

Sarah “Sally” Howard
Narrator

Lauren E. Klaffke
Interviewer

ACADEMIC HEALTH CENTER
ORAL HISTORY PROJECT

UNIVERSITY OF MINNESOTA

ACADEMIC HEALTH CENTER ORAL HISTORY PROJECT

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

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

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

Biographical Sketch

Sarah “Sally” Howard was born in Council Bluffs, Iowa on April 28, 1936. She earned her bachelor’s degree in sociology at Macalester College in 1958. After graduating, she served as assistant teenage director for the Minneapolis YWCA (Young Women’s Christian Association). She served as volunteer director at Abbott Hospital from 1963 to 1968 and then became community relations director at the Hospital from 1968 to 1977. (Abbot Hospital merged with Northwestern Hospital in 1970 and was then known as Abbott Northwestern Hospital.) In 1978, she was elected to the city council and served three terms as alderman for the 10th Ward of the City of Minneapolis from 1978 to 1985. After deciding not to run for a fourth term, Howard applied for and was named director of public relations for the Academic Health Center at the University of Minnesota. She retired in 1996.

Interview Abstract

Sally Howard begins her interview with an overview of her early life and career. She then provides greater detail about her time at the YWCA and her work at Abbott Hospital as well as some of the larger trends in hospitals and medicine during her time there. Ms. Howard describes how she became part of the city council and the accomplishments of the council during her terms of service. Turning to her time at the University, she discusses the following topics: applying to the public relations position in the AHC; the development of a public relations program specifically for the AHC; the creation of a health talk show; Dr. John Najarian’s transplant work; the threatened closure of the Dental School and College of Veterinary Medicine; publicity for the University Hospital renovations; and the legal issues surrounding antilymphocyte globulin (ALG). She concludes by describing the tenures of Neal Vanselow, Cherie Perlmutter, Robert Anderson, and William Brody as vice presidents of the AHC.

Interview with Sarah “Sally” Howard

Interviewed by Lauren Klaffke

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

Interviewed at Sally Howard’s Home, Downtown, Minneapolis, Minnesota

Interviewed on October 21, 2013

Sarah “Sally” Howard - SH
Lauren Klaffke - LK

LK: This is Lauren Klaffke. It’s October 21, 2013. I’m with Sally Howard at her home in downtown Minneapolis.

Thanks for meeting with me today.

SH: Sure.

LK: I was wondering if you could tell me a little bit about where you were born and raised and your early education.

SH: I was born in Council Bluffs, Iowa, April 28, 1936. Shortly thereafter, like three years later, my father moved the family to Sioux Falls, South Dakota, which is where I was brought up. I graduated from high school in 1954 in Sioux Falls and went to Macalester College in Saint Paul in 1954 and graduated in 1958.

My first job was with the YWCA [Young Women’s Christian Association] of Minneapolis. After I left that job—five years, I was there—I moved to Abbott Hospital as volunteer director. I’d been there about five years when my boss asked me to set up a public relations [PR] office. It was called Public and Community Relations, working with neighborhood people as well as the hospital’s public image. I worked there fourteen years and, then, took a break.

I was in politics. I served on the Minneapolis City Council for six years. Then, I left the City Council. I thought I could do elected office for ten years, but I only made it through six and I was ready to try something else.

[chuckles]

SH: The job doesn't change, so you have to get out if you don't like it anymore or you get mad at people calling you at ten-thirty at night who've had too many bottles of Dr. Pepper who yell at you and tell you that you're no good because you voted for the cat ordinance or whatever.

My next job was the University of Minnesota. They hadn't had a public relations office. All of their work had been done through the University Relations, which was the PR agency for the whole University. The Academic Health Center said they needed a program of their own. I was very lucky because it had been set up with its own budget and an opportunity to hire an assistant for me, a science writer, and a media person, and a couple secretaries, and an editor for our magazine. Basically, it had never happened before that all of the deans and directors of the Academic Health Center had a group to work with who could help them optimize their programs. So they, of course, thought I was wonderful, because they hadn't had any kind of organized help. We ended up with lots of good stories in the paper, lots of good stories on TV, and we did a magazine, a health science magazine that showcased things that were happening in the Academic Health Center.

LK: Is the magazine still around?

SH: No.

LK: What was it called?

SH: *Health Science Magazine*.

LK: [laughter]

I'm going to backtrack just a tad. I was wondering how you ended up at the YWCA. Were you doing PR work for them?

SH: No, no. When I graduated from college, I graduated with a social work, sociology degree, interested in group work. What you had to do at Macalester is you had to have an internship someplace and mine happened to be at the Waite Settlement House [in Minneapolis]. So for one semester, I worked there two days a week as well as going to school. So I knew I wanted to work with groups.

In those days, 600 Lexington in New York was the [YWCA] clearinghouse and you sent your credentials in to there. Understand, these were the days when you had four and five job offers for every college graduate.

LK: Oh, wow!

SH: Yes. Something that doesn't happen anymore, but it did then.

So I put my credentials in to the YW[CA] in New York and, then, got an offer from Santa Barbara [California], and a place in New Jersey, and, then, there was an opening in Minneapolis.

I worked with a program called Y-Teens, which was in the Minneapolis Public Schools. It was a program to teach and work with girls so that they could take leadership. See, in the olden days, girls were only elected secretary of the class. They were never presidents. They were never vice presidents. This was a place that was all girls learning how to run a social service project or a fundraiser. The big deal, of course, was always a dance called the Spinster Dance where girls got to ask the boys.

LK: [chuckles]

SH: They raised a lot of money for worthy causes and learned how to get things done, how to organize and be leaders.

LK: Okay.

[telephone rings – break in the interview]

LK: I was going to ask you were you recruited to Abbott or how did you end up at Abbott Hospital?

SH: I had done the YW for five years and I decided I wanted to try something else. A woman who was a volunteer at the YW also did volunteer work at Abbott Hospital. I told her that I was looking around and she said, "Well, I think the lady who has been our volunteer director is getting married and moving away. Why don't you talk to them?"

At that time, Abbott Hospital was owned by Westminster Presbyterian Church. It was the only hospital in the country that was owned by a church. A guy named Amos Abbott owned the hospital and he left it to his church when he died. They were ill prepared to run a hospital, but what are you going to do? While I was working there, they broke away in the sense that the lawyers from both the church and the hospital said, "This is messy. If you get sued because something happens to one of your patients, your whole church could go down." They just said, "It's not practical." So they figured out how to get around his will so that they could become a separate entity.

LK: Okay.

