

msc-
K8490

AUN2087

Interview with Thomas Kottke

Interviewed by Ann Pflaum, Assistant Dean, University College,
University of Minnesota

Interviewed on November 24, 1999

Thomas Kottke - TK
Ann Pflaum - AP

AP: This is Thomas Kottke. He is a son of a faculty member, Frederick Kottke, who was in physical rehabilitation medicine and was one of the probably most important people in Minnesota in the sense that he was the person that he gave Sister Kenny a chance when no one else in the world would, and led to a dramatic change in the treatment of polio. On to Thomas Kottke, I am interested in Chip (Council for Interdisciplinary Health Programs)—why you founded it and what it was like in those days. It was the 1960s if I'm correct.

TK: It was actually probably 1970. I entered medical school in 1970. I graduated from the University of Minnesota undergraduate with a B.A. in anthropology in 1970 and then entered medical school. At that time I believe they had just reorganized the Health Sciences Institute, a much more interdisciplinary approach. Lyle French was Vice President for Health Sciences. Dianna Willey was a special assistant. There was a lot of emphasis on team, a lot of emphasis on interdisciplinary. As you mentioned, my father was a social activist; both my parents were. I sort of came out of that tradition also. It's important to remember that the Vietnam War was going on at that time, and it was a period of deep social conflict. The National Guard were on campus and there was tear gas and all sorts of things.

AP: Did you participate in any of those events?

TK: Well, we did sort of supply medical relief when the National Guard tear gassed the campus, but we were focused more on education in the schools on sexually transmitted diseases; we did work with . . . some people were interested in nutrition; free clinics. Chip helped out with the free clinics. Sue Rader was our secretary, actually she was Dianna Willey's secretary and then she became our sort of staff liaison. We generally tried to promote a team approach to problem solution, social awareness of problems in the community.

AP: Can I ask you, as a medical student when you say you helped out with medical relief when the National Guard came on campus. That was in May of 1972. How did you find out they were on the campus? Did you run over? Did you leave classes? What stage of your medical education were you at in 1972?

TK: That was the end of our second year, so we were in class. Everything was obviously topsy turvy, and there were talks about closing the university. Various people, professors who had been in other areas like Mexico where they seemed to the universities every few months and you can

never get an education, argued against it. I don't recall exactly how we found out they were on campus, but I think the general level of noise. There were crowds on campus all the time, and things sort of circulated, maybe on the radio then, that the Guard had been called out. Nothing too much happened; it was not like Kent State, but there were people who were sort of affected by tear gas and others who had been beaten by police with minor cuts and contusions and bleeding and those kinds of things. So there was not a major relief effort.

AP: One of our questions is, Why was it so peaceful at Minnesota? Do you have any insights as to why compared to Kent State or Wisconsin or Berkeley or Columbia—do you have any sense of that?

TK: In Wisconsin, one individual blew up the chemistry building, put off a bomb. At Kent State the Guard had live ammunition. Berkeley and Columbia were probably the magnets for the radicals of the radicals. Berkeley had the free speech movement going on, so it just got all polarized. I think Berkeley and New York are on the coasts, too, with a lot bigger populations. I guess I wouldn't say that it was so peaceful at the University of Minnesota. You had squads of police marching up and down Washington Avenue beating on protestors, and you had the Guard over on the Mall firing off tear gas. There were mini riots over on the West Bank, confrontations between the police and crowds, so I don't think it was all that quiet.

AP: But compared to the other places it was certainly quieter.

TK: Certainly . . . It just happened that the Guard didn't shoot anybody at the University of Minnesota compared to Kent State.

AP: Tell me a little bit more about some of the things that Chip did.

TK: I was a representative of the Council of Deans and Directors, and we spent a lot of our effort trying to raise social awareness, get people involved in socially aware projects, whether it was free clinics or going out and talking to high school students about sexually transmitted diseases or those activities, and I think that was . . . I remember where the Phillips Wangenstein building is now there was an old garage called the Riverside Garage, and we got the basement of that. We sort of rehabbed it into a lounge where people could study and intermingle. We did seminars basically on drugs so people knew more about what the drugs were and how to treat them. Medical students would serve as sort of medical relief at concerts because people were always doing too much something or other.

