

UFHC 39

Interviewee: Dr. James Russell Green, Jr.

Interviewer: Samuel Proctor

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P: It is March 23, 2000, with Dr. James Russell Green, Junior. When and where were you born?

G: April 25, 1930, in Gouverneur, New York.

P: That means you are approaching your seventieth birthday.

G: I will be seventy in April, yes.

P: Do you feel seventy?

G: No.

P: That is good. Now, where is, of all places, Gouverneur, New York?

G: It is way upstate, up near the border of something or other up there.

P: What was the family doing way up there?

G: I have no idea.

P: Where did your family come from?

G: They were born and raised in Pennsylvania. My grandmother's family is from Glasgow, Scotland, and had ties into England too, of course.

P: On both sides, mother and father?

G: Yes.

P: So, they were early settlers?

G: We were very early, yes.

P: What was your father's name?

G: James Russell Green, Sr.

P: So, that happens to be why you are a Jr. person.

G: That is correct.

P: When and where was he born?

G: You know, I honestly do not know.

P: How about your mother's name?

G: Ruth Enola Wolf.

P: She was of German extraction.

G: Yes.

P: Do you remember her birth date?

G: No.

P: [Gouverneur] sounds like a Dutch name.

G: I do not know.

P: Is it on the Hudson River?

G: I cannot answer that.

P: How long did you live there?

G: Not long at all [six weeks]. They went back to Pennsylvania.

P: Went back to where in Pennsylvania?

G: I do not know. I was too young. My first memories come back after they moved to Washington, D.C.

P: Let's get this migration straightened out for the records. Born in Gouverneur, and then you moved from there with your family as a small child to some place in Pennsylvania. And from there to Washington, D.C.?

G: That is correct.

P: Do you know the reason for this family migration?

G: I know why my dad left Pennsylvania. He worked in the coal mines, and that is

not exactly the best job in the world. Then, he had a good friend who was in Washington, D.C., who had a five-and-dime in Anacostia, Washington, which is just a little suburb of D.C., and he also had a hotel, on the body of water, that he ran. He knew my dad had very good skills. He was quite intelligent, even though he just went to high school. He was very intelligent, and he was very dexterous. So, this gentleman in Washington hired him to come down and run the store, the five-and-dime. He would do all of the displays, the window displays that used to be so popular in those days, and ran that store. Then, in the summertime, he would go to the hotel with my mother and run the hotel.

P: How old were you when this move into Washington occurred?

G: I was in the fifth grade. Really, that was the first time I have any real memories of the family.

P: Where did you live in Washington?

G: Anacostia, and at that time, it was quite nice. They were small apartments. I can remember when company came, I slept in the bathtub. It was comfortable and nice. Right now, it is pretty bad.

P: Any siblings?

G: No.

P: How long did you live in Washington?

G: Until we moved to the county surrounding Richmond. I would say I was in seventh grade at that time.

P: So, you lived in Washington about three years, from about the fifth grade to the seventh grade.

G: Right.

P: Why the move to Richmond?

G: There was a good friend of my father's who ran a tire company. I do not know how he knew my dad, but he knew him, and he asked him to come up and manage the tire company store. So, we moved to Richmond.

P: Your father had a lot of skills to be able to do all these different things.

G: He really did. Every year when I think about it, I admire him more than I did,

obviously, when I was growing up with him.

P: To be involved in a retail business, a hotel business and now in a tire operation.

G: Yes, and it was a big operation, the tire operation was.

P: You went to school in Richmond?

G: Yes. I went to Manchester High School where my mother taught--she was a teacher, and she taught fifth grade there--before I went to high school.

P: And you graduated high school in Richmond?

G: Yes, at Benedictine. There were three military high schools in Richmond: John Marshall, Thomas Jefferson, and Benedictine. Benedictine was a Catholic school. The girls' school was separate. It was St. Catherine's. Benedictine was the boys' school.

P: Why did you go to a Catholic school?

G: Because the educational standards were so high there.

P: But you were not Catholic?

G: No. I have always been Episcopalian.

P: When did you graduate high school?

G: 1947.

P: You were born in 1930, so you were seventeen years old at that time.

G: Yes. That was early, but in those days, they did not have the extra grades thrown in. It was good, as a matter of fact.

P: You are still a child during the decade of the 1930s, the Depression decade.

G: Yes.

P: But do you have any memory of the Depression making an impact on your family?

G: I sure do. My dad worked. My mother worked. She was a butcher.