How long had you done volunteer coordination as the volunteer director?

SH: Five years. Then, I set up a new department at the hospital called Community Public Relations.

LK: Was that a very different position for you? You'd been doing a lot of community relations, I suppose, through your work...

SH: When my boss said, "I want to set up a public and community relations department, I said, "That's nice." He said, "No, I want *you* to do it." I said, "What do I know?" He said, "There's a training session in Chicago at the American Hospital Association. It's a three-day training session. Just go there and they'll tell you what you have to do." [chuckles] I was just young enough and dumb enough to say, "Oh, all right," and I went to Chicago, and I came back and I said, "We need a newsletter," and I'd learned how to write a press release. So that's how it started.

In the neighborhood that Abbott was in, there were two very important and busy neighborhood groups, so I began to go to their meetings, and make sure that we were good neighbors, and that we took care of the people in our neighborhood as much as we took care of people who could afford to pay.

LK: Right.

SH: Also, at the same time, a clinic was being set up by a woman named Daphne Krause that was primarily interested in the needs of seniors. It was called the Minneapolis Age and Opportunity Center, MAO. There was a hospital clinic as a part of the services that were available. This is long before Meals on Wheels and the kinds of things that are just a part of everyday life now. There were a lot of seniors who needed help, who couldn't cook for themselves and needed assistance for bathing and that kind of thing. The visiting nurse service was available, but, generally, only to people who were income eligible.

LK: It's interesting that you got really involved in the community. I've read quite a bit of discussion in health care history about the need for primary care in the areas where these hospitals are, that they're not meeting the needs of that immediate community. In working with those two really strong neighborhood groups, was that something that you all were doing, providing primary care?

SH: Sure and making sure, for instance... We became an employer. Hospitals need a lot of people, because it's very hands on and there are lots of people in the food service and in the maintenance. You don't need a lot of education, as much as you need an interest in doing the job, in-service training. So we became an employer, which was really helpful to us, because when it snowed and everybody was housebound because they couldn't get out, we were always okay because a lot of our employees walked in.

LK: Oh, wow!

SH: We could get the job done. Now, it's also fair to say that we had two or three four-wheel drive jeeps that we'd go out and pick up strategic nurses. Nurses would have to stay on duty sometimes two and three shifts, because they couldn't get home anyway. They'd grab some sleep. Hospitals never close, as you know.

LK: Right.

SH: That was a good thing for us to have neighborhood folks who worked for us.

LK: Yes.

In terms of when the Public Relations part of the hospital started, did you say that that was at the time when the ownership of the hospital was shifting from...?

SH: No. No. I think in the olden days, we all thought that if you sent somebody home well that that was the best PR you could have. What you don't understand is that people don't lift up their shirts and say, "Do you want to see my scar where the doctor cut me open and saved my life?" They don't do that. So you need to be able to tell your story without sounding like you're bragging. Doctors, for instance, under *no* circumstance ever advertized, absolutely never. It just wasn't done.

LK: A very different era.

SH: Sure. That's why you had to be very careful when you placed a story or talked to the media about telling a story that it was good human interest, good solid... This boy got knocked off his bike. It looked like every bone in his body was broken. But here's how we patched him up and put him together.

Abbott had one of the first children's hospitals, called the Janney Children's Pavilion. The [Thomas B.] Janney family used to be a big family in Minneapolis and funded a specialized unit just for kids.

LK: Would you say that this PR department coming out at the time that it did part of a larger trend?

SH: Sure. I don't think public relations, at that moment, was thought of as a way to do development and raise money. That came later. The marketing and fundraising and so on later on tied into public relations.

LK: Was there increasing competition among the hospitals at this time?

SH: Well, not nearly what it is now.

At first, I was in an organization of volunteer directors and all the hospitals had one. We got together once a month and traded ideas and talked about how we could be more effective at what we did. When I first started with the Public Relations Department, there was a guy out at the V.A. [Veterans Association] and there was a gal at the University [of Minnesota], Irene Foster, and there was a gal at Hennepin County, but that was it. We met in a phone booth, but we did meet.

LK: Okay.

SH: We talked about ideas and, then, little by little, every hospital got a public relations department. Some were just one person doing everything. We did a lot of employee relations. We did the five-year, ten-year, fifteen-year pins for employees that stay a long time. We planned a Christmas party for the employees, that kind of stuff. That was all PR, as well. There wasn't any negative feedback from administrators saying, "I don't want you meet with those other people. I don't want you telling them what we're doing." It was all very friendly.

All the administrators knew each other and they got together once a month to talk over trends and what was going on and how they could help each other. For instance, one of the things that came out of the administrative meetings was a print shop that several hospitals went together and bought, because they could get their printing done better and cheaper. They shared that. The same thing with materials management. There was a lot of warehousing and figuring out how to make the dollar go further. That went out of business, of course, when the competitive part of healthcare hit the street.

LK: When would you say that that occurred in your career? Was that while you were still at Abbott or was that later?

SH: I wasn't in the hospital business. I was on the city council.

LK: Okay.

SH: It was just a mad rush to merge and close, consolidate so that people could stay in business. We used to have a *lot* more hospitals than we have now.

LK: Yes.

Do you have any comment on relations between Abbott while you were there and the University, maybe referrals or any work that they did together?

SH: Well, you know, intern residency, that kind of stuff was just beginning to be talked about. For instance, a private hospital like Abbott... We used to laugh, because I played first base on the Abbott Angels softball team...

LK: Oh, really? [chuckles]

SH: ...and somebody would always get injured. It never failed that we'd get to our hospital and somebody had a broken ankle or they needed this or that and the only person in the hospital was a doc catching a baby.

LK: [laughter]

SH: So here you were in your own place, but you didn't have the full service system that we have in all our hospitals now. You've got an ER [emergency room]. You've got it staffed.

LK: Right.

SH: Again, that's the olden days.

We had two residents. One was from Korea, I think, and the other one was from South America. They were studying to pass their exams to become a full-fledged... They were doctors in their own country, but they were called residents. They staffed the hospital on weekends and acted as liaison to bring in the docs if somebody came in unexpectedly by ambulance, for instance. Their primary doc was usually called and met them there, but these guys were the first attendants, so to speak.

They were just talking about it, just getting interested in whether or not... But, see, I left, in January of 1978, Abbott Northwestern and went on the city council and I was there until 1985. So that was a big change era when hospitals began to merge. I think there used to be like fourteen hospitals and they boiled down to about eight. That was a big change time, but I wasn't in the biz [business] at that time.

LK: Okay.