AP: Rock concerts and things like that?

TK: Yes. So they had to be supervised until whatever they took wore off. Then we talked a lot—everyone thought the revolution was coming. Back then we would have been totally shocked at what the revolution really turned out to be.

AP: That's a very interesting statement. Can you go back? "Everyone thought the revolution was coming." Can you amplify that?

TK: Everybody thought that after the Vietnam War was finished there was going to be sort of this time of love and peace and sort of a utopian country. What we didn't realize was that simply getting Nixon out of the White House and getting the war over with wasn't going to solve the social problems. That was one set of problems. A lot of the people who were radical back then basically became capitalists. There was also the environmental movement which was much stronger then. There was a lot of individualism then that has manifested itself now as, I'd just have to say something else. That's not very clear, but everybody thought back a few years ago we were going to have national health insurance. The vested interest got involved and made sure we didn't have that. I think probably business and the status quo and the military industrial complex and all those guys were just a lot better organized than the people on the other side who thought that they were going to remake the university. And also, we were probably pretty naive about the amount of self interest that people have and what they are willing to do to protect their self interest and look after their own interests.

AP: Were there books that influenced your thinking, or people that you talked to, or your family?

TK: Yes, probably. Luther Gerlach was an anthropologist—maybe he's still there. He was there at the University of Minnesota. He had studied both the black power movement and Pentecostal movements and we used his writings and we still do. I think he really understood what was going on with movements of social transformation and how they happened. Of course, Saul Olitsky's *Rules for Radicals* . . . What was happening at that time was the old guard sort of saying, "Well, we have everything under control. Don't worry about it." Chip and the other things were about being able to sit down at the table and have a voice. That's what we were working for. Of course, the Maoists were still in vogue. There was . . . I'm trying to think of his name . . . wrote a book called *Away with all Pests* about the Chinese Revolution, which in fact turned out to be wrong. The Chinese would go out and overdo everything. They thought the sparrows were a bunch of pests, so they killed all the sparrows. Then they had a real problem with bugs because suddenly they didn't have any sparrows to eat the bugs. They didn't realize that there was this ecological balance that was important. Then there was Andy Weil. He was at Harvard National Institutes of Mental Health at that time. Now he's down in Arizona. Now he's a science guru, turns up on public television and he's a New Age doc who does healing for people and stuff. We were in alternative medicine back then, too, and it was just a different form of alternative medicine. We were interested in eastern medicine and all the things young folks ought to be interested in to explore new issues. And then there were the thought leaders—Pearl Rosenberg was there. She was sort of the mom of all the medical students. She worked in the dean's office and was in physical medicine too.

AP: When you say the mom of all the medical students, that's a wonderful sort of contrast with the Maoist kind of march-in-the-streets . . . How did those two themes fit together?

TK: Everybody needs a mother.

AP: Even revolutionaries need a mother, okay.

TK: She wasn't in line of authority. We had these discussion groups where everybody got around and talked. They were all recorded, and she analyzed. She was doing studies of what medical students went through in the training and how it affected them. I don't know if she ever published any of it or not. She was somebody you could talk to and you didn't have to worry about it. If you went and talked to the dean, that guy had authority. You didn't know what was going to happen if you talked to that chap. You had to be careful. With Pearl you didn't have to, and you could say anything you wanted to. Then there was Rick Chilgren, and he had organized things called Sexual Attitude Reassessment Seminars where you went and watched movies and talked. Rick sort of thought that sex was the answer to everything and anything. He was around for a while and then was gone. I don't know whatever happened to him. We had the new curriculum, too. The new curriculum I believe came in our year, 1970. The school really was trying to respond to the times.

AP: As I understood the new curriculum, there were a number of courses that for the first time people throughout the health sciences took in common. Is that correct?

TK: I remember sort of that theory, but I don't recall that we had . . . We may have had some stuff. The dental students had their own courses I think. That was the idea, but then they learned that it really didn't work out that well. There was this idea that people would start out in common and then sort of peel off when you got done with what you had to do. Then they realized that, frankly, nurses were just not going to have the same level of physiology or biochemistry as medical students. It was different. I don't think it evolved quite to that extent; it was sort of the theory.

