David O. Born
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

David Born was born in 1944 in Dover, Ohio and raised in New Philadelphia, Ohio. He attended Southern Illinois University (SIU) and earned a bachelor's degree in English in 1966. He went on to earn a master's equivalent in anthropology and his Ph.D. in educational psychology, also from SIU, in 1970. Though his graduate school research focused on cultural stress and acculturation, Dr. Born joined the University of Minnesota's School of Dentistry in 1970 as part of the Division of Health Ecology. His research in the 1970s and 1980s included the development of a computerized system to improve dental workforce distribution for the state of Minnesota, which was also adopted for other professions and geographic regions. As a result of these efforts, he became Director of the National Health Professions Placement Network (1979-1982). He has taught courses on public health and healthcare delivery in dentistry. He served as head of the Department of American Indian Studies from 1993 to 1996 and head of the Division of Health Ecology from 1996 to 2004. He has also worked closely with the School of Public Health and variously held joint appointments with the School of Public Health, the Department of American Studies in the College of Liberal Arts, and the School of Dentistry. He continues to teach and conduct research in the Dental School.

Interview Abstract

Dr. David Born begins part one of his interview by describing his educational background and influences on his career trajectory. He then discusses the beginning of his career at the University of Minnesota in the Division of Health Ecology, covering the following topics: curriculum changes, community relations, career guidance, placement programs, and workforce issues.

In part two of his interview, Dr. David Born describes how he came to be Department Head for American Indian Studies and his goals for the program. He then reviews his work in various leadership roles within the Dental School and in committee work for the University. Dr. Born also reflects on the following topics: the threatened closure of the School of Dentistry; retrenchment; the Dental School as part of the Academic Health Center (AHC); Lyle French's tenure as Vice President of the Health Sciences; Dr. Erwin Schaeffer's tenure as Dean of the Dental School; changes in the practice of dentistry; Dr. Richard Oliver's tenure as Dean; efforts to recruit minority students to the Dental School; changes in the composition of the dental workforce; Dr. Richard Elzay's tenure as Dean; and the work of other leaders in the Dental School and the AHC. He concludes with final reflections on mentorship and his work in the Dental School.

Interview with Doctor David O. Born, Part 1

Interviewed by Lauren E. Klaffke

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

Interviewed in Doctor Born's Office, Moos Tower University of Minnesota Campus

Interviewed on December 10, 2013

David Born - DB
Lauren Klaffke - LK

LK: This is Lauren Klaffke. I'm interviewing Doctor David Born. It's December 10, 2013, and we are in his office in Moos Tower.

Thank you for meeting with me today.

I wanted to get started and discuss your background, where you were born and raised, and your early education.

DB: My early education…

LK: [laughter]

DB: I was born in Tuscarawas County, Ohio. I lived in New Philadelphia, which is adjacent to another town called Dover, which is where I was actually born in 1944, but New Philadelphia is my home. I don't know how much pre-history you want, but that's where I was born.

I went to elementary school in New Philadelphia, kindergarten through sixth grade. I also completed one semester of seventh grade, at which point my family moved to West Lake, Ohio, which is a Cleveland suburb. I graduated from Westlake high school in 1962.

From West Lake, I attended Southern Illinois University in Carbondale, Illinois, got a B.A. in English in 1966 with a minor in Asian Studies. My major in English was actually almost all writing courses. I had originally started out with the intention of getting a

degree in journalism, but I found the Journalism Department too conservative and too restrictive. So I bounced back and forth in majors several times. My Asian Studies minor was predominantly philosophy and literature courses. [The most influential instructors I had as an undergraduate were Dr. William Henry Harris, from the philosophy department, and Mr. Kenneth Hopkins, an English poet, critic, and mystery writer. He was a visiting professor at SIU, and I loved working with him. He and a wonderful older professor, Dr. Georgia G. Winn, originally from near Paris, Texas as I recall, were particularly good critics of my work at the time. I also had several brief encounters with the wonderful writer and scholar, John Gardner, whose time at SIU overlapped my years there. He was an insightful and severe critic.]

[In the mid-sixties, I was writing poetry and some fiction. I was also active as a journalist for a student-run newspaper supplement called *Ka* and served as its second editor. The campus paper was strictly controlled by the journalism department and central administration. A movement among many of us on campus ultimately resulted in a concession from the University. We were "granted" a two-page weekly supplement in the campus paper, which students could control. *Ka*, by the way, derived from the Egyptian concept of soul, of which "Ka" is one part. Southern Illinois was known at the time as "Little Egypt," the mascot of SIU was the Saluki (an Egyptian hunting dog), and so *Ka* was consistent with that theme. That movement in the mid-sixties was a prelude for a major campus riot in 1970 over issues ranging from the shootings at Kent State, campus unrest over the Vietnam War, mandatory ROTC, and racism.]

When I graduated in 1966 with a B.A., I had, still, visions of being a writer, a journalist and was very concerned, at the time, about cross-cultural understanding and world peace. I had several opportunities open to me for graduate school, one of which was a scholarship to Notre Dame in English and the other was a National Science Foundation fellowship in anthropology, which is what I ended up pursuing—again, at Southern Illinois University. I spent two years in anthropology. [My primary mentor there was a man who, perhaps more than any other up to that point impacted my career trajectory, Dr. Lee Guemple. Up to meeting and working with Lee, I was focused primarily on the humanities and had comparatively little interest in the social sciences, other than history. Guemple often criticized the social sciences for their lack of operational definitions, and in the process of studying with him over my first year in graduate school, I began to think in an entirely different way. In essence, I began to believe that social issues could be "nailed down" and addressed in concrete, specific ways. He also helped me explore the notion that statistics could provide insight, and also induce blindness to what one was doing. In any event, it's a long and complicated story, but he truly changed my view of the world and my role in it.]

I spent the summer of 1967 on the Belcher Islands in Hudson Bay living in an Eskimo community, Inuit community. [The community is now called Sanikiluaq.] The study I ended up doing there was of the children and the impact of a federal school program. [Eskimo Education and the Trauma of Social Change, Social Science Notes, Vol. 1, *Department of Indian Affairs and Northern Development*, Ottawa, 1970] If you're interested, I can elaborate on that.

LK: Yes, certainly.

DB: The Islands had a very interesting history. The Inuit on those particular islands were traditionally nomadic and travelled kind of from north to south from south to north, back and forth. Because of some decisions by the Canadian government, the population ended up separating into two communities, north and south camps. One of the things that prompted that development was the fact that a ship's captain got off course and dumped building materials for a school at the south end of the Islands.

LK: Hmmm.

DB: The Hudson Bay Company store was at the north end. This is all going someplace, by the way.

LK: [chuckles]

DB: One community was centered around the Hudson Bay Store and the other was around the school. The children in the south community went to school in the community until they were about nine or ten years old, at which point, they went to the mainland to go to school, which was about a hundred miles across the Bay.

LK: Wow!

DB: At the north end, the children were picked up by airplane at about age six and flown to the mainland for all of their schooling. They lived in hostels at dormitory schools, boarding schools. The impact of that decision to take children away from their family at the age of six for basically nine or ten months out of the year was immense. It was not long, a year or two after kids had been doing that, that their grandparents had difficulty understanding them because the dialect on the mainland was different than the dialect on the Islands.

LK: Oh.

DB: So these arrangements were having a deep, negative impact on the social network in the community and on the mental health of nearly everyone. The family's social structure was being devastated. [My research, such as it was, examined the social impact of the educational program.] I came back from that experience convinced that anthropology, as a discipline that focused on cultures, was missing the dynamics of individual behavior.

So at the end of my second year of graduate school, I switched from anthropology into educational psychology, chiefly because I found a faculty member in the Psych Department, a man by the name of Frank Kelly, who was himself a social scientist at heart. [Like Lee Guemple, Kelly had a major impact on my intellectual life.] Among other things, he trusted my judgment completely, in an intellectual sense, and gave me

free rein to create my own doctoral program with kind of minimal guidance and direction as long as it met departmental requirements. His "hands-off guidance" provided an environment I thrived in because I could combine my social and cultural interests with what I was learning in psychology and do something with it. My intention was after graduation to get a job in the mental health field doing research. [Although my dissertation had to do with the acculturation of children descended from eastern European immigrants who had come to southern Illinois to work in coal mines.]

In any event, in the spring of 1970, I was in the Twin Cities for an educational research meeting and there was a job fair, as there often is at those things, and there was a job open at the University of Minnesota School of Dentistry. I thought that would be a great job to apply for because I had absolutely no interest in dentistry and knew nothing about dental education. I thought I could do the interview and get some interview experience, and not have to be concerned with their level of interest in me. I wasn't interested in them, but I'd have that under my belt and I could go on to interview for positions that I was truly interested in.

LK: Hmmm.

DB: So I signed up for an interview. I'll try to make a long story short here. At the time, this Division, which has gone through several name changes, was headed by a man named Larry [Lawrence H.] Meskin. Larry did a second interview with me the next day. [The first interview had been conducted by a statistician from the division named John Prokoff.] I was so impressed with Meskin as an individual, particularly with what he was doing in the sense of trying to bring social scientists into the health profession that I immediately felt that this was a man from whom I could learn a great deal and who would be a real joy to work with.

I ended up with, as I recall, four or five job offers, all of them very different. [One at SIU would have put me into a child development program, another from the University of Tennessee would have made me head of a newly created division of the psychology department that was to explore social and cultural issues in psychology. A third, and one equally as tempting as the Tennessee offer was from Memorial University in Newfoundland where I would work with educational researchers among the areas indigenous people.]

LK: Wow.

DB: This was back when there were jobs in academia…

LK: [laughter]

DB: This last offer, from Newfoundland, was truly attractive because I would have been involved working with Native populations in Canada and looking at the effects of education and acculturation, culture change. It was exactly what I'd been training myself to do.

But, I remained very impressed with Larry Meskin, so I decided to come here, work for two years, and, then, go get a real job, because, as I said, I had no interest in dentistry. That was forty-three years ago. That's my early educational experience and how I ended up here.

LK: Yes. Could you speak to the program that Larry Meskin was trying to create here? Was Erwin [M.] Schaffer the one who was facilitating all of this?

DB: Yes. Erwin Schaffer was the dean at the time. When I came in 1970, Larry's program had been existence for two or maybe three years. I'd have to check Mel [Mellor R.] Holland's excellent history [*A History of the University of Minnesota School of Dentistry: 1888-1988*] to confirm that.

LK: Quite a book.

DB: It seems to me that it officially started in 1968.

Larry was one of a handful of thinkers in dentistry at the time who recognized that dentistry as a profession needed some radical changes. Its educational methods were out of date by the standards of that time and, in many ways, the awareness that most dentists had of the rest of the world was comparatively narrow. Now, I don't mean that as a criticism of dentistry. Larry described this issue to me initially by explaining his conviction that dentists needed to learn that there was a bigger world outside of their ten-by-ten cubicle, the operatory that they work in, and that the only way to learn about that larger outside world was to get an understanding of society. So he, and, as I say, there were others around the country, perhaps, six, eight, ten maybe—it was happening to a degree in medicine; although, I'm not as familiar in medicine—who tried to bring in educational specialists and social scientists. We didn't quite look at it this way at that time, but essentially we were there to reform dentistry. The reason Larry named his unit the Division of Health Ecology, was because he was trying to convey the sense that dentistry existed in a symbiotic relationship with the rest of society and that it was our job as faculty, those of us he was bringing in, to help them see and understand those external connections.

So when I started in the department, there was an anthropologist. There were two sociologists. There was a woman whose training was in mass communications. There were two other people who were trained in management and interpersonal communications. There was a statistician. Then, Larry hired two educational psychologists the same year, a man by the name of Mike [Michael J.] Loupe and me. Larry had a degree in dental public health and Les [Leslie V.] Martens, who was a subsequent chair of the Division, also had a degree in public health. He was working on that and got it and then joined the Division.

Larry later told me that when he hired Mike Loupe and me, he was convinced that one of us would leave. He just didn't know which one. As it turns out, both of us stayed. Mike was here until the early 1990s when he developed esophageal cancer and died.

LK: Ohhh. [whispered]

DB: But the two of us took very different tacks in our career. Mike was sort of a classic educational psychologist. He was very focused on learning theory, and course evaluation, and curriculum instruction; he made many contributions in those areas. On the other hand, I was much broader in my interests in terms of looking at social dynamics factors and how they played into the dental sphere.

