Dr. and Mrs. Evarts, Dr. and Mrs. Krummel, Ladies and Gentlemen . . .

It is a great honor to have one's name perpetuated in such a distinct manner as a named lectureship. Marian and I are both grateful that you have done that, and are looking forward to the many lectures over the years to come. Not so generous on the part of Tom Krummel was his forcing me to give the first lecture. In other words, I have to sing for my supper. Those of you who know him well, know that it is hard to turn him down. Recently, I read the biography of Robert E. Lee who was able to escape giving any major address throughout his life, in spite of the fact the he was the senior commanding general of the Confederacy and subsequently, President of Washington and Lee College. He clearly did not run into a Krummel.

Today, I thought it might interest you to hear the story of the early years at Hershey as I saw them. I hasten to add that by the time I arrived, there were already veterans of this new medical school in the preclinical years, the basic science chairmen, Max Lang in Comparative Medicine and Al Vastyan in the Humanities, who already had been at work for at least three years establishing this new medical center. Thus, the term "early" is really only relative to the clinical departments in the hospital.
MY RECRUITMENT

It was in late August of 1969 that I received a letter from the Dean of the new medical school at Hershey, George T. Harrell. It was a brief note stating that my name had been suggested as a possible candidate for the position of Chairman of the Department of Surgery. If I were interested, I was to submit my curriculum vitae. Signed - George T. Harrell. The actual signing was by Louise Sowers, his secretary, and well known to all of you.

I had heard of Hershey first when I was a young Assistant Professor of Surgery at Indiana University Medical Center when the announcement of the gift of $50 million to establish the Medical Center had been made. I remember discussing it with Stu Bondurant, more recently the Dean at the University of North Carolina, who knew George Harrell from his Duke days. I did not know where Hershey was, but when informed, thought what a tragedy to spend that kind of money in the wrong place. The year was 1965. With that, I forgot the Medical Center, and thereafter I moved to Philadelphia to the University of Pennsylvania where I shortly took on the job of establishing an independent cardiac surgical service at the Children's Hospital of Philadelphia. In retrospect, this was one of my most productive and happiest periods of time as a surgeon. However, I had long before decided that some day I would like to run my own department, since I had the youthful view and arrogance that such clearly would be better than those led by many of the then current chairmen. I had looked at two other positions as chairman, but for one reason or another, these positions had not worked out.

Shortly after I had submitted my curriculum vitae I received a phone call from Dean Harrell asking me to come to Hershey for a visit. I agreed to come, but had to ask where, precisely, Hershey was and how to get there. I think George was slightly taken aback, but probably ascribed my ignorance to the usual arrogance of a faculty member of an Ivy League school. Shortly before I visited Hershey, a friend of mine, Frank Oski, more recently Chairman of Pediatrics at Hopkins and whom I knew from Penn, had also been interviewed at Hershey as a possible Chairman of Pediatrics. Frank and I discussed the possibilities of Hershey, and it was clear that, in the long run, he probably was not interested. However, he commented on the absolutely fantastic physical structure of the institution and the high quality of the basic science chairs.
When I arrived - Fall of 1969
MY INTERVIEW

On my visit to Hershey, I, of course, met George Harrell who, in an interesting manner, suggested that I outline my life's background since, as he said, "curriculum vitae often were inadequate in giving the whole story". In a polite way, he was trying to find out why I, an American-born US citizen, had spent seven years of my youth in the middle of the war in Nazi Germany. He then briefly outlined the history of the institution.

THE EARLY YEARS AT PENN STATE/HERSHEY

1960 Hershey interests decide to build medical school
1964 Transfer of funds to Hershey Foundation
1964 Agreement between Penn State University and Foundation to construct medical school
1964 George T. Harrell appointed Dean
1966 Construction starts. Funds:
    Foundation 50 million
    NIH 21.3 million
1967 First class enters - 40 students
1969 Foundation transfer ownership of Center to University
1969-1970 Clinical Departments started