P: A teacher and a butcher?

G: No, she was not teaching then. She was a butcher during the Depression era.

P: You were a ten-year-old child, but you do not remember being denied anything.

G: No.

P: You had enough to eat and a place to sleep and all of those kinds of things.

G: Yes.

P: So, if the family had problems, you were not sensitive to it?

G: That is correct.

P: You do not remember being poor, is really the question I was asking.

G: Either I do not remember it or I did not know what it was, because we always got along all right.

P: And then the war comes.

G: Yes.

P: Did your mother go to college to get the certificate to be able to teach the fifth grade?

G: Yes.

P: Where did she go?

G: [Indiana Normal School; later, a masters degree in education from the University of Richmond in Virginia.]

P: You said your father was a high school graduate.

G: Yes. [My mother] got two degrees. She got a second degree, but that comes later on in the story. But, during World War II, she was a butcher.

P: She had not already been teaching?

G: No, not at that time, but she was certified to.

P: I think that being a butcher is an interesting profession for a lady to be in.

G: Let me tell you, we had more meat to eat than most people.

P: Right. You did not need those coupons.

G: No, but it was a lonely life because both of them worked and I was the only child.

P: Who took care of you? You are ten, eleven, twelve years old. You are ready to care of yourself, I suppose.

G: Yes.

P: And you are in high school at this time?

G: Yes.

P: What kind of a student were you?

G: I would say average in high school, a little bit above average.

P: Were you already inclined towards the sciences as a prelude to medicine?

G: Ever since I can remember, I wanted to be a doctor of medicine.

P: Why?

G: I have no idea.

P: Were there doctors in your family?

G: No.

P: Uncles, any cousins, anybody like that?

G: No. It was just in my head. That is what I wanted to do.

P: You were going to cure mankind? Or was it the economic appeal?

G: No, it was not economics at all. In those days it was not that lucrative as it is now, of course. There was our family doctor. I admired him very much. I do not know whether he influenced me or not.

P: You do not know whether he was a role model or not?

G: No, I really do not, but he was an extremely good family physician and I always remember that. But I wanted to be a physician before that.

P: Were you good in everything in high school? Literature, history, and math?

G: In high school, yes, and French and Latin.

P: Were you a reader?

G: Yes. I have always been a reader.

P: What kind of a family life was it? You said it was kind of lonely because both of them were working, but were you a close-knit family?

G: Oh yes.

P: You had grandparents?

G: Yes, they were all alive.

P: You visited a lot back and forth.

G: Yes. We visited my father's parents far more than my mother's. My mother's [father] was a rector in the Church of the Nazarene, extraordinarily strict. She had one sister and two brothers, my mother I am talking about.

P: So, you had two uncles and an aunt on your mother's side.

G: Yes, and my mother did not quite fit into the fold. She liked to dance and have a good time, and they did not like any of that stuff. [The Nazarenes] did not like that stuff. But, my father's mother and father, we were extremely close to, and I thoroughly enjoyed them.

P: When you went to high school, did you have to work?

G: Yes.

P: What did you do?

G: My first job was a paper route. My second job was working for Mandel's Grocery Store, a little tiny old grocery store which still exists, as a matter of fact. Two brothers ran it, and they supplied all the food to the trawlers and tugboats and things like that. So, I got to go to take the groceries down there with them and got a little flavor of the ocean down there, the James River really it was. Then, I worked as the head usher at the movie house, and then I was the assistant manager at a drugstore.

P: You really did have a versatile early career.

G: Yes.

P: Following in the footsteps of your father.

G: Sort of, now that you think about it. That is about right.

P: Were you involved in athletic sports in high school?

G: I played football at Benedictine, but I was a runt. When the guys came back from the war, you know, they were monsters. So, that was the end of that. Those guys were big.

P: What kind of a social life did you have growing up with high school kids?

G: The usual thing, girlfriends...

P: Did you have a car?

G: My gosh, no. You either walked or you hitched. In those days, you could thumb around pretty good. People were trusting.

P: But you could not take a date thumbing a ride.

G: No way. The dates were around the high school, like dances and things like that.

P: Did you go immediately into college?

G: I went VMI, Virginia Military Institute.

P: Why?

G: Because I wanted to go to Duke, and my father said, I cannot afford it. At that time, he and I belonged to the Richmond Light Infantry Blues. This was a state guard. I lied to get in for my age, and my father and I started together. He heard about a scholarship put on by the Blues. So he went to see the commander there in town, and the guy interviewed me and set up a scholarship for me so I could go to VMI.