Yes, Erwin Schaffer was the dean at the time. That was the program Larry was trying to start. Over the years, the faculty changed quite a bit. I think, at one point, we had probably eleven or twelve faculty members. Then, in the 1980s, funding became more and more of an issue and the faculty got smaller. That's what was going on in those early years.

LK: When you say you were attempting to reform the profession, were you holding seminars for professors or were you trying to do this through, specifically, teaching classes and molding this next generation.

DB: We did both things, Mike, in particular, was heavily focused on the dental educational system. It's kind of interesting. I was hired and given the assignment, initially for teaching purposes, to redesign the Division's curriculum, which was to provide a survey course that covered a whole range of topics. We can get into that later, if you like. Mike, on the other hand, immediately turned his attention to helping faculty do a better job of designing courses. For example, when we first started, most courses didn't have a syllabus or, if they did, there was no consistency between divisions, and they were very often completely different. They might say, "These are the days we're going to meet. The plans are going to be… We might talk about this and that. Here's the pages you need to read." There was little systematic about them, and they certainly weren't grounded in educational theory and methods. Importantly, courses didn't have well-articulated instructional objectives, nor did they have, in many cases, consistent methods for testing, evaluation, or reliability between tests and measurements. Mike was really interested in those issues, so that's where his efforts were directed. My challenge was more the task developing a *public health* curriculum for the students. Mike was looking at faculty training issues. Obviously, we worked in tandem, for the most part, and I think there was a good symbiosis, we complemented each other's efforts.

LK: Since you bring up inconsistent testing methods… I read a little bit about some student unrest regarding exam procedures, some students protesting an exam. Do you have any recollection of this—within the Dental School, specifically?

DB: Yes. I remember that there was an incident, but I don't remember any of the details about it. Remember… Well, you wouldn't remember. You're young. In the 1960s and early 1970s, there was a great deal of campus unrest over a whole range of issues…

LK: Right.

DB: …Civil Rights and the Vietnam War among them. But there was also a growing sense on the part of students that educational institutions weren't really responsive to what they wanted and students were not at all reluctant to voice their concerns. I do remember hearing about an incident in which a faculty member, who had a reputation, I guess, of giving a lot of boring lectures. One day he turned his back to write on the blackboard, which we still used in those days, and many of the students in the class, perhaps all of them, threw paper airplanes down at him.

LK: Oh, wow.

DB: I also remember one time when I was teaching, shortly after we had moved into Moos Tower from the old Owre dental school. I had a felt tip marker in my hand and had made a point on a chart somewhere. I don't remember the details. I stuck it in my pocket and went on with my class. After fifty minutes, the class was over. The students were leaving. One of them came up to me and asked me I felt okay. I said, "Yes. Why do you ask?" He said, "We thought maybe you were bleeding to death." He pointed to my shirt and…

LK: Ohhh!

DB: They had sat through in the classroom watching this red ink spread over my entire shirt. It was one of the rare occasions when I actually had on a white dress shirt. So it was particular vivid to them. They had no inclination about letting me know.

I do remember there was a concern about—in fact, there probably were a number of instances— poorly designed exams in those early years, but I don't remember the specifics of them. Students in my classes often felt like rebelling, but none of them have so far.

LK: [chuckles]

I was wondering if in addition to teaching courses and doing the curriculum redesign if you were, also, making efforts to address the needs of the local community and particular groups within the community.

DB: Oh, yes. That was really my focus, and many other people on the faculty were also interested in community issues. We had people who were involved in a variety of community-based projects. I'm talking now between about 1970 to maybe 1980, 1985. We were going out into the schools. Dr. Les Martens used to take students up to Cambridge where there was a school for developmentally challenged children, as I recall.

They did dental care at this facility both as a service and as a way of helping to teach students how to manage difficult patients. We had people going out into the schools here doing tooth brushing and health education programs. There were a number of projects, several projects at least, with the African American community.

There was a big issue, at the time, with the supply of dentists in the country and, also, the distribution and maldistribution of dentists. I was immediately struck by the fact that students had no career guidance, and that's still a major complaint I have about the health sciences generally. Students, typically, get very little career guidance. It's assumed that if you have an MD or DDS that you're going to be able to make good career and practice location decisions, and we don't need to worry about it. [As someone coming into health professional education from the outside, I found it incredible that there was, and still largely is, very little attention paid to post-educational career issues.]

I have long been interested in rural health issues, probably because I am an Ohio farm boy at heart. Again, if you want to go into it, we can. To make, yet, another long story short, I designed some programs which were designed to connect with communities around the state, not just rural communities, but urban communities, as well, to identify opportunities for dental students and to connect with dentists around the state who had practices for sale or were looking for associates. I set up some mechanisms within the school's curriculum as a service to provide placement guidance, and direction, and information to students. We were *extremely* successful. When we started that program, Minnesota had twenty-seven counties that were designated dental shortage areas. At the end of three years, we had resolved all of those shortages except for two communities, Floodwood and Browns Valley.

LK: Wow.

DB: Those two sites ultimately ended up with National Health Service Corp Dentists. To me, among other things, it demonstrated the power of information in the marketplace. Once students found out where opportunities were, we basically just had to get out of the way and let them go there to practice. That was a very successful program.

Jumping ahead a little bit, it came to the attention of Lyle French, who was one of our vice presidents in the AHC [Academic Health Center]. He and the other deans were very interested in and supportive of it. They all contributed money to expand it. At one point, we were providing services for twenty-seven health professions in Minnesota.

LK: Wow!

DB: Under various federal grants of one sort or another and some other contracts with other states, we extended that to seventeen states where we were doing placement for different health professions. We, also, for three years, ran a national dental placement program that ultimately fell prey to politics and changing times.

LK: Oh.

DB: So, yes, we did a lot of community work. There were a variety of people who had a variety of interests.

I remember one student in the late 1970s, I guess, maybe even the early 1980s, who was interested in the hard of hearing population. She ended up doing a project with me to see what dental practices were doing to address the needs of hard of hearing patients and, then, worked with another faculty member to actually develop a handbook for dentists to show them a little bit about American sign language and how to communicate with deaf and hard of hearing patients. She organized classes for dental students to learn American sign language. Her name was… [pause] It will come back to me sometime.

LK: Yes.

DB: I can track it down for you.

LK: That would be great.

DB: Kim is her first name. [Kim Heuther]

Yes, there was a lot of interest and a lot of different kinds of projects.

LK: Your computer program was of particular interest to me, because I've heard so much about the perceived shortages. There seems to be this later realization that there are too many dentists in urban areas or in particular parts of the urban areas and that there's just this lack of movement into the places that need dentists. What I seem to hear from other people is that students just didn't want to go move to these rural areas. But from the way you are telling it, they just didn't know what opportunities were available.

DB: Well, it depends on which period of time you're talking about.

LK: Okay.

DB: I don't know how much time you have, but this is a topic I can lecture on for two or three hours.

LK: [laughter]

DB: We'll try not to do that. You can always come back for more.

LK: Okay.

DB: Depending on the time period, both of those statements are true. Historically and typically, dental graduates from most dental schools have often tended to remain in practice in areas where they either went to dental school or where they did a residency in

advanced studies of some sort. You find that with medicine as well. There are some reasons for that that I'd be happy to go into.

LK: Yes.

DB: In the 1970s and even into the early 1980s, there were a lot of opportunities out there that students simply didn't know about. To illustrate that, somewhere between 1970 and 1972, I did a survey of our seniors. At the time, there were a little over than 300 communities in the state that had populations of 1,000 or more. I asked the senior class, which had 100 students, roughly, to list all the towns they could think of in Minnesota. When you take those lists and condense them, compile them, they only named fifty communities out of over 300 to represent potential locations. Well, my argument was, "How is a student going to go to Blackduck, Minnesota, if he doesn't know it exists? It's just not going to happen."

So the programs we set up were designed to do two things. One of these operated like a computer dating service.

LK: [chuckles]

DB: In other words, if there's a dentist in Blackduck looking for an associate, we'd have that information available in our computer database and a student who is looking for an associateship in Northern Minnesota might be *matched up* with that opportunity and any others in the region of interest.

The other program was a Community Profile Search System. There, we took all those 300 communities, and we built profiles that included information on population, health statistics if there were any, community water fluoridation, transportation resources, local industries, golf courses, churches, schools, all of that. Then, as a part of the curriculum, I talked to students about identifying what was important to them in a community. What was important to their spouse? Had they ever talked about that? We would ask you as a student, "Tell me what kind of a community you'd like to live in." You might be interested in golf courses; whereas, Joe Smith who sits next to you is more interested in hunting and fishing. You may be interested in a Catholic church, and he's looking for a place that has a Lutheran church. You want to be within two hours of the Twin Cities. He doesn't care. So you have different preferences.

LK: Right.

DB: This was back long before laptops. We used punch cards. We ran your preference profile against the community database to give you a stack of one to twenty-five or thirty communities that fit your particular interests. Now, you might have known about Waconia, Minnesota, but you may never have heard of Blackduck. Well, all of a sudden, Blackduck appears as a possibility for you. Whether or not there's a dentist there, whether or not there's an opening, Blackduck is a place you might like to live. Then, we talked about, how do you investigate that further? How do you find opportunities? We

tried to look at it both from the specific labor market dynamics, as well as from what the personal career needs and goals in life and family issues might be to, to help you to find a good match. At that time, it was a lot easier to get people to consider opportunities elsewhere.

LK: This is the early 1970s.

DB: The 1970s up into the early 1980s.

In the 1980s, some other things happened with the economy that messed everything all up. We can talk about that if you want to.

LK: Yes.

DB: Today, by contrast to that period, we have a whole range of other factors that are at play. For one, student debt is considerably greater than it was then, even if you adjust for real dollars. So there's a perceived risk to practicing in a smaller community. If you practice in Edina and things don't work for you, you don't have to move your family to take a job in Richfield. If you're in Blackduck, my favorite town…

LK: [chuckles]

DB: …and your practice doesn't work out, you've got to relocate everybody to Waconia or somewhere else, because there just aren't other opportunities for you in that community. So there's a financial risk perception there.

Another factor that's very different than it used to be is that dentists now are much more likely to be married to other professionals. In the 1970s, to the extent that students were married—they were often married to women . . . because at that time the vast majority of students were male . . . to women who either didn't have careers out of the home or, if they did, they were careers that paid much less in terms of salaries, and they were more jobs as opposed to careers. Now, a dental student may be married to a guy who's a nuclear engineer, so while she may be from Blackduck and want to go back home to practice, there aren't many jobs for nuclear engineers in Blackduck. So the dentist is more inclined to stay in an urban area where both people can find employment. So the dynamics have changed a lot.

LK: Yes.

DB: You may have heard that our dean, Leon Assael, is trying to look at recreating a new rural program. He's aware of the success of the older placement programs, and sees the relevance of them today. What will be a determinant of the success of the new program is the extent to which we can accommodate the needs and interests of both partners in student relationships and the extent to which we can build on and sustain interest in rural communities from day one of dental school. You can't wait until

students are seniors to look at this issue. We've got to help build, and establish, and keep connections all through the four-year period.

LK: Right. So do you have students going out into rural areas to practice?

DB: Now?

LK: Yes.

DB: We do have students going out into rural practice.

LK: As part of their education?

DB: Yes. [It's a big component of our current outreach efforts. It's different now, however.]

In the 1970s, the curriculum was very different. We were able to send students out for an entire summer. You as a student might be able to spend three months in Pine City, Minnesota. Now, the curriculum is so full and so complicated that you don't ever have a three-month break. The current program has slightly different priorities. In the old program that I was involved with, our goal was to place dentists in rural areas. The outreach program now is designed to give students clinical experience with diverse populations and introduce them to different types of communities with placement as an important, but secondary consideration. The experiences range in length. The total requirement now is eight to ten weeks. But you might go two weeks here, and two weeks there, and another three weeks over here. So you're getting different, shorter experiences as opposed to having a sustained experience. If you're doing two weeks in Blackduck and two weeks in Pine City, by the end of that experience, you will have broader exposure to Minnesota, but you're not going to have as much in-depth knowledge of any one community. You're not going to have established any relationships. So the program now is different. It's got different goals—and that's okay. I'm not criticizing. I'm just saying it's a different focus. The school is now considering a program that has a greater focus on recruiting from and training students for rural practice.