He then described the philosophy behind the structure using his famous blocks. We then discussed the job. I was to have 8 full-time faculty positions. With this faculty, I was to staff the Department of Surgery with all its specialties, including Orthopaedics and Ophthalmology, as well as Anesthesia. An Assistant Professor was to make somewhere around $22,000, an Associate Professor $26,000, and a Full Professor $28,000. Although I did not consider myself an especially high-paid individual, as an Associate Professor at Penn, I was receiving $32,000. On this visit, I also met the basic science chairs and immediately was struck by the talent, dedication, and enthusiasm in all. In view of my
interest in physiology, I wanted to meet Howard Morgan, but he was not there. I then had a
tour of the building and was told all about the programs in Family Medicine, Behavioral
Science, the Humanities, and Comparative Medicine. The latter worried me to some extent
regarding my freedom to conduct animal experimentations in my laboratory, as I had done
both at Indiana and at Penn, but, I might add, it was a completely unnecessary worry. Many
subsequent accomplishments in the Department would not have been possible without
Comparative Medicine. As to Family
Medicine, I thought the concept correct and
hoped that this would reintroduce a greater
and broader clinical involvement by those
in academia but not in surgical fields. My
personal interest in many areas of the
Humanities, especially History of Medicine
(George called it History of Science), made
eminent sense, as did the basic study of
human behavior. This was the era of
Hearts and Handbags, and many
promulgated the idea that the goal of the
institution was to educate only primary care
physicians.

I left Hershey with significant concerns primarily related to the inadequate number of
faculty positions I would have and the lack of appropriate salary support for these individuals.
Upon returning to Philadelphia, I discussed it with some friends in the department and
commented on how sad it was that the Dean was so unrealistic about what was needed to
make Hershey great, for it clearly had enormous potential. It then occurred to me that this
Dean was no novice at the development of a medical school. He had developed the medical
school at the University of Florida at Gainesville which, by then, was flourishing with an
excellent faculty and strong departments. I was confused and did what perhaps is not the
usual thing to do for a candidate - I called up George Harrell and told him that I did not
know if he were interested in me nor whether I was interested in him and the Medical Center,
but that there were many unanswered questions that I needed to have answered to go further
with our discussions. He suggested that I return, and so again I trekked out to Hershey.
Parenthetically, I might add that since receiving George's initial letter and going for my
second visit was no more than two weeks. I met George who was at that moment talking
with a possible Chairman of Pediatrics from Columbia. The candidate commented to me on
the aside that the whole situation at Hershey seemed to him "somewhat peculiar".
Needless to say, he did not come. I did talk with George privately and told him my concerns
about surgical faculty size and salaries. He hesitated again - when stressed he would try to
clear his throat and then grab a throat lozenge - and stated that there would be 8 full-time
faculty positions for all of Surgery and Anesthesia, as well as the previously mentioned salary
levels. When it came to the position of Chairman he said the Chairman would make
somewhere between $29,000 to $30,000. He then quickly asked me: "By the way, what are
you currently making?" When I told him, there was no further response. When I eventually
accepted the position, my salary was exactly $32,000 - the same as at Penn. I then told

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Doctors With
Handbags
and
Hearts

By Gary Brooten

Pioneer Program at Hershey Medical School
Emphasizes Human Values as Well as Medicine
George that I did not know what he ultimately had in mind for the future of the Department of Surgery, but I would like to outline to him precisely what I thought was needed if Hershey was to enter the front ranks. Within three years, there had to be approximately 30 full-time faculty distributed throughout all the surgical specialties, that Anesthesia had to be an independent department, that salaries had to be competitive with those at other institutions, and that the department had to continue to grow even beyond these numbers. George looked at me and stated without hesitation - "That is exactly what I had in mind." Thereafter, it was quite evident that he wanted me, and I was willing to accept the position. However, prior to making my final acceptance, I went to New York to meet Graham Jeffries who was going to be the new Chairman of Medicine. I felt strongly that I wanted to meet him to find out whether he and I could work together, for I had seen too much energy wasted in internecine warfare between departments, particularly medicine and surgery. I found Graham at the New York Hospital sitting on a crate of books in the midst of his move to Hershey. We had a most delightful conversation, and it was very clear that our views on clinical care, education, and research were quite compatible. I went back for a third visit to Hershey where George and I worked out some of the additional details, and at my request, met with Bob Dutlinger who was Director of Surgical Education at Harrisburg Hospital and in my view, essential to the future growth of the Department and its mission. It was then that I had the opportunity to meet Howard Morgan who impressed me as a superb scientist and individual. I was now firmly convinced that this was the right position for me and so indicated to George. I returned to Hershey for a fourth visit, this time taking Marian. George was not aware of it but I noted some hesitation in him in offering me the position. It was clear that he wanted to meet my wife. George was very concerned about appearances of his chairs - and their wives - once he noted on the interview sheet of a particular candidate: wife has too much make-up, skirt too short, etc. The candidate was not hired. That evening, we went to dinner together. George, Janet, Marian and I. I don't believe I have ever seen George quite so relieved after meeting Marian. Indeed he was immediately quite animated by her appearance and charm, and I was offered the position as Chairman and shortly thereafter, I accepted. As I recall, it was somewhere around September 15th. I was 40 years old. I suspect that my recruitment was perhaps a record in time, being less than four weeks.
FACULTY RECRUITMENT