P: What did you do in the military organization, you and your dad?

G: We were just soldiers.

P: Drilled?

G: Sure.

P: On weekends?

G: Yes, weekends, and then once a month we went on a full week, and sometimes longer than that.

P: Did you get paid?

G: Yes.

P: That brought some income in, too. Pocket money.

G: Yes. Not much, because we played penny poker after the meetings.

P: And you were not so lucky.

G: I was not so lucky, right. That check went fast.

P: So where is VMI?

G: Lexington, Virginia.

P: What kind of a school is it?

G: A military school, totally and absolutely.

P: You wore a uniform?

G: Oh yes, I sure did, all the time.

P: What kind of educational program did you take there?

G: Pre-med.

P: You have not lost your enthusiasm or interest in medicine.

G: That is right.

P: That means you were taking what kind of courses as pre-med?

G: I took a lot of chemistry courses. I went through all of them, as a matter of fact. A lot of math. I picked up some French again, some German again. I did not do much in English and things like that, which did me no good. I should have.

P: You continued to do your reading? Did you have time for that?

G: Oh yes, I had time for that, although time was stressed because you had your military part of life of that institution, too.

P: They have an active sports program, VMI. Were you involved in that in any way?

G: I was on the swimming team for four years.

P: Good swimmer?

G: Mediocre. I was a backstroker. There were kids who were a heck of a lot better than me. I was not striving to win the conference or anything like that.

P: Tennis and the other things?

G: No, I did not do that until Lois and I got married. Then, I explored out into some other sports.

P: Did you work at VMI?

G: You could not work.

P: How lucrative was the scholarship?

G: It paid for almost everything, books, uniforms, not laundry, not transportation or anything like that, but it was very, very good.

P: So, your family did not have to come up with very much.

G: They were not put out very much at all, except for things like a microscope and few other things. And then transportation.

P: By this time, did you have a car?

G: No. I never had a car until we were married.

P: How large was VMI when you were there?

G: About 1,000 cadets. It is right next to Washington & Lee [University]. They are adjoining campuses.

P: Describe it a little bit.

G: It was a lovely school. VMI was an extraordinarily strict school, you can imagine, since it was military. When you graduated from VMI in those days--it is not true

now--you were commissioned as second lieutenant in the Army right after your graduation.

P: And were you?

G: Yes. I was in the tank corps.

P: During your college career, did you pick up any professors who served as an inspiration for this medical career that you are moving towards?

G: Yes. Doc Carroll. We used to call him Doc. I do not even know what his first name was, to tell you the truth. He was in charge of pre-med. He lost an arm some time or another, but he was absolutely a beautiful man, a good role-model, and taught biology like you have never seen it. I mean, I learned so much from that man in biology. It was fantastic. Of course, I have forgotten it all now. In those days, he would take us on trips for the weekend. He had a cabin out in the mountains, and we would go to identify plants, birds, and all those sort of things. So, it was extremely interesting. He nominated me to go to the University of Virginia for medicine or the Medical College of Virginia, which is in Richmond.

P: In other words, you applied to both schools?

G: Yes. I was accepted to both schools.

P: So, you came out of college with a pretty strong academic record?

G: Yes. In the in-between time before I went to med school, I had to go into the service. I spent three months at an Army chemical center which was right outside of Baltimore. Of all things, I was a tank officer in charge of the mess hall. You can imagine what that was like. I was in charge of the mess hall and taught the range.

P: What do you mean you were in charge of the mess hall? You made sure that everybody ate and that all the tables were set?

G: Yes, and all the cooks had to clear everything with me. It was very easy because I told them all--there was one chief cook and three assistants--I brought them into my office and told them that as long as they did their job and did it well, I would stay out of their hair. I would not say one darned thing. If they messed up, they were going to Korea. That took care of that, and we never had a mess-up.

P: You were doing this because of this commission.

G: Yes, that I had already received, but they let me out after three months because I had already been accepted to med school and they wanted me to go on and get

my medical education rather than remain in the service.

P: And you wanted to get out of being a mess hall supervisor.

G: Indeed, and I did not want to be in a tank over [in Korea], either.

P: You and Lois had not yet gotten married, right?

G: No.

P: We will get to that shortly, but you are still the bachelor playing the field.

G: That is correct.

P: As an undergraduate, now as an officer in that romantic uniform, supervising the mess hall, getting as many desserts as you wanted.

