Interview with Neal L. Gault Junior

Interviewed by Associate Dean Ann M. Pflaum
University of Minnesota

Interviewed on January 18 and 19, 1999

Neal Gault - NG
Ann Pflaum - AP

AP: This is January 18, 1999. This is an interview with Neal Gault, who was dean of the Medical School for many years.

I will start the interview by asking him to describe a little bit about his life, where he was born, his undergraduate work, his medical degree, his time in Hawaii, Okinawa, and, then, back as dean.

NG: Fine, Ann.

I was born in Austin, Texas, in August 1920. I finished at the Austin High School in 1938. My parents were uneducated. My dad had four grades of schooling and mother didn't finish high school. She was a Swedish farm girl. Her parents were immigrants from Sweden. Dad's father died when he was fourteen and he went to work to support his mother and his kid brother, so we were workers, so to speak. I had worked when I was in high school after school.

I got ready to go to a university and I wanted to be a doctor, a physician. I don't know why necessarily, except, perhaps, that when I was nine I got hit in the eye with a rock in a fight with kids and had a traumatic cataract which was operated on and there was an error in the recovery period and I lost my sight in my left eye. I remember that Catholic hospital with its sisters and, perhaps, that influenced me, I'm not sure. When I got ready to go to college, my dad said, "It's up to you, son. You've got more education than I've had and I made a living and I'm sure you can too." But he was kind enough to let me live at home and I went to the University of Texas and he co-signed a loan for me at the bank: seventy-five dollars a semester, which paid my tuition of twenty-five dollars and books and fees on labs took the other fifty. I paid it off working as a bookkeeper in a Gulf Service Station and a Delco Remy parts distributorship. I did that for four years.

Then, I applied for med[ical] school at both Baylor and the University of Texas in 1941, didn't get in. I finished my fourth year of college in 1942, applied but didn't get in. I didn't have any money to go anyway, so it was fortunate, in a way. I took then, the opportunity to train as an x-ray technician at the Parkland Hospital in Dallas, Texas, beginning in July 1942 with the promise that after one year's

training, I would have the on-call night x-ray duty at St. Paul's Hospital, which was just two blocks from the Baylor University College of Medicine in Dallas. I thought, if I could at least have room and board, I could find some way to go to med school. So I went to Dallas and trained. Of course, you had night duty and in my spare time, I learned how to do laboratory work, which was right across the hall from x-ray.

Then, in November 1942, my draft number came up. I had tried to get in as a volunteer when I was at the University of Texas, but because of my blindness in one eye, I was not accepted. I went to Fort Sam Houston, Texas, when I was called up and during the examination, they found out I was an x-ray technician and they said, "We'll take you on limited duty. You'll have limited service of staying in this continent." On December 1942, I went in to that induction center and served there as an x-ray technician and a lab technician in the venereal disease lab until about May when I was admitted to the Medical Administrative Corps Officer Training Camp at Camp Barkley, Texas, in Abilene. I had applied for that because I had had college and I was accepted. I graduated in August 1943 with second lieutenant and was assigned to the Fourth Air Force in California and ended up, after a short period, as the adjutant of the 1,000-bed Fourth Air Force hospital in Hamerfield, Fresno, California. After that, I went to Adjutant General School in Washington, D.C. for three months. I served four years in the service.

I came back. I applied for medical school again to Baylor in Texas and was accepted at Baylor, which in 1943, had moved from Dallas to Houston, Texas. So here in 1946, I was admitted to the Baylor University College of Medicine in Houston, which was located in an old Sears and Roebuck warehouse on Buffalo Bayou until the new Collin Building was finished on the new campus.

AP: May I stop you and ask you a question?

NG: Yes.

AP: I'm intrigued that a young man would walk in and be in charge of... The adjutant is the financial officer or the administrative officer of a 1,000-bed hospital? Does that strike you as a remarkable opportunity?

NG: Oh, it was a great opportunity. As adjutant, I was in charge of all personnel, both officers and the enlisted corps, of all the rules and regulations and I was responsible for knowing all the Army regulations that pertained to our operation. That's what the adjutant does. There was an executive officer but the commander was a position, a lieutenant colonel. The executive officer was a captain and I was second lieutenant but became a first lieutenant when I finished Adjutant General School. I eventually became a captain.

AP: Explain to me Adjutant General School.

NG: It was a three-month course teaching young officers Army regulations.

AP: The Adjutant General's Corps is the military attorney. That's a different type of thing?

NG: That's different...not the legal. It was the administrative arm.

AP: You must have had a great gift because you wandered in and there are thousands of people and suddenly, you're... That's remarkable.

NG: I had four years of bookkeeping for a pretty good-sized firm. I interfaced with lots of people. I represented that firm in the Junior Chamber of Commerce for our city.

AP: You had just the right skills at the right time.

NG: I had lots of maturity experience in having worked most of my life since the age of fourteen in grocery stores and selling *Liberty* and all those old magazines door-to-door. I had communication skills, I think, from the beginning.

When I got out, I started to Baylor in Houston. As I said, it was new. They'd brought some of their faculty with them from Dallas. There were, I think, only about seventy-eight students admitted. I joined the Phi Beta Pi Fraternity and lived in the fraternity house.

In school, in anatomy, we had four guys on the table with a cadaver. One of our members left after two weeks because he disliked it. An instructor who was a surgeon in town, who came out on Thursday afternoons to help us in our dissection, said, "You better get that smart woman over at that other table or you'll get some dumb guy here to join you." We invited a young lady named Sarah Dickie to our table and she came over and she was across the table from me with a colleague and the four of us did the dissertations. Well, it turned out she had gone through the University of Texas at the same time I had, 1938 to 1942 and we had mutual friends, acquaintances—but I didn't know her. We started studying together and before the year was out, we decided that—I was twenty-seven and she was twenty-five—we probably ought to get married instead putting it off, so we did. After the freshman year, we married and came back for our sophomore year, moved into an apartment.

It was during that year that a couple of our professors said to us that we were too good of students to stay there for the last years—because it was so new that they didn't have full time faculty in many of the clinical fields—and thought we ought to go to a better school. I asked, "What schools?" They gave me a list of five and I wrote to all of them. Minnesota had an opening that summer for a clerkship in internal medicine with Cecil Watson. So Sarah and I were accepted for that. We drove up here non-stop. We left there on a Monday morning and we had to get in here by Tuesday to register. We arrived Tuesday afternoon and we went to the old Nicollet Hotel. I called over to the Med School and Ruth Smith, "Dean" Smith, renown in those days, said, "You can come tomorrow. That's all right. It's too late today. Get your rest and come over tomorrow." So we did. We went over and registered and we were charged a late fee for being late one day. [laughter] It gives you a little climate of the school.

AP: Yes, indeed.

NG: We entered the clerkship. There were, I think, eight of us. Joyce Funke was one. She came from a medical school in Georgia and transferred because her mother moved back here to St. Paul. We had two men who were accepted at Harvard and they were staying here to brush up for the summer. We carry a good reputation for Minnesota as transfers. We had two other men who had done poorly in their clinical work in their sophomore year and were told to take this clerkship for the summer.

AP: What did you do as clerks?

NG: We were assigned two to a ward: the old Station 30, 31, and 32. We worked with the intern and the resident and we were assigned, by the resident or intern, patients. We did the history and physical and wrote it up. Then, Cecil Watson, who headed the department, would make rounds on Thursday and Friday. Our patients would be presented. We would have to give the history orally and our physical findings and a differential diagnosis and answer any other questions that he would pitch at us. We would, presumably, have read about what we thought the disease was or condition, get advice and talk to the resident. It was a fabulous summer.

AP: This is the summer of 1947?

NG: No, the summer of 1948.

Cecil Watson, of course, was a great, gray eagle. He was so professional and he was a complete internist. At that time, we didn't have a lot of sub-specialties in medicine. You, as an internist, were supposed to handle all the systems pretty much. He was superb and a great, great gentleman and a great teacher. He was gray-headed and very professional looking, and very, very nice with students.

In addition to Cecil Watson, there was Wesley Spink, who was professor of infectious diseases in the Department of Internal Medicine. He had just returned from Mexico working with treating brucellosis with Aureomycin and being successful in controlling that infection. Brucellosis was an infection from cattle and, often in the stockyards, particularly in St. Paul, [there were] a lot of infections and very, very febrile diseases affecting the liver and sometimes killed patients. It was chronic in nature. They had nothing to kill it. It would just linger on and have remissions and then come back. That was a great breakthrough, so that was exciting to see this national figure, international figure. He went to Carleton as an undergraduate, and then he went to Harvard. His major field was infectious diseases. I think he was, early on, one of the first people to write about trichinosis, also a parasitic disease infection. He was a great teacher. He was entirely a different personality than Cecil Watson. He was very outgoing and not as smooth, I might say, but a great person.

In addition to that, Nina Schwartz came for a couple of weeks, from Sweden. She was also an hematologist as Watson was, in a sense, although he worked with porphyria primary.

AP: That was the disease George III had.

NG: Yes, right. That was his field. He was internationally known and recognized for that work. Fred Hoffbauer was on the staff and he was also a specialist in liver diseases. It was just a rich, rich experience for that summer term.

Before we left, we said, "Can we stay? Can we be admitted to the junior class and finish here?" They said, "If your dean will release you from Baylor, we would be happy to accept you." At that time, the dean was Weaver. I think student health was, primarily, his field. He was a part-time assistant dean and very nice to us. So we contacted our school and they said, "Yes," they would release us. We went back to Texas and closed our apartment and moved our stuff up to Minnesota to begin that fall term of 1948 as junior students in our class of, I think, eighty-six students. There were only four women. My wife, Sarah, was one. Joyce [Funke] was one and there were two that were in the class from the beginning.

We had lectures the first thing at eight o'clock in the morning to nine. Then, we split up in assigned groups and, usually, they were alphabetical groups: *F*s and *G*s and *H*s went together so that we ended up going to the V.A. [Veteran's Administration] Hospital or to Minneapolis General Hospital or old Anchor Hospital. We had rotations out to the children's orthopedic hospital over at Lake Phalen—it was a state hospital; Gillette, it was called...our Shriner's crippled children's [hospital]—to these affiliated hospitals that would let us serve as so-called clerks. We were called clinical clerks as third- and fourth-year students. Then, we had to be back for a lecture at four to five. On Tuesdays and Thursdays afternoons, it was free for electives. We would have fantastic clinical physicians from downtown contribute their time and come out and teach us such things as an ophthalmologist came out and I took his course in ophthalmoscopy. He taught us—there would only be about four students—how to use the ophthalmoscope effectively. We had another in gastroenterology. A Dr. Carey came in from Minneapolis. He lectured to us in a small group and told us all about gastroenterology. Of course, it's so different today with all the endoscopies that go on. I'm sure he turns over in his grave with the progress that's been made. [laughter] I took another one called Advanced Physical Diagnosis with Dr. Peppard down at Minneapolis General. Twice I took that, which was fantastic. He was a wonderful clinician that would help you in recognizing physical things.

AP: Interesting.

NG: A doctor—I'm blocking on his name right now—from downtown came and he gave an elective on physical diagnosis by inspection only. He'd come to the university and they'd have patients on the bed and partially disrobed and you stood around and he said, "Now, what do you see?" These were really teachers who pulled out your abilities, taught you how to observe, how to feel, how to touch. Also with that, you learned lots of rapport with patients, how to talk with them, how to approach them, how to conduct yourself as a professional person.