You had mentioned that some of the hospitals were meeting together, like creating that print shop, for instance, to cut costs. Were rising costs a big issue that you had to deal with in public relations, at the time?

SH: Well... Yes and no. As the administration of the hospital began to look at what costs were big and glaring... As an example, when we first became cost conscious, our hospital bought about eight different kinds of rubber gloves, based on what the surgeons wanted, what they were used to. It was all over the map. Some of them came from Great Britain. They were really a huge array. The administrator said, "Look, you've got to choose three. We're not going to keep that many in stock, because it's too expensive." The docs all wanted very much to have their brand and a committee had to be formed...

LK: Really?

SH: ...and they, finally, figured out three gloves that everybody could live with, but it was a PR problem in that the docs were mad. So I became aware of it, not that I could do a whole lot about it. It was just one in a series of things. Anytime you make change, some people love it and some people hate it.

I would say that when it happened was just almost at the end of my tenure. They began to look at how much of what we do for the patient is necessary.

As an example, our food service department at Abbott felt that if you eat properly, you get well faster. They would do *anything* to get people to eat. The dieticians paid attention when the plates came back. Now, understand, Abbott was a small hospital, so they could do that. They could keep track. The plates kept coming back with all the food on them. A dietician would go up and say, “Okay, Mister Nelson, what are you hungry for?” He would hem and haw around and say, “My wife is a better cook than you are.” She’d say, “Okay, I agree with that, but what can we not ruin for you? What will you eat?” He would come up with macaroni and cheese or two poached eggs on corned beef hash, what he was hungry for. They would fix it, whatever it was.

I remember one time getting a call—this was when I was a volunteer director—from the dietician and she said, “Did you drive to work today?” I said, “Yes.” She said, “Okay. Go down to the Nankin [Restaurant] and get me an order of number 14.”

LK: [laughter]

SH: Now, I had no idea what that was. I knew where the Nankin was. It happened to be beef and rice. She had called and made an order, because when she interviewed this patient who wouldn’t eat, they said, “I’m so hungry for number 14 at the Nankin.” The patient wasn’t on a restricted diet, so I went down and picked it up and brought it to the dietician...

LK: How funny.

SH: ...who took it to the patient.

We had a pastry cook that came in every morning at four a.m. to bake pies.

LK: Wow.

SH: All the pies that went up on the trays were homemade. We spent a lot of money on food, making it attractive and making it flavorful and tasty—and making sure that whatever the patient wanted, if we could do it we did it. We’d get them what they wanted. That, of necessity, has to go out of business. You have to get bigger in order to stay in business.

During those early days, I think we had 249 beds. That’s a manageable number. You can keep track of everybody and figure out what they need. But when you’ve got 450 beds, it’s very hard to sort of personalize the delivery of care, *and* it’s very expensive.

We used a lot of volunteers at the hospital and had to work very closely with the labor unions so that we didn’t get into... If this is an eight-hour job, it should be a paid job kind of thing. All the volunteer jobs were four hours or less...delivering flowers, delivering mail, moving paper from one place to another.

LK: You had mentioned the situation with the doctors and their particularity regarding their gloves. Did you feel like there were...I don't want to use the word power struggles, but it sounds like maybe there was some head butting between doctors and hospital administrators.

SH: It was, if you want me to come here and bring my patients and keep you open, you need to make me happy.

LK: Okay.

SH: There was very little understanding on the part of the docs just how expensive it was to run the hospital. Now, I will say that our administrator—Robert Miller was his name—did a *very* good job of explaining it to the medical staff, helping them understand what he was trying to do without going anywhere near the quality of care. He was trying to stay in business and keep the budget balanced and keep the doctors happy. We had a doctor's dining room where they could meet together and have lunch together or stop in for a snack or a cup of coffee. It was a great way of getting the specialists to get referrals from the family practice docs.

LK: Yes.

SH: You can imagine they were the most popular lunch partners, the family practice docs.

LK: Yes.

[chuckles]

SH: It was informal. In those days, getting on the staff was really hard. They looked them over six ways from Sunday and nobody got on the medical staff who wasn't *absolutely* A+. Part of that was we were small and very well thought of. Most of our docs, seventy-five percent, were specialists.

LK: Hmmm.

SH: They took great pride in that and, consequently, like attracts like.

LK: Yes.

What prompted your interest in the city council?

SH: [chuckles] Oh, geez. It's so stupid, I hate to tell you, but I will. In the olden days, there wasn't a law against political groups getting together in secret and making decisions. There's now an open meeting law and you can't do that.

Way back, I had worked on the campaign of this guy who represented us. His name was Vern Anderson. There was a scheme to build a stadium—now, we’re talking forty-five years ago—with tax dollars. I called him up and I said, “I’ve been reading in the papers about this. Are you going to vote for that?” He said, “Absolutely not,” and I said, “Okay.” And I kind of forgot about it, but I kept hearing that the city council was going to build this stadium with tax dollars. I called him back and I said, “Now, I didn’t misunderstand you, did I?” “No, no, no. I’m not going to vote for it.” I’m watching TV one night and there’s a crawl down at the bottom and it says, “The city council has just voted 12-1 to build a stadium with tax dollars.” Now, the one vote [against the stadium] was the *only woman* on the council, Gladys Brooks.

I was living with about three other women in a house, and I said, “Somebody ought to run against that turkey!” One of my roommates said, “Why don’t you?” I said, “Well, maybe I will!”

LK: [laughter]

SH: Honestly, that is how it happened.

LK: That’s great.

SH: It went on from there in that I called delegates and alternates so that I might get the endorsement, and he wouldn’t get it. We had a convention, and I had enough votes to block his endorsement but not to get endorsed. They closed down the endorsement convention and everybody went home. A guy that I knew, who was a political activist, named Doug Head called me on the telephone and said, “Meet me at the Rainbow for breakfast tomorrow morning at seven-thirty.” So I did. He said, “Do you want to be on the city council?” I said, “Yes, I do.” He said, “Well, then, release your delegates and let Vern Anderson get the endorsement, because he’s going to lose big time. The whole city council is going to lose.” There were twelve Republicans and one Democrat on the city council, at the time. He said, “If you don’t release your delegates and he doesn’t get endorsed, everybody is going to blame you for his losing. But he’s going to lose because he voted for that dumb stadium.” That’s exactly what happened. I called the chairman of the ward and said, “Have another endorsement convention. I’ll release my delegates so that Vern Anderson can get endorsed,” which he did—and he lost as did all the others. It was brutal.

LK: Wow.