G: I ran the gun range, too.

P: So, you applied to medical school, and which of the two did you accept?

G: The University of Virginia.

P: Why?

G: I just loved the University of Virginia. The Medical College of Virginia was in the downtown part of Richmond, and I was not crazy about that either. Charlottesville, I loved.

P: Did you come in under any kind of subsidized program, a scholarship or anything there?

G: No. My folks helped me the first year, and then my wife went to work and put hubby through school.

P: The University of Virginia's medical school is right on the campus with the university, like it is here at the University of Florida?

G: Yes. That is correct.

P: I know it is in Charlottesville, but it is not in a different part of the community?

G: No, it is right there. It is a central part of Charlottesville.

P: The university or the medical school?

G: Both.

P: Charlottesville, then, was what size community?

G: I do not know the population of it, but it was small. I lived on what they call the Range. I do not know if you know that much about Virginia, but Thomas Jefferson built the Range, which comes down from the Rotunda. The Rotunda is the main thing there. The Range are little brick rooms, a room with a fireplace.

P: And a bathroom.

G: That is it. There was not any study.

P: In other words, you could not study.

G: Oh, you could study there. But usually we went to the library, which was right across the street.

P: Talk to me about the medical school program. What kind of program did you take there?

G: It was internal medicine.

P: Why did you make that commitment?

G: In the beginning, I wanted to be a general practitioner. Then, I saw more of the different opportunities in specialties, particularly cardiology, which were coming to the forefront in those days. It really had not been much before that, and I got very interested in that. In large, the program was internal medicine, every facet of medicine that you went through. A very wonderful school. Excellent teachers. I have one fond memory. I was not any good in anatomy, so the professor pulled me into his office one day and said, I will tell you what. He said, either you make an A in neuroanatomy or you flunk anatomy. I made an A in neuroanatomy.

P: Now, what is neuroanatomy?

G: Brain. Spinal cord. Man, I clobbered it. It was do-or-die.

P: Maybe you would have been good in all of anatomy, had you had that ultimatum.

G: I do not know. I do not know why I was not any good at that, but I just did not do any good in that.

P: What were your areas of strength?

G: I think, really, cardiology.

P: That attracted you?

G: That attracted me most.

P: You said it was just coming into its own at that time?

G: Yes, it was. I mean, the new advances and diagnostic techniques and new medications and all that kind of stuff was very exciting.

P: You said that your family supported you the first year...

G: Yes.

P: And your wife the second year.

G: Second, third, and fourth.

P: You did nothing, then.

G: You could not. There was no way, absolutely no way you could work.

P: The year before you got married, you did not have any kind of social life at all?

G: No, not really.

P: So, you got up in the morning, you went to school, you studied, and you came back and went to sleep.

G: You could not sleep too much, but you got it.

P: And your family, your mother and father were still living in Richmond?

G: Yes, they were in Richmond the whole time.

P: So, you were not very far away.

G: No, and as a matter of fact, my method of transportation was hitching a ride. I would go out on the highway and hitch a ride and go and see them and then hitch it back.

P: Were you like the University of Florida students in those early years with a little rat cap to identify who you were?

G: A shirt that certainly did.

P: So, the people picking you up knew that you were safe?

G: Oh yes.

P: Who were your special professors and in what areas?

G: John Guerrant was in pulmonary.

P: Is he still around?

G: Yes. We hear from him every Christmas. My wife worked for him.

P: So, you were friends in addition to a student-professor relationship.

G: That is correct.

P: What did he teach?

G: He was pulmonary, and the professor of cardiology at that time was Edwin Wood. As a matter of fact, his son succeeded him there, in cardiology, after he died, but I did not have him. I just had the older fellow.

P: The father who is now deceased.

G: Yes.

P: When did you graduate from Virginia?

G: 1955.

P: So, you were at the university [completing] your M. D. program for how many years?

G: Four.

P: And by this time, your specialty is cardiology?

G: Yes.

P: When did you begin getting into family medicine? Is this still too early for you?

G: I think that was, like you mentioned a little bit earlier when we were talking, that

idea that you are going to be a country doc and save the world syndrome. But, I quickly disposed of that.

P: So, that does not become part of your thinking or planning while you are in medical school?

G: No.

P: Cardiology is your interest and your specialty, and that is what you are preparing yourself to be, a cardiologist.

G: That is correct.

P: You finish medical school, and where is your internship?

G: At Barnes Hospital in St. Louis.