That was a great two years. We were very pleased. I wanted to go into internal medicine. Sarah didn't know what she wanted to do. We wanted to take a rotating internship so we applied to Minneapolis General. That meant we went through surgery, medicine, pediatrics, etcetera all during the year we were there. Fortunately, both Sarah and I were veterans. She was from the Marine

Corps and I was from the Air Force, so we had the G. I. Bill. It meant that I had $105 a month and she had $75, so we had $180 a month to live on.

AP: Can you run past those again? I want to write them down. She was in the Marine Corps?

NG: She was in the Marine Corps and I was in the Air Force.

AP: The combined total that you got from the G.I....?

NG: Was $180 a month, plus we each got $500 for tuition and books. If you were a resident of Minnesota and were not a veteran, you were charged $245 tuition a year. If you were a non-resident, you doubled that, so we paid $485. There is also this—which isn't very well known—Minnesota residents who were veterans and on the G.I. Bill also paid the $485.

AP: Really?

NG: The university sort of snuck that in.

AP: They stuck it to the armed forces, in effect?

NG: They stuck it to those students because they didn't have much left over to buy books with. We're talking about university climate now with students.

We got along fine. Now, about a month before we were to graduate in June 1950, "Dean" Smith called me into the dean's office and I went there and I said, "You wanted to see me Miss Smith?" She said, "Yes. We need evidence that you have a baccalaureate degree." I said, "Miss Smith, I don't have a baccalaureate degree." She said, "You can't graduate without one." I said, "I didn't know that." She said, "It's right here in the school bulletin," and she showed me the bulletin. In small print there was that you had to have a baccalaureate degree before you could be a junior student.

AP: Oh, oh.

NG: I said, "Miss Smith, I applied for a transfer as a junior student and I never claimed to have a baccalaureate and your faculty accepted me." "Well, that doesn't make any difference, you have to have a baccalaureate degree to graduate." I said, "What am I going to do?" She said, "You better go see Florence Lindberg over in Morrill Hall." On the second floor there, they had all the records, so I went to see Miss Lindberg. She said, "Yes, that's the rule. That's the policy of the school. Mr. Gault, you'll have to have that." So I came back to the dean's office and saw Howard Norns, the assistant part-time dean. He was an internist. I went in to see Howard. Howard is a very nice guy, but he didn't have anything to offer me, except that was the rule. I was up against it. So I went home and I called my father-in-law, who was a registrar at North Texas University, and got the name of the registrar at the University of Texas. I called him and told him of my predicament.

Now, in the old days—at Minnesota, too—had I gone to undergraduate work at the University of Minnesota and didn't get my baccalaureate degree but came into the Medical School after three years or even after four, after completing the first two years, I could apply for a baccalaureate and it would be given. The same was true in Texas. If I had gone to the University of Texas Medical School, after two years in the Medical School, I would have had a Bachelor of Science. I would have had to apply for it, but it was automatic if you were successful in the first two years of med school. But I went to Baylor, so Baylor was not reciprocity for that at the University of Texas, but the registrar, hearing my story and that I had practically an all *A* record at medical school both two years at Baylor and here in Minnesota, said, "We will grant you the baccalaureate degree. You can register in absentia and we will grant it." I said, "Fine." So I did.

When I went to graduation on June 10, 1950, in the old stadium, we marched in and they had those planks out there and you sat on them and the program was stapled to the plank, so I pulled it up and we looked under Medical School and under my name was—parentheses—"Provided baccalaureate degree is conferred before this date"—parentheses closed. I was singled out. But, fortunately, the degree was granted at Texas on June 7, so I was clear.

[laughter]

NG: Again, it gives you the climate that we students were in.

AP: Yes. Very interesting.

NG: Have you seen *Patch Adams*, the movie?

AP: No.

NG: That's a very interesting movie and story of how medical students were treated—he was a medical student—by the administration. It reminded me so much of the old days when I was here at school.

We graduated, went to Minneapolis General, did our internship on $50 a month, plus room and board, but we kept our apartment right on Washington [Avenue], next to the stadium because we only paid $50 a month for a whole downstairs duplex. We had our uniforms laundered by the hospital and we had our meals there. Of course, we ate some meals at home. It was a tremendous experience for us, just superb.

One of the things I wanted to mentioned was that when we first came up from Texas... Texas is racist. It's southern. Blacks went to their hospital. Whites went to theirs. Blacks went to their schools. The one black kid in my neighborhood that we played with all the time couldn't go to school with us. He had to get on the streetcar and go across town. We came up here and at the University Hospital, which was a state hospital that took care of indigent patients that counties would certify to the hospital. They could not pay so the hospital here took care of them, both as outpatients and as inpatients. The state paid half the cost and the county paid half the cost. The physician care was free.

One of the very interesting things was that you'd have a ward of eight beds, say, all males or all females and you couldn't tell who was paying and who wasn't. Here would be a millionaire Montana rancher in this bed and next to him would be a black person who was on county papers, maybe, or paying, but nobody could tell. What you got was medicine that you needed, not whether you were paying or non-paying or whether you were colored or white or a Swede or a German. It was the most wonderful, comforting atmosphere in which, for us, to do medicine. At Minneapolis General, we had those big wards with thirty beds and you had the same situation. They loved you for taking care of them. The family would be so appreciative and they didn't pay anything. Most of them were indigent city patients and they were so grateful. If you weren't careful, you know, you soon became little gods. Both Sarah and I had been in the service and had had lots of experiences so we were a little...

One of the things, too, that I learned in the service—I have to go back—as the administrator in the hospital, sometimes I was treated like God didn't give me the brains that he gave jackasses by the surgeons, particularly orthopedic surgeons. They just treated me as nothing until it came time for me to prepare the papers for their discharge from the service, then I was their friend.
[laughter] I said, "I'm going to see where that is taught when I go to med school. I want to know why doctors are so uppish and domineering and controlling and Jesus Christ! are little gods." Right? So when I went through school, I looked for that and I didn't find it being taught. In fact, we had some of our faculty at the university that turned us off because they were too much that way and by and large, they were mostly in surgery in the sub-specialties. So when I went through this internship at Minneapolis General, I felt that I was tempted to be that way because of all the praise and the salutations that I got from my patients and their families and presume you were treated like a god. So you had to be careful of that or you'd soon really accept it. I thought it was a nice contrast.

AP: Interesting, yes.

NG: The nice thing was that everybody got the medicine they needed. It was a wonderful way. We finished the internship and we decided we needed a family. Things didn't work so readily as we thought they would. [laughter]

I went into internal medicine and went to the V.A. where I spent the first year. My wife's sister, that summer, got polio and she went off to Texas for six weeks. When she came back, she got pregnant like that, apparently. In that first year, our daughter was born in 1952. Our internship was 1950 to 1951 and from 1951 to 1952, my first year in residency, in April, our first child was born, Elizabeth. So Sarah had stayed home part-time. But they took her to the health service and had her work there also and she took care of patients while she was pregnant and once she delivered, she stayed home.

My second year, I started off as chief resident at Ancker Hospital. You raised the question, "How did I get to be the adjutant at such a young age?" Here, again, even after just one year of residency, I was asked to go and be in charge of all these new interns and the residents on the medicine service at Ancker. Again, the message was that I was mature in my approach and in my decisions, ranking, and leadership so that I was picked out to do that for six months, July through December of 1952.

I came back to the V.A. for six months and I was on chest and T.B. [tuberculosis] service. It was later that I was asked to go see Cecil Watson, head of medicine. I went over and he said, "I would like you to consider being chief resident here at the University Hospital next year," my third year, required for internal medicine.

AP: You were mature. Wow! That's a big honor.

NG: I was the first resident outside of the University Hospital itself ever asked to be the chief resident, so that was quite an honor. I said, "I'd be delighted!" I came over and I worked as his right hand as chief resident for that year, a fabulous year. In 1952, I think it was, that we opened the Variety Club Heart Hospital. When I went back as chief resident, it was operating, so we had Station 30, 31, 32, and the Variety Club Heart Hospital. I was appointed an instructor in that year, 1953. That was my first faculty year. I don't know what I made then...a couple of hundred bucks a month, I think.

When that year finished I wasn't offered any position here so I went back to the V.A. Hospital and was on the staff in chest service, pulmonary diseases, and served there for fifteen months, at which time Harold Diehl asked me to come and see him. He was the dean of the Med School. I came over and he asked me to, please, join his staff half-time as assistant dean and Cecil Watson would like to have me in Medicine for the other half-time with me doing rheumatology. I didn't know anything about rheumatology so they offered to send me to New York for three months to study rheumatology in the fall of 1955. In September, my wife and I—in February 1955, our second child, a son, was born and he was six months old—took my daughter and my son to Texas and left one with her sister and one with my sister and we drove to New York and she studied with Howard Rusk in physical medicine rehab[ilitation], which she wanted to do, and I did rheumatology at Cornell, and Columbia, and NYU [New York University]. During the week, I went to all three places and had a great experience.

We went to Texas, got the kids, came back up here and on January 2, I started as assistant dean in the dean's office and in the Medicine Clinic in Rheumatology. Early on, that position put me into all kinds of nice contacts with people. My first experience was about January 6, 1956, when I went over to the Masonic Lodge in Dinkytown to receive the first contribution to the Masonic Hospital. They dumped 500 silver dollars out on the table and as a representative of the dean's office of the Medical School, my first official action was to accept that graciously in appreciation. They didn't make me carry the money home. They, eventually, gave a check to the school, but it was symbolic.

I joined the dean's office with a colleague in Internal Medicine, Bill Maloney, who was the other assistant dean. Howard Horns decided to go into private practice, so Bill Maloney was recruited to replace him. The dean's office, at that time, was Harold Diehl and his secretary of many years—I've dropped her name now—and Ruth Smith, who was affectionately called the "dean of students," and a civil service person, and a part-time assistant dean. At the time I went up to join Bill Maloney, there were two of us. We decided that we didn't like how Ruth Smith treated students. When we moved up to thirteenth floor of the Mayo [Memorial Building], her office had a door to the assistant dean's

office as well as one to the entrance way so you could hear what was going on. If you heard her barking too loud, you would speak up and say, "Is there something I can help with?"

The university had entered, in 1954, into a contract with what is now AID [Agency for International Development] but it was then International Cooperation Administration, ICA, to conduct a rehabilitation of Seoul National University in Seoul, Korea, in medicine and nursing, public administration, engineering and agriculture. A guy from Forestry, [Arthur] Schneider took the job and went over as the chief administrator of the project and he took [William] Middlebrook's secretary over as the secretary. What was her name? She was around for years. He had been there during the Korean War, as he was a single guy, but in his forties or fifties. Tracy Tyler represented the university campus as coordinator of it. In the Health Sciences, the head of the School of Public Health... I'm blocking.

AP: It wasn't [Ancel] Keys?

NG: No, no.

AP: Lee Stauffer? No, it was before Lee.

NG: Before Lee, yes. A tall guy that lived in the Grove...Gaylord Anderson. In 1955, we began getting Korean faculty, young graduate students in the project, to come to Minnesota to study. They were assigned to the various sub-specialties and I, in the office, sort of helped coordinate that. I'd meet them at the airplane and get them settled and help as much as I could, so I became very well acquainted with them.