SH: In those days, it was two-year terms, so I ran the next time and lost.

LK: Okay.

SH: A Democrat was elected when Vern Anderson lost. It was a Democrat that won named Keith Ford. I ran against him and lost. So I thought, well, I’ve tried that now.

I'm not going to do that again. But within three months of my losing, he announced he wasn't going to run again. So it's easier to run without an incumbent.

LK: Right.

SH: The gal who had managed my campaign called and said, "We know how it feels to lose. Do you want to know how it feels to win?" I said, "Well, yes!"

[chuckles]

SH: Then I served for three two-year terms.

LK: That's great.

SH: Yes.

LK: This is a full time position?

SH: Yes.

LK: What key issues did you face during your time in office?

SH: Gosh. City hall is roads and bridges. It is sewage. It is really quality of life issues. We were trimming down the city employee group and making it smaller. We had to do pension reform. We had to close down a pension fund that made too many promises and spent too much money rewarding them.

Also, while I was there, I worked on civil service reform. We had all white boys as heads of all departments. I started going to the civil service meetings trying to figure out what was the key to getting qualified candidates that were people of color and women. Then, it became clear that the stumbling block was a rule of one. The civil service loved that. Whoever got the top test score got the job. Never mind that they had never managed anything and weren't always qualified. Oftentimes, people from their own departments would make sure they knew the answers to all the questions.

LK: Yes.

SH: We wanted the rule of three. We ended up with a rule of ten, which is great, because what it says is you've got to have a pool that includes a representative of the people that are in the city of Minneapolis. That made a *big* difference in the way the city looked in terms of management and chances for promotion.

We also worked on getting the whole city paved. We still had some oil and dirt streets when I was on the council.

LK: Wow.

SH: This was 1978 to 1985. Again, it's a twenty-year project to get a city of this size... I certainly worked on that.

Those were big issues and property taxes are always a big issue, trying to keep them reasonably in line.

I was there at a time when there was a lot of federal money coming in, community development block grant money and that kind of stuff. I was on at a really good time. We had some problems, but most of them were solvable.

LK: You did that from 1978 to 1985.

SH: Yes.

LK: Then, you decided not to run for a fourth term?

SH: Correct.

LK: How did you end up pursuing the job as director of Public Relations at the Academic Health Center?

SH: After I got done on the city council, I went to Mexico for a month.

LK: Oh, wow.

SH: I knew that I needed a rest.

LK: Right. [chuckles]

SH: So I rented a house in Mexico.

I had done some interviews before I left. You serve, really, until the first day of the new year, but, the last council meeting was two days before that, so I left and drove down to Mexico and spent a month. Friends came down to keep me company. I had interviewed, but I didn't have a job when I left. I had saved money, and I knew that I needed to take some time off, so I did.

One of the women that came down in January had clipped this ad out of the newspaper. She said, "I think you ought to apply for it." I said, "Geez, I don't know that I want to work for the U." She said, "Yes, but look at the job description. It's everything you've done. It's a great place to work." So I wrote a cover letter and, then, one of my friends said, "I'll type it up, and I'll get your résumé." It had to be in by the end of January and I wasn't going to be back. She was nice enough to do that. My friends who were down there at the time said, "Let us see the cover letter." I said, "No. I'm just telling them who

I am.” “Let us see the cover letter.” So they rewrote the cover letter to make me sound like the second coming.

LK: [laughter]

SH: I said, “This is *ridiculous*.” They said, “No. No. That’s what you have done.” See, I hadn’t looked for a job in how long? I was six years on the city council. I was at Abbott Northwestern for fourteen. I hadn’t looked for a job for twenty years, so what did I know?

LK: You have persistent friends.

SH: Yes. I thought that will just screw it up. I won’t be able to face them. But I did make the application.

What was really interesting was when I came back, I had just tons of mail, as you might guess, and here was the letter from the University of Minnesota from a guy named Dave [David] Preston, who was the chair of the committee looking for the PR director. He sent me a letter saying, “We got your credentials, and your résumé and we’d like you to come in for an interview.” Then, down at the bottom in his own hand, it said, “Are you really this good?”

LK: [laughter]

SH: So I knew he had a sense of humor.

LK: Yes.

SH: There were I don’t know how many applicants and a big committee. It was a brand new department being set up. Really, everybody from the Academic Health Center schools each wanted to have a representative, as you might guess. They wanted to be sure whoever it was understood their uniqueness. There were a lot of them, I think maybe three interviews with a big crowd. Then, it got down to I think three finalists and I was one of them.

In your travels through the history of the University, have you come upon the Rajender decision?

LK: Yes.

SH: I’ve always thought I got the job because of Rajender.

LK: Oh, really?

SH: The pool was two white boys and me. And, you know, that the Rajender decision said, “You don’t have to hire anybody who is not qualified, but if you don’t hire the woman or the minority that make up the pool, you’ve got to tell me why you didn’t.”

LK: Right.

SH: Probably the thing that wasn’t in my favor was that I hadn’t been in the biz for six years. But, the guy that was my boss, Neal Vanselow, took a chance, and it was a good job.

LK: When you were hired, were you able to hire your own department or was that something this committee had done?

SH: The thing is that it was financed, which was a big deal. All the deans and directors kicked into the budget. I got a media person from U Relations. I got a science writer from U Relations. They were already working on the Academic Health Center, which was good for me, because I hadn’t been there. I hired the primary secretary in the office, plus an assistant. I got the editor for the magazine from the Hospital. The Hospital had a magazine...

LK: Ohhh.

SH: ...and they had agreed that they would give up their magazine so the health sciences could have a magazine and the editor of that magazine came with it.

LK: It sounds like there was some sort of consolidation that went on, as well.

SH: Yes, the Public Relations office didn’t exist, so they what they were trying to do is cherry pick what they were going to need. The University Relations, which was the PR agency for the whole school, used some of their people and dedicated them to the Academic Health Center.

LK: Right.

SH: U Relations actually paid the salaries of those two people that came over.

LK: Okay.

SH: The Hospital paid the salary of Barb, the gal who was the editor. That’s how the budget came together.

LK: Do you know why it was at this particular time that they decided to create their own PR agency?

SH: They all felt, the deans and directors—they met regularly—that they needed a dedicated group that paid attention to their accomplishments—and they all had them.

The Pharmacy School was coming up with all kinds of interesting stuff and so was the School of Nursing. It wasn't just a researcher in the Medical School; it was all. And they needed somebody that made sure that those stories were told. Of course, not having had one before that was dedicated to them, they thought our department was wonderful, because we had a *lot* of success in getting good stories placed on television, in the newspaper, in magazines. The gal who did the media stuff developed a friendship with Jane Brody. Do you know who she is?