P: How did that come about that you went out there? Did you apply to a number of different hospitals?

G: Oh yes, but the assistant dean was from Barnes and I liked him very much. He seemed to like me and recommended me to them, and so I got in there.

P: And you went out to Barnes with your wife?

G: Yes.

P: What kind of hospital was it?

G: It is a large hospital. Barnes was here and Jewish Hospital was here, and they cooperated. Jewish Hospital had an excellent cardiology program, [and in] other programs, too. Barnes was excellent in everything, so I had the best of two worlds and thoroughly enjoyed it.

P: In that early period of the 1950s, did interns get paid enough to live on?

G: Oh sure, I got \$10 a month minus Social Security.

P: It sounds to me like you owed them money.

G: You got that one.

P: I hope they gave you some food.

G: Yes. They supplied food and uniforms, and they supplied food to your family. So, Lois and Rusty—Rusty was born by then—would come over to the hospital for meals. The rule was that everything that you could get on one tray was fine, so I would get piles and piles of stuff. We made out all right like that. The other thing that helped out is that my father-in-law, who is just the sweetest man you ever met, said, look, Russ, can I put you on my income tax thing, to see if I can help you along like that? I said, you sure can. That took care of the rent of the apartment we stayed at, so they helped us very nicely then. I do not know what we would have done without them.

P: It sounds to me from the beginning, you found a lot of outside support.

G: Yes. He was extremely helpful to us. A very loving family, too.

P: How long were you in St. Louis?

G: Just one year.

P: What were your duties as an intern?

G: Work your butt off.

P: What does that mean? You did not have to clean bedpans.

G: No, but you would work every day and every other night.

P: You are already taking care of patients?

G: I was taking care of them, period. Now, we had rounds where a professor would go, to answer questions and help us out on tough cases and things like that.

P: Were you already beginning to think about academic medicine?

G: No, not at all.

P: That had not come into your thinking. You were going to be a practicing physician, opening an office for people to come to you.

G: That is correct.

P: As an intern, did you do more than just work in cardiology?

G: Oh yes, it was internal medicine, but my love was in cardiology.

P: So, you did everything to the patient, from his toenails on to the top of his head.

G: Correct.

P: Anything that was wrong with him was your responsibility.

G: You had to take care of them.

P: And you still love medicine.

G: Oh yes.

P: Do the deaths and the suffering ever get to you?

G: Yes.

P: So, you try not to fall in love with your patients, right?

G: For sure.

P: So that whatever happens, if it is bad, it does not impact you too much.

G: Well, you have to realize early on that you are not God. Most physicians forget that sometimes, but that is what you have to remember.

P: You are in St. Louis there for just one year, 1955 to 1956. From there, you become a resident back at the University of Virginia at Charlottesville. You have here that you were a straight medicine assistant. What does that mean?

G: Some services have what they call "private" service, where a physician from the town is the attending doctor but you are the internal resident. When it says "straight," it means, no, you are just with the medical staff at that place that you are at.

P: And that person does not have another doctor. You are it.

G: He may have one on the other side, but he does not come in the hospital.

P: I see. So, as long as he is in the hospital, he is your patient.

G: That is right.

P: You do not share him with any outside physicians.

G: Not with outside. You do, again, with the professors that make rounds with you.

P: So, "straight" means, then, that it is an internal supervision kind of thing.

G: Correct.

P: How do the duties of a resident differ than the duties of an intern?

G: Some places have different numbers, but we had three interns under us. So, I took care of those three interns, saw that they did their jobs and did them correctly, and taught them.

P: But you are still visiting patients and taking care of patients.

G: Yes, but not as much as when you are an intern because you let the intern do most of it.

P: Your hours are a little bit better?

G: Yes.

P: What about your pay?

G: It went up to \$25 a month minus Social Security.

P: What about your family?

G: That is when Lois went to work.

P: They could not come to the hospital to eat?

G: They did not get the food, no.

P: It sounds to me like you took a cut in pay if the family could not come to eat.

G: I did. It was tough there for awhile. For us, Spam and baked beans and a salad was pretty damn good eatin'.

P: How long were you a resident?

G: One year.

P: Why did you come back to Virginia from St. Louis?

G: I liked the University of Virginia. I liked the program, and the opportunity was there. You know, they said we would like to have you back as a resident.

P: So, you came back and, once, again, your family was living in Richmond.

G: Yes.

P: Where was Lois' family?

G: Charleston, South Carolina.