One of the other considerations—really, a dentist is better equipped to talk about this than I am—is that students graduating now are competent in all areas of dentistry, but they're not necessarily skilled in all areas. The bulk of their training, the bulk of their self-perceived expertise is in restorative dentistry; whereas, if they get patients who need root canal treatment, they're a lot more likely to refer them to a specialist, to an endodontist. In a rural area, you don't have as much of a resource specialist to rely on as you do in the urban area. [So as we look to the future, the School wants to expand the level of skills beyond just competency.]

LK: Right.

DB: So, that's another disincentive to go to rural areas. If you don't feel you can handle at least standard oral surgery, and endodontics, and periodontal surgery, you're going to want to stay closer to the resource of specialists. That's another piece. Under the dean's vision, we would try to design a program in which students who are destined to practice in rural areas, feel a greater sense of true expertise in all areas of dentistry. I don't want to overstate that, because our students are competent in all those areas, but they're disinclined to do some of the work once they're fully licensed because they can rely on specialists.

LK: I'm interested in how you evaluate what the problems are in getting students out into these areas, because they have changed over time and there are so many variables in all of this. You've mentioned what the dentist's partner wants to do and student debt load. How are you evaluating those things? Do you take surveys of students?

DB: There are a lot of people looking at the problems of practitioners in rural areas, so I'm not the only one, of course.

LK: Right.

DB: But I'm the best.

LK: [laughter]

DB: No, there are really some very competent younger researchers out there doing very good work. I read the literature. I have forty-three years of experience of talking to students and, in many cases, students' spouses. We don't have the same kind of a placement program that we used to have. At one point, I ran a counseling program for dental students, so I don't have quite as much intimate knowledge of students as I used to.

Yes, we do surveys of students and alumni. Right now, we're in the process of recreating and establishing, hopefully for a long-term basis, an alumni-tracking system. We've always had some features of it, but it hasn't been quite as thorough and consistent as we'd like.

We did some research a while back looking at some of the differences between male and female dentists. We know, for example, from studies in many locations that females can be just as productive as males on a day-to-day basis. [More recently, I have another student doing summer research on student career expectations and plans. It's very interesting work, encompassing gender roles, social dynamics, labor market issues, and so forth.]

One of the questions I've been wanting to look at but haven't, yet, is what the career pattern of today's female dentist is going to be. If you look at the national projections of the dental workforce resources, they're based on understandings that were developed in the 1990s and early 2000s about what the work life of a dentist is. Well, the majority of

those dentists were male. They were also dentists who grew up under one sort of work ethic. With today's generation of dentists, the work ethic is different whether they're male or female. We don't know whether—let's say you're a female dentist—you're going to work for forty years like your grandfather did or if you're going to work for ten years, drop out for five years to stay home with children, and, then, reenter the workforce. We don't know if today's male dentists are going to want to work eight or ten hours a day. We know that many of them express a preference for a thirty- to thirty-five-hour week, which is less than the forty to fifty-hour week that your grandfather worked. But the projections about the adequacy of the dental workforce are based on your grandfather's data, not your data. With half of our workforce being female, if half of you women—I don't mean this as sexist, because it isn't a sex question—drop out of the workforce for fifteen or twenty percent of the time that your grandfather would have worked, that's a big reduction in potential dentists out there to treat patients.

LK: Right.

DB: If this generation of male dentists are only going to work thirty-five hours a week, and we've been expecting forty or forty-five hours, that's a big chunk of productivity that's not going to be out there. So at a national resource or even a state resource level, these questions become important, because our projections could be off by ten, fifteen, twenty, even twenty-five percent, because of the changing work ethic and because of the changing career patterns of men and women.

We did some research—I didn't mention this earlier—looking at where male and female graduates went to practice. We found a couple of interesting things. One was that female graduates, even though they might be married to a male whose job status and income was less than theirs, still tended to defer to their husbands in terms of location. We also found that women were more likely to return to their hometown to practice than men were. Now, I haven't looked at which of those women were married to men, haven't got into all that data yet. So there are some interesting dynamics out there that have a lot to say about the future of healthcare providers.

LK: Right.

It seems from what you've been talking about, the major concern of a state institution trying to meet the needs of the state has been getting dentists into rural areas. I've read quite a bit about problems with having practitioners in urban areas, because the Twin Cities is the major metro area. Has that not been as much of an issue?

DB: For me?

LK: From what you've seen within the state over the course of your career.

DB: I think—this is my personal value—that as a state institution, we have an obligation and responsibility to do everything we can to ensure adequate access to healthcare for all the residents of the state. Now, for the most part, getting access to healthcare in the Twin

Cities, by and large, is not a problem for most people here. That said, I also know that there are a lot of ethnic minorities and a lot of people for whom access to care is a huge issue. There are a lot of factors that impact access for people in the urban area. But the providers are here if we could just work out some of the barriers to care, like inappropriate reimbursement rates and shifting benefits under MinnesotaCare. But there's a resource here that could treat people if things were managed better.

In rural Minnesota, it's different because you don't have nearly as much dental insurance, for example. So cost is a bigger factor. The dentist population in rural Minnesota in many areas of the state is quite a bit older than the average in the Twin Cities area. Dentists who are sixty are not as productive as ones who are thirty-five or forty. So there's an impact even before they leave the workforce that results in reduced care. Then, you get into the distribution problems and the fact that towns like Blackduck and Pine City may not have the number of dentists that might be needed in that area. Again, it's a very complex issue.

We haven't even mentioned dental therapists…

LK: Yes.

DB: …and the fact that the state is exploring some of these other workforce options as a way of extending care or extending our resources, again to make it available to a bigger population base.

LK: I can't remember when the dental therapist…

DB: The legislation was passed in 2009.

LK: Okay, so that's very… I've heard a little about them, but haven't run across them very much in my research. To what extent was the University involved in that kind of legislation? Is that a program that would be here at the University?

DB: There are two programs in the state. One is here at the Dental School. One is a combination program that uses Metro State [Metropolitan State University, Saint Paul, Minnesota] and Normandale [Community College, Bloomington, Minnesota]. There are some differences in the programs.

First of all, dental therapists have been around for over eighty-five years in different locations in the world. There's a strong and ample database to support their competency, their acceptability to patients, etcetera, etcetera. Nonetheless, American dentistry has always fought dental therapists. The movement in Minnesota, the initial impetus, came from patient advocacy groups and what I would call safety net clinics who are simply overwhelmed with oral health problems and people can't find dentists who are willing to treat them. Again, there are a number of reasons for that. Reimbursement is one of them. It's often cited as the most important. Whether or not it is remains to be seen.

The impetus came from those groups to the Legislature. The Legislature—I think it was done through the Health Department—basically convened a taskforce to look at this and the University was part of that task force.

There are differing interpretations of the history of how the therapists evolved. One of those perspectives is that when the School and State Dental Association saw that this idea had legs, they realized that they needed to get involved if they were going to try to shape the program in ways that were acceptable to them.

[pause]

DB: Well… We should schedule another session.

LK: [chuckles]

DB: Dental therapy…this a long complex issue.

LK: Yes, yes.

DB: As I say the programs at the School and at Metro State/Normandale are different, the people that are trained have different competencies. The Metro State program requires a dental hygiene degree to begin with. Minnesota's doesn't, but Minnesota's basically looks at providing a bachelor's degree educational equivalent; although, they're trained heavily in dental therapy. Our students train with dental students, so there is an opportunity for some interdisciplinary training there. The students at Metro State/Normandale train with dentists who are faculty dentists. So, again, it's a subtle difference that may or may not be important depending on your perspective. So a lot of issues involved and the history of it is pretty interesting.

I've drafted part of one history that I have somewhere I can share with you.

LK: Oh.

DB: Meeting with Doctor Karl [D.] Self, who is on the faculty—he's the director of our therapy program—could give you a good perspective on the School's program. He and Christine Blue, who was on that taskforce—she's our head of the Division of Dental Hygiene—could also give you a perspective on the history as far as the University is concerned.

LK: Okay. Yes, that would be great.

How much time do you have today, by the way?

DB: Well, I had a little more time than before you came. It's about three now.

LK: It's been about an hour.

DB: I can probably go for another fifteen minutes or so. Then, there's something that I need to edit for someone that's under a deadline.

LK: Okay, no problem.

DB: Something is going on I guess…although, I didn't know about it until I stepped out my door...

LK: [chuckles] That's the danger of stepping out.

DB: That's why I keep my door closed.

But I'd be happy to meet with you again to the extent that we didn't get things covered.

LK: Yes, certainly.

In continuing to talk about *your* work, I know that you are also associated with the School of Public Health.

DB: I was.

LK: I was wondering to what extent that facilitated collaboration between the School of Dentistry and the School of Public Health or was that work separate.

DB: Well, yes and no. When I started here in 1970… Let me back up. There is a degree called a Master's in Dental Public Health that is a recognized specialty by the ADA [American Dental Association], and it involves both academic work and a residency experience. When I started in 1970, the University of Minnesota offered a Master's in Dental Public Health, and it was run by Larry Meskin. As soon as he was able, he was involved in hiring someone to run that program. It was administered out of the School of Public Health rather than the School of Dentistry. Larry handled the program and, then, my recollection is that, for a period of time, a man by the name of George Gluck ran the program, although, he was still in our Division. Then, we hired a man by the name of Doctor Les [Lester E.] Block, who was the first dentist, I think, in recent years, in the last forty years, to actually be full time in the School of Public Health, and he ran that program. He ran it into the 1980s, at which point, as I mentioned earlier, [President Ronald] Reagan began slashing and burning. Nationally—I think this is correct—all but two of the dental public health programs were closed…

LK: Wow.

DB: …including the one here. I think the only ones that stayed open were maybe at North Carolina or California and Hawaii. In any event, the program here closed. Les Block was moved over into the Master's in Healthcare Administration, I think it was. Because of the Reagan cuts, public health positions were declining, so there was no job

market for people. So Les moved over there. Occasionally, we'd have students in his program that were interested in dental health and vice versa. So there was a little bit of crossover but not a lot, in terms of training.

[From the very beginning, I was involved in working with the dental public health program; my first graduate student, Dr. Neil McKenzie, was in that program.] But, my more substantive involvement occurred in the early years of the Les Block…well, all through the Les Block era. I was involved in teaching either parts of courses or all of a short course on, among other things, proposal writing, research design and, then, I did some other stuff having to do with dental care delivery systems, and related topics. In the early years when Les was particularly active, there was some collaboration between that program and our program, but as the funding got pulled out of public health programs, that collaboration really diminished quickly. I would say that certainly by 1985, if not earlier, up to about 2010—I bet I didn't work with more than three or four School of Public Health students.

LK: Hmmm.

DB: Then, it was usually as a reviewer on a master's or dissertation committee.

In recent years, the last three or four years, there's been more talk about reinstituting some sort of a master's in dental public health program. We, now, offer a joint MPH [Master's in Public Health]/DDS degree so the student in dentistry can take School of Public Health courses and get two degrees when they graduate. In fact, the woman that was in here right before you is one of those students. That will be still a collaborative effort training-wise, and it's not a dental public health degree. It's a Master's in Public Health with kind of an emphasis in dentistry. It's not a certification specialty, like the ADA has; although, I think that's coming, but it will probably be another three or four years before that's done. As those talks have unfolded in recent years, there's been a little bit more collaboration between various people on the faculty here and people in the health services research center in the School of Public Health. So there's been a little more research in that area.

Again, my only involvement has been serving on a few committees and that sort of thing. I haven't taught any courses over there.

LK: I didn't realize that program closed because of budget cuts.

DB: Well budget cuts on the one hand and a diminishing job market on the other hand. Nobody was hiring, so it didn't seem ethical to offer degrees for people that weren't going to use them.

LK: Yes. [chuckles]

I saw that you had also been part of the American Studies Department.

DB: American Studies and then I also chaired the American Indian Studies.

LK: Yes. How did that come about?

DB: You'll have to come back for a second interview.

LK: Okay. [laughter] Should we wrap up today?

DB: We probably should wrap up now. I'm more than happy to go on. As you know, I love to talk.

LK: [laughter] That sounds great.

DB: I've only covered three or four years so…

[End of Part 1 of the interview on December 10, 2013.]

Interview with Doctor David O. Born, Part 2

Interviewed by Lauren E. Klaffke

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

Interviewed in Doctor Born's Office, Moos Tower University of Minnesota Campus

Interviewed on January 22, 2014

LK: This is Lauren Klaffke. It's January 22, 2014, and I'm interviewing Doctor David Born in his office in Moos Tower.

Thanks for meeting with me again today.

DB: My pleasure.

