

UFHC 15

Interviewee: Lester Evan

Interviewer: Samuel Proctor

Date: December 28, 1984

[Sam Martin is present later in the interview.]

P: Tell me where you were born and when you were born.

E: I was born in Valley Falls, Kansas, on March 9, 1897.

P: So you are still a young man then, and that means that you crossed the very end of the last century and you are now almost at the end of this century.

E: My father was an employee of the Santa Fe Railroad, and started out as a telegrapher. He advanced fairly rapidly and became a division superintendent on the western lines of the Santa Fe in New Mexico. So I moved around a lot in Kansas, Oklahoma, and lived in New Mexico before New Mexico became a state [1912]. My father was superintendent of the Pecos division of the Santa Fe.

The high schools in New Mexico were not recognized or approved, so I returned to Kansas for high school. I lived in Effingham, Kansas, and finished high school there in 1915. Then I went to the University of Kansas in 1915. I stayed there through the next two years until 1917. One could then enter medical school after two years of college. I had made up my mind I wanted to go into medicine.

I even thought that I wanted to go into pediatrics, so I made application to several medical schools and was accepted at Harvard, Pennsylvania, and Washington University. I chose Washington University because I had evidence from their catalog that they had just built a new children's hospital and were developing children's medicine.

P: Dr. Evans, let me break in and ask you to give us your father's name.

E: Frank J. Evans.

P: Did he come to Kansas because of his work on the railroad?

E: No, he was by himself.

P: What about the family?

E: The family had moved into Kansas by wagon two generations before. They had come from Ohio.

P: And had they come due to the availability of land?

E: Yes. All farmers continued to farm.

P: Did you have brothers and sisters?

E: No, I was the only child.

P: What motivated you toward medicine?

E: Well, I jokingly say, to avoid the ministry. My mother was quite religious. My father was also interested in the church. Supposedly it was good financially, and my mother often talked about my being a medical missionary or being a minister. I think probably when I decided on medicine, part of my feeling was that I would satisfy my parents. Another was for service as a doctor, and so my conscience was clear. So I jokingly say now that I went into medicine to avoid the ministry.

In order to make an application to a medical school all you had to do was write a letter and send your transcripts to your college. There was no such thing as interviews or visits. So I got accepted to three universities without having an interview on the record.

P: How were you able to avoid going into the military? You were at the age when World War I came along.

E: I registered for the draft. I was drafted just as I was going to enter medical school. The army sent me back to medical school on a private's pay, most of the students were in the army. They had organized a military company at the medical school. We paraded every day. I went through my freshman classes carrying a rifle and wearing trench boots.

P: A little atypical for the ordinary medical school freshman. You said you were attracted to medical school partly because of family pressure, and that you were interested right from the very beginning in pediatrics.

E: Yes. I was very fond of youngsters and I began to think about medicine and what doctors did. I had no desire to work with older people.

P: When you went to the University of Kansas to do your undergraduate study, what were your majors?

E: Primarily biology.

P: You were strongly motivated toward the sciences?

E: Well, I guess I was. I always had an interest in biology.

P: Was that also true of you in high school?

E: Not especially. I think it was probably because I knew I would have to have some science beyond the medicine. In biology I had a very interesting zoology teacher and as a freshman student I played around his research laboratory.

P: Dr. Evans, were you also a social person?

E: Reasonably so.

P: What about hobbies and athletic interests?

E: No athletic interests. I was active in the YMCA, and president of the high school YMCA. In my freshman year at the University of Kansas I was elected president of the college YMCA.

P: Were you what might have been called a bookworm in those days? Were you a good student?

E: I was a good student.

P: Spending lots of time in the library?

E: Oh, I would not say lots of time.

P: What did you like to do on your own?

E: I always worked in the church, and was busy at the YMCA.

P: You did not hunt or fish or hike or those sort of things?

E: No. I have never been involved in sports, and have never been involved in hunting or fishing.

P: So after two years at Kansas, you applied for medical school and you were accepted at several. Why did you select Washington University? Why didn't you go to St. Louis?

E: I was graduated from high school in Effingham, Kansas. I suppose I wanted to get not too far away. St. Louis of course was going east from Kansas, and Washington University had just been reorganized after the Flexner Report. It was the first medical school to be completely reorganized after the Flexner Report. Mr. Brookings [Robert S. Brookings, founder of Brookings Institution], as head of the Brookings Institution in Washington, was president of the

Washington University trustees. He asked Abe Flexner [Abraham Flexner, 1866-1959, American medical educator, founder of the Institute for Advanced Study at Princeton] how much money it would take to build a new Washington University Medical School. The story I got was that Flexner told them something like \$2,800,000. So Brookings said all right, and handed the university a check for that amount the next day.

Then they began planning for a new medical school. When I entered medical school in 1917, it had been opened for just four years. In my medical freshman class, there were only twenty-one students. We took transfers during the four years so our medical school class graduated with forty-three students, of which, incidentally, only five are still alive. Five out of forty-three graduates are still alive.

In medical school I became acquainted with a professor of pediatrics very early on, and was sure of an internship and a residency in the children's hospital when I completed medical school. I won several student honors in medical school – two scholarships, one in anatomy. An assistantship in anatomy and another assistantship in pharmacology. It was a small amount of money. Fifty dollars each, I think it was, and then two hundred dollars for the two years.

P: So that was the financial support that you had?

E: Yes.

P: And for the rest of it you depended upon your parents?

E: My parents and I worked in the summertime to earn money. I would return to Kansas and New Mexico, get jobs on the railroad, which I knew about, and for two summers I worked there.

P: What did you do on the railroad?

E: Everything. Handle baggage, cart freight, sell tickets.

P: A man for all seasons?

E: Yes.

P: When did you enter your graduate pediatric training at St. Louis Children's Hospital?

E: In 1921.

P: And you were there for how long?

E: For two years.

P: And did that become your great love at the time?

E: Oh, yes. Pediatrics had to do with growth and development. You could see progress in treating children. They had only two vaccines then. Smallpox and typhoid. All the vaccines now known have come into existence since I finished my pediatric training.

P: Was pediatrics in itself not in its infancy at that time?

E: It was very much in its infancy. I have since learned that there were only four major pediatric training centers in the country. The Children's Hospital in Philadelphia, the Babies Hospital in Boston, and the Babies Hospital in New York.

P: The one in St. Louis obviously was one of the four.

E: Was one of the four.

P: Were you interested in any special area of pediatrics?

E: I became interested through pediatrics in preventive medicine and public health. During my medical school and internship days I considered applying to the Rockefeller Foundation for a job, but decided I did not have enough basic scientific training to warrant my application. So I did not apply.

P: Did you do your intern also in St. Louis?

E: Yes, at the Children's Hospital. In April of my second year in the Children's Hospital, the Commonwealth Fund, a New York foundation, was looking for a young pediatrician to go to Fargo, North Dakota, to be medical director of a newly-established child health center. It was a community-wide child health program. It was the first of four that the Commonwealth Fund was establishing in cities with a population of 25,000 or more. The purpose was to provide medical examinations and do pediatric consultation with the practicing doctors. I was the only trained pediatrician in Fargo, North Dakota, and in eastern North Dakota and western Minnesota. I did baby clinics, pre-school clinics and consultation with the clinical doctors in Fargo. I spent four years there on subsidy from the Commonwealth Fund. In my fourth year they asked me to come to New York on the staff.

P: Dr. Evans, I would like you to tell me, what the Commonwealth Fund is, how it got organized, and where its money comes from.