P: Now, in 1957, you become a senior assistant surgeon assigned to the heart disease control program and a Research Fellow at the Graduate School of Public Health in Pittsburgh. Tell me how all of that happened.

G: That came about because, you see, I only had three months in the service, and you were required to have, I think it was, two years or something like that.

P: And they let you off at that time so you could go to med school.

G: But this time, they were not going to let me off, you see, and so I applied for the regular service. They said, no, we want you to have a specialty first. This program developed just about that same time, and I was not about to go and get a specialty and then let the Army take me. To heck with that.

P: You did not want to go to Korea.

G: You got that one right. But this program just came about. Dr. Arnold was the head of it. I cannot tell you his first name. He recruited, I think there were about, forty of us, and our assignments were to be sent to a specific area and to work in cooperation with the community to set up things that would help people with heart disease. Of course, that fell right into my bag, right? So, I was chosen to be one of them. The title thing there is not all that important. They sent us to Pittsburgh. They sent a list of places that you might be sent. Lois and I sat there and said, well, the last one we want to go to is Pittsburgh, and that is where we went. Hawaii was my first priority.

P: But the other 1,000 people wanted to go there, too.

G: Absolutely, so we got sent [to Pittsburgh]. The guy who was the head of public health there, unfortunately, was an older man with old ideas, and he and I did not click. So, I went then to the University of Pittsburgh. I went into to see the chair of medicine and told him I wanted to be useful in some way. He said, well, we have a new professor here who is running the cardiology program—I had told him I was interested in cardiology—and that happened to be Jape Taylor. So, I met Jape and I told him what I wanted to do. I said, I will do anything you ask me to do, if you just let me further my career in cardiology. He was a young man. He

taught me how to do adult cardiac catheterizations, and I also did physical diagnosis for him, taught physical diagnosis, which was fairly rewarding and I had a good time. I also got together with the Jewish Hospital there. They had a wonderful program. What they were trying to prove was that if you got a physician to go to the home of somebody with congestive heart failure and treat them there, you prevent all of this hospitalization and all this money spent on being in a hospital, and you do the same darned thing. So, I became part of that program, too.

P: The insurance companies loved that.

G: There was not much of that in those days. You just went out with a bag and confirmed a diagnosis and gave them a diuretic, some digitalis, and said, call me if you have any further trouble. It did wonders for that hospital to cut down admissions for congestive heart failure. It was an excellent program.

P: What is this School of Public Health?

G: I also went there, which is on the same campus. I was starting to kindle my interest in genetics. There was a professor there who was Chinese, as a matter of fact, and I cannot remember his name right now. He said, all right, I will teach you and you teach my students. That is how it worked out. It was very, very helpful.

P: You had a double responsibility there.

G: Correct, but it was self-imposed, under the umbrella of that program of heart disease control.

P: Is this kind of arrangement a little bit more lucrative for you?

G: Yes, because of the service. I got a salary from the government.

P: But you are not wearing a uniform or anything, as a doctor.

G: Oh no.

P: How long were you responsible for this program?

G: Until I came to Gainesville.

P: 1957 to 1959.

G: That is right. Jape had come down here in 1958, and he wrote to me and said he

would like me to come down and be his Fellow because he did not have any Fellows at that time. Nobody did, as a matter of fact. Sam Martin, who was chair at that time, sent money for Lois and I to come down and look at Gainesville.

P: Is this the first time you had heard of Gainesville and the medical school here?

G: Yes.

P: Now, Jape Taylor and you have remained friends, then, over the years since then.

G: Oh yes. We are not so much social, intimate friends, but we are friends, yes.

P: Professionally, you are very close.

G: Oh yes.

P: And he is the guy who was responsible for opening the door for you here.

G: That is correct. He did. He brought me down here and, as you know, since 1959, we are extremely happy that he did.

P: I want to get some personal data in here. You are married to whom?

G: Lois Rodenberg Green.

P: What is her birthday?

G: April 23, 1931.

P: She and you are the same age.

G: [One year and two days difference].

P: And she is from where?

G: Charleston, South Carolina.

P: Have her family been long-time residents there?

G: Born and raised there.

P: She has family there now, I understand, because that is where you go to visit.