Having accepted, I immediately went to work on faculty recruitment. I knew Bill Pierce, who was still a resident in the program at Penn, and we had many conversations related to his future and the artificial heart and assisted circulation. I had always felt strongly that if he truly dedicated himself to this task, he could achieve this goal, although at that time he had some major competitors such as Michael DeBakey and Denton Cooley, to name two. Bill and Peggy agreed to come to Hershey. By the time he arrived on July 1, 1970 he had written two NIH grants, both of which had been approved and funded.

I also recruited Frank Tyers whom I knew from his general surgical residency at Penn and who was now at the Toronto General Hospital. Frank is an outstanding cardiovascular surgeon with many innovative ideas, particularly in the field of rechargeable cardiac pacemakers and myocardial preservation. He is now Chief of Cardiovascular Surgery at the University of British Columbia. Frank had also obtained NIH grant support by the time he arrived in July 1970.

In General Surgery, the situation was more difficult. I wanted to have someone who had similar concepts and ideas of research and education as I did, yet was in a different and exceedingly important specialty. David Nahrwold had been a resident at Indiana University and had spent two years in Physiology with Dr. Morton Grossman at UCLA - Wadsworth VA Hospital which was, at the time, the fountainhead of many
now prominent GI physiologists, gastroenterologists, and surgeons, including Gordon Kauffman. David had gone to Vietnam and had now returned and was on the faculty at Indiana. After long conversations, I was able to persuade him and his wife, Caroline, to join me. As you know, he later became Chairman of Surgery at North Western University School of Medicine.

Frank Tyers had known Tom Rohner who was a co-resident with Frank at Penn. Tom had just finished his research fellowship in Pharmacology after a stint in Vietnam and was now on the faculty at Penn practicing Urology primarily at the Pennsylvania Hospital. He too agreed to join me as an Assistant Professor and Chief of the Division.

Bill Graham was also on the faculty at Penn. He had been trained in General Surgery under Dr. Bert Dunpay at the University of California, San Francisco and had a residency in Plastic Surgery at Penn. Bill was an outstanding young plastic surgeon, and I was able to persuade him to join me as well.

It is of interest that these five initial recruits all in time had NIH research support, although they were also carrying a heavy clinical load without the help of residents.
NEUROSURGERY

That left the positions of Neurosurgery and Orthopaedics open. After interviewing a large number of young neurosurgical candidates, I was able to interest Peter Janetta who was then Chief of Neurosurgery at LSU. He was and is considered one of the outstanding neurosurgeons and after some hard negotiations, I was able to convince him to come to Hershey. Unfortunately, approximately three months after my initially successful recruitment, he wrote to me that he was going to accept the Chair of Neurosurgery at the University of Pittsburgh and wished to be relieved of his obligations to Hershey. Of course, I immediately agreed. The search for Neurosurgery continued, and ultimately two outstanding candidates were identified. One was Donald Becker who was a young Assistant Professor of Neurosurgery at Case Western Reserve University and the other was Richard Bergland, a rising young star at New York Hospital Cornell University Medical Center. I remember discussing Dick Bergland with Dr. Ransohoff who was considered at that time the Dean of American Neurosurgery. When I told him that I was recruiting Dick Bergland he said, "Dick Bergland - he is a superstar. Aren't you sort of out in the sticks." I immediately offered Dr. Ransohoff an opportunity to come visit Hershey, but he declined. However, I did have lunch with him in Chicago. Eventually in the Spring of 1971, Dick Bergland did sign on as the Chief of Neurosurgery. I might add that Don Becker is now Chief at UCLA and Dick is in private practice. - Well, you can't win them all.