E: Well, the Commonwealth Fund is Harkness family money. Mrs. Steven V. Harkness helped us. It started with \$10 million. Her husband was one of five partners with John D. Rockefeller in establishing the Standard Oil Company. They lived in Cleveland, Ohio. Well, when Mr. Harkness died, Mrs. Harkness inherited his estate. They had no children, so ultimately all that Harkness money came to the Commonwealth.

P: Was it based in New York?

E: Yes, it was based in New York.

P: When was it organized?

E: In 1918. I became a staff member of the Commonwealth Fund five years after it was organized. It was the first medical man on the staff, and the only medical man on the staff for ten years.

P: What was the purpose of establishing the Commonwealth Fund?

E: The welfare of mankind. That was the only stipulation.

P: And its areas of interest?

E: In the beginning, the area of interest was very much in the health field. In the first two years, the fund gave a lot of money to overseas relief work. Some child health work in Austria and also in Central Europe, and there were a series of programs in the United States. When I first went there, I was assigned to the rural hospital staff as medical director for the rural hospital programs. The Fund had agreed to underwrite the establishment of fifteen hospitals in rural centers as an experiment. They gave about two-thirds of the capital costs. The communities raised the other third. We supplied consultation and organizing for hospital staff and personnel, and as medical director I helped in organizing the doctors into the hospital staff and so on.

So, I went right from Fargo, North Dakota, into an activity which immediately attached me to community activities of health. There I discovered that social medicine really was my main interest.

P: You had then relinquished your interest in pediatrics except as it related to the community.

E: Yes. I no longer was doing anything in pediatrics. Then the Commonwealth Fund was giving money away to all sorts of medical research. I investigated for possible grants, and later on I became interested in medical education through our rural hospital program for which I was getting consultants for rural hospitals from a neighboring medical school. So I got to know the medical schools around the country.

P: Dr. Evans, did you have to move to New York?

E: I moved to New York.

P: That became your base of operations.

E: That became my base. I retired from the Foundation in 1959.

P: You were with the Foundation to begin with in the 1920s, so you were with them for many years.

E: Oh, yes. They were financing this experiment in Fargo, North Dakota. So I was living on Commonwealth Fund money.

P: Then from there you went on to the staff and moved to New York.

E: Yes.

P: When did that take place?

E: In 1927.

P: How did you then become interested in our project at the University of Florida?

E: Well, that is a long story. In the rural hospital program they were giving these post-graduate fellowships, for general practitioners to brush up in general medicine. So I got acquainted with many medical schools. I was very interested in pediatrics, I began to think about medical education in terms of preparing doctors for preventive practice or preventive service. So for many years I found myself in contact with medical schools. Through research we were financing such places as Western Reserve, schools in New York, schools in Baltimore, the Pacific Coast, and I got acquainted with the deans of medical schools wherever I was. I made a point of it.

I attended my first meeting of the Association of the American Medical Colleges in 1928. The annual attendance was 150. It was 3,000 at the last meeting. At these meetings I was sitting in learning about medical education, and then we

began to get requests from medical schools for curriculum changes, curriculum plans, and so on. The biggest experiment that we did was at Western Reserve University. They reorganized their entire curriculum, doing away with departmental laboratories, and having just one laboratory where all the sciences were taught. The dean there was a very close friend of mine, Joseph F. Wearn.

We talked about the fact that medical schools were dealing in their training only with sick people. They did not see well people. They did not see people in their own environment. They saw them in an unnatural environment, which was a hospital. The medical students were then trained by people in an unnatural environment. So we talked a lot about what we should be doing to help medical students become acquainted with the ambulant patient, and better use of out-patient facilities. So we made a great many grants to medical schools to help them with curriculum changes, developing out-patient clinics and such as that.

P: These were already established medical schools?

E: Oh, yes. Along with other activities, we had a public health program – this is just in Florida now – and they had some activity in public health. I do not remember what it was. But one of our public health people was in Florida, and that state health officer at that time came to him and told him that the state legislature was funding the university to set up a medical school.

P: At that time there was only Jackson Memorial at the University of Miami. There was no state medical school in Florida, and the legislature became interested.

E: There was no medical school at all. Apparently, Dr. Harry Handley, our staff member, told the health officer that the university ought to go to the Commonwealth Fund and see if the Commonwealth Fund would be interested in helping them with the study.

P: Was this then just a casual encounter?

E: As far as I know. The first contact I had was when Hillis Miller [J. Hillis Miller, president, University of Florida, 1947-1953] walked into my office in New York, and said, "Evans, how in the hell do you go about establishing a medical school?"

P: Just like that? I hope he called you and made an appointment ahead of time.

E: I do not know whether he did or not.

P: Dr. Miller had come to the University of Florida from New York. Was there any

other than private money in the Commonwealth Fund when you became interested in public health? Was there federal government support?

E: No.

P: It was all private money and all Harkness and Standard Oil money.

E: Yes. There was all Harkness money in our rural hospital program until the Hill-Burton Act. Then we gave up our rural hospital program.

P: Was that in the 1940s?

E: Yes. We kept very good records on financing, staffing, trust, upkeep, instruction and so on. When the Hill-Burton Act was passed, we then gave up our rural hospital program and turned over all the data to the Hill-Burton office in Washington. We served as a consultant to their staff on architectural plans, maintenance costs and such things as that, for which we had gathered a considerable amount of data. We had become interested, of course, in hospitals generally. We began giving money to the American Hospital Association, and I can go on at long length.

P: What was your health officer doing in Florida? What was the Commonwealth doing here?

E: I do not know what we had going there.

P: It just happened?

E: He may have been there for a meeting of some sort. I do not know. But he came back and told me about it.

P: Were you the director of the Commonwealth Fund at the time?

E: No. I was in the rural hospital division at that time.

P: Why would he have come to you specifically?

E: Well, I was handling all medical affairs. I handled medical research also, and we were doing medical education. I was known among the university group.

P: Where was your office in New York?

E: It was then on Fifty-seventh Street, and I was on Fifty-seventh.

P: And Dr. Miller appeared one morning then?

- E: It is my recollection now, and it is probably not an accurate recollection, that he came in and wanted to know how in the hell to start a medical school.
- P: Do you remember approximately the date of that, Dr. Evans?
- E: No.
- P: Probably be about 1948 or 1949.
- E: We made our first grant to the university in 1951.
- P: Recollect, as best you can, that first visit of Miller.
- E: Well, my recollection is we discussed the problems to the university of a medical school, the part that a medical school should play in a university, and something about the university's role. I probably emphasized the need to integrate medical activities with the other activities of the university, particularly on the social science side. Medicine was then becoming a little more scientific than I liked.
- P: Why were you interested in developing that doctrine?
- E: Partly for the reason of the normal sequence of education of students, and a student's education in his natural growth. Medical education had been four years of college and then four years of medical school, with a big petition in between. There is no relationship between the pre-medical requirements and the needs of a medical school. The college years were requiring a lot of science to prepare students to pass the first two years of medical school. It did not prepare them for the clinical work at all. I was then beginning to see the continuing of education for the mature student – general education, professional education, and graduate education.
- P: And you saw the need of turning the medical student also into a humanist?
- E: Oh, yes. That is what a pediatrician is. You have got to simplify.
- P: And you felt that there was a lack of that in medical education in the United States?
- E: In most medical schools there is a lack of teaching to the ordinary person in society. They were teaching us the illnesses obviously, and they had to teach on ill people. But how do well people become ill? What happened to them? What kind of environment do they live in? What kind of families did they have? All those questions that are natural in the social field ought to be the first thought

of people in medicine, because they are going to deal with people.

P: It must have seemed good to you when Dr. Miller told you that the medical school would be on the campus of the University of Florida so that the students....