- G: Yes. She has two brothers, and their families are in Charleston.
P: That is where that benevolent father-in-law lives.
- G: Yes, well, before he died.
- P: Where did you two meet?
- G: She was at Randolph-Macon [Women's College, in Lynchburg, Virginia].
- P: How did you two meet?
- G: Blind date.
- P: And you did not have a car.
- G: No. We thumbed every place. A good friend of mine at VMI was dating a girl at Randolph-Macon, and he said, I know a girl down there you would like, because I was not going with anybody. I said, sure, I will go, what the hell? So, we went down there, and we did thumb all the time. The snow coming over a mountain is not the nicest thing in the world. We got rides all the time, but we sure identified ourselves as cadets. That helped.
- P: So, you are meeting Lois for the first time.
- G: I met her, and I must say it was love at first sight. It really was. I know that is a funny thing to say, but it was.
- P: On both sides?
- G: I hope so. She married me.
- P: Not out of desperation.
- G: No, no. She had plenty of boyfriends, believe me.
- P: You made a good impression, obviously, on her family.
- G: Yes. Her mother is the only one who got a little bit irritated one time, and that is when I asked her to marry me. That meant she had to drop out of school. She did not like that.
- P: Her mother wanted her to finish and get a degree.
- G: Yes, a degree in what? Sociology. That is what she was in. She said, what am I

going to do there? Damned if I know. And she had to put me through school. Her father was more understanding, and I did the traditional thing. I went to him and asked him for her hand in marriage, and he said, go for it.

P: When were you married?

G: June 17, 1952.

P: Let us talk about your children now. Start with the oldest son. Go through with all three of them.

G: Okay. He is James Russell Green, III, born in 1954 in Charlottesville, Virginia.

P: Where is Rusty today?

G: He is now an anesthesiologist at North Florida Regional Hospital.

P: So he lives here in Gainesville.

G: Yes.

P: He did his undergraduate work [at Vanderbilt University; Nashville, Tennessee] and his medical?

G: And his medical school up here [at UF].

P: And he is married to whom?

G: Maggie Duffy Green.

P: Do they have any children?

G: Yes, they have two boys and one girl. Brian Crevasse. She was married to Lamar's cousin or something like that, and then they divorced, and then Rusty and Maggie got together and married.

P: Wait a minute, now. Maggie Duffy Green is your daughter-in-law.

G: Right.

P: Now, I asked you for their children.

G: Yes. Brian Crevasse.

P: So, they used Crevasse, her married name?

G: Yes. [Brian was born when she married Clay Crevasse.] There is no direct relationship. There is a blood relationship between the Crevasse that she married and Lamar.

P: All right. So, it is Brian Crevasse Green.

G: Actually, he has not taken Green. He is Brian Crevasse. [His father wouldn't let Rusty adopt him].

P: That is your oldest grandchild.

G: Yes, but we consider him our grandchild.

P: I see. So, Rusty is not his father.

G: That is correct.

P: This is child from her prior marriage, before she got a divorce.

G: That is correct. He was a little squirt when they got the divorce. I mean, he was a tiny one, so we have been with him ever since.

P: How old is he now?

G: He has graduated from the University of Florida [this year, at the age of 22]. He wants to go into law.

P: Since Rusty is not the father of this child, what about his own children?

G: James Russell Green IV is a freshman at the University of Florida. Megan Elizabeth Green is the daughter, and she is sixteen. We just celebrated her birthday.

P: So, you have three grandchildren from your first son. Now, what about your second child?

G: Kathryn Elizabeth Green Perez.

P: That is her married name.

G: Yes.

P: When and where was she born?

G: She was born in 1956, in Charleston, South Carolina.

P: And she is married to whom?

G: Alex Perez.

P: Where do they live?

G: They are in Palm Beach Gardens.

P: What do they do there?

G: He is [an engineer for South Florida Water Management]. She is a nurse.

P: Do they have children?

G: They have two children.

P: So, you have two more grandchildren down in Palm Beach. What are their names?

G: Justin Alejandro Perez. Justin is a freshman on campus, too. The other one is Daniel Sergio Perez, and he is a senior in high school.

P: How about child number three?

G: Diane Lois Green. She was born in 1958. Every two years, we had a child and then quit.

P: That is good timing, good pacing.

G: Yes, it was.

P: You got all three of them out of the way at one time.

G: And now we have five grandchildren.

P: Well, they are a little bit less trouble.

G: A whole lot. They come and go when we say.

P: You can close and lock the door whenever you want.

G: That is right.

P: So, you have one doctor, one nurse, and I do not know what Diane does.

G: Diane takes her walk at [University of Texas in] Austin, Texas, as a Ph.D. in social work in June, and she is single.