ORTHOPAEDICS

In Orthopaedics the situation was not too dissimilar and today, if Mac Evarts and I discuss Orthopaedics and he mentions the leaders, they are all quite familiar to me because they all passed through Hershey at one time or another during those early days. One of the difficulties was getting access to the Elizabethtown Hospital for Children and Youth, since it was essential for pediatric orthopaedic residency training. It was controlled by the Philadelphia medical schools who feared that once Hershey had a foot in the door, it would displace them. I spent many hours negotiating with them, to no avail.

After some 24 different candidates came, and were for one reason or another unsuccessfully interviewed (the salary was too low, no departmental status), came upon the name of Robert Greer who was a young Assistant Professor of Orthopaedics at the University of Pittsburgh. He had been recommended to me by a close friend. I called Bob and talked with him on the phone. He was in the middle of applying a cast to a child at the Children's Hospital. He promptly agreed to come. He sent me his curriculum vitae and shortly thereafter arrived. I remember him arriving at our house in his Alfa Romeo with a foxtail for a late dinner on a Tuesday evening. By Wednesday evening when he returned to Pittsburgh, we essentially had shaken hands on his appointment as Chief of Orthopaedics. Bob, through his Pittsburgh political connections, was finally able to gain access to the Elizabethtown Hospital.
George Corner was recruited sometime later while I was an interim dean. He had been at Henry Ford Hospital after a brief stint as chief of Otolaryngology at Johns Hopkins.

This completed the recruitment of the surgical chiefs, except for Ophthalmology. There had been no provision made by the Hospital for Ophthalmology and thus, I initially relied on community ophthalmologists.

FACULTY - July, 1970

William P. Graham - Plastic Surgery
David L. Nahwoid - General Surgery
William S. Pierce - Cardiothoracic Surgery
Thomas J. Rohner - Urology
Frank G. Tyers - Cardiothoracic Surgery

The average age of the surgical faculty including me, the oldest, was 36 years. Although some of us were previously tenured, none received immediate tenure at Penn State as was true of all other chairs and faculty. Of interest too is that five of the initial division chiefs have served on their respective boards as directors. Of the surgical faculty then and later, four would become departmental chairs and six would be division chiefs.

ANESTHESIA

Of course, George asked me to Chair a search for the Chairman of the Department of Anesthesia even though he had agreed to a separate department. I was quite familiar with anesthesiologists, having been associated with a world-famous department under Dr. Robert Dripps at Penn. I was also on the NIH Anesthesia Training Grant Committee. Again, I paraded through Hershey numerous individuals who now hold distinguished chairs throughout the country. Again, I failed to make an appointment until Dr. Dripps suggested I talk with Allen Yeakel one of his former residents who was Vice Chairman of the Department of Anesthesia at the University of West Virginia, and an excellent clinical anesthesiologist. We were able to come to an agreement and, thus, this vital position was filled prior to the opening of the hospital in October of 1970.
PHILADELPHIA COMMUTE

Throughout his time, I was still active surgically at CHoP, spending Monday, Tuesday, and Wednesday in Philadelphia, initially commuting to Hershey the other days. After February when we had moved to Hershey, it was the other way around. My successor was not due to arrive until July 1970, and the clinical service had to be maintained. While I was in Hershey, Bill Pierce, the cardiothoracic chief resident, would hold the fort at CHoP. Needless to say, I got to know the Turnpike well. Bill did an outstanding job.

RADIOLOGY

More complex was the recruitment of a Chief of Radiology. Dr. Harrell had asked me to chair a committee of three, consisting of Drs. Nicholas Nelson and Bryce Munger. One of our difficulties was the physical structure of Radiology which was laid out vertically. Rather than in a contiguous horizontal fashion on one floor, it was stacked up on every floor in the East wing of the crescent. The concept was that, for example, the neuroradiology facilities would be on the 5th floor where Neurology and Neurosurgery would be, and similarly the cardiac catheterization lab, etc. would be on the 4th floor where Cardiology was to be. Unfortunately, the individual who had dreamt up this concept and had been an early candidate of George's while still at University of Florida declined to come, and it was my task to sell this monsterosity to someone. I remember when we interviewed Dr. Kurt Amplatz, now a distinguished radiologist at the University of Minnesota. I gave him, by that time, my well rehearsed speel on Radiology and why it was the way it was - that it centered the clinical services around radiology. His only comment was "bull". The search committee immediately recognized that we were not going to go very far with this candidate, but we still had the entire day ahead of us, including a dinner. I called Nick and Bryce around 5:00 p.m. and said, "fellows, lets go and have a drink. We might as well have a good time when we go to this dinner." Parenthetically, George usually gave you one drink of either liquor or a glass of wine. Well, we had a very good time, the three of us, and by the time the dinner came around, were feeling no pain. Indeed we were even able to get George involved in our enthusiasm about the Hershey Medical Center. He ordered some more "beverages", as they were known, to disguise their true nature from the auditors. Unfortunately, Dr. Amplatz was completely left out of the discussion and I am surprised he did not more strongly advise Dr. Robert Cordella, our chief of vascular radiology and one of his residents, not to come to Hershey.