E: I do not know if he said that at the time. We got a request from Miller for a grant which we made him.

P: Do you remember how much?

E: Yes. \$96,500. The university was going to supply the rest of the money.

P: Or the state of Florida would supply the rest of the money.

E: This was for planning.

P: \$96,500. But J. Hillis Miller had asked you for considerably more than that.

E: Probably. Whether he asked for more than that, I do not know. The University of Florida is thinking like a university, as a university, charged by the state legislature to develop schools of medicine and nursing in a medical center. It had taken steps to fit the center not merely to the university matrix in which it will operate, but to the state whose health needs it must meet. It has begun a broad study of the state and of the resources already present in the university which should be woven into the pattern of medical education. These include a university college which provides two years, of a general education built around the social sciences as a foundation of all kinds of professional training, an agriculture experiment station which has studies of nutrition, an independent cancer research laboratory which draws on the biological sciences, a center for clinical services oriented toward psychology, and a student health service with a large medical staff. It has called in an experienced scientist educator to head a research group which is asking systematically the many questions that need to be asked before the policy, the structure, and the facilities of the medical center can be intelligently planned. This group is to report to the legislature in the spring of 1953 in time for the necessary appropriation to be considered. The time is short and the task ambitious. But the effort to think about what a medical school ought to be and do before a staff is hired and building plans are fixed is all but unheard of in the recent history of American medical education.

P: Dr. Evans, are you quoting from your report at the time?

E: This is the public report of the Commonwealth Fund.

P: At that time?

E: Yes.

P: Based upon your visits with Miller and the decision to move.

E: Such planning is so unconventional indeed that few state legislatures should be expected to see the need for it, and the Commonwealth Fund has come to its aid within a grant of \$96,500 toward a budget of \$152,060, or the expenses of the study with the university providing the rest.

P: Dr. Evans, the statement that you just read evaluating the situation in Gainesville about the medical school, what is that from?

E: It is from the 1952 annual report of the Commonwealth Fund, the thirty-fourth annual report.

P: And it lists in there all the activities of the Commonwealth Fund for that year?

E: It just lists what the Fund did that year.

P: And there is a section dealing with the University of Florida's proposal.

E: What I read to you is about the University of Florida.

P: I would like to ask you about the first visit of Dr. Miller to your New York office. I think this was as a result of an earlier contact that Dr. Wilson Sowdier, who was the state director of the Florida Board of Health, had with your man, Dr. Handley, which brought it to your attention for the first time. Perhaps it was Dr. Sowdier who also brought this to Dr. Miller's attention. Miller coming out of New York before he became president of the University of Florida would have been well acquainted with the Commonwealth Fund.

E: He might not have. It was a new fund and a young fund.

P: So he arrived in your office, and whether an appointment had been set up or not, you do not know.

E: I do not recall.

P: Did he come alone?

E: As far as I remember, yes. We talked about the university and its medical school, and undoubtedly discussed the role of the college with respect to

pre-medical education as well as the medical school. I am sure that in our conversation I emphasized the need for a continuum of education for the students. They go right from college to medical school without a serious jump although many medical students get into medical schools having come from colleges outside of their own university. Then I undoubtedly emphasized the way I felt about patient care, study of the ambulant patient, the study of community health needs, preventive medicine, and public health – the side of medicine which was of interest to me. It was the first opportunity that I had, as far as I can recall, being permitted to listen to and be a part of a university as it was getting ready for a medical school. I had been in contact with a lot of medical schools around the country, but some of the medical schools were in distant cities from the university, e.g., Cornell in New York.

P: Did you feel that operated to the disadvantage of the medical school?

E: Disadvantage of the students, yes.

P: Why?

E: I thought it was very..., well, I felt that medical students.... I am sure this came up in conversation later. I must have visited Gainesville quite frequently. I do not know how often. In one of the summer discussions I remember I also emphasized that medical students did not believe in a medical student dormitory. They should live with other university students. Do not isolate the medical student, or cut them off from the rest of their society.

P: Did you find a receptive audience to that philosophy as you remember it?

E: I think so. Yes, certainly with the people I came to know in the early days of the medical center.

P: Did the Commonwealth Fund make any demands on an institution to which it gave support? Did you say where the school would be located?

E: No. We did nothing of that sort. We made no demands about how they should use the money. They gave us their plan of operation, the budget, what they wanted to do with the money, and we accepted it. In only two or three incidences do I remember where we cancelled a grant because the university was not using the money as they had said they would.

P: Did the Commonwealth Fund support construction?

E: No capital at first.

P: The first allocation was for planning and for the development of the medical school. Not to build buildings. The money that you first gave, which was half of the \$152,000 budget, I am presuming, was the money that was used to support Dr. Maclachlan's survey [John Miller Maclachlan, chairman of sociology, analyst for health center, 1938-1959].

E: I would imagine so, yes. Now two years later I find this comment...[tape ends].

In our fifty-fourth annual report the fund approved reallocation of the remaining balance of a prior grant to the University of Florida, a state institution for publication of the results of the study.

P: This would be the Maclachlan study.

E: I presume so. This study covered more than a year's time, and included all elements of the university. It included interviews and more than 200 persons in the educational field throughout the country. It has influenced plans for the construction of the physical plant as well as the development of the education program and administrative organization of the health center as an integral part of the whole university. Now that is on the reallocation of the first year grant.

P: And that follows through on your thesis, the philosophy of making the medical school a part of the total university.

E: Yes. Now in 1955, this is in the report, the University of Florida with the aid of a two-year grant, will pursue its objective of making the health center, which included the medical school, an integral part of the university. The university, which is committed to a health and medical education program, designed to meet the needs of the state, is in the midst of implementing both building and educational programs resulting from studies undertaken with an earlier contract. The basic science building will be completed soon. Money for the hospital and clinical facilities has been appropriated by the legislature. The administrative organization for the center has been decided upon. A few key appointments have been made.

The first class of the medical school will enter in the fall of 1956. The grant made to Florida provides for educational planning including curriculum structuring, and student education, selection, and guidance. The medical and arts and science faculties will give primary attention to working out a logical progression from general to professional education. Also, initial studies of patient care will be started prior to the opening of the hospital. These studies will center around patient needs peculiar to the local population and around the requirements of the new medical curriculum. In other words, this is being fit into society, fit into the university, and integrated all the way through.

P: Dr. Evans, can you remember how much money the Commonwealth Fund gave in total to the university?

E: Well the University of Florida, for pre-operational planning for a new medical school and health center was given \$143,650.

P: And you had already appropriated \$96,000, I believe.

E: Yes.

P: Were those the two totals?

E: As far as I know, yes.

P: That was a substantial amount of money in the 1950s.

E: Yes, very substantial.

P: Was there any question raised about providing support for a state university? Were there any objections to that?

E: No.

P: This was not the first time the Commonwealth Fund had supported state universities?

E: No, it had given money to state universities.

P: That's good. What about your remembrance of J. Hillis Miller?

E: Very easy, friendly person. Very sympathetic to the things that I wanted to talk about. I remember that very distinctly.

P: You did not find him an argumentative or a controversial person?

E: No. I had no reason to because we were not insisting that they do anything in our way, for example. We were trying to find out what they wanted to do, and undoubtedly we were pleased with it or we would not have given the money.

P: I am not trying to leave the impression that he was, because as far as I know, he was not an argumentative person. I was wondering if you two got along and became friends with each other.