It turned out that Medicine had not had anybody go there, except Gaylord made a survey. In February 1956, after I had been in the dean's office only since January 2, Maloney hauls off and goes to Korea for three months to do the initial planning of how we were going to do all of this. Then, he took a vacation and went through Europe and met his wife, so he was gone for a while. Before he got back from that, "Dean" Smith, she, decided to take a vacation and she went to Sicily where her sister was in the state department on a job. Of course, Harold Diehl was on nine-month appointment and he went up to Star Island of the summer and here Gault was left in that first six months all alone in the dean's office and had to hold monthly meetings with the department heads and handle business. God! when I think back, I don't know how I managed, but I did. It was good experience. Here I was up there conducting this with professors that I'd had when I was a medical student, so it had a little pressure. [laughter]

It turns out that when Bill Maloney came back, he got a job as dean at the Medical College of Virginia in Richmond and left. I recruited H. Mead Cavert from Physiology, who was my classmate. He joined me and we both had a great deal of sensitivity to medical students. In the Student Affairs Office, eventually, we got Al Sullivan to be the assistant dean for student admissions and he was a very, very personable person with students. Mead and I then worked in the dean's office. We used to call students in and they would be scared to death when they'd come in, "What's wrong?" I'd say, "Nothing is wrong. I just noticed that the report from your clerkship in pediatrics looks like you must

have had a wonderful time. I just thought I'd like to hear you talk about it a little bit." We soon took that aura away, that the dean's office...was being called on the carpet. We were supportive.

Also at that time, the Minnesota Medical Foundation was right down the hall. Bob Howard was head of that Continuing Education program and in that office was the Minnesota Medical Foundation secretary and, eventually, in 1959, we got a full-time person, but I was secretary/treasurer. In 1956, we only had $60,000 total. It had been established in 1939 but the war had interrupted fund raising. Today, it's over a $200 million endowment. Fantastic growth, fantastic support from our alumni and friends. At that time, we didn't have any kind of support for medical students except through the university. It was necessary, sometimes, to write checks for students to eat. I still get a lot of Christmas cards. I have contacts with students that I've written them a check for $100. I never had anybody stand me up. They always got it back. Eventually, the foundation set up a fund when we got a $400,000 gift in a will from a Swedish grocery store guy in North Dakota. He left his estate to us and we set up this loan fund and students could come in and get a three-month load without interest and could get, I think, it was $100. The amount wasn't too much. They'd just walk in and want it and they got the check immediately. There was no fuss. It was a great, great asset to make friends and be supportive of students. After all, that was our job. It was great.

My work with the Korean project continued. Maloney had left. Then, Gaylord Anderson came to me and said, "Neal, we need somebody to go to Korea." Mitchell was in Hospital Administration and Matthews in Anesthesiology. They were there for two years, if I'm not mistaken. They came back and, then, we sent a cardiac surgeon. He's a German that trained with us. We had some people for short term. E. B. Flink went over from Medicine. E. B. Brown went over from Physiology for three months. We had two nurses to begin with. The head nurse of the University Hospital went when I was there. It got to the point where there was nobody to go and Gaylord came to me down the hall—his office was at the other end of the thirteenth floor—and said, "Neal, we just have to have somebody go to Korea. Why don't you and Sarah go?" Well, that was quite a shock. [laughter] Our new son had been born on March 1 and this was in the spring right after that. We thought about it, but somebody had to go. My wife, fortunately, is a great, great risk taker. She was great for me because I would have been more conservative. She said, "Sure, let's go." Off we went in the latter part of September 1959 to Korea with three kids: seven and a half, four and a half, and six months. It was a fabulous experience. We lived off the base in an economy. I worked everyday and Sarah did some volunteer work with the wives. We had a pediatrician with us the first year.

AP: Oh, my!

NG: The nurses, as I said, were there. I studied Korean in night school at the University of Maryland there. I was fluent enough to get around. Most of the people I worked with that had studied here had come back. We brought seventy-seven Koreans to this campus. All of our people we sent there in medicine and nursing were from our institution. We built an institution relationship, which I think is terribly important to reflect the success that we had in the Medical School in contrast to the other fields. Like public administration took people from other institutions. So did agriculture. Engineering particularly did. They lacked the melding of what the Oriental philosophy has for respect for an educational institution. I think we built that strength.

AP: Interesting.

NG: All but four of the seventy-seven went back to Seoul National University to work. That's the best record of any program. There were other programs at the University of California in Djakarta. There was Indiana in Pakistan and Illinois in Thailand. Ours, I think, turned out to be the best, by far, in medicine.

AP: Didn't Dentistry have ties with Seoul, as well?

NG: They did but not through the Medical School. The Dentistry School was separate.

AP: Yes, I know it was.

NG: I know that Norm Holte went over and I know some others, too. I don't know whether Mel Holland did. It wasn't one that was in our project.

AP: I understand that. I just meant that when you begin to look at Minnesota's ties to Korea, they're fairly strong across...

NG: Right. Veterinary Medicine, in the beginning didn't, but, eventually, they sent John Arnold over. He was there a year while I was there.

We lost four Koreans for this reason. One came for forensic medicine. We didn't have any here so we sent him to New York with [Dr.] Halpern. He finished there and Halpern kept him and he just recently retired and is back in Korea now. Another graduate student was in Microbiology and his advisor for his Ph.D. took the head job at the Medical School in Cincinnati, so he went with him and he stayed there. We lost one in Public Health who got his masters and, then, he went to Mayo and got his Ph.D. and, then, he went to Canada. The last fellow we brought here was in Lab Medicine and he stayed one year and when he left, he went to Brazil. He was here all by himself. We had everybody here on the same campus living together, working together and they had a relationship just like they would have had at home. So they felt some honor to go back, I think.

[End of Tape 1, Side 1]

[Tape 1, Side 2]

NG: While we were in Korea, I often went down to the meetings at the USOM, United States Overseas Mission, office. There was a Department of Health there. We sort of coordinated our program there in medicine and nursing with what they were trying to do for the country, too. They were working beyond to help public health things. I would go and I would sit there and I'd tell them about progress. They were amazed at how much progress we were making. Before I left, there was another hospital there that Scandinavians had built, a big hospital for education and treatment. It was excellent, but they couldn't get good people to train. Nobody seemed to grab a hold. They had me

come over and talk to them about why. I guess I was pretty bold. [laughter] I said, "The reason is that you all don't let the Koreans do anything. You do it because you don't think they can do it. So they stand here and watch you; whereas, in our program, we taught people how to get their hands dirty, get in there, and get it done." They were a little shocked, but it was factual. That was the old German system that the Japanese had...German *Arbeit.* What was the old professor? He was a god and the trainees just were his scribes for years and the Japanese do that still today to a great extent. One of the Japanese that got the Nobel Prize a few years ago said, "I never could have done this at home, because they never would have let me get my hands on to research." We got them to participate, doing things. They did it themselves. We didn't do it for them. I think that's the key. They just grabbed hold. Our people that we trained have become heads of departments, head of a hospital, dean of the medical school, actually president. A couple of them are the presidents of the whole university that have trained at our program in the years since.

USOM, the AID thing, then tried to hire me full-time. I didn't want to leave the university, so I came back to the university. I came back in the dean's office and Bob Howard had become dean in 1959 when I left, as Harold Diehl retired and went to New York. Howard Deihl was a fantastic leader. He believed in having strong leadership in specialties and departments. He expected them to move the student along in their field. He was in public health himself. He published textbooks in public health. I really admired him. He didn't get in anybody's way.

[laughter]

AP: You're talking of Diehl, not Howard?

NG: Diehl. He was fifty-six years old, I think, when he retired. He'd been dean since 1936 and he needed a renewal and he had this opportunity to work for the American Lung Association in New York, I think it was—or was it cancer? Cancer maybe. He was against tobacco, I know. He and his wife went to New York.

Bob Howard was anxious so they let him serve for a while as interim dean and, then, he was appointed as dean. I told you when I first came that about 85 percent of the patients were county patients and, therefore, you didn't charge anything for professional services. Only about 15 percent were paying the doctor anything. So salaries were low and private practice money was low. But in the mid 1950s, we started getting federal aid for helping people who couldn't afford to pay for their care. Like Crippled Children's [Hospital] would take care of children who had congenital heart disease and that needed operations. They would pay the hospital care, plus the physician, so you had extra income coming in. Then, we got to having more private patients and so the spectrum of how much were our faculty making on the private side versus their salaries was very, very important. Bob Howard wanted this to be looked at. It needed some kind of control so that we didn't get out of balance. But boy! the faculty wasn't interested in that at all. So there was a great turmoil, primarily from surgeons, neuro-surgeons. Lyle French, [Richard] Varco, the anesthesiologist [Frederick] Van Bergen, [Donald] Hastings in Psychiatry were very strong leaders and they were really opposed to this; whereas, Watson in Medicine and [Owen] Wangensteen in Surgery were really very benevolent

people who were there to do academic medicine. They weren't making much money, but they were surviving and they were all right.

The faculty formed a group. I wasn't here then when this happened because I was in Korea, but I came back and all this turmoil was on. The faculty had even gone to the Board of Regents and some of them got lawyers and all of this. Eventually, what it did was boil down to the faculty signing a piece of paper every year saying, "This is how much I will make from private practice income." There was no check. There was no nothing. It was just on your honor time, which meant nothing. At least, it moved ahead in trying to get them to make a commitment. Bob never did recover from that.

Bob was the head of the school when, nationally, there was recognition from a major study, over a long period of time, that we were going to be short of physicians so that we needed to increase our class size. It was in his time, when he was dean from 1959 to 1970 or 1971 when he gave up the deanship, that we started increasing class size. We went up to 105 or 106 and, then, 110. Then, when we needed new facilities, such as Unit A, which is [Malcolm] Moos Tower, and [Units] B-C, the Philipps-Wangensteen Building, we could get federal support if we increased class size. But we had already gone up to 160, I think it was, trying to meet the need. When I went to Korea, they got [William] Fleeson to come in as assistant dean with Mead Cavert. Fleeson was a psychiatrist. He left us and went to Connecticut after I got back. He was in charge of the Admissions Committee at that time and he offered more admissions thinking some would turn us down and they didn't, so they went up to 133 instead of 130. Then, when the formula came in for us to meet the requirements of the feds for their money to help us with the buildings, we really had to go up to 185 maybe then and, finally, to 239 freshman students. Bob saw this and was able to help. He got faculty groups together for basic science as well as for clinical sciences to plan for this increase. That's where Lyle French chaired the Clinical Committee and I was sort of a secretary for it before I left in 1967. We were planning for these buildings to meet departmental needs in the research as well as in the teaching areas, with big auditoria to take care of these class sizes.

At the same time, we had a lot of increase in research. That was moving along nicely and getting federal support. In addition, the Masonic Hospital was completed and it was a terminal cancer hospital, presumably. The Masons wanted the place because the only one in town was the Catholic one over in St. Paul. What was that called?

AP: Not St. Francis or St. Joseph, no.