AP: But in Chip, if I understood Chip correctly, that would have been pharmacists and nurses and doctors.

TK: Yes. There were nursing students there, and public health students and medical students and pharmacy students.

AP: As you looked across the students you met in Chip, was there broad agreement on, say, social issues like the war or the environment or drugs, or was there kind of a mixed bag of points of view?

TK: There was pretty broad agreement because there were probably only about ten people in the beginning who were really active in it, or fewer than ten. It was a small group. It was clearly the non-fraternity people, sort of the long hairs and the shave heads. We just had a twenty-fifth medical reunion, and some of the people would say, "Hey, I had just gotten out of the military and came to medical school and it was a real shock." And there were people in medical school who would say, "Hey, look, just tell me what to do and I'll do it. I just want to be a doctor. Don't ask me to remake the world. Don't ask me to start a revolution. Don't ask me to turn everything on its head." So we were really a pretty small group,

AP: Would you say that, from a philosophical point of view, more medical students than not were closer to the shave head point of view than to the long hairs?

TK: I don't know. People were all over. A lot of them were just simply totally apolitical. They were just trying to get through school and didn't feel strongly one way or the other. They weren't too upset with things and thought the best thing to do would be to just try to get through school and not upset the apple cart too badly.

AP: As you look back on your medical experience, did you feel you got a good education?

TK: I thought it was great. One of the best parts about the University of Minnesota was the number of options for diversity of experience. You could get educated in one of several hospitals. A lot of people did overseas rotations, or you could really snuggle up to somebody and find a mentor that was quite close. Really the options were great. I guess I haven't done too badly.

AP: Did you have a mentor yourself?

TK: I probably most looked up to Lyle French at the time. Lyle was the vice president for Health Sciences, and I considered him sort of a role model. He was in an administrative role at that time. I have since decided I don't like administration at all. I think probably Dr. French was the closest thing. I think I was a pretty independent guy. I basically came in with an attitude that said, "Medicine has failed to satisfy the social agenda or the expectations that people have for it." A lot of people didn't like hearing that and were quite upset by it. I thought medicine was pretty self-satisfying, or self-satisfied—medicine as a field. They sort of went to work, came home, saw patients; they didn't really ask any heavy social questions or seemed not to from my perspective. I thought they ought to be asking more questions.

AP: Did you find you were generally supported when you started Chip and began to ask those questions? How did you feel the administration treated you?

TK: Lyle gave us a lot of resources. I'm not sure why he even did that, to tell you the truth. Mead Cavert was one of the associate deans, I believe, at the time. I have great respect for Mead now. I saw Mead as asking the tough questions back then which I didn't want to have asked, like, "How are you really going to do this?" He fulfilled that role. Every organization needs a role where somebody says, "How are you really going to do this?" I sat on the Council of Deans and Directors, and in 1972 got the Minnesota Medical Association Student Achievement Award, so somebody thought it was pretty neat what we were going. Thinking back on it and looking at my position now, we had a lot more flexibility than a lot of the people who worked there, who were just tied up in their day-to-day obligations. So they were just seeing how things would play out if you gave some young students the opportunity to maybe try and move things forward.

AP: You mentioned the Minnesota Medical Foundation in student activities. I had come across the fact that they were involved with student activities, but the source that I had didn't tell me what they did. Do you happen to remember the kinds of things they sponsored or got involved with?

TK: Not exactly. I think they had some student grants.

AP: They did do scholarships—I know that. Maybe a dinner or something, or an event? Sort of reading between the lines, it sounded like it might have been an event for students that they funded or something.

TK: I don't recall. We did, I think, ask them to . . . I'm trying to think whether it was the State Medical Association or the Minnesota Medical Foundation. I don't recall other than the scholarships, which they've always done. I just don't recall.

AP: Tell me a little bit about what you did after where you did your residency and how you ended up at Mayo.