LK: In our last interview, we were beginning to talk about how you became chair of the Department of American Indian Studies. So I was wondering if you could talk a little bit about that and whether or not it influenced your work in the Dental School.

DB: Sure. I think when we talked before I said there was a story behind it.

LK: Yes.

DB: The story goes back a long way, and of course, I find some of it rather mystical, so please indulge me.

LK: [chuckles]

DB: Since I was a small child, I have always been interested in American Indians. I grew up in an area in Ohio that was, essentially, the site of the first Christian Indian settlement before the Revolution. It was quite early, quite old. It was the result of a Moravian missionary [John G. Heckewilder]. [Because I was brought up as a Moravian, and lived in that area, there was a lot of subtle connections between things – the land, the early settlers, the Indian community, my family's farm and our history in the area – all of it was mingled in my mind. Maybe that partially accounts for my interest in anthropology in graduate school.]

Nonetheless, to bring things more current, in the early 1970s, I was at a flea market sale and bought a packet of old photo cards dated back in the 1940s and 1930s, 1920, maybe up into the 1950, I'm not sure. As souvenirs, you could buy small packets of little photographs that were about two by three inches. It would come on a cardboard envelope, actual photos of Niagara Falls, Yellowstone National Park, and so forth. I stumbled upon this packet of photos from something called the Duhamel Indian Pageant. As I leafed through the photographs, there were primarily photos of Indians. Although people were specifically identified, I recognized that one of the people in one or two of the photos was a man by the name of [Nicholas] Black Elk who many people now know of as the author, or at least as the person who dictated, the book, *The Sacred Pipe* [*: Black Elk's Account of the Seven Rites of the Oglala Sioux*] and *Black Elk Speaks*. So I bought the packet of photographs and didn't do anything with them for several years.

Independent of that, in the 1970s and into the 1980s, I did some freelance magazine writing on photography just as a hobby, trying to sustain my journalistic interests. At one point—I did a lot of work in agriculture—I was asked to do a piece on farmers as individuals, as human beings, to focus on their personalities rather than on production, agriculture, farming techniques, and so forth. They wanted some ideas. I had done some work for them, and they liked the way I wrote about people, so that was how they happened to ask me for ideas. One of the things I suggested was to do a piece on a successful American Indian farmer or rancher.

LK: Hmmm.

DB: They liked that idea as a kickoff piece and called me back the next day and said they wanted to go with it and did I know of a successful American Indian farmer or rancher. I said, "No," but if they'd give me twenty-four hours, I'd find one…

[laughter]

DB: …being rather brash at the time.

We had had a dental student whom I had helped in the early 1970s, who was an American Indian and who, I knew at the time, was with the Indian Health Service as a dentist in eastern Montana. So I called him and asked if he could help. He said, "Yes, I know two people that might be good candidates." I, ultimately, ended up going out there in August, I think it was, in 1979, to the community of Wolf Point. I was introduced to one of the two people first, didn't feel a real connection with him. So I met the second man and immediately felt that he was somebody that I could communicate with and could work with. So I ended up doing a story about him. I felt very comfortable with him and his family. I came back and submitted the story. It was accepted, but they wanted me to shoot some more film that would be more indicative of—quote/unquote—Indian pictures as opposed to farming pictures or ranching pictures. So I had to go back out again in November, having been there in August. This was in close succession, so I was able to build on the friendship I had started and meet more people.

Skipping over a lot of time… I ended up going out there frequently. In 1986, I was adopted by him and his wife in a cultural ceremony…

LK: Oh!

DB: …into his family, which was, certainly, for me, a very significant occurrence, very enlightening.

Then, a few years later, probably in the late 1980s, I applied for and got a grant from the Graduate School here to go back and look at those photographs I had of Black Elk. [See, we're coming back in a circle to the beginning.] In the interim, I had tracked down the Duhamel Indian Pageant and found that it was no longer in existence, but the Duhamel family was still in Rapid City. One of the Duhamel people involved in the original pageant was still quite active. I went out with the support of the grant and did some research. I did an oral history, actually…

LK: Oh!

DB: …of this man, Duhamel.

Let me go back a step… The Duhamel Indian Pageant was a cultural thing that the Duhamel family sponsored to help educate the public about Indians, but, more importantly to them, probably, it was also a way of marketing their store, which they had had through the 1930s and 1940s. They had always traded with the Lakota and other people in the area. It was a way of bringing attention to their store, which was huge at the time.

Among other things, they had a big piece of property to the, I think it would be the northwest of the town, which included a cave that was called Sitting Bull Crystal Caverns. Purportedly the area around the cave was one of the places in the Black Hills where Sitting Bull's family would come during the summer buffalo hunts and so forth. Anyway, by the time I got there, Bud Duhamel, who was at the time, probably in his late

seventies or eighties, was still running cave tours, and they had a little souvenir shop there, which is where I interviewed him some of the time.

On one of the visits, I think it was even the first visit, he gave me a drum. I had asked him about Black Elk and so forth. He gave me a drum, which was Black Elk's.

LK: Oh, wow.

DB: It was particularly interesting to me, because it was a square drum, rather than a round handheld drum, about four or five inches high and twelve, fourteen inches square. He gave that to me. That was an awesome moment in the sense… I was filled with awe at the fact that I had been given this gift and, secondly, that it was something that had actually belonged to Black Elk. I went to the motel that night where I was staying, and, as I had been taught by my Indian family, I prayed over this drum, because having it in my possession was something that was kind of incomprehensible to me, and I needed to know what to do with it.

LK: Yes.

DB: The next day when I finished with my interviews, I called a friend of mine who, at the time, was chairman of the Fine Arts and Photography Department at Creighton [University], a man by the name of Donald Doll, who was a photographer and had done some work on Pine Ridge and Rosebud [Indian Reservations in South Dakota] for *National Geographic* and some other projects he had. I knew from previous conversations I had had with him that he knew the Black Elk family. So he gave me the phone number for Charlotte Black Elk, who was Black Elk's I believe, great granddaughter.

LK: Hmmm.

DB: I called her. She was very suspicious, because the family was and still is beleaguered by new agers and people who profess to be American Indians or who had a Cherokee grandmother, that sort of thing. So they just are not ready and willing to meet with everybody that comes along because they'd never get anything done.

LK: Right.

DB: I explained why I was calling and the fact that Father Doll was a friend of mine. So she agreed to meet with me and was very grateful that I had returned this drum to her family. She, then, invited me to come the next summer to their family Sun Dance, which is held at Devil's Tower [Wyoming]. So I went to Sun Dance two or three years with her family.

Then, one day—we're finally getting now to the point of this story—I was here at the Dental School working, and I got a call from the dean of [the College of] Liberal Arts [CLA] indicating that the chair of American Indian Studies, who at the time was

[Thomas] King, was going on a sabbatical and who was not really expected to return. I was told that several people had recommended me for the chair position. This came as quite a surprise since I'd had nothing to do with the American Indian Studies Department. I'd been on the faculty of *American* Studies, which, at the time, was the superseding department. There was an American Studies program, American Indian Studies, Chicano Studies. I think that's all. So people over there knew me, but I'd really had no contact with the department.

To my way of thinking, there's a very strong tie of all those experiences, because when I was adopted and given an Indian name. Ikmukute, part of the teaching that came with my name included the fact that as a communicator, as an adopted Assiniboine, I had a responsibility to use whatever communication and teaching skills I had to bridge the gap between Western European understandings of American Indians and American Indians, as I had come to know them over ten or twelve, fifteen years of contact in the community. So I had been instructed that part of the responsibility of my name was to teach and communicate about American Indians. Then, the act of giving the drum back to the family, returning the drum—I shouldn't say give, because it wasn't mine to give—I think, again in some sort of mysterious, spiritual way connected ultimately to my being suggested as chair of American Indian Studies.

LK: Right.

DB: So I accepted the position. The Dental School agreed to, essentially, rent me out to Liberal Arts on a half time basis for about a three-year period. And that's how I became chair of American Indian Studies. [I've left out a lot of detail, but that's the essence of the way I'd explain it.]

LK: Very fateful.

DB: It seems to me that it was.

LK: Yes.

What kind of responsibilities did you have as chair? Did you try to bring any change to the department that you specifically remember?

DB: Yes. You should, of course, talk with people in American Indian Studies about what I did. My view is my view.

When I took over as chair, the department was in rather dire straights. A previous chair had, basically, given up the only tenured position that was assigned fully to American Indian Studies. So the faculty consisted of three or four American Indian faculty members who were in other departments, but who were contracted to teach part time in American Indian Studies and had appointments in American Indian Studies. But that's not where their tenure home lay. Then, there were three or four other faculty members who were American Indians who were, basically, contract people hired from year to year

and, as I later discovered, at the time were receiving virtually no fringe benefits other that Social Security and that sort of thing. And enrollment was down significantly. There were very few American Indian Studies majors. This was at a time—we're talking now about 1993—when there was a lot of conflict on campus between American Indian students and programs and administration at the president's level.

LK: Hmmm.

DB: There were other Indian organizations on campus: the American Indian Student Cultural Center and American Indian Student Center, which was like a learning skills support center. They've changed the names now. So there was a lot of kind of infighting and disruption underway at the time.

I, basically, set three goals for myself. One was to increase the number of majors in the department. Two was to increase the size of the faculty so that we could address the needs of the students, and, three, my view of American Indian Studies was that—this would hold for Chicano Studies, African American Studies, Women Studies—the community of focus should be the one to define what the standards of scholarship and the scope of the curriculum should be. Now, this view is one which meant challenging the *established order*. [I don't want to make it sound like a major crusade, but I clearly came to the position with a view of how to proceed. That view came from the teachings I'd received from the Black Elk family, from my Montana family, and other tribal people I'd had contact with. I later published an editorial on how I saw the issue of ethnic studies on campus. In any event, I think my views and my goals ultimately led to my being moved out of the department. The Dean of CLA wanted me to stay, but the tenured people in the department wanted a change.]

LK: Hmmm.

DB: But, all that aside, my view meant that I was going to the community, to American Indians that I knew and began to know in the community, to find faculty and to work with them to define what should be the standards for American Indian scholarship. I believe that when we talk about diversity, we're not really talking about the number of blacks, or the number of Indians, or the number of Vietnamese students that are here but that rather diversity should be focused on the ways of knowing of these various cultures, because they represent different understandings of the universe, different understandings of the earth, different understandings of our relationship to each other and our relationship to the earth. Even at the level of language studies, languages have different ways of expressing concepts. There are concepts in some languages that don't really exist on a pure equivalence basis in other languages. We've all heard the story about the Eskimo having two hundred words for snow.

LK: Right.

DB: As I looked at the program here and at other Indian Studies programs around the country…

Am I taking too long on this?

LK: No, it's fine.

DB: I found that, for the most part, in the academic world, the only people who had any power in Indian Studies, for the most part—there were and are exceptions —were people who were Indian, or mixed-blood Indians, and generally they had gone through Western European educational systems so their understanding of scholarship and their standards for tenure, for promotion were quite similar to those that you'd find in an English department, or in a statistics department, or you name it, which meant that people like my language instructors—Ojibwe and Dakota, at the time—could not get *real* academic positions because they didn't have *real* academic credentials. A man who was one of the first curators of American Indian art and who was an outstanding teacher and who knew *tons* about American Indian artistic traditions could not get tenure because he didn't have the right kind of degrees. He actually had a master's in Russian language. He was unable to get a tenured position in American Indian Studies because he didn't have the right kind of degrees. The man I hired to teach American Indian philosophy couldn't get an academic position because he only had a twelfth grade education, formal education.

LK: Oh, wow.

DB: In addition, if you look at the history of the American Indian Studies Department, it was the first one in the country. It grew out of the social movements of the 1960s and 1970s, out of AIM [American Indian Movement] and the activism of students. It was seen, at the time, by many people as holding hope for American Indians. I understand and I don't mean to criticize the Indians who had Ph.D.s, who were tenured, and who were doing good scholarship, but it wasn't consistent with my vision of what American Indian Studies could be, and it wasn't consistent with what the community—if I can use that expression—expected of American Indian Studies.

LK: Right.

DB: Many of these faculty, at that time, had relatively limited contact with the actual Indian community. So, I hired people on a contract basis to teach courses. We expanded the number of students in the program. I think we went from something like twenty or twenty-five students when I started to close to or over a hundred by the time I left. But I was never able to really get American Indian Studies redefined in the way that I would have liked, and I thought was appropriate.