NG: It was over on that street that runs along the freeway now, on St. Anthony Boulevard. Patients were admitted with terminal cancer. They'd care for them until they died, but didn't offer much hope; whereas, the Masons thought we ought to put them in... This was constructed as a place where people could come with cancer, be fed in a community cafeteria-type if they were able, to encourage to feel better, could be discharged to go home but always ready to take them back when they needed it. It was a new kind of adventure for us. It was welcomed and I think we did a very fine job with that. Eventually, we added two floors for cancer research. On top of that, the Masons gave us a lot of support through the years. Then, the Variety Club Heart Hospital came through with the heart hospital. Primarily, we had a pediatrician in town who was very instrumental in getting that going. In

about 1950, I think it was, the American Legion gave the first half million dollars to the Medical School for heart research professorships. Our first appointee was a very renowned pediatrician who has written a lot of books—he left here and became dean back East somewhere—Lowell Thomas. After Lowell Thomas left, Robert Good was the professor and, then, Paul Quie and, now, somebody else. I've forgotten who it is. That started in 1950 with a half million dollars. We didn't have many endowed professorships. We just didn't get the money for that and didn't have donors until later.

I think we got very good students and we had a marked increase in females that started coming in versus the small number we had had previously. We, also in Bob Howard's era, at the end of his time, started the Rural Physician Associate Program with [John E.] Jack Verby as head of it from the Department of Family Practice. That was another thing that happened in Bob's time was the establishment of a Department of Family Practice in Medical School. That was to produce primary physicians for family practitioners. That was new. Bob was in charge of that.

We had also moved to put our senior students on a six month assignment to outpatient clinics so that they kept their same patients for six months, that when these patients came back, they saw them and took care of them and coordinated their work with the staff person who was on duty. We tried to sort of teach a continuing philosophy of care for our students, which I thought was very good. One of the major persons who did that development was Richard Magraw, a psychiatrist and internist who left our faculty and went to Illinois as deputy dean and, then, became dean of a medical school out in Richmond, Virginia.

AP: Can you explain a little bit more what you mean by "a continuing philosophy of care?"

NG: Before, we put our students through the various rotations, broke it up. They had six weeks here or three months and they had no continuity of care from the hospital to the outpatient department. Patients would be treated in the hospital and when discharged, many of them went back to their doctors but some came to our clinics, but there was no connection.

AP: I see.

NG: What we did was put them in the clinic for six months, so if their patient went to the hospital, they followed the patient to the hospital and when they got out, they followed them. They had that continuity of care, which was something that you needed to teach.

AP: Certainly. Otherwise, you'd just be seeing people [unclear].

NG: Yes.

AP: The six-month assignment gave them the continuity of the health care of those patients.

NG: That was our aim.

Bob's administration stimulated a lot of reconsideration of the curriculum for improving teaching and preparing our students for their graduate training. We've always had good success at getting our graduates placed in good training around the country. Many of them, unfortunately, wanted to leave Minnesota, escape the winters, to California and Florida, particularly the wives if they had little kids. They detested putting them in snowsuits, and boots, and caps, and gloves. In five minutes, they were back in wanting it off and in ten minutes, they were ready to get back in and go back out again, they'd tell me. They would come back with these stories of how great it was to live in Florida and just put a pair of shorts on and say, "Goodbye." [laughter]

When I came back from Korea, the program that we had been in was very successful and my colleagues there really supported me. The first organization that took notice was the China Medical Board of New York, which was funded by the Rockefeller Foundation and, for years, since its establishment, supported the Peking Union Medical College in what is now Beijing. During World War II and the China occupation, they couldn't get into China so they took their money and supported programs in Korea, Japan, Taiwan, the Philippines, and Hong Kong. One of the things they did, too, during the war period, was they bought up a lot of journals and saved them because they knew these libraries would not be getting them. After the war, they were able to help reestablish medical libraries in these institutions. They didn't cover all institutions in these countries, but they picked them and Seoul National was one. I became known to them and, then, they liked my work so they used me as a consultant in their programs in East Asia. I would go and visit the schools they supported in these different countries I mentioned.

AP: I've read that you have gotten a very distinguished award from the country of Japan for your work in Okinawa.

NG: That's right. That comes later, however.

Then, I went for three months, in 1963, back to Korea and I worked with an architectural firm, Whitings Associates, out of New York and Rome, who was financed, in part, by the China Medical Board in order to make plans for a new teaching hospital for Seoul National University. The medical school's hospital was a cantonment type with rows of two story buildings: one, two, three, and five. You don't use *four* in Korea because that's the same as the word for death; like, we don't use the *thirteenth* floor here—although, that doesn't mean death, but there it did. It was from the Japanese time and it really was not efficient. This was a plan to build a twelve-story, 1,000-bed teaching hospital right on that location. I worked with them for three months and, then, I toured also their programs in Japan and these other countries and made a report to them.

As I said, USOM or what is now AID in Washington, the State Department, asked me then to do some work for them. I went to Beirut for five weeks and made a survey of the American University in Beirut's medical health sciences developments that they were funding and supporting. I also took another trip to Turkey to do a survey of the Admiral Bristol Hospital for the State Department. I did a survey for them, subsequently, in 1978, maybe it was. I went to Nicaragua to the *Ship Hope* where it was located and went on to Ecuador and Peru to evaluate the impact of their visits there for a year or nine months. Finally, I guess it was in 1978, the World Bank had contracted with a firm in New

York to do some work on evaluating the movement of a campus in the old city of Makasar, Indonesia, on the Celebes Island, now called Ujung Pandang. Hasanuddin University was down in the silts and when it was the rainy season, water would come in and you had to wear rubber boots. A group of us went from very special fields of the university and engineers and we were there about three weeks and surveyed that for the World Bank. They got their money and the campus was moved and very successfully, I understand. I haven't been back. Those all came out of my experience in Korea. I really benefited greatly by that experience.

Then, it happened that the high commissioner in the Ryūkyū Islands wanted a medical program in the Ryūkyū Islands. After World War II, there were only 100 physicians left to take care of 800,000 people in the Ryūkyū Islands. Japan was sending doctors down for temporary duty to help. Medical schools in Japan had agreed that they would accept Ryūkyū students from the University of Ryūkyū for medical school; although, they didn't go to the University of Ryūkyū, they came right out of high school and went up there for a six-year course in medicine at various medical schools. But there was no training for them afterwards in the islands, so they stayed there. As I said, the old German *Arbeit* system, tied them in to a professor and they stayed and found a pretty girl and married and didn't come back. So the high commissioner put out a request for a medical school to take on establishing an internship training program in Okinawa Central Hospital, which they had rebuilt for the Okinawans. It was about 225 beds and the medical school at the University of Hawaii bid on it and got it.

They had made two tries with a director. The first one was an Okinawan himself who had been in Hawaii and gone to school and he went back, but he thought he was in charge of the whole operation and they kicked him back home pretty quick. The next one they got was a surgeon out of Nevada who had never been in a teaching program and he didn't work out either. The China Medical Board had recommend they contact me, so in 1971 when I was a delegate of the U.S. to the Third World Congress of Medical Education at Delhi, the dean from Hawaii was there and talked to me. He had talked to me before and said we would meet. I had arranged to go back around the world through Okinawa and see the program and, then, stop in Honolulu and I did. It looked like it needed to be done, should be done. I visited with the president of the University of Hawaii—who, by the way, was later head of our Humphrey Institute—...

AP: Harlan Cleveland?

NG: Yes, he was president then. I took the job. I came home and Sarah said, "Sure, let's go." But I ensured that I got Sarah a job too. I said I wouldn't go unless she could start rehab because there was no rehabilitation in Okinawa so we needed it. I resigned here in 1972 and went there in June with my three kids. I took my housekeeper with me and settled in. I had eleven staff in this hospital in a very cramped space. They weren't really ready for a program—but you never are. [laughter] One of the young internists, who had been states-trained, told me, "We didn't ask for you. I don't know why you're here." I said, "I didn't ask to come either. Your government asked for somebody and I was asked to come and we'll make the best of it." In two years, when I left, the Department of Medicine gave me a dinner and he got up and apologized and said how wrong he was and what a success it was.

We started a rotating one year and, then, a second year in a specialty that they liked and it worked beautifully. I had five principles. One was that the residents we'd take in would be paid enough that they didn't have to moonlight. Second, the first year, they had to live in the hospital in quarters. Third was that the medical library be open twenty-four hours a day, seven days a week, instead of being locked up after eight hours a day, five days a week. Fourth, that our patients would be assigned to our students for educational purposes, not to handle the workload of the hospital. And fifth, that our faculty would be willing to engage in workload, insofar as it was part of the education of the trainees. Well! that was a fabulous display of principles which the president of the Japan [Medical] Society came down and heard and listened to and he had me back to Tokyo a number of times telling everybody about it. I got the Supreme Award from the Japan Medical Association in 1969 for my contributions. It was after I came back here and, then, served as the Honorary Consul General of Japan that I got the big award that you spoke about. It was the Order of the Rising Sun with neck ribbon from the Emperor of Japan.

AP: That's an incredible thing. Did he present it in person?

NG: No, no. If I had had one step higher, I would have gone there, but it was presented in Chicago at the consulate.

AP: That's a tremendous honor.

NG: Yes, beautiful. I have the medal and I have a great big certificate that's framed.

[The interview continues on January 19, 1999]

AP: Where did we end up?

NG: I think we got nearly to the end of the 1960s.

There is one thing I wanted to emphasize that I think we should. In the 1960s, under Bob Howard, there was a great deal of attention given to the revision of curriculum in medical schools and the way medicine was taught. A section of the dean's office was established, a Curricular Affairs Office, and an internist, Bob McCollister, was recruited. He still is in the position. This is the office that has assistants to help faculty be better teachers, to help them organize, that looks at evaluation of courses and ratings of faculty by students. It is the office that prepares the manuals or the outlines of the various courses that students use and follow as they go through the courses, a very, very essential part. I think it was a national kind of a move, but certainly Bob Howard endorsed it and provided that. It was an important addition in the 1960s to the dean's office.

AP: If you took, perhaps yourself and Sarah your wife, as students and imagine that you'd been all the way through Minnesota—I realize that you hadn't—and, then, imagine a student entering last year, how different would the course experience be from those two points in time? You'd have the basic sciences that I would assume would be fairly similar?

NG: But they're taught differently, so it's like black and white.

AP: Interesting.

NG: Oh! I think it's entirely different.

AP: Can you amplify? I think that would be something interesting for our readers: How did the curriculum or the experience of a student in the courses change?

NG: I would say this that in the 1940s, the educational process in the basic sciences, the first two years, was very didactic: lectures and laboratories and examinations, which were all important. It was more a memorization of facts and not too much application of those facts to clinical medicine. The clinical years, the last two years, were also heavily weighted with lectures. I think yesterday, I told you that we used to have an eight to nine o'clock lecture in the morning and we had to come back from our hospitals for a four and five o'clock lecture in the afternoon. The other parts of the days were spent on wards or in clinics.

Today, the lectures are given to smaller groups, rather than the full-sized class, in the department to which they are assigned. For instance, they will be assigned for six weeks to Internal Medicine. They will have lectures during that six weeks in the department by the faculty, but it's not given to the full class size of 165 students or, as in the past, over 200. Of course, in the second two years, the last two years, we get fifty students from Duluth so that adds to our total student load because we're responsible for the last two years.

AP: Is the number 200 without Duluth or with Duluth?

NG: Right now, we're 165 students here, plus fifty in Duluth. They come down here so we get 215 for graduation, approximately.