- E: Oh, yes. When I lived down there I saw him quite frequently.
- P: When you came to Gainesville, where did you stay?
- E: I do not remember now.
- P: At a hotel?
- E: I think so.
- P: Probably at the Hotel Thomas.
- E: Oh, no. Some of the time I stayed at the vice-president's suite or something.
- P: We still have that over at the Hub.
- E: Is that what you call it?
- P: Well, now it is used for everybody and everything.
- E: What did you used to call it?
- P: Well it, I think it was called the vice-presidential suite, but I have forgotten.
- E: One time I was there and whoever I was to pick up the key from could not get it because the person who had just left that suite had taken the key with him.
- P: So you were locked out. Who else did you work with on that campus besides Miller?
- E: Oh, I probably met a great many of the faculty, but I do not remember the names at all.
- P: I wondered if there was any particular person there that you worked with?
- E: Well, after the thing got going of course I saw consistently George [George Thomas Harrell, dean, College of Medicine, University of Florida, 1954-1965]. I saw Sam Martin [Samuel Preston Martin, provost, department head and professor, College of Medicine, University of Florida, 1956-1962] when he was there. I used to go to their home.
- P: Did you see any problems or weaknesses with the plans for Gainesville?
- E: I think I questioned with George Harrell why the medical school and the hospital

were located where they were.

P: You mean in Gainesville or in that part of the campus?

E: Well, I had a vision of it being right in the campus, but there was quite a separation from the campus. There were a lot of trees in between as I recall.

P: Not anymore. It is right in the campus now. All the trees are gone.

E: It is all built up now?

P: It is all built up. Just up the hill one block from it is the Florida State Museum.

E: I saw some physical separation which I thought might be a handicap.

P: That was just a temporary situation.

E: Yes, it has proved to be.

P: Were you at all involved in the plans for the construction of the building?

E: Oh, I watched it go up. I was very much interested in it, but not in the meticulousness with which George Harrell followed the whole proceeding. I used to kid him saying he ran around with a yardstick in his hand all the time. He measured everything.

P: Do you remember your first visit to the campus?

E: I do not remember the first one, no.

P: What was your impression of the campus?

E: Oh, I liked it.

P: Why?

E: It was open.

P: Did you have any input as far as the faculty was concerned? Did you make any recommendations?

E: No.

P: You were acquainted with Sam Martin, when he was working at Duke?

E: I am not sure when I first met Sam, but it may have been at Duke. I knew of him and I knew him soon after he came to Florida. He was in and out of Florida.

P: I wondered whether it was you who had brought him to the attention of Harrell and the other people in Gainesville.

E: No. I do not know who picked Sam. Does Sam know?

P: Yes, I was just wondering if he credits the Commonwealth Fund and you with at least bringing his name to the attention of people in Gainesville.

E: Well, if we did, I do not remember, and I do not know how it was done.

P: Had you supported some of his work at Duke through the Commonwealth Fund?

E: I do not know.

P: I think so. I think that is probably where the association began. You did not know J. Hillis Miller before he paid this visit, even though he had been a chancellor of higher education for the state of New York.

E: Yes, chancellor for the board of regents.

P: Yes, he came to Gainesville probably from Albany, New York.

E: Yes, and that is where he would have been.

P: Have you visited Gainesville the last several years at all?

E: No.

P: So you do not know what handiwork you have wrought there.

E: Well, anyway, what were you....

[Sam Martin enters here]

M: Remembering about how we got started, I took over the outpatient clinic and I was doing a number of things in community medicine. I had gotten some support and Davidson [Robert Franklin Davidson, chairman, department of humanities, University of Florida, 1946-1962] invited you down, and you and I spent a couple of days at Duke talking about ambulatory medicine and community medicine. I tried to get Duke to do something innovative and you were quite interested in what I was doing, but I could never sell Duke in this area.

E: I asked Davidson on that visit if I could see a certain professor of sociology.

M: That is right.

E: I forget who he was. He came over to Dave's office. That was the first time a professor of sociology had ever been in the medical center.

M: Had ever been in the medical school. And then when they started looking for a professor of medicine in Gainesville, you suggested me. It was related to that visit at Duke.

E: My most intimate recollection of you is you being a graduate of Washington University, and my remembering your father. You used to say at Duke that he was the best doctor you had ever known.

M: That is right, and he was.

E: The professor of chemistry then at Duke, who went on to Washington, was Phil Handler.

E: Phil Handler's wife was coming down for some neurological illness at that time.

M: That is right.

E: And I had talked with Phil Handler on that same visit, I guess, about the sciences and the humanities. I remarked to you how strange that was with his wife having a neurological illness and he not being interested in the humanities. I remember that now.

P: I was asking Dr. Evans about the support of the first grant, and that that must have been the money which went into the work of John Maclachlan.

M: The first Commonwealth grant, which was \$96,000, paid for much of the Maclachlan, Malluth, and the study of the state and paid also for the curriculum studies. They did some very fascinating curriculum studies. Arnold Grobman [Arnold Brams Grobman, director, Florida State Museum, 1952-1959, University of Florida, faculty, 1946-1959] was a part of them.

E: Arnold Grobman might have then later published a paper on integration of college education and medical education.

M: That is what right now is becoming a very hot topic in medical education. During the 1940s and 1950s I was terribly frustrated because Florida would not go that

route. Now Harvard, Penn, the University of Chicago, and a group of them are trying to do the things that were written up in that initial study. Two curriculums were written from that study.

E: I must have been familiar with that study while it was going on.

M: Oh, yes you were. You paid for it. That is what your ninety thousand went for. Then you renewed the grant, and your foundation paid my salary the first two years I was in Florida.

P: And for the publication of the report?

M: That was the second grant.

P: We estimate that the two grants came to about \$200,000.

M: I would suspect that, maybe a little bit more.

P: A quarter of a million dollars?

M: Yes, that would be my guess. When I went to Florida it was my understanding, that we were going to do all these innovative things.

P: Who blocked these things? Was it Harrell or was it Miller?

M: My feeling was that it was George. Completely.

P: Well, it would not have been Miller because he was dead.

M: Miller was for it. I cannot blame it all on George, but....

E: George was very rigid. He made the remark that he had talked with you about running around the building with a yardstick in his hand all the time and checking on the architecture. He was a measurer.

M: That was him. He was an architect. He was really a frustrated architect.

E: Very rigid.

P: Was that philosophy carried over into the operation of the school as he was measuring the time and energy and effort, and could not see the humanities paying off?

M: I think it was two things, as I look back in retrospect. Part of it was the fact that George had a faculty that did not buy this. He had brought onboard a faculty

that did not buy this. He brought aboard some people who looked down on the University of Florida, and thought that it was a second-rate place and that they were first rate. That created, I thought, some bad will at Florida, and I do not know whether you felt that or not. You were there. You have probably seen it.

And second, they wanted to do medical things, but they did not really want to participate in university graduate education, for example. In some of the sciences, we could have strengthened the department of biology which was a very strong department in ethology and ecology, but pretty miserable in physiology and those areas.

E: Psychology was fairly strong.

M: Psychology was fairly strong, and when I was hired at Florida I was told by George that we would meld these together, and we would have this great university and medical school together. But the faculty that George hired would no do that, and George would not push them. George would not exert the pressure.

E: Name some of the people who were hired.

M: Frank Putnam [Frank William Putnam, professor of biochemistry, University of Florida, 1955-1965] was in biochemistry. Frank was a superb biochemist. He wanted to do medical school biochemistry and graduate biochemical education, but he did not want to participate university-wide. The hope was that it would be a melding of the undergraduate medical parts. The sciences would fit very nicely together, and rather than have compartments, like organic chemistry, take a beginning biochemistry course. That would be taught partly by the medical school, and partly by the university.

P: Who were some of the other faculty that might have shared that kind of a philosophy?

M: I think that the professor of anatomy, and the professor of biochemistry, shared that separate philosophy.