What happened was that in 1996, the head of my division in dentistry became ill and the School wanted me to come back to head up the Division.

LK: Was that Larry Meskin?

DB: No, at the time, it was a man by the name of Les Martens.

LK: Okay. Right, right.

DB: Because my experiences working with students and people in American Indian Studies were probably the intellectual highlight of my career here, I would have preferred to continue in American Indian Studies, and the school was willing to allow that. I talked with the dean at the time about moving my appointment *entirely* over to American Indian Studies. The issue was put to a vote by the faculty. I wasn't present, of course, but what I believe happened is this, and it's not surprising to someone who knows and understands Indian social dynamics. I think that when it came down to a vote, many of the contract faculty members, deferred to the tenured faculty for making the decision, because it was—quote/unquote—their department. For all I know, CLA may have limited the vote to just tenured faculty.

LK: Right.

DB: The tenured faculty were unhappy with the direction I was trying to go. So they voted not to continue my contract. The dean told me that he regretted it, because he felt that I had done a lot of really good things with the department and had liked where I was going. But, as he said, quite correctly, "I could keep you. I have the power to keep you. But, you wouldn't get anywhere with your tenured faculty fighting you every step of the direction." So in the fall of 1996, I think it was, I returned to the Dental School. What was ironic to me was that the issues that I think guided the vote weren't the ones that were presented to me. It was basically said that the department felt that it wasn't appropriate for a white male, non-Indian, to be leading the Department of American Indian Studies.

LK: Hmmm.

DB: The irony is that they, then, hired a white woman [Patricia Albers].

LK: Oh, really?

DB: While I have my differences with her, she had an entire career of good scholarship in American Indian Studies. She may be part Indian. I don't know that. I don't think so, but she could be. She certainly had the credentials, the traditional credentials, to serve as chair of the department. But, clearly, her focus was very different than mine.

So I chalked it up as another lesson learned. I had done what I could do and so be it. I returned, and here I am.

LK: Who was the dean of Liberal Arts at the time that you were working with?

DB: Dr. [Julia M.] Davis was the CLA Dean when I started in 1993, and Dr. Robert Holt succeeded her. Holt was an interim dean and I had worked with him on a very few

occasions previously, on University Senate committees, as I recall. Holt was from political science.

LK: Okay.

DB: He had been on campus for many years and Steven J. Rosenstone succeeded him. Between Holt and Rosenstone decisions were made and resources allocated to help rebuild the Department of Indian Studies. I like to think I played an advocacy role, which ultimately led to that re-building, but one never knows. In any event, I was gratified that the program was being strengthened and expanded, even though I wasn't in a leadership role any longer. They did a lot of good things.

LK: While you were chair of that department, I know you were on loan from the Dental School, but were you still doing any work here?

DB: Oh, yes. I taught courses here, and conducted some research, and worked with students. Typically, I would spend half a day here and half a day across campus. I had two offices. I taught a course over in American Indian Studies as well as advising the majors and dealing with the usual stuff that department heads have to do.

LK: You had said Les Martens got sick in 1993.

DB: No, 1996.

LK: Nineteen ninety-six. Okay. That's when you became head of the Division.

DB: Yes, that's when I came back.

LK: When you took on that responsibility, did you have a lot of changes you wanted to put in place here?

DB: No, not really. I thought that the Division was doing well. We had had a number of resources cut. The faculty was smaller. We did do, as I recall, some curriculum revision, but nothing major. Frankly, I wasn't thrilled to be a Division director. I didn't feel that I was cut out for dental school administration. I respected my colleagues and did what I could to advance the cause of the division, to protect and obtain our resources, but I didn't have the passion needed for the position.

The role of division directors and the Dental School Department heads has a long and interesting history. When I joined the faculty in 1970, there were divisions, but I don't recall that there were departments. Then, in the 1980s when the Dental School was threatened with closure and there were efforts to kind of streamline administration here and not really strengthen the program because we had very strong programs but to sort of consolidate them and maybe refine their focus a little bit, we were organized into departments. I would say—this is my personal opinion—that from the mid 1980s into the mid to late 1990s, there was always a bit of a tension between division directors and

department heads in terms of who really had the power over what's going on. Even to this day, division directors have the greater say about course content, who is teaching which courses, and so forth and so on; whereas, in CLA by contrast, a department head is really much more powerful and much more in control of what's going on, even if there are programs within the department. So the Dental School doesn't have powerful department heads. They are more powerful now than they were in the 1990s and certainly than in the 1980s.

In American Indian Studies, my role as administrator was one that fit very closely with my personal passions and the vision I had about diversity and humanity and those sorts of issues.

In Dentistry, while I very much enjoy the work I do, I've never been particularly drawn to administration. I've served as the Division director and when, at one point in about 1990, in that era between 1990 and 1993—I forget what year it was—the man who was serving as our Associate Dean for Academic Affairs, Dr. Michael Loupe, died of cancer right before we were up for accreditation, and I was asked to assume his position. So for three to six months, something like that, maybe longer, I served as Associate Dean for Academic Affairs. While I think I did a good job and I certainly approached it with a sense of responsibility, I didn't feel a passion for it that I felt for the work in American Indian Studies. That probably is a reflection of my social science and humanities background as opposed to having a background in basic sciences or dental clinical sciences.

LK: Right.

When you were asked to become Associate Dean of Academic Affairs, was it similar to becoming head of the Division where you were relatively happy with how things were going?

DB: It was basically crisis management. What I mean there is the challenge immediately facing us when I was asked to take on this role was to complete the work we were doing in preparation for our accreditation site visit. The man who I succeeded, Mike Loupe, had done an outstanding job up to that point. He knew he was dying. He and I talked at length. He died of esophageal cancer, which co-incidentally is what my American Indian father died of several years later.

LK: Oh, wow.

DB: Mike and I had talked about what needed to be done, where he was with everything, and so forth. Assuming his role was largely a matter of completing the work that he had begun. As you may know, accreditation is a very structured process in the Academic Health Center. So it wasn't a matter of making changes or deciding what things should be done one way versus the other. It was mostly a matter of working as a shepherd.

LK: Did you say you accepted this position for a few months or was it from 1990 to 1993?

DB: I assumed it in…somewhere in that period; my service was limited to several months. Dr. Thomas Larson assumed the position later and did an excellent job of moving the School forward following accreditation.

LK: Oh, okay.

DB: I'd have to go back and look. It lasted for, I think it was six to nine months. It might have been a little bit longer. I honestly don't recall. It was a year at most, I would say.

LK: You brought up the threat of closing the Dental School. I didn't know if you had any further comment on what that threat was like and if you played any part in fighting against it. I know there was a lot of letter writing, lobbying…

DB: Yes. It was a very interesting time. As I recall, initially, most of the faculty and I assume the administration were stunned by the fact that the governor [Governor Rudy Perpich] would even suggest that, particularly since he was a dentist.

LK: Right.

DB: It was initially a matter of being stunned. I never felt and I don't think the majority of the faculty ever felt that it really would come about. But, by the same token, we all took it very seriously.

I remember that we had quite a number of meetings on what we could do and how we should do it and so forth and so on. I remember that we did quite a bit of strategic planning in terms of how we could tighten our belt and function more efficiently. At the time, part of the reasoning was that the Veterinary School, which was also threatened, and the Dental School were, and to the best of my knowledge still are, the most expensive training programs at the University. That's because accreditation requirements and educational structuring is such that there's a very high student to faculty ratio, particularly in the clinical years. So we had a lot of clinical faculty and also at both the Dental School and the Veterinary School, we have our own clinical facilities in contrast to medicine, which while there are medical facilities here, students get much of their medical training in hospital settings where it's not the University's responsibility to budget, replace, furnish, and remodel all that clinical space. There are differences in programs that lead to differences in cost. All the strategic planning that was going on was trying to look at how we could reduce cost and still carry out our mission.

I remember that I was one of many people who wrote letters but my feeling was that it's clearly self-serving if you're writing letters saying, "Don't take away my funding." I was more interested in seeing what could be done to help generate public support, however, I was not especially active, certainly not more than other faculty members. The

administration coordinated most of the *PR* [public relations] campaign. Faculty dentists who were involved in the Minnesota Dental Association, of course, were very active and the Dental Association was very supportive of keeping the School operating.

Throughout the 1970s and into the very early 1980s, I had operated placement programs for students, which, again without going into a lot of detail, involved a lot of community engagement. So, in that sense, we had served a lot of communities and made ourselves visible to them; although, I don't recall that I sat down and contacted all the communities we'd helped and said, "Please, write a letter." As I say, I don't think any of us *really* believed that it would be closed, but we took it very seriously. I think we benefitted from the process, the planning and the modifications that went on. Eventually, as you can tell, we remained open.

LK: Yes. [laughter]

I was interested in your comments about the power structure between the department heads and division heads. My understanding up to this point had been that with this restructuring after the threat of closure, they did away with division heads and the department heads took over. So there were still division heads?

DB: Yes, they didn't get rid of the division heads. What happened, in my memory anyway, was that the divisions were reorganized into departments. The configuration of these departments and the department names have changed over time.

LK: Right.

DB: For example, currently, I'm in the Department of Primary Dental Care and within that department, there are four or five divisions, one of which is the Division of Dental Public Health. I serve under a division director and, then, there's a department head who oversees all of the five divisions. The divisions are Dental Hygiene, Dental Therapy, Outreach, Dental Public Health, and Comprehensive Care Clinics. We have department meetings where the entire faculty from the department gets together. We have departmental promotion and tenure guidelines and so forth and so on. So there's much more of a departmental structure now than there was in 1970 and the departments, as I said, began to be organized in the mid-1980s around that closure time, but the divisions remained, and they remain, to this day, quite active.

LK: Did the restructuring just involve eliminating some of the redundant administrative work to reduce overhead?

DB: I don't remember all of the things that were done. The one that struck closest to me was the organization of divisions into departments, which actually added an administrative layer that hadn't been there before.

LK: Right. That's why I was interested when you said that.

DB: I think the goal was to get more control over budgeting and to get more consistency in the way divisions and departments were managed. But I don't recall other changes. Since 1970, there had been a huge expansion in administrative and support personnel in the School. When I started, I think our business office consisted of two or three people. Now, there are probably thirty. College administration has gotten much more complicated. [The developments in the dental school were a part of, and perhaps a result of comparable changes happening in colleges and universities across the country.]

LK: My understanding is that budget cuts had been happening throughout the 1980s. I was under the impression that they became more acute in the 1990s.

DB: Yes.

LK: I didn't know how that affected your work and leadership position and different budget issues you had to deal with as a result.

DB: The way that that manifested itself for most of us was that, for example, in the 1970s—remember there were a lot of things at play in the nation's educational and research sectors—there was much more research and training money available so it was easier to get external funding, to leverage the resources we received from the state. It was easier to get both research and training grants. There was more support for really creative work. At that time, the whole field of dental public health was flourishing. There weren't a lot of models for people to follow. So those of us who were working in the field had many more opportunities to explore and try things out. We had funding for it.

I can remember at one point when this department had probably eleven faculty members and I, personally, ran a couple of programs that had a total of eleven or twelve people funded by my work. Now, what began to happen in the 1980s, among other things, is that grant money become less and less readily available and state priorities began to tighten up so that funding certainly in higher education but even secondary public education also began to constrict. That certainly continued through the 1990s and, then, in the last decade has gotten extr*emely* rough. This Division now is at the point where we have probably three and a half to four tenured positions.

LK: Wow.

DB: Similar kinds of cuts happened throughout the Dental School, so that what you had was a curriculum that required a certain amount of teaching, a certain number of courses, certain materials that had to be covered and increasingly fewer and fewer people to do it. So one consequence of that was that people took on more and more teaching responsibilities and there was more attention given to eliminating redundancies in the curriculum, which is not always a good thing, and to getting rid of material that was outdated or no longer deemed critical. So ever since the 1990s, continuing up to the present time, the curriculum has undergone continuing close review and the availability of faculty to implement that curriculum has been really critical. That was the biggest

challenge, I think, that all of the division heads and department heads faced throughout that period is just continually declining resources and no diminishment of responsibilities. [Accreditation requirements complicate this issue as well. Those requirements state very specifically what sorts of clinical facilities a school must have, what course topics must be presented, and what ratios must exist between students and faculty. When state resources are cut back, and when other external funding is being diminished, the School is left with little choice but to raise tuition.]