The other thing is that we were lock-step in the old curriculum when we were in school for clinical. Everybody rotated through everything. Today, the students don't have to take all those little sub-specialties if they don't want to. If they know they're going into psychiatry, they can spend more time in psychiatry. They have to pass national examinations in order to graduate, but that's something new, too, that we didn't have to do. A new requirement is that they pass the national boards. They must pass the first part when they finish the second year before they can go on to the third and fourth year. Then, they are examined again in the fourth year before graduation. That's a requirement so that we meet national standards.

AP: That's very helpful. I think that will be interesting to readers.

NG: The other thing is that the University of Minnesota was recognized way back in the early 1900s by Abraham Flexner when he made the Carnegie Survey of Schools in 1910, I think, or 1912, as having very good requirements for their students who finished medical school. When they finished

the four years of medical school, they got a Bachelor of Medicine degree, not the M.D. Only after finishing a successful year in an internship was the M.D. degree granted. That required a certification from the hospital where you trained for your internship that your work was of quality. Therefore, you applied for an M.D. degree and were granted that.

AP: Is that done now, too?

NG: No. That existed until 1953, when everybody was taking an internship. At the time when Minnesota did this back in the 1900s, students who finished med school went right into practice. They didn't have to have any hospital practice.

AP: I see.

NG: This required them to have a year of hospital under supervision, which was a great addition. After World War II, everybody took an internship. It was no longer necessary to require it. It was given up in 1953, I believe, or 1954 and they granted the M.D. degree right after four years of med school.

Another thing that I mentioned yesterday that I think we should speak a little bit more about is the very important program of the Rural Physician Associate Program. The state gave us money to provide financial assistance to students who would, in their third year, go out to rural Minnesota and live in that area and practice with a general practitioner and let that practitioner supervise his work. The state paid $5,000 a year and the practicing physician contributed $5,000 to support this student when he was there.

AP: What would other students have been doing while this student is...?

NG: Other students would be staying here and going to St. Paul Ramsey, Hennepin V.A. It varied.

We started with, I think, twenty and it went up to thirty a year. They would be assigned to a rural area and a physician or a group of physicians in general practice. They would move out there and live there, take their wife and kids if they had them, and would work right along with the doctors.

AP: The hope was that they would stay out there and ultimately come back and practice?

NG: It would give them the orientation of what it is to practice in a rural area and, as a matter of fact, a great many of them did return right where they trained after they had finished medical school and their residency training program. They went back to that same location. They were well known. They were received. To reinforce that experience, we sent a faculty person out to that site every month. We would send a surgeon, for instance, and they would know a surgeon was coming so they would collect cases of interest to a surgeon that they had questions about and when that surgeon came to spend the day, they would present those cases. It was a teaching experience not only for the student, but also for the practicing physicians and nurses.

AP: That's very interesting.

NG: It was. It was a very excellent program.

AP: Do we still have that program?

NG: Yes, we do; we still have that. Jack Verby did that. He's retired now. It's a very successful program and has been cited all over the United States for its success. Minnesota has always had a large number of their graduates go into primary care. The AAMC, the Association of American Medical Colleges, does a survey of medical school graduates three or four years after they finish med school to find out what they're doing. They report this to each school. I looked at three or four years when I was in the vice-president's office about 1996, I think it was. I looked at the data for three years and the University of Minnesota produced more family practitioners and primary care physicians than any other medical school in the United States. The University of Washington in Seattle was second, I think, and Iowa, Indiana, and Jefferson in Philadelphia were the five top ones, but we were top.

AP: Wouldn't that be interesting to know if that was still true today.

NG: I think it probably is. In fact, it may be even better today because lots of students are interested in primary care. They have no trouble filling their residencies at all.

AP: I assume another difference between 1940 and now—I know you alluded to it yesterday—is that many more women are in the class.

NG: That's right.

AP: Is it almost fifty-fifty?

NG: It's a little more women. They may even be 52 percent some years.

AP: You ticked off the number of women that was in the class with you and you wife, Sarah.

NG: There were four. There are just a large number now.

AP: Can you cite any changes—as we all know, the sort of biological child-rearing age for women coincides closely with the years of early practice and late medical school—that have been made as a result of having more women in school?

NG: In the curriculum?

AP: In the curriculum or just in the life of students or day care?

NG: Let me say that I think that the school is much more flexible now in that, if a female student is pregnant and needs to be off, she can drop out for a quarter or two quarters and, then, come back in. There is that flexibility.

AP: That would not have been an option for anybody. It's probably nice reform. There probably are leaves granted for men for various reasons, too?

NG: That's right.

AP: Like care of elderly parents. I can imagine a variety of things.

One thing, Neal, that would be helpful to me—at some point, you may want to go on through the chronological narrative—is as you think about Minnesota as a medical school, how does it differ from those schools that you might consider somewhat comparable? What are the special features of Minnesota? If you were talking to a medical doctor from England and he said, "I have a sense of American medical schools, but not a lot. How does Minnesota differ from its peers?" I'd be interested in sort of knowing how you would characterize it. I think for readers, that kind of information can be very helpful. It gives them more context than they would simply have.

NG: I was on a number of accreditation committees and looked at schools around the country...in Toronto, Canada. Every so many years, your school has to be accredited.

AP: Sure.

NG: When I was in the dean's office, you'd get these surveys wanting you to list the best schools and so forth. I never answered them because I found that going to a school on accreditation and you really look at it in depth, goodness knows that in five years, it's an entirely a different school. It can be better or it can be worse. So that what you knew about the school five years ago doesn't mean that it still has that same today if you were ranking schools—besides, you didn't visit all of them. When I first started, we had 86 medical schools or 85 medical schools in the 1950s. In the 1960s, we started increasing and we went up to 127 schools in the United States. One fell apart down in Oklahoma. The evangelist...what was his name...in Tulsa Oklahoma? [Oral Roberts] His school bottomed-up and closed, so we're 126 now, I think, in the United States.

I would say that Minnesota's strength came from the fact that we offered a good solid education in both basic and clinical science with the application of science for our students, with very strong faculty people; whereas, many institutions didn't have that. A number of schools had lots of part-time faculty from the community. They were in practice but, then, gave some time for teaching. Paid or unpaid, I don't know which, but both. I think that Minnesota used mostly full-time people who were at the affiliated hospitals or at the university. I think that was strength. Yet, at the same time, I think because we didn't include the practicing physicians often enough, we sometimes distanced our school from the practicing community. They were that group of...what did we call them? We had initials. LMP, Local Medical Practitioner, or something like that, which was really derogatory, in a sense. So there was a difference. Minnesota had lots of practicing physicians on the faculty when University of

Minnesota President [George E.] Vincent asked them all to resign back in about 1915 or 1916. Then, they reappointed people who would agree to spend their time at the "U". We have had very few in my memory of physicians who were in practice in town but also held part-time appointments at the "U". Most of the time, all of our people were full-time. I think that was a real strength for the educational program and for the research program.

AP: Is the size comparable, bigger than most? Is there any difference in the size of our classes?

NG: We were one of the largest with that 235.

AP: And we're always one of the largest?

NG: Yes. Then, of course, you added the forty-five from Duluth at that time, so you were graduating 265 to 275 students a year.

AP: I've read something on accreditation, a very interesting study of modern universities and its research grants. It makes the point that some of the most interesting growth in American universities has come with some of the new schools that have had medical centers. It gave the University of Alabama at Birmingham as an example and the University of California at San Diego as schools which have medical programs which have come up in the world and which have developed quite interesting research capabilities. Then, it sort of discussed the other universities and Minnesota retains its rank in the Carnegie Research I but what has happened is that some of these other schools have also joined the ranks of these new schools. If one reads these studies, it looks like Minnesota is maybe not as highly ranked over all in some of these big graduate school surveys, which often include medical education as well, as we once were. We are in the top thirty.

NG: Not the top fifteen like we used to be.

AP: That's going to be a tricky thing to write about.

NG: I have no way to judge why that happened or what it was that...

AP: If you look at our medical rankings, have they held up? If we'd read these rankings of medical schools, would be as highly ranked now?

NG: It's interesting. In the Academy of Science, the big organization with the top scientists, we've not had anybody in some of those positions from the Medical School. We've never had Nobel laureate at this school, where some medical schools have two or three. Our faculty, I believe, although very prestigious and get lots of good research support and are nationally and internationally known, have not ended up in some of the very honorific societies. They've done all right in their own specialty fields, but when you come to the National Academy of Medicine... I don't even know what the name is, but it's at Washington, D.C. We've had lots of our medical school scientists on special committees for the NIH [National Institutes of Health], the study committees. They've been very

active, but they still haven't made some of the prestigious memberships. That's always been a puzzle. I don't know why—except politically, maybe, we are pretty naive here in the Midwest, I think.

AP: That's interesting. That's what Len [Leonard] Kuhi thinks. Len came here from Berkeley and was here for a couple years as academic vice-president for Nils [President Nils Hasselmo] and, then, went back into the faculty. I interviewed him and he made the identical point. He said, "Minnesotans tend to be sort of shy and understated and they don't systematically push themselves or their colleagues the way I saw people doing at Berkeley."

NG: That's right.

AP: You're the second person...

[End of Tape 1, Side 2]

[Tape 2, Side 1]

AP: We were talking about national rankings.

NG: I don't now whether it got on the tape but my comment was that I thought that we were pretty naive politically here in Minnesota and that we didn't really have our faculty pushing to make all these national and international rankings. You confirmed that somebody else had made the same observation. I think that the impact of the university on the economy and the culture of the state of Minnesota, but also specifically to the metropolitan area, is grossly under appreciated. First of all, you can't bring in as many individuals as we do to this community every year as students without making a significant impact on the economy. Then, when you turn around and see all of the research money that is brought in from Washington and from foundations, it is a huge, huge amount of dollars that flows into this community and adds to its success. The kind of social things like arts and music, and the extension of university services to young people out in the state, really has a great impact on the communities.

AP: I interviewed President [C. Peter] Magrath about two weeks ago and he, since he has been at Minnesota, has been at Missouri and is now the president of the National Association for Land-Grant Colleges. I asked him because he knows the Big Ten research peers and the NASULGC [National Association of State Universities and Land-Grant Colleges] peers and he made the same point you're making, that he thought that Minnesota had a larger footprint, a larger impact, on the state than almost any university he could think of.

NG: Again, it might really emphasize the apolitical or the naivety of our society here. We don't have other groups fighting to get ahead and so forth. It sort of is a natural kind of thing that's left to the university to provide for the state. It certainly is a fantastic resource, as far as I'm concerned.

AP: Could I ask you, Neal, a little bit about the Duluth program?

NG: Yes.

AP: Do you find that the students that come in are as strong as the ones that have been here? Do they need extra work? Would you say that it's been a success? I assume that it's got something of a similar mission as the Rural Physician Program?

NG: In the history that you've come across, have there been any thoughts about why the Duluth school was founded?

AP: I've done some reading and I've done some reading about a rival school in St. Paul and, then, the question was, Should it be in St. Paul? Should it maybe be in Duluth?

NG: It was at the time when, nationally, we were looking for more schools to produce more doctors and this suggestion that it be in St. Paul would have made real inroads not only on where we do our clinical teaching but also, certainly, as any new school would that was going to be state supported, would make an impact on our appropriation. There's a limited number of dollars and if you start another school, it's going to take money and it was money that could have come here, probably. Duluth won out. Duluth is still the only two-year school in the United States. All other two-year schools have gone to four years.