P: Do you think that it was because of the fact that they came out of the traditional....

M: I think it was two things. They came out of a traditional school, and they came to a new place and wanted to make their reputation. Lester and I talked about this a lot. They wanted to make their reputations with the other medical educators in the country and they were afraid to be venturesome.

P: But Dean Harrell took pride in that he had brought a lot of young innovative

people. They came into an established university, and a medical school that was just starting up. It was going to do great things, but the great things did not include....

M: Include the University of Florida. It included the University of Florida Medical School.

E: If you are an anatomist, you become a greater anatomist. If you are a biochemist, you become a greater biochemist.

P: But not a greater medical educator.

M: Or a greater university scholar. In other words, their interest was not in making the University of Florida a great university where we have medical education melding with undergraduate education.

P: I gathered, too, that there was no real strong direction for Tigert Hall with people like J. Wayne Reitz [J. Wayne Reitz, president, University of Florida, 1955-1967] to push this kind of thing.

M: Nobody had the courage to do it.

E: There is another situation that I remember we discussed. The Nursing School and the School of Social Work. I felt that they should be a part of the health complex and they were sort of a tie to the university as a whole.

M: Very strong, I thought.

E: They had a very strong nursing staff. Who was the dean of nurses?

M: Dorothy Smith [Dorothy Smith, dean, College of Nursing, 1956-1973].

P: Did Dorothy Smith share this concept?

M: Yes, very much so. I felt when I was immersed in this that very basically I had made a mistake in that a new school could not do this. I still think that is true. None of our new schools has ever been innovative. Lester, I think that was a mistake that both you and I made: that new schools cannot be venturesome because you are the first kid on the block and you have got to establish yourself with all the other kids on the block. You are the new kid on the block. Florida just was not the place to be innovative, and to think I split my ass trying to do it, but I could not do it.

P: Did your philosophy receive much support elsewhere, say in the legislature, or

from people like Shands?

M: Bill Shands was quite interested in it. Our personal conversations dwelt with it and my frustration.

E: Hillis Miller was very much interested.

M: J. Hillis Miller was into it.

P: But he died too soon.

M: And Wayne was into it. Wayne was solidly an advocate of it, but Wayne never had the, you know. He was fighting for his survival, and with all of the mess that occurred. I think if Hillis Miller had lived, that school would have been a great school because I think he had a _____ that was going. Then it fell into the argument at the top level between Allen [John Stuart Allen, vice-president, acting president after J. Hillis died], Reitz, the regents, and all of that, and I saw that this _____ beginning to fall off. Then Reitz and George got into a hassle. And that then just actually ended our opportunity of really doing very much. That was the mess that I stepped into. Reitz and George were at each other's throats.

E: How long had you been at Florida when you left?

M: About five years.

E: You had been there longer than that, hadn't you?

M: Not when I took over Russell Poor's [Russell Spurgeon Poor, provost for the Health Center] job as the provost. As provost I immediately saw that it could not be done.

E: Well, when did you get your fellowship to go to London?

M: I got that in 1968 or 1969.

E: Was that right after Florida?

M: I had said "I am going to do medical economics," and everybody had said, "You are crazy." I went to see Collin, and Collin said, "You are smart. Get in there and do medical economics. I will support you, but I will only support you if you will spend six months in London at the London School of Economics." I said, "That is fine. I will do that."

So the Commonwealth picked up my support. Then I spent a year and a half at

Harvard with Marty Feldstein [Martin Stuart Feldstein, economist, Harvard University, 1967-present.], who has been the president's economic adviser, and six months in London, and then went back to Harvard to stay on the faculty. But Penn offered me the position and I came down here.

P: Dr. Evans, did the Fund just stand aside and say to the University of Florida, you plow your own furrow, or did you step in, or was there any effort on your part to develop this philosophy that Sam had?

E: Well, there were sympathetic people who we talked to so we had no programs that we had laid out for the institution to get the money from us must follow that program. The program was not designed by us. We waited for the plans.

M: That was the way Lester worked when he was in that position. At least, I always felt that was the way he worked because on my first contact at Duke, I went to Lester and said this is an idea, and the dean invited him down, and I came in contact with him, and I said, "This is an idea I am interested in." Lester said, "You know, that is an idea we are interested in. Let's collaborate." So we talked and Lester said, "Well, if Duke will write the program because it was too radical of a venture for them at that particular time. Florida wrote a program that looked like it, but I think one of the things that....

E: What we did was compromise this program for the basic science building.

M: And you see, the big push came from medical science, not medical science and the other.

P: Now the Maclachlan report and its areas of curriculum development, did it develop the concept that you had?

M: Yes. This was the same concept that I tried to sell Duke, and that is why I think Lester recommended me to them because he thought somebody had some sympathy.

P: So this was at least one of the major reasons why the Commonwealth Fund was willing to put money into the Florida program for planning.

M: That is right.

P: It gave the initial grant to come up with the report, then it gave a second grant to implement it.

M: But I think that one has to recognize also the way my dealings with Lester's foundation have been. The Fund helps you develop the program but does not

tell you how to run it. Now, they may not give you any money the next time around if you go in a different direction than you say you would.

P: That is what I want to know – whether they had any supervisory –

M: No. They had no supervisory capacity at all. They had verbal support, and I felt that I got a lot of support in the early days from Lester and his group. I got more from them than I got from anybody at Florida.

P: Dr. Evans, I asked you about your relationship with Dr. Miller, and you indicated that that was a close friendly pleasant relationship.

E: I liked him very much. He was easy, and I cannot conceive that I would talk to Hillis Miller in any other way than we are talking right now.

P: The problem there is, of course, he did not last as long as everybody hoped. He died. How about your relationship with Dean Harrell?

E: It was a perfectly friendly relationship, but I did sense that George Harrell would be quite rigid, meticulous, and detailed. When he left Florida and took the job at Hershey, I was surprised that he tried to do at Hershey some of the things that had never happened at Florida. He established a department of social sciences in the medical school.

P: Which he had resisted in Gainesville.

E: Yes. They hired a minister.

M: I think the interesting difference there, though, was that George would have established a department of humanities in the medical school, but he could not deal with the humanities in the university. He had to control it, rather than, say, fight with Sam Proctor.

E: Well, I made a point about the establishment of a medical school at Hershey. The executor of the Hershey estate called me on the phone in New York and told me that there was this \$49 million – I think that was the figure – available for a new medical school given by the Hershey Foundation, and there was a question about its location. I said, "Well, you ought to locate it at Penn State University. Make it a part of the university." You see, I was still putting out the same idea. Put it in the university. So the conditions were such that the money had to be spent at Hershey. So the medical school was developed in Hershey.

P: You said a few moments ago, and I did not want to let that pass, that Dean Harrell hired a minister.

E: I think he was an ordained minister.

P: Are you now talking about Sam Banks [Samuel Alston Banks, chaplain of health center and assistant professor of psychiatry and religion]? Are you talking about a minister in Gainesville or one at Hershey?

M: No, he is talking about at Hershey. But both places we hired a minister.

P: Yes. He hired Sam Banks and Banks came out of the department of religion to the medical center.

E: Well, I did not know if that happened in Gainesville.

M: He set up the department of humanities at ____ at Hershey. I think that the key difference is determining whether the department of humanities is in a medical school, or the medical school is in a university and having to go to the man in humanities, not as your employee, but as your equal and negotiating with him. I think that is the difference and what a university is about. I do not want a history department in a medical school. It would be a damn poor history department. So I am willing, and feel that we as medical people should be willing to go across the street to the historian and say we want something done in history. Can you help us? And give him the money and let him develop the program that he wants. It might not be what I want, but then we negotiate.