[Another point in this large picture is the little known fact that nearly all dental schools are dependent on revenue from student clinical production. I think roughly 8% of the School's operating budget comes from the pre-doctoral clinics. I'm estimating the amount, but I'm close. It's not an insignificant figure. The dental school and the veterinary school are the only units in this and most other universities, which rely on student labor for a significant portion of its revenue.]

LK: The other role that I had written down that you held was Code of Conduct officer.

DB: Yes.

LK: I wonder if you would talk about how you came to be in that position and what that role was like.

DB: Well, it's a function of a number of things. As long as I can recall, there have been annual requests that faculty serve on both School and University committees. I don't recall…in my second or third year, I ended up being appointed to the Senate Judicial Committee, which is a committee that deals, primarily, with academic tenure disputes. I'm currently chair of that committee. I've been on the committee and off the committee a number of times. At one point somebody checked, and I've spent a total of fifteen to eighteen years on the committee…

LK: Oh, wow.

DB: …over the span of my career. I've had a lot of experience dealing with Senate Judicial issues there.

I also served on another similar kind of committee that dealt with sexual harassment for a number of years in the late 1980s and early 1990s, I guess it was. I also served a number of years as a faculty liaison to what is now the University's Office of Conflict Resolution. I've also been involved in other campus-wide grievance and conflict-related committees and work groups.… There was a President's Grievance Advisory Committee that I was on for a number of years, for example. So I've had a breadth of experience in various campus, judicial, and code of conduct kinds of matters.

In the 1980s at the Dental School, we noticed that there were what seemed to be increasing numbers of students who were dealing with personal issues that were interfering with their work or behavior here at the School. Some of it, apparently, was

related to substance abuse, although, not a great deal. But there were lots of stress issues and other things. Anyway, we were aware that there were things going on in the student body that were of concern to us. As a psychologist, I went across campus and sought out a mentoring arrangement, the equivalent of an internship through the Student Counseling Center.

LK: Hmmm.

DB: While I'm trained in psychology, I wasn't trained as a clinical psychologist nor as a counseling psychologist. My intention was to bring those skills back to the School to help students here. Because dental students have a really horrendous schedule, they're literally here from six or seven in the morning until ten or eleven at night, often. [At that time, at least, it was hard for them to seek out services elsewhere on campus.]

LK: Yes.

DB: When a student is having a problem, we would expect them to go to Boynton [Health Service] for counseling or to the Student Counseling Center across campus. We found they just weren't doing it. So with the support of the administration, I began devoting a portion of my time to, basically, serving as an in-house counselor for students. That activity lasted for probably three to six or seven years where I would spend as much as day or a day and a half a week working with individual students who were having stress issues, marital issues, substance abuse issues, whatever. Mainly, I served as a first-level counselor. There were a lot of problems I was able to help students with, but for those with more severe issues, I was able to refer them and make arrangements to help them out. Then, in the mid to late 1980s, at some point, the School… Well, first of all, we saw a decline in the number of student problems so that my services weren't needed as much, and we also made a change in the Student Affairs policies that, basically, freed up students if they needed to seek counseling without any sort of fear or consequence. They wouldn't be punished for being out of class. So I had served as a counselor.

Then, on three or four different occasions from about 1980 up to the present time, I've served as Code of Conduct officer. That's a position that's appointed by the dean for an indeterminate period. The Officer is charged with administering the School's code. When there's a student whose behavior is questionable or is in obvious violation of the Code of Conduct, the Officer gets called in to investigate the incident, make recommendations as to how the case should be handled. Under our Code of Conduct certain violations automatically go to a hearing that's conducted by the Student Affairs Committee, which consists of faculty and students.

So, for example, if a student is accused of cheating, I may do an investigation, interview the student, interview the faculty member, and perhaps other witnesses, what have you. If I decide that there's sufficient evidence to move the case forward, then it automatically goes to a hearing. [In such matters, I don't make a determination of innocence or guilt, merely whether or not there is a substantive question. The Student Affairs committee appoints a panel, and they hold a hearing and make a determination.]

There are other cases… For example, in this last year, we had a number of students who, more out of carelessness than anything, left patient records on the tables in a room where they do a lot of studying and work.

LK: Oh.

DB: The room gets locked up at night, but, nonetheless, patient folders were left out. Now, we had no evidence that there was any HIPAA [The Health Insurance Portability and Accountability Act] violation, that is to say the information didn't get into anyone else's hands, but the behavior is certainly not desirable.

LK: Right.

DB: In those cases—there were four to six in total—I mandated that students had to retake… Well, because of the way the Academic Health Center's HIPAA coursework is designed, you can't go back and retake it. But I developed a test over HIPAA requirements that students had to take and pass. In order to do it, unless they were intimately familiar with HIPAA, they had to go to research on the Internet to see what the regulations were. There were a number of students who were required to, basically, re-educate themselves as far as health information privacy is concerned. [So the goal with many type of incidents is not to punish a student, but to provide educational correction, to help them understand what they've done and to prevent similar situations in the future.]

We get other instances of cases where a student may mouth off to a faculty member or to another student. I can remember in the past where there was sexual harassment of a student by another student, some stalking behavior that goes way back, but, mostly, they're academic issues related to student behavior in the clinics. Are they showing up on time for their patients? Are they missing patient appointments, which is professionally irresponsible. [Are they behaving in unprofessional ways at outreach sites? We had a student some time back on an outreach rotation and he got drunk and created a disturbance. We deal with issues of that sort.]

LK: It reinforces professional conduct, professional ethics.

DB: Exactly. Yes. Then, we're also charged with making sure that students behave in accordance with the University's student code of conduct.

LK: I was wondering if you had any comments on—this would have been just as you were coming into the University—the creation of the Academic Health Center and the reorganization of the health sciences. Did you have any sense of how that was changing the Department as you were coming in?

DB: As you say happening when I arrived and shortly after I arrived. The biggest concern that I heard expressed and it's still expressed to this day is that when the

Academic Health Center was created, it's kind of like having a menagerie where you have an elephant and, then, you've got five or six dogs and cats.

LK: [chuckles]

DB: The elephant is the Medical School…

LK: Right.

DB: …which has far more resources than any of the other units, which has always had a major stake in who gets appointed provost or vice president of the Academic Health Center. That person, of course, by and large, dictates what goes on and how resources get allocated. Now, that may not be blatant and direct, but in reality, the Medical School wags the rest of the dog. So that has always been a concern to dentistry and, as far as I know, to other units as well. The perception is that it is more difficult for us to get the kinds of resources that we need. Now, that's speculative, because we, or at least I, don't know that we could get resources if things were organized differently. I think we, by and large, have had deans who have stood up well and supported the Dental School and been pretty successful in getting what they need. But that's always a concern. Even in the matter of getting classroom space, the Medical School seems to have priority in determining what its schedule is going to be first and, then, everybody else's schedule has to fall in place around that. So there were those concerns.

At the same time… I mentioned before the placement programs that I was running and those were initially quite successful and came to the attention of Lyle French, who was maybe the first vice president. I'm not sure.

LK: Yes.

DB: He was *very* supportive. He asked that I present what I was doing to the other deans in the Academic Health Center and, in fact, funded and supported expanding my program to serve other health training programs here that wanted to take advantage of it. As I think I mentioned at one point, we served twenty-three different professions.

LK: Yes.

DB: That was, clearly, a direct result of his awareness and engagement in what we were doing here. Erwin Schaffer, the dean who hired me, had a very good relationship with French and I think that French was the kind of administrator who really worked to ensure unity among the units. That is my recollection, in any event. I don't mean to imply the later provosts didn't do that, but I think French was particularly adept at that. He was a very skillful administrator and I think he had some excellent people skills that helped more than, perhaps, some of the others have had.

LK: Do you have any other comments on French's leadership style outside of being able to foster this sense of community?

DB: Not really. My contact with him was very specific in terms of the range of issues. I, to the best of my recollection, never heard anything negative about him—in contrast to many people since.

LK: [chuckles]

DB: I know that, as I say, he and Erwin Schaffer were very good friends and really supported each other. Schaffer, I think correctly, saw that we've got to have the kind of collaborative relationships that an Academic Health Center can provide, that we need more consistency in our training. We need more interdisciplinary exposure. But, by the same token, there's still a real sense that dentistry ends up on the short end of the stick sometimes. Rightly or wrongly, I think that's the perception.

I don't know that I've done more than most faculty members. I've done more than certainly some faculty members in terms of work across campus, in the CLA and through my Judicial Committee work. [There were other committees, and task forces as well. I helped the newly emerging Office of Equity and Diversity at one point, for example.] I come into contact with people from outside the Academic Health Center a lot. There's a real resentment…or maybe resentment isn't quite the right word, but there's a real sense on the rest of the campus that the Academic Health Center is not really a part of the University, that it's so big. In many ways, procedures here are different than elsewhere across campus. There's a certain amount of jealousy, a certain resentment, I guess, a certain sense of awe that we are often perceived to be—quote/unquote—big, and powerful, and wealthy, and independent. So there's a sense, I think, among many people that the Academic Health Center runs its own show completely—now I don't think that's accurate—but I'm certain that not everybody holds that view, you run into it across campus. I've seen it the entire time I've been here. It's probably the same sort of feeling that the Dental School has towards the Medical School.

LK: Right. That's how it sounds.

[laughter]

DB: Do you have any more comments on Doctor Schaffer's leadership as dean?

DB: Well, first of all, I think you need a context and that is that, at that time, dental public health, the field that I was working in, was truly emergent. [Dental public health had existed previously, I don't mean it that way. What I'm trying to say is that in the mid to late 1960s, there were many new forces at work in dentistry, across the entire healthcare sector, really.] It was exciting. Certainly, Larry Meskin was an amazing individual. Schaffer deserves a great deal of credit, I think, for recognizing the importance of what Larry wanted to do. Schaffer was very much aware of the needs of the state. He realized and believed that dentistry had to extend itself into the community and become a part of the consciousness of people. Again, at that time, there was a lot more federal and state money available to create programs, and he was a very strong

advocate. He was a very trusting and trustable person, trustworthy. He was thoughtful. He listened. He always, in my experience, made people feel that they were heard. You didn't always agree with his decisions but you sure had the opportunity to learn why he made them. He was a very good role model. He did a lot for the School directly and indirectly. I think his leadership style and his presence inspired a lot of people.

[pause]

LK: He stepped down as dean in 1977, but he stayed on for a little big longer. Do you have any insight as to his reasoning for stepping down at the time that he did?

DB: Well, I don't know all the reasons. I didn't talk with him about it. Being a dean is very hard work.

LK: Yes.

DB: He had done a lot over the years. Knowing him, I would say that he probably felt that the ten years he was dean, give or take, were probably long enough for any one person to hold that position, that we needed new blood. We need new ideas. We need new energy. I think that probably just general administrative fatigue as much as anything… [I know he looked forward to returning to his research, and he was, of course, a statesman and mentor for years after he stepped down.] But, I have no direct knowledge of what his reasoning was or why the timing was what it was… I just know that most people would feel that most of the time ten years is long enough to be dean anywhere. Now, I know some outstanding men—men, in this case—who have been deans for much longer than ten years and who do an outstanding job, but, by and large, I would say that most deans feel their tenure in that position should be limited. [It's exhausting work, and has become much more so than in Schaffer's day.]

There are, now, more female deans, I might add. Some of them have done extremely well. I think it's still early to see what their long-term impact is going to be on the profession. But, in my experience—I've know a number of them personally—they bring a somewhat different perspective to their positions and a different leadership style.

Dentistry is changing. When Schaffer took over dentistry was moving away from a long era in which it truly was a cottage industry and, for the most part, dentists were not seen as part of a larger healthcare system. They operated much like little drug stores here and there. In the 1960s and certainly in the 1970s, there were tremendous changes in dentistry, some of them the result of the kinds of initiatives that Schaffer, and Larry Meskin, and Les Martens, and many others were involved with. With reference to technology, as one example, in the 1960s, the high-speed hand piece came into use; it had two major impacts. One, it greatly increased dental productivity, because you could cut a cavity preparation much more quickly, but, also, you began to see a decline in the amount of occupational stress and occupational health issues.

LK: Hmmm.

DB: If you had gone to a dentist in 1960, chances were that you sat largely upright in a dental chair and your dentist stood beside you working in your mouth. By the end of the 1960s, patients were reclining and dentists were sitting down using, or beginning to use, four-handed dentistry; that is to say, they had assistants who handed them instruments and who helped with various procedures. So the amount of back, and head, and neck, and shoulder muscular and neuro problems that you saw in dentists began to decline.