In late August of 1970 - we were one month or so from the hospital opening - George left for Australia and said "John - solve the problem of Radiology." I had two or three candidates still on the hook, but clearly was not going to have a radiologist physically in the building by the time the hospital opened. I then approached the radiology group at the Polyclinic Hospital, for I knew Ted Tristan who was the chief. After being somewhat roughly accosted as to what gave me the nerve to talk them after they had been ignored by the Dean and the Medical Center, I gave them my proposal that they provide the necessary staff to undertake radiologic services to the new University Hospital. They suggested at this point that I make a 5-year agreement with them, a contract which would give them sole control of all Radiology facilities with the income going directly to them. When I informed them that I was unwilling and, indeed, unable to do so, they left in quite a huff. I was really
quite concerned about where we were going when Ted Tristan called me and said that he 
would do it. I had known Ted for many years. He was and is an outstanding academic 
radiologist, and he wasn't going to let me or this new medical center down.

Ultimately, we were able to hire Bill Weidner, who is a superb clinician. In addition, 
we have Bill to thank for bringing Victor Rohrer to Hershey, clearly a great gain in the years 
to come.

DIFFICULTIES IN RECRUITMENT

You can ask why did we have all these problems with recruitment? In large part, this 
was due to the inadequate salary support that the University was willing to provide. They 
still were thinking in terms of the various colleges at University Park. They had no 
understanding of the tremendous competition for certain specialists needed at the medical 
I school, particularly in Anesthesia and Radiology. In addition, of course, the school was 
young and no one knew whether it would be successful. Many of the candidates we talked to 
were ambitious and on their way to success, and very few were willing to risk their careers in 
a new school such as Hershey. I will have more to say about that later.

This year of recruitment was indeed a busy one for all of us chairmen. I am sure 
many of us remember having a candidate during the first part of the week, taking him or her 
to the airport on Wednesday merely to be picking up another candidate at the airport at the 
same time for the second part of the week. All of us worked together closely and all the 
clinical chairs and many of the basic science chairs were deeply involved in these recruitment 
affairs. There was a great deal of camaraderie of the faculty and the concept that "we must 
all hang together or assuredly we would all hang separately" was a strong conviction.

J.O. HERSHEY

One of the other major difficulties we encountered was the lack of adequate housing. 
The town had not been prepared for the onslaught of this new faculty. John Hershey deserves 
great deal of credit for helping many of us find a home. I will never forget when we first 
arrived in Hershey to find one. There was no housing available and Marian, who was a true 
trooper, went to see John Hershey at the advice of John Russell the Hospital Administrator. 
It was here that Marian confessed, with tears in her eyes, that she was not quite sure any job 
was worth the breakup of the family. John immediately went to work and found us housing 
on Chocolate Avenue right across the street from the Chocolate Factory, a wonderful place 
for the next seven months. The boys enjoyed it immensely and would get in line to tour the 
factory each day, as was then possible. Just prior to entering the factory, you would receive a 
free chocolate bar. They would then run to the back of the line and again wait until their 
turn came and they would receive another chocolate bar. They thought that Hershey was 
neat. It was through John Hershey that Marian and I found the lovely home that many of you 
know. He is a warm friend of this Medical Center, and deserves much credit not only in the 
initial construction of the Medical Center, but in subsequent years, for his unfailing support.
HOSPITAL OPENING

The University Hospital did open, and here is the famous picture with Jack Oswald, Mr. Whiteman, the Chairman of the Hershey Trust, and the Governor cutting the ribbon. Of interest is that at the same time the ribbon cutting occurred, predictions were being made that the hospital would close because of financial difficulties.