LK: I don't, no.

SH: Jane Brody writes for the *New York Times*. She happens to spend her summers at the [Saint Croix] River in Stillwater [Minnesota].

LK: Ohhh.

SH: So she has a Minnesota connection.

And, you know, there's a guy named [Doctor] John Najarian...

LK: Yes.

SH: ...who was an early transplant surgeon who had an international reputation, so always, we'd get these calls from national...NBC, CBS, ABC, saying, "We need to talk to a doc about XYZ." Of course, he was able to, as we say, talk in sound bites. He was able and willing to enter the conversation. Then, we had a lot of people like him who were willing in particular specialties to talk about what they knew.

I wasn't that good...

LK: [chuckles]

SH: ...but compared to what they had had before, it seemed like I was just the second...

LK: You were the second coming.

SH: ...the second coming, right.

[chuckles]

SH: Because it had just gotten organized. We organized it and made sure that we didn't miss anything. We went to all of the deans and directors departments and said, "Here we are. Here's what we can do for you. Don't let something slip through your fingers if it's a good story idea." Then, we'd tell them what a good story was, a good story idea was. So they got used to calling up and saying, "I don't know if you'd be interested, but..." Then, they'd tell us wonderful stories, which we, then, figured out how to place.

LK: Did you continue to coordinate with the University Public Relations office?

SH: Sure. Sure. U Relations, we worked very closely with them. When you're doing a major push for a surgical patient, for instance, that's of interest to the media and it's going to be on the front page more than once, you want to be sure that the people at U Relations aren't trying to pitch a similar story—not a similar story but *a* story about something wonderful happening at the U—because, you know, only one of you is going to get on the front page. They did the same thing if they were pushing a big story, they would call and say, “We're working on this and this and working with the paper.” In the olden days, there were medical writers for the morning and evening [Minneapolis] paper. Now, we only have one. We used to have a morning paper and an evening paper and a medical writer for each one. So we had people to call when we had a great idea for something. We could always count on them to come to a press conference, because it was a medical issue.

LK: Yes.

SH: Even if it was the Vet Med [Veterinary Medicine] School, it was science of a kind.

LK: It sounds like you had good relations with the press?

SH: Sure.

LK: Who were the science writers that you worked primarily...

SH: Lou Cope and Gordy [Gordon] Slouvet were the two science writers. Lou [sounds like Culp] was with the [*Minneapolis Tribune*] and Gordy Slovet was with the afternoon paper [*Minneapolis Star*], both of whom have retired now.

LK: Did you do any work with the Legislature, at all?

SH: No.

LK: In addition to sort of this idea of public relations through the press, did you do any community work, as well, or was it primarily about bringing attention to what was going on in the Academic Health Center?

SH: There isn't really a neighborhood around the Academic Health Center.

LK: Right.

SH: On the other hand, I think mostly when there were neighborhood things, U Relations took care of that and worked with neighborhood people about new buildings going up. Tangentially, I might know about it, but it wouldn't be something that we would end up going to or being a part of.

LK: Okay.

I know that in the 1980s and the 1990s, the University and the Academic Health Center were experiencing a lot of retrenchment and budget cuts. Was that something that affected your work or how did you deal with those issues?

SH: Again, we started in 1985, and I was finished in 1997. Because we had been successful in doing what they wanted us to do, which was put the name of the University Academic Health Center forward so people would know what we were up to, they were actually very pleased because we did help them getting attention to what was going on. See, the University Academic Health Center has *always* had a lot of NIH [National Institutes of Health] grants, and they've had a lot of foundation grants. So when the University retrenched or said, "What are you going to do make things less expensive?" generally speaking, a lot of our expenses were paid for from outside grants and foundations. I'm not saying we didn't have to, but we, the Public Relations office, didn't take a lot of hits.

We developed, while I was there, a television show called "Health Talk and You." It was on Channel 13, the overflow channel for Channel 2. It was a call-in format and we would have a subject like Alzheimer's and there would be three docs and the moderator. People would call in, who were watching the show, with questions. We had medical students answering the telephones, and they would bring the questions out to the set. The doc who was the moderator would handle the questions, and the doctors would all answer. We had a *huge* audience. Probably eighty percent were over sixty-five, I'm sure.

LK: Wow.

SH: We spent a lot of time. We did get a younger audience when we would do things on children and on young adults, but, for the most part, it was an older audience. We used the University's production facilities, so I think we did it for, like, \$45,000 a year and the dean of the Medical School helped us with the lion's share of the cost. It was really a popular show. [chuckles] People were vying to be on the show.

LK: Oh, really?

SH: Like the guy who was the moderator had to quit going grocery shopping...

LK: Wow!

SH: ...because he kept getting accosted by all these little old ladies who just loved his show.

LK: What was that?

SH: His name was [Doctor] Paul Quie.

LK: Oh, right!

SH: He's still active. He comes over regularly. He was just a *dynamite* guy. He really made the thing work.

LK: Whose idea was the show? How did it come about?

SH: I went to a national meeting. PR directors at academic health centers have a national organization. So I went to a national meeting. I can't remember where it was, but somebody was talking about using a local television station and having sort of a ten-minute health show and was talking about the fact that they could really get a lot in telling about what they were doing, and what they were working on, and what the scientists were coming up with. It started there. I got the idea that we might be able to do something like that. The deans and directors met regularly and talked over ideas and talked over mostly what they had in common, what kinds of things they could work on together. I couldn't see how we could do a totally Academic Health Center show. There just weren't enough subjects and folks to put it together. So that's why we kind of zeroed in on the Medical School and never ran out of ideas and possibilities.

LK: Do you have any comments on the increasing emphasis on long-range planning at the University, if that had any impact on Public Relations and how you were thinking about the years to come?

SH: It just seemed to me that every other year there would be another major study, which ended up on a shelf and was never seen again. The public relations business, and it is a business so to speak, is so fluid that you can't very well say, "Next year, I'll try to place ten stories instead of five" or "I will try to cultivate two more writers." It's fluid in that you work with what you have. Probably through our magazine, it's almost like doing an annual report. The magazine tired to zero in on all of the different schools and what they were doing, not every issue, but by the end of the year, everybody had had their feature story and they were able to tell their story in their own words. So we weren't captive to the media, Channel 3 or Channel 5 or 10 or whatever you're working on. They've got a mission and it's to get exciting and as bloody as possible news...