P: Exactly.

M: You have to treat the liberal arts and the humanities has equals. They cannot be hirelings of the medical school because the moment they are hired by the medical school, they behave differently, or at least I feel they do.

P: Dr. Evans, is this the philosophy that you share? You came out of a traditional classical medical education program.

E: Yes. Speaking personally, I sat around and waited for repeating opportunities like Sam is talking about. But when Michigan State University came along, we gave them a feasibility study grant, and they got Andy Hunt [Andrew Dickson Hunt, dean of College of Human Medicine, Michigan State, 1964-1977] back as dean. Andy Hunt had been associated with the fund project in Hunterdon County, New Jersey.

Now I had retired from the Commonwealth Fund by that time. So Andy got me out there with the title of visiting professor. I sat out there for a year and a half, and the university people were planning a medical school. The original faculty of the medical school contained a professor of anthropology, a professor of sociology, a professor of psychology, and they had all those professors in the

medical school before they had a surgeon or an intern.

P: We never had that in Gainesville.

M: No, we did not. I think it is relatively clear why we did not.

P: We do not have it today.

M: We are further from it now than we were then.

P: I do not think there is any thought to doing anything like that.

E: Michigan State started medical students in the clinic. I saw freshmen medical students who could do a wonderful physical examination. Good interviews. But now they are lapsing into the regular sciences.

M: They are going back in that direction. While you look at schools like Rochester, Penn, and Harvard, they are going the other way. This year I am teaching physical diagnosis and the textbook we are using to teach physical diagnosis is written by a doctor and a social worker. It is a totally new way of looking at a patient because you look at a patient not as a disease, but as a human being struggling. You look at a doctor who is no longer God. He is a fellow human being struggling with many of the same things the patient is going through, helping the patient, and being much more empathetic.

E: All a doctor does is to help a patient adjust to his environment, whether it is an internal environment or an external environment.

M: That is right.

E: If his internal environment is off for lack of a medicine or something, the doctor gives him a shot. If it is his external environment, a psychiatrist takes care of him.

P: Dr. Evans, I want to ask you about another area of activity and interest. It relates to the isolated situation of the medical school in Gainesville, Florida, to the surrounding rural counties. There are some sixteen rural counties, and perhaps all of them at that time had little or no medical facilities. Florida was interested in developing an outreach program of bringing medical support to these areas. Was the Commonwealth Fund interested in that?

E: Well, we were then very pleased about it.

P: Were you involved in that?

M: I do not know whether you all were involved in the Mayo project or not. They may have been.

E: In terms of money, I do not think so.

M: I cannot remember who did that. There was a project which we called the Mayo Project, but it was [with] the university. Dick Reynolds can tell you about that. He is the dean at Rutgers now. He can tell you who furnished the money for that project. I am not sure. I am not sure it was not done with university funds.

E: There have been two or three instances where medical schools have developed outreach clinics, so to speak.

M: Well, the Hunterdon thing was at Columbia University and you all supported that.

E: Kentucky started out as a new medical school. The architect of that medical school, in terms of the selection of the faculty, was a sociologist. Stewart was his name, if I remember correctly.

M: I cannot remember, but I know who he was.

P: Dr. Evans, how long did the association between the University of Florida Medical School and the Commonwealth Fund continue? Did you bring it to an end with the second grant?

E: I do not remember any other grant.

P: So that your work with the university went on during the 1950s?

M: Probably ended about 1965.

P: Why would it have lasted that long?

M: It would not have lasted that long. It probably ended around 1958.

E: Yes.

P: Because the amount of money was about \$250,000 and the first part went to support the project that Maclachlan was on. The second was to carry that into operation. It really never did that.

M: Never did.

P: It published the report. Were you ever in Gainesville after the 1950s?

- E: Yes, but just when, I cannot tell you.
- P: But it was just passing through and you were just renewing acquaintances with old friends.
- M: Your last real length visit to Gainesville was the closing out of the grant. I remember you and a tall, thin fellow from the Foundation came down.
- E: John Eberhart.
- M: He spent three days, four days there.
- P: That would have been the end of the 1950s?
- M: Yes, and you interviewed lots of people, and I guess it was three or four years later when you shared in no uncertain terms with me your ideas as to what you saw.
- P: Were they good or bad?
- M: Well, they were very disturbed that we had not done more with the university.
- P: Could you speak to that point?
- E: Yes, it is that kind of thing that I cannot be accurate about. If I had all my field notes and the memoranda that I would write after a visit, yes. I had all these things in the field notes. But Florida has been an awful long time ago.
- P: Are your field notes in the archives in New York?
- E: Oh, yes.
- P: So they would be available for an historian to check. But as you remembered Sam, they were unhappy with what had happened in Gainesville.
- M: Well, Lester said that he thought it was a shame that we had not proceeded along many of the lines that we had said we were going to do about integrating into the university.
- P: A promise unfulfilled. Was this disappointment in the reports, Dr. Evans?
- E: They could have been in subsequent years in connection with something else, but there would not have been many published.

- M: Oh, no, not published. I never saw those and I only know what you told me. That you were disappointed in the direction.
- E: I probably had total integration all the way through, but I was talking about the sequence of education, remember? College and medical school and graduate school – the continuum. And the only thing common there is the student's core. It goes from one area into another.
- M: But medical education should be a continuum. One part of the original report, the two-four-two, and the two-three-two, what they called two years of college, three years of college and medical school, combined certain things that should be taking place. One would be looking at people physiologically and biochemically, but also looking at them socially and psychologically, and looking at them as one would from the humanities.
- P: Could I then conclude as a non-medical person standing looking at the situation at the University of Florida that we turned out some excellently trained doctors since the medical school has opened?
- M: Oh, they do an excellent job of training conventional physicians.
- P: We have not necessarily turned out well-rounded human beings?
- M: Well, you may have even done that, but what we did not do at Florida, that we set about to do, is to make a medical school that was an integral part of a great university, and combine and use the total university assets to turn out a better physician of broader education.
- E: Yes, I think probably Sam's and my ideas of the integration of the medical school with the university is, if you pull the medical school out of a university where they were well integrated, you would pull a lot of the university out with it.
- M: You would hurt the university, and vice versa.
- E: See, I remarked someplace and it got into some of these published reports, I remember one of the Florida things – now we have found a university that is behaving like a university. They want to find a medical school that is a part of the university.
- P: Is this concept of a medical school's relationship to the total university a concept of the twentieth century, or does this go back to the medieval period, the early period, when medical schools perhaps were a part of the total university?
- M: I think historically that medicine is a social science.

E: Now look at the origins of the university. Universities came about through the demands of law, medicine, and theology for places to study. That is how the university came into being. These professions were active even before the university. Medicine, law, and theology wanted a place for advanced study, and that is how the university came into being.

M: And all of them left the university as quickly as they could. Left without....

E: Yes, when these became practicing professions, and money in its own right.

M: Yes, I think there is a lot to that. But I think that what happened was the world, pulled them apart because of the science, the discovery of the bacterias that caused disease and the mechanical concept of a human being and disease. This extracted them from the broader part of illness and made them a very small specialist over there. Then they were quite successful with it and money began to come their way. Many young good scientists went to medical schools because they could get grants rather than stay in a university and teach basic biology. They would rather just teach basic biology in a medical school with the view that medicine is science.

E: I had an associate at the Fund, Rod Heffring, who was not as interested in medical education as I am, for example. He was more interested in supporting straight out research projects. And I said to him, "Rod, why did you ever study medicine?" And he said, "Well, going to a medical school when I was a student was the only place where you could learn science."