TK: I went up to McGill, Royal Victoria Hospital, and decided it was time to really get serious about doing medicine. I wasn't really politically active there. Two years up at McGill; then two years at North Carolina, and I got an MSPH in Epidemiology at the School of Public Health in Chapel Hill. I was a Robert Wood Johnson Clinical Scholar there. Then I came back and did basically a three-year post doc program in cardiology and preventive cardiology, and came on the staff at the University of Minnesota in cardiology with what was called a preventive cardiology academic award. It was the National Institutes of Health award to develop preventive cardiology curriculum.

AP: Would that have been building on the Ancel Keys work and that sort of thing?

TK: Exactly, that and Henry Blackburn. It was basically his grant that allowed me to get training at the University of Minnesota as a cardiologist in preventive cardiology. I was sort of up for promotion, and Mayo called me up and said, "Hey, we're looking for a cardiac epidemiologist." I was unable to get any significant curriculum time with my preventive cardiology academic award, so I started working with doctors in practice, doctors who were no longer in training, but were actually out practicing and trying to understand what was controlling their behavior and help them deliver preventive cardiology services. In 1987 I was up for promotion and had gotten to know Dr. Robert Frey down here at Mayo, and Dr. Joe Melton. In fact, I had interviewed in about 1980 at Mayo, and we decided that it just wasn't quite the fit, that I probably needed a little more training. At that time I was pretty undifferentiated and felt that I'd probably get sort of eaten up by Mayo. Then in 1987 they invited me down and I gave a talk. They had become very interested in this whole question of what is it that controls physician behavior in practice and how can we change that environment so that they can deliver more preventive services? I realized that the doctors at Mayo were very serious about delivering service and to understand what controlled physician behavior. In clinical medicine you had to have somebody who actually wanted to deliver clinical services. Unfortunately at the University of Minnesota at that time, one of the major goals was not to see patients. That's one of the reasons they got in big trouble. I had days when I was an attending physician at the university where I had no patients on the service. I had three residents and no patients.

AP: Because people were just so busy with research?

TK: They were neglecting the clinical side. David Brown had written a paper in *Minnesota Medicine* saying, "You guys out there who are out there practicing, you have an obligation to

send us your patients here at the University of Minnesota." Everybody sort of greeted that thing will laughs of derision. They said, "We don't have any obligation." I don't think they paid any attention to the fact that the University of Minnesota was a land-grant school; that they sort of mocked the legislators; they didn't give them their due. Maybe they felt that they shouldn't have to do that, but sorry, they did. The leadership didn't keep the legislature in the loop, so then they didn't get the money. Before that, Neal Gault and other deans had worked very hard too . . .

AP: Neal Gault and Lyle French spent lots of time at the legislature.

TK: I think it's post that. I would specifically blame . . . Tom Ferris, Jay Cohen and Dave Brown are the ones that I think just . . . and the organization at that time wasn't able to respond to the change. I was born at the University of Minnesota hospital. By the time my fourth child was born, he was born across the river at St. Mary's because we couldn't get insurance. The insurance program that many of the faculty had wouldn't allow you to be seen at the University of Minnesota.

AP: Tell me, because I'm a little confused, you then were on the faculty at the university before you went down to Mayo?

TK: Yes, from '81 to '87.

AP: What department were you in?

TK: I was assistant professor.

AP: In which department—clinical medicine or surgery or pathology or . . . ?

TK: Medicine.

AP: Is it called Internal Medicine or just Medicine?

TK: Internal Medicine.

AP: I got the idea of your specialty.

TK: Cardiology.

AP: This is terrific. Are there any other people in Chip, if I should have some additional time to talk to some more people? I probably will not, but . . .

TK: One of the guys, and I haven't seen him much . . . Michael Belzer is down at Hennepin. We were real close friends, sort of activities together, and then he went down to North Carolina when he graduated and out to Los Angeles, I believe, and then back to the University of Minnesota. He would have perhaps a different perspective. He was chief of staff down at Hennepin County, and he's still down there.

AP: This has been exceedingly helpful. I am appreciative. I will send you the permission form.

TK: Okay.

AP: Thanks a lot. Good luck. Take care.

[end of interview]