[chuckles]

SH: ...to capture everybody's attention. So the magazine helped us do planning, because we kept track of what we were doing, and who was there, and who needed to be featured next, and so on.

LK: Right.

SH: So it was kind of like an annual report if you look at all the issues.

LK: I was wondering if you had any comment on public relations related to organ transplantation in particular. You had mentioned Doctor Najarian and I know that heart

transplants became big in the 1980s at the University, as well. I was wondering if you could talk a little bit about that.

SH: Well, Najarian, when I came, was the only doc in the United States doing liver transplants on children. There's a disease called Biliary Atresia, which kids are born with, and they're born, usually, just as yellow as they can be and they die before the age of three, because their liver just doesn't work. Most surgeons just weren't taking any chances. They weren't trying to break through the problems of taking a child-size liver out of a cadaver and into a child. The Organ Transplant Program was young and it was here...

LK: Yes.

SH: ...and really organized with the help of the University. The first kid that I remember, every year when she came back for check up, she made history. Her name was Jamie Fiske.

LK: Yes.

SH: Her dad [Charles Fiske] was a hospital administrator in Boston. Of course, I don't have any idea what's happened to her, but she came as a two-year-old with Biliary Artesia. She wasn't quite three, I don't think, and a liver became available. He [Doctor Najarian] plugged it in and it worked. So every year, she came back for a look-see, from Boston. Of course, the media just fell in love with her. She was really cute and full of enthusiasm. She got a tube up her nose...and for all the reasons you wouldn't think she'd be a happy kid, but she was and charming. The media was just crazy about her. So every year, they would want to do a press conference with her and Doctor Najarian. She's like this and he's way up here.

LK: Yes, he's very tall. [chuckles]

SH: By the time she was about ten, she couldn't even remember the surgery. She didn't recollect being sick. She had to take a lot of pills and anti-rejection drugs, but she was a healthy kid. So, finally, we just had to sort of give it up.

Doctor Najarian really put the transplant program on the map and consistently broke the barriers. It kept getting better and better as he learned and the surgeons learned new tricks to make sure that it worked. The heart transplants were later in the 1980s and early 1990s. The liver transplantation was a big deal.

LK: What dates were you director of Public Relations?

SH: Nineteen seventy-eight to 1985. No! That was when I was on the council. Sorry. Nineteen eighty-five to 1996.

LK: Okay.

SH: I started in May 1985 and retired in October of 1996—I do believe.

LK: My dates were a little bit off.

You were mentioning Jamie Fiske. I had read that there was some ethical controversy around her transplant. Like, there was some accusation that her father somehow influenced her position on the list of donors. Was that something that you had to address?

SH: I don't remember that. She was *so* sick. All the kids are that have Biliary Atresia.

LK: Right.

SH: You've got to have a right match. It's pretty hard to put your name on the top of the list, unless you match with the blood. There have to be a number of things there for you to get the organ. I don't think so.

He, as a hospital administrator was at a professional meeting, and there were lots of media there, and he asked for five minutes on the podium and made a plea. It was all hospital people. He said, "Please, go home to your hospitals and, please, remember my darling Jamie. She's going to die if you don't help me. Please, help me find a liver for my daughter." That's maybe what you remember. It just went ballistic. It went national. Here's this dad with tears running down his face. So he did get kind of a podium.

The transplant program is pretty strict and it's based not on who knows who but do you match what comes up. Now, maybe there were other kids that matched that liver, but I don't remember that.

LK: Okay.

SH: Yes, he made a nation-wide plea at that hospital convention in Chicago, "Help me save my daughter." Yes. It was heartfelt. Sometimes, you know, it's the impetus for somebody to say, "Would you be willing to donate your daughter's kidney when she dies?" to a set of parents that it never occurred to them that they could do it. Anyway, she was very lucky and, again, I don't know what's happened to her. I assume she's still alive.

LK: Did you do any public relations work with the establishment of the Center for Bioethics at the University?

SH: Well, it was just getting started, and I worked with a guy named Caplan.

LK: Art [Arthur L.]?

SH: He was the first [director], yes. I think really more than anything, we were placing stories about him and getting him to talk about what he saw as... He was *really* good and, unfortunately, we lost him because his wife wanted to go back east. He ended up, I think, at the University of Pennsylvania.

LK: Yes, I think that's right.

SH: He was a great one, because he sort of set the tone and figured out the job description and what they were trying to accomplish.

LK: Did you do any PR work when the College of Veterinary Medicine was incorporated into the Academic Health Center? That would have been the year that you came in.

SH: They were already there.

LK: Okay.

I know that in 1987 there was this threat of closure for the Dental School and the College of Veterinary Medicine.

SH: Yes.

LK: I didn't know what kind of PR...

SH: Well... [sigh] I think academic people—I don't consider myself an academic—sometimes, talk things to death. The Legislature was making noises like it was going to cut back on what money came in for the University. There was also a lot of talk about greatness and fulfilling our prophesy of educating all the kids in Minnesota to become wonderful citizens. I think there was a strong feeling that we were offering a lot of majors that had very few people in them and it was expensive to hang onto the people, to have a degree in second century Chinese vases—I'm just making it up as I go along—...

LK: [chuckles]

SH: ...that we hadn't been as prudent as we needed to be in figuring out reading, 'riting, and 'rithmetic. Are people ready to go to work when they finish the University of Minnesota?

So this, then, engendered a *whole* bunch of conversation of what's expensive, and who's expensive, and how many people benefit from what's done in various kinds of programs. There was a committee and the academics believe in having committees. The president said, "See what you can come up with. Are there any programs that are so expensive that even if we want to we can't afford to train people?" They were supposed to look at how many majors there were, how many minors there were, and how many professors making that happen. They got a little carried away.

There is a certain amount of prejudice from the rest of the University, because the Academic Health Center looks like this perfect spot. It's well funded and people like it. They've got a lot of smart people there. There are all kinds of reasons why there's some jealousy—if that's a good word to use. I'm not sure it is...but a feeling.

It is *very* true that both Vet Med and Dentistry are hands on, small classes. They have to be one-on-one. On the other hand, that's true of the whole Academic Health Center.

LK: Yes.

SH: It's *always* going to be labor intensive.

LK: Right.

SH: If you're a resident in the eye clinic and you've never removed a whatever, you've go to have somebody there who is saying, "Now, you do this and, now, you do that."

The committee was looking at the cost of delivery. Now, never mind that seventy percent of the dentists in this state were trained at the University of Minnesota and they're all over the place, small towns and large towns. Never mind that if the farmers who have animals don't have a vet to take care of them, even though it doesn't interfere with growing corn, in the long run it does if they're moneymaker is chickens. They can afford to grow corn only because... It was really ludicrous and silly...