M: Or learn physiology.

P: Dr. Evans, you were an administrator for a long time working for the Commonwealth Fund. Now what else were you doing? Were you lecturing? Were you writing?

E: I was visiting with an awful lot of people, and I was going to meetings and listening to people, and I spent my time out in the field, not in New York City.

M: Every time I would go to a medical meeting, A.A.M.C. meeting, I would see Lester sitting over in the corner with his pencil, listening and taking notes.

P: Were you engaged in any personal research projects?

E: No.

P: You have a rather lengthy bibliography. What did that come from?

- E: From what medical education ought to be, I guess.
- P: So that really determined your research, and that was your own special interest, too.
- E: My own special interest is medical education. I spent some time arguing that medical education, the education of doctors, is the heart of medicine. What kind of doctor do you want to educate considering that medicine is a social function? See, medicine does not belong to the medical profession. The medical profession now is becoming a commercial entity. Medicine is becoming professionalized, and within medicine we are becoming further professionalized, when you become a specialist of such and such. If you become a good radiotherapist, you are no longer a good internist.
- M: The important thing is that there is this vast system, and nobody is tending it and that vast system is a social system as easily as it is an intricate cellular biological system. We have got to produce the kind of people that tend to this system.
- P: Dr. Evans, you retired in 1959?
- E: Yes.
- P: Now you really did not retire. You have been a busy man since 1959.
- E: In 1959, I went to Michigan State for a year and a half when they organized the new medical school, and sat with the university faculty while they were planning a medical school.
- P: You went out there as a consultant?
- E: Yes, called a visiting professor. Then I went to the University of Illinois for almost two years to study all of their health profession schools. I gave a report predicting the future of their health profession schools saying where I thought they should be enlarged, the direction they should go, and pointed out that the health professions particularly must be more concerned about community health care. Who was the president of the university then? And old friend of mine who used to be at Tulane. I cannot think of his name now. He called an all-university faculty meeting at one of the resorts, a weekend faculty retreat. He had people from all sections of the university, as well as medicine, and we were talking then about the future of medicine within the University of Illinois, the future of nursing, and pharmacy, and so on. I emphasized the community aspect of medicine, and one of the university faculty got up and said, "Don't listen to Evans, he's talking communism" [laughter].

E: Well, that sold the report really.

P: And after your Illinois stint?

E: Then the New York State Regents, at the instigation of Nelson Rockefeller who was then governor, wet up a committee to study educational needs in the health profession in New York State. That was when I got Herbert Lukashok. He called me a little while ago.

P: And where is he?

E: He is at Einstein as an associate professor of community medicine. Has no medical degree. As a matter of fact, he has no master's degree.

P: How long were you in that project?

E: Just about a year and a half, I think.

P: So that takes you now to the middle or late 1960s.

E: Well, I was out on various things that I do not remember now.

M: You got into the regional medical program in Connecticut now, too?

E: Yes. The regional medical program. We moved to the farm and I was on the regional medical program there as a consultant to the board of higher education. That was the title I had until we moved here eleven years ago.

P: During the past eleven years have you worked as a consultant?

E: No.

P: So you are in retirement now?

E: I have been in retirement for the last six or seven years. It would have been physically impossible to have done anything anyway.

P: Did you continue your writing in the 1960s and 1970s?

E: I never did write a great deal.

P: Well, your bibliography looks pretty healthy to me.

- E: I would write to give a talk. The only time I would write is when I had to give a talk. I did write the Cook lectures at Michigan. I was asked to give the Cook lectures at Michigan. That is an endowed lectureship. They wanted me to give five lectures, five consecutive days in one week. I said I could not possibly do it. I said I would give five lectures if we could extend them over five weeks' time, one a week. So I sat out there and wrote them as I gave them. They had rights to the manuscripts so they published a little book which I called *The University and Medicine*. The University Press said that would not sell the book, so they named it *The Crisis in Medical Education*. Well, that did not sell the book either.
- P: Just goes to show you how much they know.
- E: But, in those five talks I tried to summarize everything we have been talking about, and I had been thinking about and working on. I drew on the experiences at the various universities and the experience in the Fund, and of our various mental health program, the rural hospital program, and my research activities. See, I had no preparation for my job other than a pediatric education, and my initial experience in community medicine which colored me thereafter that medicine is only good if it is out in the community.
- P: Well, obviously you were doing a superb job if you stayed in it thirty years.
- E: The Fund programs were growing in the hospital fields, medical research fields, and the war field. We were in war medicine for a while. A lot of physiological research. A lot of mental health activities.
- P: What about the future? Where do you see us going in terms of what we have been talking about this afternoon of developing medical schools into agencies that are concerned about the problems of society?
- E: Universities have got to do it. Bok's article, which appeared in the *Harvard Magazine*....
- M: You saw that, *Harvard Magazine*, Bok's attack on medical education.
- E: Well, I have had several letters since then saying that Bok said nothing which we have not been saying for twenty-five, thirty, or forty years.
- M: That is right.
- P: Who is Bok?
- M: He is president of Harvard University.

P: What is his full name?

M: Derek Bok [Derek Curtis Bok, president, Harvard University, 1971 to present].

M: I thought he was very much a johnny-come-lately because there have been loads of people. But of course if you want to make something legitimate in American, Harvard does it, and then it becomes legitimate.

E: One of my friends wrote and said, "Well, Harvard's finally caught up."

M: Yes, that is right. But I think that what he is saying is we can no longer trust medical education to medical schools, and particularly we can no longer trust the physicians. It is a university enterprise.

E: Yes.

P: Dr. Evans, do you see this happening now in 1984 and for the next several years?

E: I see things that might prevent it happening. One is the amount of money that is going into medicine. See, medicine is such a prosperous occupation. You cannot go wrong if you are in medicine. You will make money. I do not care what you do.

P: Or whether you are good or bad.

E: No.

M: No bankruptcies in medicine.

E: What is it, 50,000 untrained doctors practicing in this country?

M: That is right.

E: I do not know anything about economics, something in the way we have handled money makes money the most valuable thing we have. It is more valuable than moral attitudes, philosophical interests, and so on. A measure of success is how much money you have. Whether you make it honestly or not is not questioned. It is just how much you have. That is pervading all the professional activities. Hospitals are caught up in the commercialization now, and you cannot deny the fact. I just got a paper by Rosett, who is now dean of the faculty of Arts and Sciences at Washington University.

P: What is his name, Dr. Evans?

M: Richard N. Rosett.

E: At the time this lecture was delivered, Dr. Rosett was professor of business economics at the University of Chicago, and he is defending the for-profit hospital on the basis of it knows how to manage its money. It is more efficient, and you get more for your money, but sidesteps the question of quality of care. That is the lectureship at Chicago.

M: Dean of the faculty of Arts and Sciences, Washington University.

E: He got that job, you see, after he had delivered this lecture.

P: Well, if that philosophy prevails, doesn't that mean that there will not be enough money or time or interest in developing this other concept?

E: To me it means that there will be less money for people like Sam to work and try out new things.

P: The money that is going to be made available to the Sam Martins in the United States, where is that money going to come from? Is it going to come from the Commonwealth Fund?

P: Well, private endeavor partly. But, the government is into this through Medicare and Medicaid in such a big fashion now that, I think, sixty percent of all health care in the United States is financed by the government.

P: They are funding the traditional doctors. They do not care how educated the doctors are. The doctors themselves are not doing this. Doctors are the stingiest when it comes to donations.

M: The donations, yes.

P: So it is going to have to continue to lean upon private foundations like the Commonwealth Fund, is it not?

M: I think that is where the ideas are coming from. They always have, though. The government has never done anything innovative except in the biological sciences. They have done that.