LK: That's interesting. I didn't know that.

DB: Yes. Dental hygienists were becoming far more common, and they had a huge impact. Then, those changes accelerated in the 1970s. You also began to see, in the 1960s, an increase in the amount of community water fluoridation and a change in the dynamics of why people went to the dentist and who went. You began to see changes in attitudes towards dentists. It was a very exciting time in the profession. I say that as somebody who isn't a dentist. There were a lot of things happening.

So Schaffer was dean at a good point for this School, for the profession, and his personality and style were such that he really fostered a lot of creativity, and growth, and program expansion. I really feel blessed, if you will, by some of the kinds of people that I've worked with when I first started, because, as I think I said, I had no intention of staying here more than a couple years.

LK: Right.

DB: They were such good mentors, such good examples, and I quickly became so engaged in these dynamic changes and processes that it was hard to leave.

LK: I was also wondering if you had any comments on the transition to Richard [C.] Oliver as dean and whether or not you were involved in his appointment process, and his leadership style.

DB: I was not directly involved in Oliver's appointment; that is to say I wasn't on the search committee or anything. I didn't really get to know him until after he was appointed. His style was very different from Larry Meskin's and Erwin Schaffer's. He was a very personable man but much more standoffish than Erwin Schaffer. I would say Erwin Schaffer was like a grandfather that you saw and immediately felt comfortable with; whereas, Oliver came across more as a friendly but distant uncle who you saw every several months. [He was very competent, just more aloof.]

LK: [chuckles]

DB: Oliver was a very nice man, very gracious. Over the years, I got to know him, but initially, he was less approachable than Schaffer. Oliver's style was less personal than Schaffer's had been. He was much more formal about things than Schaffer. He brought in a couple of people, one of whom served as sort of the head of our clinical areas, a man

by the name of Harvey Coleman, and another individual by the name of Nick [Nicholas M.] Molitor, who was going to be the budget person.

I would say that, for the most part, what many people here would remember about Oliver's Administration is Nick Molitor. I don't want to sound critical of him. The perception of Nick was that he was not a "people person," that he not only lacked people skills but really didn't particularly care about people. I'm sure he did, but they weren't apparent in his day-to-day work with people. Now, keep in mind that one of the things that Oliver was faced with a lot of major challenges. Schaffer had and created many opportunities. Oliver arrived at a time when the financial and other contractions I mentioned earlier were beginning. He had to cut back on enrollment—and dental school financing had gotten much more complicated than it was when Schaffer was dean.

LK: Right.

DB: I don't think people realized until Nick came on the scene how complicated financing had become or could be. What role Oliver played in this, I don't know, but many people perceived Nick as being very secretive, not very open about what or why he was making the decisions he was. He assumed a lot of control over funding in the School and, also, assumed jurisdiction, if you will, over human resources [HR] so that he was involved in a number of personnel changes, chiefly cuts that people didn't like for one reason or another. Nick also was responsible for the rapid expansion of the business office staff, which people began to feel was coming at the expense of money that could go to faculty or other staff. They didn't see the need for a big business office staff or big HR department. So he was quite severely criticized during his entire time here and I think felt persecuted, which didn't help his relationships with faculty or other people. So there was a lot of manifest as well as latent conflict that emerged between the budget people and the rest of the School. Oliver was aware of a lot of that, I'm sure, but he also recognized the need for much of what Nick was doing. I don't agree with a lot of things Nick did, but I understand why it occurred and understand that decisions were made consistent with various priorities.

The same could be said for Harvey Coleman, the man who came in to coordinate the clinics… Because of all these other changes in dentistry that I mentioned… just as dental practices out in the community were changing, the School's internal operations had to change, so while Harvey was much more popular than Nick, there was also a lot of concern registered against the whys and wherefores of what he did and some of the changes he made and things like that.

At the same time, Dick Oliver was very skillful in dealing with alumni. He was a very smooth, pleasant person to talk with. I think he, in many respects, was like Schaffer in that sense; that is to say, he was outstanding for alumni relations. He was good at fundraising. He was good at winning and keeping the confidence of most of the faculty. So I would say that he was a very good administrator.

I'll tell you a funny story about him. His office was immaculate. He did not like to leave for the day if there was anything on his desk or on top of the shelves or credenza or whatever he had in the office, in contrast to my office…

LK: [chuckles]

DB: …which, as you can see, is slightly ordered chaos.

LK: I've heard that means you're more creative.

DB: I'll try to promulgate that belief. As much evidence as there is for it…

Much of the time when he was dean, I would be working in the larger office that is next to my office now. It had a couch in it at the time and my desk, and chair, and computer tables. There was a soft chair and a hard chair, and I don't remember what all. As you can see, I have a tendency to cover every flat space with something. Whenever Dick Oliver came to meet with me, as he often did on workforce issues, he would never come in my office. He would stand in the doorway and talk with me, but he'd never come in and shut the door like most people did—or he would invite me to his office. I once commented to a secretary at the time that I wondered why he never came in and to just sit down, relax, and talk. She laughed, and she said, "He couldn't stand to come in your office. He'd never be able to relax there." She explained why, which had never occurred to me, because this is the way I work and that's the way he works. I never bothered to think about it. Anyway, he never would come in my office.

Then, at one point shortly before he left, he asked a favor of me. I don't remember what the favor was. I think that it had something to do with… He had a son and a daughter, maybe more children but I know there was a son and a daughter. My recollection is that his daughter needed some information about an academic program or some research she was doing…..the specifics are vague. Dick asked me if I could help pull this stuff together for her, which I was more than happy to do. Whatever it was, it was not a huge deal for me. He came back later and gave me an envelope that had a gift certificate from Eddie Bauer in it. It wasn't a huge amount of money, but it was significant to me. I asked him what it was for and he said, "I just wanted to thank you for that extra effort you put out for my daughter." Then, my secretary came in some time later and I mentioned that that was really thoughtful of him. She said he had come to her and wanted to know what might be something good for me. She said, "Knowing the type of clothing you wear and what your interests are, I thought Eddie Bauer would have something you'd like—it's your kind of store." Anyway, he was a very nice man and very thoughtful.

He was here not long ago for some alumni function—I forget what—and I had a chance to see him again. I've run into him from time to time over the years. He is still as gracious as ever, just a fine man, a good man.

LK: Do you have any comments on—I don't think we've talked about this—the culture of the Dental School in the 1980s, particularly in trying to admit more minority students? I don't know if you did any recruiting work in admissions.

DB: I've never been on the Admissions Committee. Because of my background and interests, I have always advocated for more diversity among students and faculty. In fact, at one time, I had submitted a proposal either to Schaffer, Oliver, or maybe [Richard] Elzay. I don't remember which. I submitted a proposal that advocated simply reserving an entire class of admitees who would be cohorts of various minority communities in the state. One of the problems that we saw in education, in health profession education in particular, was that if you had an American Indian student in a dental school class, very often they felt no cultural support. Very often their prior academic work was quite different than that of other students, so you saw a pretty high drop out rate. My argument was that if we admitted cohorts of students so that we might have ten or fifteen American Indians, ten or fifteen African Americans, and so forth and so on, we could accomplish a number of things. One, there would be a support group for the students and, two, we could get a better understanding of our own curriculum and develop ways of ensuring that what we were trying to teach was being taught in the most effective way, given differences in learning styles and backgrounds and so forth. By admitting cohorts like that, we could also better connect with those groups in the communities that we serve. As I recall, the idea was met with interest, but not strong support, understandably because it would have created all kinds of legal hassles. I was not surprised that it didn't get implemented but I thought it put forth some ideas that were worth considering.

Over the years, I had spoken to a number of people who were on the Admissions Committee about getting minorities, but until recently we had a poor record. It still has a lot of room for improvement, but we're moving forward. In fact, one of our most successful American Indian graduates is somebody who applied to dental school…

Well, again, another story, another interesting coincidence. Remember when I was talking initially about going to Wolf Point, Montana?

LK: Yes.

DB: The young man that was my contact there was a Salish Kootenai [tribe] from Western Montana, around Kalispell. One day—this was in the very early 1970s, in probably 1970, 1971, maybe—I got a call from a high school principal out there who said he had a young man who all his life had wanted to be a dentist, but his academic preparation had been kind of marginal, and he just didn't think that he could get admitted. Could I, somehow, get him admitted to the dental school here? How my name got out there is a story that's never been entirely clear to me. Anyway, at the time, I was young and arrogant and convinced that I could do anything. I said, "I can't guarantee that he'll get admitted, but why don't you have him come here for an interview and we'll see how things stand?" Well, he applied for admission, and he wasn't accepted. The committee identified a number of deficiencies that he had.

So I hired him to work on a project I had underway…

LK: Hmmm.

DB: …which enabled him to get a break on his tuition here. So he took some basic science courses. I don't remember what all he was deficient in but he was able to complete some work here that made up for what he hadn't done in his undergraduate work where the principal had called from. [The principal was from his high school, but he had followed and supported this young man. Garry Pitts is his name, by the way.] So Garry applied the next year and was admitted. He did extremely well in Dental School, joined the Indian Health Service on graduation, and, eventually, became the head of one of the regional areas and is still in practice out in Montana, near Kalispell.

LK: Oh, wow.

DB: Other than that, I've not had any direct involvement in recruiting minority students; although, I've certainly advocated long and hard for them.

In that period, there were a number of problems, I think, with getting minority students into dental schools. One, there were very few role models. Also, I don't think the faculty was openly discriminatory, but, perhaps, subtly, there was a certain amount of racism. I'm not even sure it was racism as much as it was simply a lack of familiarity in dealing with people from other cultures.

LK: Yes.

DB: So the atmosphere was not friendly or accepting or supportive. We did admit some students. We had Asian students. We had one or two American Indians other than the one I mentioned, [Doctor] Garry Pitts. One of those women, although I don't remember exactly when she came in, was a woman by the name of Nancy Rifle. I think she was also in Indian Health Services. If not, she was at the contract clinic on Rosebud [Reservation], I believe.

But, we also had students who failed, who dropped out. I remember one Indian woman that we had here. I met with her frequently during her first year. But she felt so isolated. There was no student connection for her.

LK: Right.

DB: She, eventually, dropped out, worked at a blood bank for a while, and, then, I lost track of her.

I would say really throughout the 1980s, our minority recruitment programs were marginally successful, at best. They were not focused. There was no real connection to communities; whereas, in more recent years since Naty Lopez has been brought in, she has understood and has focused on the need for community connection and is

increasingly successful in getting Hmong and American Indian and other minority students to apply. A number of them have been admitted and are doing just fine.

LK: Then, the other thing I wanted to ask about was the efforts to admit more women. I know that the make up is pretty even, if not more women in some years. I don't know if there were efforts made or if that was a natural progression.

DB: Two of the earliest graduates of the School in the 1890s were women, Edith H. White and Ella Z Chandler. [White had an interesting life, which is briefly described in Mellor Holland's excellent history of the School of Dentistry. Cited on page 5.]

LK: A nun, I believe?

DB: No, I'm pretty sure she wasn't a nun. We did graduate a woman who became a [Marist] nun and who did some really good work here in Minnesota and, then, in the Caribbean. Rosalie Ann Warpeha was her name.

There have been women dentists for many, many years, decades certainly. Going back to the 1800s, we graduated a woman here and a woman there. I think that not just in dentistry but across the professional fields, you began to see more women being admitted probably beginning in the 1970s as an outgrowth of the Women's [Rights] Movement and the general civil rights atmosphere. I don't know that the School made a conscious effort to recruit women. Again, I didn't serve on admissions committees, so I can't say for a fact, but my impression is that in the 1990s and the 2000s, if you had two people who were completely equivalent across all domains and one was a male and one was a female, there was probably an inclination to try to get more of a balance of men and women in a class. As you said, currently the balance is fifty/fifty give or take five or ten each year. Right now, we've got more women than men and next year, it's going to be two or three more men than women.

LK: Right.

DB: I think nationally about twenty percent of dentists are currently women and maybe closer to thirty percent.

LK: Ohhh, okay.

DB: It's growing.

LK: I always thought nationally, it would have been more even, too.

DB: Well, it's growing, dentistry, With 250,000 dentists in the country, when you're only graduating 4,000, 5,000, 6,000 a year, it takes a while to bring gender into balance.