Medical Center at Hershey faces financial crisis

HERSHEY (AP) — Pennsylvania State University gets a bargain in leasing the Milton S. Hershey Medical Center for $1 a year, but it may not last long.

Officials of the state's newest medical school, which opened the doors of its teaching hospital today, fear it may go broke in a year.

Indeed, the financial difficulties over the next three to four years were immense. At the time, the state provided no financial support to the medical school whatsoever.

With the opening of the hospital, we all began to have clinical responsibilities. George Harrell had promised the community that emergency services would be available from day one, so all of us - I believe there were 22 clinicians - took call in the ER, attending to whomever came in. I might add that we were most helpfully supported and "advised" by the bright fourth year medical students. On New Year's Eve 1970, Graham Jeffries was in charge of the ER. I was on call for surgery. All night long, I operated with a medical student while Graham got the next patient ready. Once, when I returned to the ER, Graham told me he had just sewn up a cut across the palm of someone's hand with catgut to expedite matters and so we would not have to take out the stitches. I was aghast. Where was the patient? Only then did he tell me he was only kidding. I am sure that Graham and I were the only chairs of Medicine and Surgery manning the ER without resident help in a US University Hospital that night! Perhaps ever!

Although we were almost all specialists and the care we provided was often quite remote from our specialty, it was quite good, attesting to good common sense, so essential in medicine.
FINANCIAL DIFFICULTIES

Starting in late 1971 and 1972, Howard Morgan and I were asked to come to University Park with George Harrell to meet with the President and his staff. We also met with the trustees, and the constant question was "why were we losing so much money." Jack Oswald understood that there were enormous start-up costs and one does not fill a whole hospital immediately. One of the trustees, Mr. Holliwell, stated to me he was a trustee of the Abington Hospital and they made money. What was wrong with us? Well, I tried patiently to explain to him why there was a difference between where we now stood and the Abington Hospital. I am not sure I ever convinced him. In the Spring of 1972, George told me it had been proposed that the entire AEF income which was gradually growing in numbers was to be absorbed into the University budget, i.e. no specific departmental distribution. He took me to University Park with him where we again met with the

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<td>Total Hospital Net Income</td>
<td>-8.00</td>
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<td>Hospital Debt-to-Expense Ratio</td>
<td>44.0%</td>
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<tr>
<td>Total Med. Ctr. Net Income</td>
<td>-8.00</td>
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President and his staff. At this time, this idea was again proposed by the treasurer of the University. I guess I lost my temper, for I banged on the table and said, "I you ever touch the AEF you can be assured that I will leave and that with me all of the clinicians at the Hershey Medical Center will go as well."

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You could have heard a pin drop on the floor after that statement. This was, of course, the last thing they wanted to hear. Later, Jack called me in his office and said that this was precisely what his senior management needed to hear. I was more convinced that Jack needed to hear it.

**AEF COLLECTION**

| 1970-71: $516,993 | (2.07 million 1994 dollars) |
| 1994-95: $85.95 million |
CANCER WING