P: And even state governments are only willing to put up money for bricks and mortar.

M: That is right, yes.

P: And to pay salaries.

M: And not programmatic.

P: Yes. So curriculum development and programs will have to turn to foundations, and they are running into problems, too, with shrinking endowments and so on.

M: But actually, medically, new foundations are opening up everyday. I think foundation dollars have grown greater in this country and have a greater impact now than twenty years ago because they have wisely invested their money, and there are big new monies coming into them.

P: Are they willing to support programs?

M: Yes, they are. That is the one comforting thing. I found the foundations a real haven every time I have needed something. Lester's foundation has helped me four or five times at critical periods. The Johnson Foundation has been extremely generous. The Ford Foundation and the Kaiser Family Foundation have given us money. I counted the other day and I have been at Penn for ten years. I think foundation money alone during that time that I have been able to get amounts to six or eight million dollars of foundation money, and eleven or twelve million dollars' worth of federal money.

P: Sam, is this because of you and your reputation?

M: No. I think it is because of ideas that we put forth. Foundations still buy ideas, and they are not hung up.

E: Foundations are not going around setting up programs.

M: They buy ideas, and they like to be at the cutting edge. As a new idea floats up, they like to be the one that picks it up.

E: I am very much interested in the MacArthur Foundation picking competent scientists and people in their middle age, and giving them eighty or ninety or a hundred thousand dollars for the rest of their lives.

M: They are doing a very good job there.

E: Just endow them.

P: I gather, then, as two medical educators you are looking to the future with some degree or optimism in terms of the concepts that you have.

E: Well, Sam and I are looking forward to a kind of moral and ethical leadership.

M: Yes. Now Lester does not see that necessarily in the proprietary business. I am not sure it is not there. That there are some people in the proprietary business that are crooks, but there are some awfully good people out there who may step in. From my preliminary talkings with some of them, they are as interested in the ethical and morals things that you and I have been interested in. How can my millions that I am making off of health care be invested better to approach the moral and ethical problems? I am making my money there. Why shouldn't I do that?

P: Would either one of you hazard any guess as to the future development of the University of Florida's Medical School?

M: I think it will improve markedly as it matures, and it just cannot keep from someday being influenced by that university, and the university is getting better every year. You know that. I would hope that it moves into the.... It is in the middle of the medical schools in the United States. It is not at the cutting edge of anything that I know of. It is hard for a state school to get at the cutting edge – politically or socially.

E: The state school, in some respects, is closer to social needs than a private school. Yale, for example, does not have to be in Connecticut. Harvard does not have to be in Massachusetts. But, the University of Massachusetts has to be in Massachusetts. The University of Florida has to be in Florida.

P: And as far as I can see, it has to be in Gainesville, Florida.

M: Yes, that is right, though I am disappointed that its beginnings were so noble and that it faltered. But I think it will pick back up.

M: Lester ought to comment on Florida, too.

P: Do you think the money, the Commonwealth Fund money, was wasted in Florida?

E: Oh, no, because people used it to try to find out something.

M: I do not think it was wasted at all because it gave some very bright people opportunities to sit and think and play around with new ideas that.... I could not do what I am doing now had I not struggled through Florida, and I learned a lot from that experience. I think all the innovative things that are going on at Penn directly come from Florida.

E: How far are you from compulsory retirement?

M: I do not guess Penn has it. I went in a year ago to retire, thinking that I should retire....

E: How old are you?

M: Sixty-eight. I went in thinking I should retire and the dean said, "Oh, no, you can't."

E: You are nineteen years younger than I.

M: That is right. And the dean said, "No you cannot retire because I want to you talk on the Dana job." I got that going, and the dean just put me on the curriculum committee and a number of committees, and said, "I want you to work on curriculum now for the next few years." So, I do not think he is going to retire me.

I did do this. I set up a committee with the dean to look at my record at the end of each year and as soon as it is flags, I want them to be sure and let me know first. So there is an anonymous committee of ten that looks at my record every year.

E: Well, I think with all the discoveries within the field of science now and the humanities and the arts, the imagination of the world and in society, medicine is going to "improve," or keep up with needs, whatever. I am not pessimistic about the future. I am just disturbed about the process that we are going through now.

P: Well, from all we can gather, our medical schools, including the University of Florida, are turning out more competent doctors in terms of medical research.

E: Technically, no doubt.

M: Technically, no doubt, they are better. I am not sure they are turning out better humanists.

P: Well, that is it. That is the whole point that we have been making.

M: Maybe not turning out people who clearly understand the moral and ethical obligations of medicine and the place of – [tape ends].

E: – give you \$100,000 on an artificial heart transplant. Now I cannot argue against it. But when I think what that \$100,000 could have done in other places where it is very badly needed in terms of human service at the moment...

P: Like feeding the hungry in Ethiopia?

- E: Well, you can put it that way, or take care of the hungry in Philadelphia.
- M: Or in preventive practices, seeing that every pregnant mother sees a physician and gets into the medical care system early.
- E: Keep the off the alcohol and cocaine.
- P: Is our society affluent enough so that it can do both?
- M: Clearly. The other is cheaper. Feeding the child is a hell of a lot cheaper than dealing with a mentally defective adult at sixteen, and that is what you are trading on.
- E: What we got going against us now are the conservative, religious anti-abortion crowd. Part of our problem with feeding children, you see, is that we have not controlled our birth rate yet.
- P: One of the things that I would like to ask as we reach toward the end of this is that I find politically so many of the doctors are right of center, and conservative in their economic philosophy and support political candidates. Are they not also tied in with the "religious Right"?
- M: I have found very little connection between the conservative medical student or resident and the right that you are talking about. Physicians are conservative for many reasons and they are trained to be inherently cautious.
- E: They are cautious.
- M: They are cautious people, and they are for the status quo.
- P: I do not know many doctors who voted for Mondale. That is the kind of thing I am wondering about. The candidate that did win and the candidate which most of them supported is also tied in with this group that Dr. Evans is talking about.
- M: Although I would argue at length that Ronald Reagan is not tied into this group at all. Ronald Reagan is an actor, and he is acting president and they are furnishing him money and he does it. I do not think he has any conviction there at all. He is not a Jerry Falwell. I do not care for him and I do think he knows his right hand from his left hand.
- E: I do not know what his moral standards are.
- M: Yes.

E: I do not know his ethical practices.

M: I think he is a tool of anybody who puts of the money. He will put on a show for anybody who puts up the money.

P: But on the other hand, does not that allow that group, who are the anti-abortionists and who stand in the way of medical growth, an upper hand or at least a position of influence?

M: Clearly, clearly. If you have got an actor like that guy serving as a front for you, it gives you a fabulous....

E: Falwell is going to build a medical school.

M: Yes.

E: It has been announced recently.

M: Yes.

E: It is at the university in Lynchburg.

P: And of course Oral Roberts already has one, but he has a special position there because he is able to talk to somebody who supports his. He has a direct conversation with the people upstairs.

M: That is right. They tell him what to do. They told him how to build it and told him what to make it look like.

P: And where to get the money for it.

M: Certainly, he did.

P: Well, Dr. Evans, I really appreciate your taking the time to share these memories with me.

E: Oh, it is a great treat for me.

P: Well, it has been wonderful for me. I am glad Sam thought of it. It really fills in some things in this history that were not available except from somebody like you.

E: I think if the Commonwealth Fund had not been in this picture, someone else

would have been in the Florida picture.

P: But the Commonwealth Fund was the agency.

M: You were just about the only show in town.

E: We were ready.

M: Yes.

P: And Florida was ready for you. Thank you, sir.