LK: Right.

SH: ...*and* never should have seen the light of day. Nobody should have ever seen that report, but, of course, they did.

Then, there was just a human cry throughout the state. "What do you mean my dental school isn't important to the University? Yes, it's expensive but so is..." You can't really compare economics, the major with Dentistry, the training program. You just can't anymore than you can equate the Dental School's ability to get everybody ready to go out and do braces, and fillings, and all the things you have to do in Melrose, Minnesota, where you're *it*—you have to be able to do everything or at least know what you can do and can't do—with somebody that's majoring in English literature who is going to teach in Melrose. There isn't any comparison. That's what happened once it was leaked. Then, they put the cap on it.

LK: Did you have to take a lot of phone calls or meet with a lot of people when this hit the fan?

SH: Nah. That was done at the highest levels. I was always a part of the dean's and director's meetings, because I had to know what was going on in all the schools in order

to be as effective as possible. But the legislators were just beside themselves hearing from all their constituents. It was really a mess, but, no, I didn't.

LK: But not your headache.

SH: No, not my headache. Right.

LK: [laughter]

I was wondering what kind of work you did when the new and expanded Hospital opened in 1986. I'm assuming you did a lot of publicity.

SH: Sure. The Hospital was a big client. I considered all of the schools as clients from our department. They had a person who helped plan special events and called attention to what was going on at the Hospital. The lucky thing is that that Hospital was unique. There wasn't anything like it anywhere else. The other hospitals, even the V.A. which was a Federal Government hospital, wasn't like the University. The teaching mission makes it really unique and special. So the media was very interested in making sure that the Hospital was looked at inside and out. Hospital buildings aren't that easy to get in and out of once you have to open them and make sure that you don't bring in a lot of infection. That was their one chance to see it. It was a very successful event.

One of the things that the Hospital determined was that they were going to have to get into marketing. That's when the Hospital developed a Marketing Department and began to do television ads and the kinds of things that you've got to do, because everybody else was doing it.

LK: This was that period of increasing competition?

SH: Yes. We had a really good marketing crew that got kudos for doing really good and creative ads. You can be criticized a lot for spending money on things like ads, but all the other hospitals were doing it, so there wasn't much of a human cry from the Legislature. It was very well done.

LK: Joe Rigert in the *Star Tribune*... I learned that there was a little bit of criticism that he had.

SH: A *lot* of criticism.

LK: Okay. [chuckles]

SH: Oh, yes. Joe Rigert was an unhappy, kind of cynical person who believed that lots of people were up to no good, and that the University was tolerating poor performances, and that some doctors had poor judgment and weren't doing what they should do. He was just always looking under a rock trying to find something that was wrong with the University. And, you know, we got, gosh, *hundreds* of docs and interns and residents all

of whom are adults—they're not students—doing work. At any given time, there would be two or three that were being naughty and not following their NIH grants or not following the rules and regs [regulations] that were set up to keep them on the straight and narrow. But Joe Rigert just wouldn't listen to reason. He was wanting very much to be a national figure. He wanted his stuff to go on the wires and go all over the United States. It never did much, but that's what he wanted. He wasn't satisfied unless he could be a harbinger of doom. I don't know what else to say. It didn't matter what I said to him or who I set him up to talk to. Don't confuse me with facts. My mind is made up.

LK: Hmm.

SH: You know that old saying.

LK: Yes. I know he had some criticism about the new Hospital but, then, he had a big role when the Doctor Najarian and ALG [Antilymphocyte Globulin]...when that came up.

SH: Sure.

LK: Maybe we could switch to talking about ALG. How did you respond to that in terms of public relations? I know you said you were trying to get Joe Rigert to meet with people.

SH: Well, it's a *real* complicated situation. There's *no* question that Doctor Najarian didn't follow the protocols that are required, that NIH requires, no question. But he wasn't a crook.

LK: Right.

SH: He didn't take money home in a sack. He defended himself successfully. It was thrown out.

LK: Right.

SH: I don't think I was the only one who *did not* believe that he was guilty of mismanagement of funds. I wasn't. There were lots of other people and I said so to anybody who would listen. But the president at the time, [President Nils Hasselmo], took advice from his chief council that Najarian needed to be put on trial, which I thought was very stupid and I said so. You only can say it and, then, you have to get out of the way. He was the boss. I probably... [pause] If I could have, I certainly would have talked the president out of filing. Certainly Doctor Najarian—I'm sure he would agree with this—needed to be replaced as chief of surgery, because he broke some rules, and he did. I'd be the first one to say so and so would he. He didn't follow the protocols, but it wasn't that he was for his own gain charging huge amounts of money for ALG and sending it all over the United States, which he did.

LK: Right, because it worked.

SH: Because it worked. At that time, he was one of the few docs training other transplant docs, so they were all over the place in the United States calling him up and saying, “Doctor John, I’ve got to have ALG. My patients aren’t doing that well. Send me three gallons,” or whatever. Of course, as the boss, he’s thinking to himself isn’t that great that I can help these guys out. Again, I’m not condoning what he did, but every *dime* that came in was spent on University stuff.

LK: Right.

SH: What’s really a shame is that ALG doesn’t exist. We lost a chance at a drug that really worked the first five days after a transplant.

LK: Yes.

SH: That’s what’s too bad.

LK: You said that there were a lot of people, along with you, who were supporting Doctor Najarian. Were these a lot of AHC faculty? Were they reacting in support of him?

SH: Well, support... If you break the rules, NIH rules, you can’t support somebody who does that. I would say that he had more friends than enemies among the Academic Health Center faculty. But I don’t think anybody would have said, “Oh, that’s all right. He can stay on as chair of Surgery. Let’s just forget it.” I don’t think anybody was doing that.

LK: Okay.

SH: There were a lot of people who said, “He bleeds maroon and gold. This guy would not take a dime.” And he didn’t. So...

LK: So support in the sense that they were against the criminal action that was taken.

SH: Yes, yes.

LK: Going back to University Hospital and Clinics... Did you do much work with the Patient’s First Program that was begun in 1986?

SH: We had patient counselors and I think that’s what you’re talking about. I would sit down, usually, once every other week with the lawyer and the head patient counselor and we would talk about what kinds of things might be a PR nightmare...