LK: Yes. [chuckles]

DB: What's interesting to me about the gender mix in dentistry —I don't know if it is to you; if it isn't, stop me—currently, and by current, I mean since 2000, is that not only are there ramifications of gender differences but generational differences. I think we discussed this briefly earlier, but in any event…

Let me explain what I mean by that. First of all, there are a number of studies that demonstrate that if you have a male dentist and a female dentist of roughly the same age and equivalent training and so forth, they're equally productive; that is to say they can do, basically, the same amount of work in a day, work with patients and so forth. So men are no more productive than women on a day-to-day basis. There are two quite fascinating questions, however, looking into the future.

One is that what we don't know about the current generation of female dentists is how long their career pattern or what their career pattern will be. What I mean by that is we don't know if a woman graduating this year is going to be professionally active for twenty years, or thirty years, or forty years. We don't know if she is going to be full time or part time, or full time part of the time and part time part of the time, or if she may drop out of the workforce for a one- to a ten-year period to raise children, rear children. So when you look at that woman's career productivity, not the day-to-day productivity but the career productivity, it could be significantly different depending on those choices that she might make.

The second question that's of great interest to me is that we have quite a bit of evidence that the current generation of male dentists is different than the last generation. This generation seems much less inclined to be willing to be on call, which means they are less likely to go to a small town. They are less likely to want to work a forty-hour or a forty-five hour week. They seem think that a thirty-two to thirty-six hours a week is plenty. They have a greater tendency than previous generations to, perhaps, work part time, perhaps, to rear children, perhaps, to share child-rearing responsibilities with their spouses. So we don't know if a male student graduating today is going to work the equivalent of ten or twenty or thirty years.

There are two reasons for those questions being interesting to me. One is just as a social scientist, it fascinates me. The other reason is that at the present time, our workforce projections for the nation are based on the previous generation of dentists. So when we say that in the year 2030, we're going to have x number of dentists working, the assumption is that those people are going to be working forty hours a week for forty years or what have you.

LK: Right.

DB: But if these young men and women have career patterns that are significantly different than those of their forbearers, those workforce projections could be off significantly.

LK: Yes.

DB: Now, when you consider that it won't be long before fifty percent of our workforce might be female and if those 120,000, 140,000 female dentists work ten or fifteen years less than the male dentists that we assume they would be working like—that's not a very good sentence—we could be off in our projections by twenty, thirty percent. So from a workforce analyst's perspective, those questions are quite critical. But we don't really have the kind of data that we need to answer those questions right now.

LK: Speaking of more women coming into dentistry… I was wondering if you could comment on the impact of the Rajender Consent Decree on the Dental School and if you saw a really significant impact on the School itself or how the School responded to that.

DB: [sigh] I can't comment on the School's specific response to that, because I wasn't really party to decisions that would have impacted that.

I do recall that there were a number of instances where there was an indirect impact. For example, Larry Meskin, a man whom I admired greatly, had some issues which were a function of his history and time. He was a pioneer in hiring female faculty; there were at least two in the early years of the Division. Nonetheless, remarks he made to one of the women ultimately resulted in a lawsuit.

LK: Oh, wow.

DB: [pause] These facts should be checked by someone, if anybody's ever interested. My recollection is that the comments were made by Larry Meskin, but the fallout happened under Les Martens' watch. It seems to me that Larry unwisely commented to one of the woman faculty members that she didn't need to be paid as much as some of the male faculty members, because she didn't have a family to support. That's a politically unwise thing to have said, and it's irrelevant.

LK: Right.

DB: There were other instances like that. I simply mention that one because it's one that I was more familiar with than some of the others. So there were a few other incidents like that. There was concern about the level of compensation being paid to women faculty members versus male. I *know* there was a conscientious effort made to recruit and appoint more female faculty to the School. But, beyond that, I really can't say a whole lot.

LK: Okay.

DB: I think that now if there are gender differences in compensation here, it's probably relatively minor. I can't say that for a fact. I don't pay attention to what others are being paid, but I've heard comparatively about it as a central issue in recent years. I do know that as a social scientist my relative pay is a lot less than that for a dentist, but that has nothing to do with the Rajender stuff.

LK: [chuckles]

I was wondering if you could comment on Richard Elzay's leadership as dean and the transition from Oliver to Elzay.

DB: It was a relatively smooth transition. Again, Elzay had a different style and faced a whole different set of problems. As I recall, Elzay was in place when the School was threatened with closure.

LK: Yes, yes.

DB: Now, Schaffer and Oliver were both periodontists. Elzay was an oral pathologist and our current dean [Leon A. Assael] is an oral surgeon. Just as in medicine, we have stereotypes of what surgeons are like and what family practitioners are like; there are some differences. Elzay was more of a basic scientist than either Schaffer or Oliver had been. So he did more, I think, to encourage, promote, and support basic science research in the School. Of course, by the time he was appointed dean, I'd been on the faculty for, what, twelve, fifteen years, something like that, maybe a little longer—I don't remember when he was appointed—so I often engaged him in conversation. Unlike most of my conversations with previous deans, many involved topics that had absolutely nothing to do with dentistry. Elzay, for example, was very widely read. He was interested in poetry, literature, and I think was more acquainted with the humanities than either of the other two deans just in terms of academic background. His style was engaging, but I think he was a little more abrasive. He was more easily moved to being abrasive when he found people either being stubborn or flat out wrong. He was somebody I never had trouble talking to. I always found him a very pleasant person to work with. He was supportive of what I was doing. I think he had a good management style for the School at the time. He was good, but he was not as good as Schaffer and Oliver in terms of fundraising and alumni relationships. But that may be a reflection of the fact that he wasn't a clinical dentist. He was a pathologist, so dentists out in the field didn't connect with him the way they would connect with a periodontist or another clinician. I would say that Elzay did a very good job in some very difficult times. He was faced with budget cuts. He was faced with the threat of closure. He had a lot of issues on his plate but did a very good job.

LK: Did you work at all with Neal [A.] Vanselow when he was vice president for the health sciences?

DB: Yes, only briefly. I'm trying to remember what the context was. It seems to me that I was on a committee that he had put together for some purpose, but I don't recall what it was. I may have also been involved in some planning or some negotiating for something. Whatever it was, it was not anything that I remember in any detail.

LK: Okay.

What about Cherie Perlmutter?

DB: Cherie I met very early on. You know, we currently have the AHEC, the Area Health Education Center. My recollection is that in the 1970s, we also had an AHEC program that she was responsible for or was at least involved in. In any event, my working with her was on some committees—I don't remember what for—and through the AHEC programs, we got support for some of our outreach activities. I had worked with her in that capacity and found her very supportive of dentistry. She was a good person to work with. I always enjoyed my contacts with her. I've seen her since then but haven't really had any contact to speak of.

LK: Then, I don't know if you worked with Robert ["Andy"] Anderson, at all. He was v.p. very briefly, from 1992 to 1993.

DB: I remember him. He's the one who went to Johns Hopkins?

LK: That was William [R.] Brody.

DB: Brody and I never had occasion to work together. Anderson, I remember. I can picture him, but I can't say that I was involved in any specific work with him either. I haven't had much to do with the Academic Health Center since Lyle French and Neal Vanselow.

LK: Oh, okay.

Then, could you comment on the transition from Elzay to Michael Till as dean and what his leadership style was like?

DB: Again, it was a reasonably smooth transition. Mike brought us back to having a clinical dentist, a pediatric dentist, as dean. He got along very well with the profession. He was well known, so it was easy for him to move in those professional circles much easier than it had been for Elzay. Mike's leadership style was probably more similar to Oliver's than to anyone else's. He was a softer person than Elzay had been. Mike was very approachable, very concerned about people. He could also be very brusque sometimes and by that I mean not impolite, but that he could be very decisive. He was very supportive of outreach programs, which, of course, had always been near and dear to my heart. He, and I, and another man by the name of Dan [Daniel E.] Rose did a lot of work trying to get some outreach programs established in Willmar and in Hibbing. Eventually, Hibbing did become a program, and Mike was certainly instrumental in helping to make that happen. Not only was he a skillful politician in terms of dealing with the institution up there, but he also connected well with the practitioners in the area. He was able to garner their support for what needed to be done.

Mike, I think, was in his own eyes and in the eyes of the faculty, seen as a short-term dean. He took it to help make yet another transition. I don't think he wanted the position for more than three to five years. I think it was three.

LK: Yes, I have three.

DB: I think that's what he wanted. I don't think he wanted to serve longer. My sense is…

My recollection is that, at the time… Who was the vice president at that time?

LK: Was it Frank Cerra?

DB: Yes. Frank and Mike didn't get along all that well is my recollection. You're getting to a lot of contemporary stuff here now. I think Mike strongly resisted the control Cerra wanted to exert. It made for a difficult working relationship, as far as I know.

I suppose I should exercise some degree of self-censorship or I'll get myself in trouble.

LK: [chuckles]

DB: I think that there were a variety of issues, and I don't even have a clue as to what they all were, but I always felt that there was conflict between Mike and Cerra. There were a lot of people in the School, in fact, who I think were very distrustful of Frank.

LK: Hmmm.

DB: I think Mike wanted to keep the support of the faculty. I think he wanted to represent their views but was really faced with an uphill battle. So I think three years is probably all that he wanted in that position.

LK: If I'm not mistaken, he had a Ph.D. in education. I didn't know if that, in your opinion, affected his contributions to the School. I suppose starting the Hibbing program would be evidence of that.

DB: I think it helped him here as a faculty member probably more so when he was in Pediatrics than as dean. Back in the 1970s—I don't remember exactly when he joined the faculty, but it was some time in the 1970s—Mike Loupe, who I mentioned earlier, and I, and a number of other people were involved in really trying to change the curriculum and make it more educationally grounded, if you will. I think Mike [Till] brought a lot of those skills into the Pediatric Department. He not only helped in that area, but through his service on various committees and other positions in the School. I think he brought a good solid educational perspective to what he was doing. As far as dean, I think he certainly respected people doing educational research and supported it, but I don't know that he made radical changes because of that background.

LK: Okay.

That concludes all of my main questions. I didn't know if you had anything that you would want to talk about that I didn't bring up or any final comments on the Dental School or the Academic Health Center.

DB: Well, I would say that, as I look back on my career, just as a sort of personal reflection… When I got out of graduate school what I wanted to do was write, and somehow be of service to humanity, and reduce conflict. This was during the Vietnam Era.

My graduate school experiences steered me into the social sciences unwittingly and, in a sense, got me off track from where I wanted to go. Dentistry, in fact, was not where I wanted to go even within that social science field. But, as I think I mentioned, Larry Meskin and some of the other people here struck me as being outstanding mentors. So I chose to come here because of them rather than because of any particular attraction to dentistry. Of several job choices I had, at the time the University of Minnesota stood out as a premier institution and that certainly couldn't hurt my academic reputation; although, like most graduate students, I wasn't very concerned about my long-term academic reputation at the time. So I came. While dentistry wasn't what I was initially was interested in, as I think I've said, it's been an exciting field to work in, and I met some very fine people, had some wonderful experiences.

I believe that through some of my work at least, the placement programs, the Indian Studies work, the counseling of students that I did, those things represent ways in which I've been able to meet some of my original goals in terms of helping people and helping communities, bettering life for at least a piece of the world.

So, as I look back, yes, I can say I didn't get to follow my dreams but, on the other hand, an alternative dream enfolded before me and has been very satisfying. The University has been a very good place to work. I have very few regrets. Probably the chief regret is that I didn't get to spend more time with Indian Studies. [It was in Indian Studies where I was really able to connect with students, where I felt as though I was actually functioning as a professor, a mentor. We didn't really touch on it, but my greatest frustration in dentistry, and I know this is true for some colleagues in public health….it's very difficult to sustain, for over forty years in my case, a passion for a topic that has a low priority for the vast majority of dental students. There are some who respond, of course, and some for whom I can say I've had an impact on their lives. The vast majority, however, simply saw much of our coursework as little more than a hurdle they had to jump. Most of us, I think, go into teaching expecting to engage students in their intellectual growth and development. Simply put, I felt that happening in Indian Studies, even though I only taught one course (several times) but it was missing in dentistry most of the time.]

But, by and large, I would say that it's been a great career. I've got *very* few complaints, very few complaints. It's good School, and I've worked with some outstanding colleagues. I think the School has a good future ahead of it. I think our current leadership is quite promising. We've been through some really rough times, some of

which we talked about, some of which we haven't. But I think it's got a good future ahead of it.

LK: Good!

Thank you for meeting with me.

DB: Sure.

[End of the Interview]

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