North Dakota and South Dakota were established long ago as two-year schools. That was another thing that I didn't mention that I think was important. When I first to the dean's office, we would entertain from North Dakota and South Dakota applications for admission to the junior and senior year because their students all had to transfer somewhere. Well! the best students went to Harvard, Johns Hopkins, and what was left for Minnesota was whoever applied. You took those that you felt would qualify and could do the work here. That was a struggle for those schools. When I was assistant dean and Bob Howard was dean, we came to an agreement that every year, we would take two students from their upper third, two from their middle, and two from their lower third of each of those schools—that's twelve students—and that their faculty would make the determinations of which students would come to us because they would know their students better than we could in an interview. That worked a wonderful relationship. I was pleased to be part of that because I thought it made sense.

AP: That is interesting.

NG: It made us part of the Midwest and it was good.

AP: Six each year, two from each third?

NG: Two from each third each year from both schools so there were twelve people from North and South Dakota. Most of those people stayed around in this area anyway to practice.

Now, the Duluth school, when they started, would accept for two years and, then, everybody was guaranteed a transfer to this school. By that time, North Dakota and South Dakota had become four-

year schools so we didn't have the problem of accepting of their transfers. I would say that of the Duluth students who came down, we had no problem at all with them. They were well prepared. If there was any deficit, they soon made up for it and you couldn't tell who was from Duluth and who went to school at our campus.

Duluth, then, started a program in which they emphasized the preparation and admission of American Indians.

AP: I remember that, yes.

NG: We also had a very sizable minority program. When I was associate dean, we started and, then, when I was dean, I think we used to get twenty-five or thirty minority students in a class of our 239. We made a special point of that, to be sure they had opportunities. We were not always successful in graduating them, but at least we tried. We had special tutors and programs for them in addition to the regular classes. They had to meet national tests so that the product was verified when we graduated them.

AP: If I wanted to see if I could interview some sort of star students from different generations—I think it's important to have student interviews as well as faculty and staff interviews—do any names of students come to your mind that I should try to seek out from your era? You don't have to answer this right away. .

NG: I think there is an ophthalmologist in Florida—Carolyn...what's her last name? I'll have to get my alumni book—who would be a superb person to talk to. She has become very well established. She's black and she came to us from Florida. You don't want classmates of mine in the 1950s? You mean somebody in the 1960s?

AP: Or even some of these, too. Our period is the 1950s, so if there were classmates of yours that you say, "Gee! that person's life story is really interesting..."

NG: There's a George Tani (T-a-n-i) in St. Paul who is an ophthalmologist and he has two sons, graduates of our school, who are ophthalmologists. George is a Japanese American who was sent off to internment camp during the war and, then, he got out of that and got in the service. After he got out of the service, he started school and graduated with me here in Minnesota.

AP: Several generation families...that's an interesting thought.

NG: He is very, very grateful for the education that he got here. His telephone number is 774-7256 and he lives at 810 East Belmont Lane in St. Paul.

AP: That's great.

NG: There's a Korean who was sent to this country for his education and he finished medicine here, Edward Loh (L-o-h), a urologist in Redlands, California. He would, I'm sure, also be interested in telling... He's very devoted to the school. His phone number is 909-798-3525.

AP: One of the kinds of stories that Minnesotans love to read about is the return to rural Minnesota and the community doctor kind of story.

NG: There's an interesting one, I think. She's on the faculty now but she had a divorce and four kids and came to school when she was almost forty. She's in OB-GYN (Obstetrics and Gynecology) now on campus.

AP: Yes, that is an interesting story.

NG: She's older. I'm sure I can find more than that by talking to Bob McCollister. We have people who were in the Peace Corps who were really more mature and really fit in.

AP: That kind of thing would be very interesting.

NG: The gal than I'm talking about is...

[pause as Neal Gault searches for name in a directory]

...June LaValleur. That last name is all one word.

AP: Thank you.

NG: She came in and she had four kids, I think. I remember the first day of school; her mother was there for that exercise when we had the whole class together.

AP: She's a faculty member now?

NG: Yes. She's an assistant professor in OB-GYN and a very, very well thought of person.

AP: That's a great story. I want more of that and a little less of [Dr. John] Najarian and the problems over the ALG [Antilymphocytic Globulin].

NG: One of the other things that would be interesting, but I don't think we have any data at all... I had an experience when I was in the military. You have buddies and, then, gosh! they get assigned to another base or overseas and they're gone and you lose them. I found that stressful when I came to the dean's office and we'd lose faculty to go to other institutions that we had trained. At first, it bothered me and, then, it suddenly dawned on me that, really, I shouldn't feel that way because that was a real pat on the back that you had done such a good job at preparing these people that they were sought by other schools. One of the things that I don't think we have that would be interesting is to know how many faculty in other medical schools really have had some of their education at the

University of Minnesota Health Care, our medical center. I don't know if that's available at all. But I can tell you that a Minneapolis magazine [*Mpls.St.Paul: the Magazine of the Twin Cities*] lists the best doctors here in the city. They asked nurses and other doctors to name the best doctors and they come up with a big list in all the specialties. One year, I took that, when I was still working with [Cherie] Perlmutter, and I went over to the library and I looked up every one of those, where they had their training, and the majority of them had had training at Minnesota, either in med school, and/or residency, or residency alone.

AP: Yes, there's certainly a footprint on the medical community.

We sort of dropped the chronology bit. You'd gotten us to the 1960s. You became dean.

NG: I left in 1967 to go the University of Hawaii having been recruited. I think I mentioned that yesterday. I went to Okinawa and I started that program. Then, I came back to Honolulu for three years as associate dean and one year as head of medicine. I was asked to be considered for the new position of vice-president for Health Sciences at the University of Minnesota. Somewhere in your history, you have to get that Pelagrinie Committee, or whoever that was, that decided that we should be reorganized under Moos. Moos was the president then. We became a Health Sciences and it brought Dentistry, Nursing, Veterinary Medicine, Public Health, the Medical School and hospital, and Pharmacy all together. They were looking for a vice-president so I was a candidate. I was interviewed—I came from Hawaii—but Lyle French got that job. Then, they turned around. Bob Howard had given up the deanship and Mead Cavert was sort of an interim, not a real interim, but he was in that role. He refused the title. They asked me to be a candidate for dean. Well, my thought was, let's wait and see what this organization is going to turn out to be; I have been an associate dean for many years and I still am in Hawaii, but it will depend a lot on how Lyle French runs the vice-president's office because, really, he could be the dean of all those different schools and the so-called deans in those schools could really just be associate deans. I was trying to... So I refused to be considered.

I was on a month's assignment for the China Medical Board in New York in Korea to hold seminars and to look at all the medical schools with a team: a couple of Koreans from America and a Minnesota graduate, who was there at Ewa Medical School, Roberta Rice. She had been a missionary over there for years. I was there when a letter was forwarded to me by my office in Hawaii from Wallace Armstrong, who was on the committee. He was head of Bio[logical] Chemistry, urging me to let them consider me because their primary candidate, Jim Matthews from Anesthesiology, had died at a meeting on the East Coast when he was there in his hotel room of heart failure. By that time, my daughter had finished Punahoe in Hawaii and had come to Carleton. It was costing $3600 a year for room and board and my salary was only $32,500 a year. It was a long ways from there. My wife had been sick a bit with her problems, after my daughter left home. I said, "Maybe I should be considered." I came back and was interviewed. Then, in February 1972, I was in Chicago for a meeting and I had a call from President Moos and he wanted to see me if I could come back through Minnesota. I did. He offered me the job as dean and I accepted. I went back and resigned and came back here in June 1972 as dean and I was dean until 1984.

My first right hand man was Mead Cavert, a classmate of mine that I had recruited back in 1956. He handled academic affairs. Bob McCollister handled curriculum. Al Sullivan was student affairs. [E.] Wayne Drehmel was my chief administrative officer. I guess if there's one thing that I think the faculty would remember about my deanship years is that our office and those people I mentioned maintained an integrity with our faculty and students that will never be forgotten. I think we were genuinely supportive of personnel. They are very appreciative of that still to this day.

AP: Could you tell any little anecdotes that would characterize that this was characteristic of the way we handled a problem or the way we approached our job?

NG: I had taken a Carl Rogers Seminar, like the encounter groups that he talked about. He led this group; it was Human Dimensions in Medical Education. What he did was let you practice actually communicating with other people who had different feelings and different ideas, but accepting their feelings and, yet, yours were different and you were able to express those but still communicate. I had an interesting example. I had a department head one time who came in to me when I was dean and was just yelling at me. I said, "Jim, gosh! I feel awful with you yelling at me about my decision about that." Then, quickly on the other hand, I said, "I'm so glad you trust me, that you know that I'm going to accept your feelings and we can work this out and that I'm not going to hold that against you just because you are upset now with what I've decided." That was an example of the openness that I think we had that was genuine.

AP: What were the biggest issues that you faced? When you look back on your deanship, are there several things that pop out?

NG: Probably the private practice was the biggest issue and trying to live with that, with the faculty strength in that. One of the things that I did was if the department would not at all give me any idea of the kind of private practice income, then I would give them less 0100 money [state appropriated dollars] that came in. For instance, I had about six departments that had no more than $200,000 a year of 0100 money.

Another thing in my regime, Ann, was that it was a university policy, at that time, that you had to have 60 percent of your tenured faculty obligations covered with 0100 salary money. The 40 percent could be soft money. Now, it was later changed for some reason. It was not in my regime; it was in Dave Brown's when he was dean. But it was a university policy change and I think [Gus?] Donhowe must have been there—I'm not sure. They took the lid off so we had lots of associate professors on T [temporary] appointments because we didn't have enough to cover them. They were temporary, year-by-year. Suddenly, all of those were thrown over into tenure if they were associate professors.

AP: You had to scramble to try to figure out the funding for those positions?

NG: That's our big problem then. Subsequently, we were in the hole. You couldn't get rid of them because they were tenured. I would say that that private practice income issue pervaded all the time.

Another was that my good friend, Bob Howard who was dean before me, was right here in the cities and he moved down to Abbott Northwestern, but I was never able to get him involved because of the faculty's negative feelings toward him. That was a no-no, which was troublesome because I think he's a bright, bright guy, Phi Beta Kappa, and sharp as hell. But because of the way he managed things, anything that had to do with him was no good.

AP: Was he hard on the faculty in terms of the private practice or what was it that they didn't like about him?

NG: It was the private practice primarily, yes. We were no longer taking care of patients for nothing. Everybody was covered by some kind of health insurance or aid, Medicaid or Medicare, so that private practice income just shot way up. Yet, there was no accounting for it. Many departments, I am sure, used it for support of normal operations. It didn't all go to individuals. They supported some research and they supported some graduate students. There was some misuse, I'm sure...some abuse, but not everybody.

What other issues? I came in as dean with both the B-C building and A there. It was during my deanship that Lyle French, as the vice-president, got the unit F for Pharmacy and Nursing built, but, at that time, agreed to take care of Public Health and not build a building for them, which we had proposed to do, where the parking ramp in went in across from Centennial [Hall]. We had hoped, since the Department of Public Health for the state had built that building down on Delaware [Avenue], that the block this side would be the School of Public Health because they had a lot of things in common, but had to give that up. So they moved into the old west wing of the hospital and are well cared for, I think.

