you wanted them to?

FK: No.

[chuckles]

FK: There was a lot of tension and pulling and shoving in trying to deal with that phase of the program.

DT: It seems like the State Legislature became disinclined to fund because they thought the University already had enough, that the health sciences were big enough. But this meant that some of the Medical School funding from the Federal Government was in jeopardy. Were you involved in any of those efforts to ensure that the federal funding still came through?

FK: Yes. We had a grant from the Federal Government that was the major support of our program, and we spent our time defending it.

DT: [laughter] Were you able to? You were successful in that?

FK: Partially, and partially, we lost on. I don't know just why but particularly the surgical faculty under French weren't supportive of Rehabilitation.

DT: But you don't know why?

FK: No, I don't know why.

DT: It seems that your department was nationally recognized and was a really important program, not just within the institution and state but nationally.

FK: I think we were pretty widely accepted as part of a program and our efforts to develop an integrated program really conflicted with some of the other ideas about the training and the practice of medicine.

DT: It's a shame because your integrating model seems a very positive way of treating patients and working with other healthcare professionals.

FK: That's right.

DT: It struck me that within your department, particularly on the side of physical therapy and occupational therapy and speech therapy, that there were a lot of female professors. There were a lot of women in your program. Do you think your department was a positive place for women to work and a positive field to go into?

FK: I guess I'd say yes. There was a well developed program in physical therapy, not as well developed in speech therapy. Both of those had an emphasis that attracted women.

DT: Do you know why women were drawn to those?

FK: No, I don't.

DT: Going backwards a little bit... In 1964, you helped raise money to establish the Children's Rehabilitation Center.

FK: Yes.

DT: That seems like another example where you had worked very, very hard to get federal support.

FK: Yes, yes.

DT: Do you recall some of the things that you had to do to make that happen?

FK: No, that's kind of into the background.

DT: [chuckles] Again, it seemed very significant. Other individuals I've spoken with speak very highly of the fact that you were able to get that building built, that you were able raise the money yourself.

In the 1970s, the Medical School established the program in human sexuality.

FK: Yes.

DT: It seemed that your department had some role in that.

FK: [pause] I can't think of any particular role that we had in that, but human sexuality came to the forefront as a topic of concern and an activity of importance in training.

DT: Why did it become a point of interest?

FK: Well, is sex interesting?

[laughter]

FK: I don't know beyond that.

DT: So, probably a reflection of the times, I suspect.

FK: Yes, that's right.

DT: I've seen your department mentioned because within that program there was some discussion of sexuality and the disabled and that focus on disability and sexuality, so it seemed that you had been involved there. It also seems that that program elicited some concern among some of the public and the University regents, that they were concerned that the University was teaching about sex.

FK: I'm sure that there was some concern about that, and the fact there was organized teaching about sex surprised some people. We, of course, were interested in that as an aspect of activity relating to handicapped patients.

DT: It seemed, again, that Minnesota was at the forefront of talking about and teaching about sexuality, that it was another one of the things that Minnesota did well.

In the 1970s, under President [Richard] Nixon, Nixon had tried to reduce the amount of federal funding that was going into the health professions. Do you remember this? Do

you remember any conversations with members of Congress that you had to try and counter this?

FK: Our best support from Congress was from Senator Humphrey. The other members from Minnesota were generally very supportive of our program. I don't remember anything specific.

DT: What was your experience with the University Hospital? Of course, you had your position within the Medical School, but, then, obviously, you're working within University Hospital, too. How was that relationship?

FK: I don't know what to say except it existed.

[laughter]

DT: I've heard that relations with the University Hospitals changed somewhat, maybe, when Ray Amberg retired and John Westerman took over the directorship of the hospital. Was that something that you encountered?

FK: I don't have anything to say about that.

DT: How do you think the training of physicians in physical medicine changed in the years that you were working and teaching in the field?

FK: To some extent our teaching of medical students improved and to some extent, we were sidelined.

DT: Do you think there have been surges of interest among medical students in physical medicine or have you always gotten enough interest that there haven't been ups and downs?

FK: We had each year a number of students who became interested in rehabilitation medicine, so we had a supply of students who came into physical medicine as their specialty interest. I don't have anything special to add about that.

DT: I expect you must have done some work with the V.A. [Veterans Administration, Minneapolis, Minnesota] Hospital. Were you seeing a lot of the V.A. patients or training their residents?

FK: Yes, we were.

DT: Those were different kinds of injuries, presumably, than you would have seen in your other patient population? Did that influence how you practiced or the kinds of research that you did?

FK: The Veterans Administration mainly dealt with older patients with chronic disease, and these became an objective interest and participation. I think that probably the ones who were interested in that were especially interested in the long term disability.

DT: What kinds of research did you yourself do when you were at the Medical School? What was your research area particularly?

FK: It was quite broad. [pause] As I sit here, I don't have anything to add.

[chuckles]

DT: When did you retire? What year was it?

FK: I don't remember.

DT: I'm sure I can find that information. You were at the Medical School for a long time, so you saw a lot of things and experienced a lot of changes. Do you have any comments to make about the experiences that you had in your time at the University?

FK: I had so many contacts and so many activities with the various departments, but I don't have anything especially to add right now.

DT: Is there anything else that you can think of that you'd like to tell me about your experiences there or about how you feel about the history of the Academic Health Center?

FK: I guess not.

DT: I've gotten a lot of interesting information from you, and I can't thank you enough for what you've shared with me. I would encourage you, if you think of anything whenever, and you'd like to talk about it again, please, let me know. I'd love to talk to you again.

FK: Okay, I'll do that. It's been quite a few years and many ups and downs.

DT: Sure.

I'll just say that it seems that you were such an important part of the institution's history and such a key part of some of the big changes that happened that I'm really glad that I got to talk to you. Other people, as I say, that I've spoken with have said, "You should talk to Doctor Kottke. He was there and he saw a lot of things." So I really appreciate this time.

FK: I'm glad you got some influence out of this.

DT: Yes, absolutely. Thank you.

FK: Yes.

[End of the Interview]

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