The relationship between the President and the Dean deteriorated further, but perhaps came to a climax when Fred Rapp, Chairman of Microbiology, had been able to obtain a proposal from the National Institutes of Health that they would initially provide $1 million, later increased to $2 million to construct a Cancer Center, provided that the University would match it with an additional $1 million. George, Howard Morgan, and I went to University Park to meet with the President and his staff, and George started to explain his philosophy for the Medical Center, including possible future expansion, using his famous blocks. I could immediately tell that an iron curtain had descended between us and the President. The blocks had become a red flag to him. After 45 minutes of presentation by George, the proposal for the Cancer Research Wing had not even been mentioned. The President cut in, "George, we do not have any more time to discuss these issues." I saw us in deep trouble and said, "Mr. President, may I say a word?" He said, yes. I explained that the NIH had made a proposal offering $2 million to build a cancer research wing, provided the University match it with $1 million. Howard and I said that this was truly important and that if the Hershey Medical Center was to move into the front ranks of American medical schools, it had to have this Cancer Research Wing. It was essential not only to the basic sciences, but it was essential to the clinicians. After some further discussions, the President said, "OK. When does the grant application have to be at the NIH?" I recall it was two weeks. President Oswald said that there was a Board of Trustees meeting at the end of the coming week. It was now Friday. "You must get it ready by Tuesday so that I can present it to the trustees for approval." Victoriously, the three of us returned to Hershey and called in all the basic science chairs. It was a long weekend, but all the chairs and faculty went to work writing the grant application, learning to use Xerox machines, and typewriters. It was the only million dollar grant, to my knowledge, that was completely put together by chairs with little help from secretaries or other personnel. On the following Friday, I was asked again to come to University Park with George. The President presented to the trustees the proposal to match the $2 million from the NIH with $1 million from the University. Mr. Al Shumacker, who was Chairman of the Board and an arch enemy of the President, immediately called for discussion of the subject matter. Fletcher Byron, who was CEO of the Koppers Company in Pittsburgh, jumped to his feet and pointed out that this was the foot in the door for a super-inflated medical center and that he had seen this before. If the trustees approved this, it would mean that we would shortly be back again asking for more money to enlarge the clinical side of the institution - how right he was. He was quite heated in his discussion and was supported by Mr. Shumacker. At this point, President Oswald asked that I comment. I got up and stated that I felt that the Cancer Research Wing was essential for the growth of the Hershey Medical Center and that if Penn State indeed wished to have an outstanding medical school and university hospital, this was essential. At this point Mr. Michael Baker, one of the most powerful trustees, rose and gave his full support to the proposal. Shortly thereafter, the vote was called and it was overwhelming in our favor - 31 to 3. Mr. Byrom wheeled around, came up to me and said, "Doctor, you win, congratulations!" Shortly thereafter, the Cancer Research Wing was indeed funded by NIH, and the University dutifully matched the grant with $1 million.
The relationship between George and the President continued to deteriorate and in June of 1972, President Oswald asked me to come State College to see him. He informed me that he was appointing George as the Vice President for Medical Sciences for the coming year and asking him to take on the supervision of the construction of the new Cancer Research Wing.

President Oswald asked me to become the Interim Provost and Dean. After having given it some thought, I told him that I would be willing to accept the position, provided that the following would be approved:

1. That we develop an independent Personnel Department. This personnel office was to deal with all employment at the Hershey Medical Center.
2. That we develop an independent Grants and Contracts Office.
3. That we have more competitive salaries.

_University Park —_ Pennsylvania State University President John W. Oswald today indicated he will recommend to a June 23 board meeting that Dr. George T. Harrell Jr., provost of the Milton S. Hershey Medical Center and dean of the Medical School at Hershey, be appointed vice president of medical science.

This would mean that Harrell would be relieved of his current duties as dean and provost.

Oswald said he also would recommend that Dr. John A. Welshen, professor and chairman of surgery at the Medical Center, be appointed interim provost and interim dean for 1972-73 while a search for permanent new leadership continues.

Rumors have been rife in the last week.
Personnel issues had been a constant problem with University Park in not understanding the issues that were developing here at the Medical Center - specifically in the hospital. Our own Grants and Contract activity was rapidly rising and for everything to go through University Park was a major vexation. President Oswald approved these requests even though the personnel issue was seriously challenged by the senior management at Penn State and ultimately not pursued by my successor. On July 1, 1972, I assumed my new position as Interim Dean and Provost, two years since I had been a young cardiac surgeon running a small clinical service and an investigative laboratory in Philadelphia. Tony Kales, Elliot Vesell, John Russel, Al Yaekel, Tom Leaman, Al Vastayan, Graham Jeffries, Bill Weidner, Nicholas Nelson, Gene Davison, Bryce Munger, Fred Rapp, Evan Pattishall (not pictured), Vince Sterger, Dick Naeye, Max Lang, Howard Morgan, Dr. Harrell, and myself. I also continued to guide the Department of Surgery, as well as remain actively involved in cardiac surgery.
DEANSHIP

As to George Harrell, his and my relationship, although slightly tense during those months, has been over the years a warm and cordial one. George Harrell is a great innovator and has profoundly influenced American medical education in our time, probably more than any other individual. He is a true gentleman.