We were always looking for more state money. I think we mentioned that less than half of the money that operates the school comes from our appropriation. I think, at one time, it was as low as 26 percent, as I remember. Duluth didn't have that problem. They couldn't get the research money we did or didn't have private practice, so, therefore, they had to fund most of it out of state appropriation.

AP: Did the research grants of your faculty change dramatically over the last fifty years? I'm guessing that the dollar productivity would go up.

NG: Oh! it's gone up tremendously.

AP: Just astronomically.

NG: Yes, yes.

AP: I don't know whether that necessarily means they were a more productive faculty...

NG: But there have been years in which it's dropped some and, then, it goes back. It's not been a continuous climb.

I have no documentation for it, but it is documented that the research endeavors in the Health Sciences have really contributed significantly to the development of small industry here in the Twin Cities. Of course, Medtronics is one of the big ones.

AP: We certainly want to mention that story.

NG: St. Jude's had some relationship also. There are just a number of things that got started with the inspiration or with the help of faculty. The number of patents by the university faculty have increased significantly over the years. That distribution of royalties from those patents that have been sold or are being used has added significantly to the income, not only of the individual faculty person but to the departments and to the school.

AP: Neal, could I ask you to explain a little bit about the culture of the Medical Foundation? You talked yesterday a little bit that its first grants were quite low but that, now, it's got a very large endowment. I was wondering who were the leading lights that helped shape that, if you know?

NG: That originally started in 1939 with Vernon Smith, Wangensteen, and a number of other alumni and faculty people in the Twin Cities. Then, the war came so it never really got off the ground, except they did do some holding of luncheons or dinners with trust officers and attorneys in town, so it became known. As I think I mentioned, in 1956 when I became secretary/treasurer, there was $60,000 and our first bequest was from a Swedish general store owner in North Dakota of about $400,000 in 1959.

We hired Eivind Hoff primarily because the foundation in those years when I was in Medical School published scientific papers that were presented every Friday in a general staff meeting. The hospital provided sandwiches and a beverage and we met over in the old nursing home. Every department rotated and they had somebody who had made some progress in research give a paper. They wrote it up and it was published in print by the Minnesota Medical Foundation. It was the *Minnesota Medical Foundation Bulletin*. Eivind was in the news or press, journalism, so he was hired for that. Soon, we lost that. We got so big and dispersed that we gave up on that kind of a general over-all meeting once a week. Eivind became a fundraiser, organizing that, and he got a staff to raise funds. His board, a lot of outside people in business as well as in medicine, were very energetic and supportive and they began soliciting. They do publish a *Minnesota Medical Bulletin* still, but it is about alumni or things that are going on in the school, that sort of information, and it's only once every quarter, I think, now that it's published. Eivind was there until he retired at the age of sixty. That must have been a dozen years ago.

Then, David Teslow came in. David was a very effective *schmoozer* and loved people. He got around and he had a staff—Eivind had a staff too—a so-called "staff for plan giving" and they solicited people, both grateful patients as well as citizens and alumni. The foundation started giving scholarships to students and the board decided if they are going to make good money when they're out, when we give them a scholarship, let's have them sign a statement that they understand this is scholarship but they also understand that future students are going to need help and if they get able

where they can repay it, they should repay it and may even add some additional dollars. So everybody who gets a scholarship is asked to sign that.

AP: That's a good touch.

NG: And it's worked. Twenty-four percent of our alumni were givers last year to the foundation, if I remember the figure correctly, which is pretty high.

AP: That sounds very high.

NG: Teslow left us and we recently got Brad Choate as our president. He brought two staff people with him from Pennsylvania. Of course, investments have been great. All the footwork that had been done for years is paying off and our total assets now are over $200 million. They also have a lot of money for research. They also hold the endowments for named professorships and through their efforts actually, when we had the big fund raising thing for the university—what did we raise?—we had money from the legislature to match.

AP: The PUF [Permanent University Fund]?

NG: Yes, the PUF. When I was dean, I think we had about twelve professorships. We went up to forty-five or forty-seven through that program—amazing, the success of matching money. That was while Teslow was there that that took place.

AP: Are there community volunteers—in other words, Curt Carlson and others—that if we were mentioning a half a dozen community friends of the Medical School...? Maybe you would mention [Jay] Phillips. Who would you mention?

NG: I've not been on the board, so I really don't know that. They've had prominent citizens from the community on the board. I can find out for you.

AP: All right or I can talk to Teslow or somebody like that.

NG: Not Teslow, he's no longer here but Brad Choate.

AP: Okay, I'll ask him, "Whose name would you expect to see mentioned?"

NG: One of the issues, interestingly enough, is that the University Foundation was not founded until in the 1950s...

AP: Or early 1960s even.

NG: ...so it's younger. It represents the university as a whole. There are only four approved Regent organizations: the arboretum, the 4-H Club, the University Foundation, and the Minnesota Medical Foundation. These are the only four university groups who are authorized to accept money for

activities at the university, authorized by the Board of Regents. The University Foundation really looks to be *the* major one. In fact, in all of its reporting, it includes the assets of the Minnesota Medical Foundation, the 4-H, and the arboretum in its figures. Depending on the leadership... Bob Odegard was there for a while. I think he and Hoff had a few problems of getting along together. Then, we got a man who followed him who left us and went down to IDS. I've forgotten his name now.

AP: Yes, I remember too.

NG: Then, our present guy came in, who wasn't a fundraiser, Jerry Fischer. There's a fair amount of conflict between the [University] Foundation and the Minnesota Medical Foundation. The Minnesota Medical Foundation has always held receptions around the country for our alumni. The University Foundation does that too. We tried to put them together, but, oftentimes, Teslow, when he was he was there, would overshadow and take over, which he shouldn't have done but did. It was his nature. He was just vigorous and outgoing. There have been rumors that they have thought that the two should be joined and be one instead of two. That doesn't set very well with the Minnesota Medical Foundation people. They like their identity. They were first. So there's been some conflict. My understanding is that [President Mark] Yudof has had both Fischer and Choate in his office saying, "Look, work out a workable plan where you can live together."

We're building the new Gateway where the University Foundation and the Minnesota Medical Foundation are going to be in the same building.

AP: That's interesting.

NG: I guess the 4-H and the arboretum, too; I'm not sure. The Board of Regents is moving down there. We're going to be partners in that and we're partners in the funding for the building. I think it's good, except that, again, you have to learn how to live and work together. That, sometimes, even doesn't work within departments, as you know.

[laughter]

AP: Yes, yes, yes.

NG: It's a human trait. That foundation has grown because it gave attention to student needs, both loans and scholarships. It gave attention to alumni, recognizing them, asking them to contribute. It gave attention to faculty by raising research funds or accepting grants from various organizations in support of research, and it's been a good publicity medium in which the Medical School has gained lots of recognition.

AP: It struck me, as I was reading about the relationship that Medical School had with the VFW [Veterans of Foreign Wars], with the Masonic Order, that you were very agile in building these relationships, that that was an important thing before the big buildings got built. That was an impressive thing. I was interested in that.

NG: I told you yesterday about that first donation by the Masons for that hospital. Then, the VFW gave us money for that Cancer Research Building adjacent to it.

AP: It's interesting to realize how much you've had private partners.

NG: That's right. The Variety Club came in with the Variety Club Heart Hospital.

AP: Yes. I think what the citizens probably don't generally realize is how little state funding you had and, therefore, how vital these gifts really were.

NG: If I would look at that Medical School and its reputation, I'd say, "My god! it must really have lots of money." I would think most of it comes from the state—but it didn't.

AP: That's where those partners were rather crucial.

NG: They were very crucial, very crucial. There was no way for us, really, to get out and beat the drums and say, "Hey, we're not getting enough." The university itself, this campus and St. Paul... Then, what we did was take in Morris and we took in Duluth and we took in Waseca and Crookston. All of these take money.

AP: Indeed.

NG: They did have appropriations from the legislature, but it was under a different title now. Even if you take that money that they got before and put it over in the university, it's not going to grow. They'll say, "Oh, god! look how much the university has got." I think it detracted, actually, from state support to get all of them under that umbrella. Then, of course, when we came along and we developed the new university system within the state...

AP: Sure, that was another...

NG: Oh! I was scared to death of how it was going to sap off our future. Fortunately, our faculty is so strong and research funds are so readily available that we've been able to survive.

AP: Do you want to say anything for the interview about the years after you retired, the more recent years, the 1990s? Do you have any comments you'd like to make about those periods?

NG: David Brown followed me. David was a brilliant person who was a go-getter and doer. He and colleagues on the faculty were really instrumental in getting the new Biomedical Engineering Building built on the site where the old dilapidated Botany and Zoology buildings were previously located. It's a magnificent addition for our faculty's potential in research and education.

AP: How was that building funded?

NG: With federal funding, plus state.

AP: It's just gone online in the last two years, right?

NG: Yes, that's right. That was really a great accomplishment.

AP: There's a long string to get those buildings built and funded.

NG: That's right.

I think it was the ALG debacle that got David out of the deanship and I don't think it was really his fault necessarily, but when you have a responsibility for the organization and something happens there, even though you were not aware of it or whatnot, you're still responsible, I guess. He must have served eight years, approximately. Then, Shelley Chou was temporary. Then, [Frank] Cerra was temporary and, then, Al Michael is now the dean.

AP: What is—for the record—Michael's name and discipline?

NG: It's Alfred F. Michael and he's a pediatrician and very competent. I tried to get him to be the head of Pediatrics when I was dean and we were looking for somebody, but he didn't want to do administration at the time. He had, certainly, the potential. His potential was visible at that time.

AP: It's too early to tell, I would say, how things are going to go for him.

NG: That's right.

AP: Do you want to say anything about [Neal] Vanselow and was it, [Robert "Andy"] Anderson who was here briefly?

NG: Yes. Let me just point out another thing.

AP: Okay.

NG: At the time I was dean, the half-life time of deans in the United States at med schools was two and a half years. That's about all they lasted. So when you look at Howard Diehl from 1936 to 1958 and [Bob] Howard's twelve years and my twelve years, Minnesota was a very stable institution in leadership.

AP: Yes. Do you want to give me those years again? Diehl is 1936 to 1958.

NG: And 1958 to 1970 was Howard and mine was 1972 to 1984, twelve years. Those two years, 1970 to 1972, Mead Cavert sort of ran the place, but not with a title.

AP: That's right, that we are comparatively stable.

Then, I was asking you about the position of vice-president of Health Sciences. You have Neal Vanselow and, then, was it Anderson?

NG: Let me say that Lyle French, who was the first vice-president, was schooled here and was well acquainted with the forces of the university. He's a very calm, considerate person, not fast in judgments. He was a listener and just the right kind of person we needed when we made that change to incorporate Pharmacy, Veterinary Medicine, Dentistry into the old College of Medical Sciences with a new name of Academic Health Center. He was, I think, a confidante to the presidents that he served with. He was a very good political person in the legislature. He also related very well...