[chuckles]

SH: ...or a PR worry. They were very good about helping me do my job so that I wasn't surprised. Then, also, I gave them advice about how you might be able to walk through... A lot of PR is just how you handle your tone of voice. The patient counselors were wonderful people and they were very talented. They did have the best interests of the patients at heart, but they loved, also, the Hospital and wanted to be sure that they didn't end up having to go out of business because of a mistake. They were a really good group and the lawyer was really good. We worked together to make sure...

[telephone rings – break in the interview and extraneous conversation]

LK: I wanted to ask you about the PR work you did surrounding the creation of the University of Minnesota Health Systems, the joining of the University Hospital with the University of Minnesota Physicians in 1993, if you did any work for that or remember it.

SH: Not really, because it was a business venture and most hospitals were doing that. The University of Minnesota Physicians before that as they saw patients, it just went into the pot. There was really very little business... They used different kinds of billing mechanisms and different kinds of charging. It was very disorganized. The Hospital helped the doctors get organized. They were not crazy about the idea, because some of the docs were using their practices along with all the other people as just kind of my personal bank. [chuckles] It wasn't that they were crooks at all. It's just that they were used to deciding where everything went and how much to pay themselves.

LK: Yes.

SH: This was a much broader and much more businesslike way of doing it. It had to be done and it was a good idea, but there was a lot of agony. I don't want to change. [chuckles] None of us do, you know. This just had to be done so that everybody was doing it in the same way. Insurance companies were saying, "Cripe, we get a bill from Dermatology on a piece of yellow paper and we get a very formal carbon paper from Internal Medicine." They just insisted that they have a system that they could use for reimbursement purposes. We had to grow up.

LK: Yes. [chuckles]

SH: That was not something that our office was a part of. There were inquiries which we handled from people who said, "We understand you're getting organized and what's that going to be like? Are there going to be any murder/suicides and that kind of stuff?" Basically, we were able to answer people's queries and questions and keep it out of the realm of a juicy story—although, it was quite juicy.

LK: [laughter]

I was wondering how much you worked with Neal Vanselow.

SH: He was my boss.

LK: Okay. I didn't know if you had any comments on his leadership style or any particular PR issues that you remember coming up during his tenure.

SH: He was a great boss, as far as I was concerned. He told me what he wanted to do and how he wanted to do it, and I told him what I could do. He was very understanding. I was on a year-to-year contract.

LK: Okay.

SH: The people who worked for me were all civil service and they had job protection, but I was a year-to-year contract. I was sure and said so to him, "I want to know how I'm doing and I want to you if you're satisfied with my work." So once a year, we got together and he gave me a raise and said, "I'm satisfied with what you're doing. Thank you. Goodbye." But he was a good boss in that I could go to him with problems or with things that I needed to... There are times when somebody that's working for him is naughty and I don't want a national story.

LK: Right.

SH: I don't want anybody to know. So I would go to him and say, "This is a problem. You've either got to get him out of here or plan to deal with a whole lot of real messy stuff." I almost *never* surprised him. He *knew*.

LK: Hmm. How did you get your tips or how would you know that something was brewing?

SH: I worked there for eleven years and I knew a lot of people, because we'd done stories on everybody. So if you don't throw a grenade in the room when you leave, you generally leave behind people who are comfortable telling you things.

LK: Okay.

SH: I made sure that people understood that they could talk to me about anything and that I would keep my own counsel. I used to tease them and say, "Look, I was in politics. If you say something to the wrong person, you get killed. I don't talk out of school."

LK: [laughter]

SH: Developing a network of people who know your work and know that they can count on you... A lot of times, they'll tell you stuff that they wouldn't tell you if you told who they were or you went to their boss and said, "This is what I heard from one of *your* people."

LK: After Neal Vanselow left, I know that Cherie Perlmutter became acting v.p. Did you have any public relations issues in her coming up as acting v.p.?

SH: She did a great job. She worked for Doctor Vanselow when I came. I was kind of hoping they would name her to the job, because she was very good. She knew everybody and everybody liked her and knew that she was strong and able to take care of things. But she wasn't an M.D.

LK: Right, right.

SH: And, you know, there was still this magic about...oooh, well, we've got to have a doc. But she did a great job and she was actually probably better than Neal Vanselow, because she had better interpersonal relations with people.

LK: Did you see any gender issues arise with that?

SH: Not really. See, she had been there and people had all worked with her and knew if she said she'd do it, she'd do it and that's a big deal. All the docs liked her a lot, because she was who she said she was. She was very smart and would get things done.

LK: When Robert Anderson came in, he had a brief tenure with the ALG problems arising. I didn't know if maybe you have any comments on his leadership style or the PR issues surrounding his resignation or any of that.

SH: Well, yes. He came from Albuquerque, New Mexico, and had not been an administrator before, and left a wife of some thirty years and brought with him another wife who had a kid.

LK: Hmmm.

SH: I think he had to get out of Dodge. He never said that, but it was clear that things were pretty unhappy back in Albuquerque. I don't think he ever liked it very well-being an administrator. Then, when the president of the college made the decision to nail Doctor Najarian to the wall—I can't speak for Anderson—I think he felt as I did. The guy broke some rules, yes. But he's not a crook. I think that caused him to resign. You can't work for somebody that you don't respect.

LK: Right.

SH: Again, I wouldn't talk for him. That's just me looking in.

LK: Then, William [R.] Brody came in next and he was there until you left.

SH: Right.

LK: I didn't know if there was there any significance in the changing of the name from vice president of health sciences to provost or if you had any PR issues during that.

SH: I think it's back to the reports that are done every other year and put on the shelf and never looked at again. There was never a clear picture of the responsibility that the Academic Health Center person had to the rest of the University. I admired Brody, because he would never have to work another day in his life. He had been a part of inventing some medical something that made him many times over a millionaire. He could have just rested on his laurels and he didn't. He worked *very* hard.

LK: Right.

SH: He worked well with others. He was a good administrator and I admired him. I was actually going to retire in June of that year and I stayed until October because he said, "Just get me through this first set of things and make sure I understand who everybody is and who I can count on and who I can't." He was a good guy. I wanted to help him be successful. He's now at [Johns] Hopkins [University], I think.

LK: Yes.

SH: Yes, he was good.

LK: Then, you decided to retire in October 1995. Is that correct?

SH: Nineteen ninety-six. I was there eleven years.

LK: Okay.

Do you have any final thoughts on the Academic Health Center or anything that you wanted to discuss that I didn't ask you about?

SH: No. I think you did a nice job of covering the waterfront.

LK: Okay, great. [chuckles]

Thank you for meeting with me.

SH: Sure, glad to do it.

[End of the Interview]

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