With the assumption of my new role, it was evident to me that there were many problems in the Medical Center that had to be addressed. The management of the Physical Plant was quite inadequate, but I was not sure whether the steam plant, which cost $1 million at that time to run, really only needed $800,000. Perhaps it needed $1.2 million? The billing and collection system in the hospital was atrocious and was really never solved until we finally separated the hospital billing from the physician billing. The relationship to the local hospitals and physicians was generally hostile and only after pilgrimages to Geisinger, the Polyclinic, and Harrisburg Hospital was an affiliation agreement reached. This was essential, for the medical school classes had been enlarged significantly at the wish of President Oswald and the trustees and we needed to increase clinical facilities for educational purposes.

Negotiations were initiated with York Hospital and others, and almost came to fruition when I stepped down from the Deanship.

As to the Hershey community, there was a significant estrangement. John Hershey and I tried to break the ice by giving a joint party. It was quite an occasion. I offered to split the cost with the Hershey Interests - a first for the Medical Center. However, they eventually footed the whole bill, much to my relief for we were really broke.

There was no Dean of Students. I will always be grateful to Chet Berlin whom I called on his vacation, and who accepted this important and difficult assignment. He performed superbly in this position for the next 16 years. The basic sciences needed more space and I gave them and the clinical departments the so-called student interchanges off the south hall and the central hall.
This resulted in a student protest. Louise Sowers called me to say the Dean's Office was barricaded.

As to the deficit which had been so overwhelming, this gradually declined for the obvious reasons in that the hospital was filling and income was being generated. At this time, the legislators finally also agreed to support the Medical School on a per capita basis, as they had been doing for all other Pennsylvania medical schools. This came about after the 1973 Senate Appropriations Committee hearing. A powerful Senator, later convicted of accepting kickbacks for selling medical student positions at Hahnemann, chaired the hearings. He opened these hearings involving many millions of dollars by asking the President: "What are you doing about the panty hose". The President and all of us looked puzzled. Apparently, a local merchant in State College complained about the fact that the student bookstore had began selling panty hose.

When it came to the College of Medicine, he asked me whether this Cancer Research Wing was just another item the State was to support. I replied "no", that it was "NIH funded". "Furthermore, Senator, I want you to know what Hershey has done for the Commonwealth without a nickel of support - we have graduated 2 classes - shortly to be three. That not a dime from the State has gone into the construction of this Medical Center, although it is clearly a great State resource". Shortly thereafter, the Senator called for a recess.

In December of 1972, Jack Oswald asked me if I wished to become the permanent Dean and Provost. We had discussed this for some time and he now gave me one final chance to accept this position. After considerable thought, for it was an exciting experience, I declined. I felt committed to the young faculty in the Department of Surgery, and I still had a long way to go before I would fulfill my ambition to develop an outstanding Department of Surgery.

It was an eventful year and much was accomplished with the help of many of the faculty but particularly Howard Morgan who was involved in most decisions. We were able to establish the position of Associate Provost for Administration (Clarence Brockman), and the Office of Gifts and Endowments. A new curriculum for the first and second year was started. The groundwork was laid for future expansion of the outpatient facilities. Continuing Education was initiated.
That, in brief, covers the first three and one-half to four years of the Medical Center as I saw them. That we survived the financial crises and the hostility of some of the trustees was in large part President Oswald's doing, and the University and the Medical Center owe him much. I owe much to the other chairs who gave me much-needed support.

What are the lessons that we may all take from this experience?

1. It is essential that new chairs/division chiefs be young, bright, energetic, and willing to take risks.
2. That the demand for excellence never be relinquished. We must not forget our mission.
3. We must remain competitive in salaries to be able to recruit and retain the best faculty.

The lessons learned:

1. The Hershey Medical Center cannot live in isolation. It must be part of the local community, as well as the academic medical community of the nation.
2. That a healthy relationship must exist between the University and its medical school, each understanding the other's needs.

I never regretted coming to Hershey, for it is truly a rare opportunity for anyone to be involved with the development of a new Medical School. I had other possible opportunities since coming to Hershey - Dr. Robert Gross's job at Boston Children's Hospital, Dr. Rhoad's job as Chair at Penn, Dr. C. Everett Koop's job at Children's Hospital of Philadelphia, and the Deanship at Michigan. I am happy that I stayed.

In closing, I want to thank Marian and our three sons for their unwavering support during those early and subsequent years, particularly of Marian's willingness to prepare another meal for another visitor, go to a fourth dinner that week, and to the boys who frequently had to do without the presence of their father.