[End of Tape 2, Side 1]

[Tape 2, Side 2]

NG: Then Vanselow came to us from Nebraska, which is a much smaller school and I think he, probably, was a little premature in his maturity to take on the job. When he became vice-president, I had been dean ten years. About every ten years, I need a renewal so I, and also the dean of the School of Public Health, had lunch with him after he was appointed and said, "Both of us want out of our jobs." He said, "I would appreciate it if you would wait." I said, "I can wait." The other guy in Public Health—what was his name?—said, "No, I want out right away." He did resign right away, but I stayed on until Vanselow was ready to look for a dean and, then, I submitted my resignation. It was a year or so later. It took awhile before we found a dean. I'm not sure about Vanselow. He was certainly a different person than Lyle French that a lot of people had to adjust to.

I will tell you this, but I don't know that it should be published. I remember once, we had a guy here in Laboratory Medicine and Pathology, who we recruited from Wisconsin. I've lost his name now. He was really a gung-ho little guy, full of ideas, and a great catch. He came here with his wife, who was also there in Wisconsin, and when he got here, it turns out he was divorcing his wife, but he propositioned that she have a tenured faculty position and never told us that he was separating. [laughter] So here we had them both. He then married one of his technicians that he had been involved with and she went to medical school at Mississippi, on what kind of a basis, I don't know. I checked the records and she was still working in the laboratory on weekends. It looked like she flew back and forth. She finished down there and she got into Pediatrics. She failed her residency in a number of the assignments that she took. The faculty said, "No." So her husband, this full professor and internationally known scientist got really hot and bothered. First of all, he used to get into problems and he'd come to see me as dean. Finally, I had to say, "Look, you belong to the Department of Laboratory Medicine. If you can't resolve it there, then you have L.S. Benson, head of the department, come to me with the problem. You are to deal with him." Well! when he got in problems with his wife in rotation, he went right to Vanselow. Vanselow called me one Friday afternoon and told me that he had been there and that he thought we ought to investigate this and I said, "I know all about it. I've been on top of it and I know the problem. But that's what the faculty says, that she didn't pass." "We ought to look into this." I said, "I would suggest that you talk to Dr. [William] Krivit, who is the head of Pediatrics, first because he's kept me aware of everything that's

going on." "No, he gave me the people to talk to"—her husband did. I said, "Okay." On Monday afternoon about four o'clock, he called me and said, "I've looked into this, Neal, and this is what I've found." I said, "Yes, I knew that," and "Yes, I knew that." He says, "Now, do you want to take it from here?" I said, "No, sir. You started it, you finish it." He got involved in things at his level that he should not have gotten into. I don't know why he left, but he was recruited to go to New Orleans to Tulane.

AP: He had some connection with Tulane?

NG: I can't recall that. I think he's still down there. He's changed jobs.

When he left, Anderson came and, of course, Anderson came to us from Albuquerque, New Mexico, a much smaller school, one that is certainly no comparison. He was head of the Department of Pathology. He, too, had an affair with one of his graduate students, divorced his wife, married, and he and the graduate student had a daughter. When they came here, she was six, seven years old. His wife was a pathologist and she got a faculty position. He got a faculty position in Pathology, plus he was vice-president. I don't think he really wanted to be vice-president. I think he wanted to get out of New Mexico because of his family situation. He took this job when it came was my feeling. He was a nice guy. I liked him. You could talk to him and he would listen. I'm not sure what kind of decision maker he was. I didn't have that kind of interface to know, although I was a special assistant in the office, but I mostly worked with Cherie Perlmutter.

AP: Right.

Do I remember that Anderson resigned in protest over the ALG?

NG: That's what I read, yes. I didn't realize that, but I can see where if Hasselmo wanted Najarian fired and he didn't want him fired... If Hasselmo fired him, then Anderson would quit. That was a big tussle.

AP: Yes.

NG: One of the things that was troublesome—I talked about integrity—was when Brown was asked to step down, it's my understanding that he and Hasselmo agreed that they would say that he resigned. But Brown goes back over and tells the faculty that Hasselmo kicked him out and Hasselmo gets in the newspaper and says, "He resigned." So the white lie that they agreed to, Hasselmo lived by but Brown didn't. Of course, that undermined Hasselmo's credibility as far as our faculty was concerned. Again, a good example of what even little white lies to save somebody don't pay off. You get caught. It doesn't make any difference whether it's serious or not, if you get caught, then your integrity is shot and you don't have the leadership then. Yes.

AP: Do you have any comments about [William] Brody?

NG: Brody...well, I don't think Brody really wanted this job either. I think it was a stepping-stone for him. He was an experienced person in restructuring—or he thought he was. He had been in a business, you know, and had been very successful and sold it. He was a radiologist. He understood some of the languages of business and restructuring and he got consultants in by the hour and days. I think it frustrated our colleges.

AP: He did a lot of re-engineering and put a lot of money into the re-engineering. Has that all gone down the tubes or is there anything left of that?

NG: Who can tell for sure? You have to, all the time, restructure. After all, this is growth. This is maturity. But if it's done quickly, then it's a little more upsetting. I think Brody came really looking for the job he eventually got. [laughter] He went back to his stomping grounds in Baltimore at Johns Hopkins.

AP: And now Cerra, of course.

NG: I don't know Frank. I haven't worked with him. I retired about the time he took that job as provost and, then, he became senior assistant vice-president.

AP: This is terrific. Is there anything else that you'd like to say? We've had a very helpful interview. Is there anything that we may have missed that you'd like posterity to know about?

NG: There are just so many wonderful people involved. Faculty...great people that this Medical School has had: Wangensteen, Watson. I mentioned some of those in that paper.

AP: Yes, I'm delighted to have that paper.

NG: People were fabulous. I think another person that somewhere in here we have to mention, if possible, is the birthplace of Chrono-Biology. Our Austrian physiologist, Franz Halberg, created the name "Chrono-Biology".

AP: Was he a resident here?

NG: Yes, oh, yes. He's been here for years. He was from Austria, a very strict Germanic kind of a guy that, most of the time, Americans wouldn't work for him, so he had a lot of foreign people. This was the idea that there is a chronological clock in your physiology and it influences your health and diseases. He did studies on blood pressure to show how the blood pressure varied during the day. He would get people going across the ocean and having jet lag and see the variations in urine quantity or urine substances. He also found that if you treat certain malignancy cancers with chemotherapy at a certain cycle of time for that cell, that it's more effective. He was in Physiology for years and they just couldn't put up with it so he went over to Lab Medicine and Pathology and they threw up their hands, too. He's retired now, but his lab is still there and we have offers... He wants to leave us a couple of million dollars to keep it. [Earl] Bakken is willing to throw in a couple million bucks, so I think we're going to save it.

One of the kinds of things that I think is so important in administration is that, oftentimes, people who are very talented and are going to make a significant contribution are difficult to work with. He is an example. C. Walton Lillehei was not an easy person, yet look at his contribution. We had another example: a guy who went to Canada from England after the war and he developed a suction for the stomach that he thought was better than Wangensteen's suction so he wanted to come here and work with Wangensteen to develop it and he came as a fellow. He was just full of ideas. He had his first patent when he was fourteen. C. Walton Lillehei told me that the most exciting moments were to have a bag lunch with this guy and sit and listen to him talk. John Wild was his name—and he was wild. When John came, he got the idea to use radar to measure the thickness of tissue. He'd take tissues from autopsies and with an engineer from IT [Institute of Technology] would go out to the Navy station at the airport and use their radar to measure this. His whole idea was to develop a ray-type of measurement, particularly to pick up lumps in women's breasts that were cancerous, to find them. He got so complicated that they dropped him, so he went down to Bethesda and Swedish Hospital and set up his own private lab and he got private funding and, then, he got NIH funding and he has been recognized as the father of ultrasonography.

AP: That's interesting.

NG: He got the Japan prize of $425,000 a few years ago for his contribution. Now, here's a guy we lost. The University of Minnesota got no credit for this because we could not adjust. Now sometimes, it isn't worth adjusting. You have to use judgment, but sometimes we miss.

AP: The one that got away.

NG: Yes. I think that when you're in administration, you've got to really be very tolerant. I think we've had some others on campus like that. I think Otto Schmidt was one in Chemistry, or was he...somewhere in IT?

AP: Yes, I've heard of him.

NG: He was off on one end but worthwhile listening to. I'm sure we have others.

AP: Do you have any thoughts about the different presidents from the 1950s: [O. Meredith] Wilson, Moos, Magrath, [Kenneth] Keller, Hasselmo...any particular comments on any of them?

NG: I served from [James Lewis] Morrill on. I was fortunate in working with Stan Wenberg and I was a liaison with the legislature in the House for a number of years. I covered the House during sessions and kept track of bills that pertained, that might influence university operations. I got fairly well acquainted with Middlebrook and [Malcolm] Willey and Morrill. Morrill was a very good politician, I thought...a very stable person. It was at a time during the war when things weren't the easiest, too, I'm sure, but I wasn't here then. After him, I thought we had the best president: Wilson. I thought he was a real academician but, at the same time, a very sound administrator. I left in 1967 and I think that was about the time Moos came on, wasn't it?

AP: Yes, from 1967 to 1974, I think.

NG: So I didn't know Moos, except that he hired me to come back as dean and he was here just a short time before we got Magrath. I liked Magrath. You could talk to Magrath and he listened. I enjoyed his presidency. Unfortunately, his private life was not the happiest and most stable. After he left, we got Keller. Keller was spectacular, I thought, in vision. He was just too fast and too many jumps ahead of everybody else. [laughter] It was difficult for him to tolerate. He wanted action. He wanted it done—much like David Brown. David Brown was very bright, but he often gave the impression that he knew what your problem was before you told him. It's hard to work with people like that. You need somebody who will listen, even though they may know this. They ought to have the patience to listen. I think Keller lacked some of that, but was very bright and very capable and had vision for the university. I was disappointed that he... Was [Jean] Keffeler part of the Board of Regents when he left? Was she part of that? I think she was one of the worst influences we have ever had in the university.

AP: I don't think she was on under Keller. I think she was under Hasselmo. She was the one that suggested looking at tenure and that didn't work out, as well.

NG: She did a lot of suggesting and I guess that was one of the things that... The Board of Regents are really supposed to be policy makers and the administration is left up to administration. If they don't like how the administration is going, they can change it, but the Board of Regents became an administrator, in my book, for a number of years. I thought that really was harmful to the university and, certainly, to the role of responsible administrators.

Hasselmo, when he came, didn't he get that vice-president for Academic Affairs that you said you had interviewed, who is tall, gray-headed?

AP: Yes, Leonard Kuhi.

NG: I don't know why he left, but it was something. It was, I'm sure, conflict...administration with the Regents versus his office. I don't know that for sure. After Keller, we got Hasselmo back. Under Keller, we had a vice-president for Academic Affairs who left and went to Arizona as the president and he took Hasselmo with him.

AP: Right, Henry Koffler. I think Henry might have been hired—I'll go back and look at my dates—under the last of the Magrath years.

NG: Yes, I think you're right. I didn't think he was too stable a leader in that office. I think there were a lot of conflicts. I was amazed that he could go and survive as president at Arizona, but he did, apparently—at least for a while.

AP: Any comments on Yudof?

NG: Being a Texan and having graduated from the University or Texas, knowing Texas politics, anyone who could be there in his role for the sixteen years he was in leadership role, has got survival tendencies and he will survive here. I like him. I think he is open. He listens. He has his ideas, but he will hear yours. I think the university is going to come out much improved under his leadership.

AP: That's a nice place to end. Thank you for your time.

[End of Tape 2, Side 2]

[End of the Interview]

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