P: Let us get back to the University of Florida and your coming to Gainesville. How did this whole business come about? Jape came in one day and said let me tell you about Gainesville, Florida?

G: Yes.

P: Now, he was already here.

G: He was here, and the fellowship programs were just starting. I was the first Fellow in the University of Florida Medical Center. They were just starting. The programs had not advanced to the stage where they were getting Fellows.

P: What had you heard about Gainesville and the University of Florida medical school when Jape called you or talked to you or whatever?

G: Nothing. Not a thing.

P: You did not know of its existence?

G: No, I did not. It was brand-new. It was a hole in the ground with some cement underneath. That was it.

P: Did that kind of discourage you?

G: No, that is what made me want to come.

P: The challenge of it?

G: Oh yes, sure. See, Lamar and Jape were the only two cardiologists here at that time. There were not any pediatric cardiologists, and there were no other adult cardiologists. So, when I came, I was going to be the third one. That appealed to me. I was on the ground floor.

P: When I interviewed Dean Harrell, I talked to him about the fact that he was encouraging people like you to come here. As he said, I wanted young people who were on the cutting-edge, not people who had already established reputations, and whose work then would reflect not only upon themselves but also upon the University of Florida medical school. Were you on the cutting-edge

of research?

G: Yes. I came here as a Research Fellow, and I did two years of solid research before I went on regular active duties in the hospital.

P: From 1959 to 1961.

G: Yes.

P: You and Lois came to Gainesville to look the situation over.

G: Yes, we did. The department sent us money to get down here, and we came down.

P: You came by plane or train or car?

G: I think we drove, as a matter of fact.

P: You left the children in Charleston, and you drove from Charleston to Gainesville?

G: Yes.

P: And you had never seen Gainesville before?

G: No.

P: What kind of an impression did little old Gainesville [make on you]? It was hardly more than a country town then.

G: That is right, about 20,000 or 25,000, I think. Extremely impressive.

P: You liked it?

G: We loved it. It was clean, it was neat, it was a nice campus, the med school was growing. It had everything you could want, I am telling you.

P: So, first impressions were good.

G: I said yes that night.

P: What about the medical school? I mean, the structure itself? There was not very much down there.

G: Not a lot, but George Harrell put a lot of innovative things in that area.

P: The building was there?

G: Oh yes, the building was there.

P: The hospital was open?

G: No, the hospital opened just before I came. Before that, they would go to Alachua General or Lake City to train the interns and residents and students.

P: What were your responsibilities going to be, coming in as a Research Fellow?

G: I was going to continue some research that Jape did, and because of my love for genetics, partially which was enhanced by the school of public health in Pittsburgh, I wanted to start my own genetic program. There was no genetics at the med center. There was only one geneticist on campus at that time, and he was an old, I will not say the word, but he did not want to mess around with anybody in medicine. So, he gave me no help at all.

P: Who was that person?

G: I do not remember anymore. He was an old grouch, I know that. The first year, I did liver research, which had been a project that Jape had started in Pittsburgh. He had started it in Pittsburgh and did not have time to continue it down here. So, to get a grant, I took over his research and then got a grant from the government. I continued my interest in genetics and got my own grants then, of course, and did that for another year. Then, I continued my research in genetics. [There were two areas of genetics that I perused. One was cytogenetics and the other was clinical genetics. Cytogenetics involved the study of chromosomes. I cultured them from blood and skin. I tested a large number of familial heart disease and found no correlation. During this study I identified a new syndrome of chromosome abnormality which drew a lot of attention both here in the U.S. and abroad. The second type of research was clinical. I had identified the sudden death of a young healthy boy followed by the sudden death of his sister. The family was from St. Augustine and excellent documented history was obtained. Ten patients were identified and two had congenital heart disease. All other causes for sudden death were not found. All members of the family were examined clinically. It is suggestive that a non-sex linked gene has produced minor anatomical defects of the conduction system.] But really and truly what I was doing was teaching cardiology and seeing patients and all that sort of thing, after that.

P: The medical school did not have a great reputation at that time because it was so unknown.

- G: Oh no. That is what George Harrell was talking about. What he told us was, I want you to make this the best medical center in the South, period. That was our challenge. About that time, there were just ten of us in internal medicine.
- P: I am curious, did you meet that challenge?
- G: I think we have.
- P: Has the University of Florida's medical school become the best in the South?
- G: Well, I think Duke ranks the same way, and if you include Hopkins, it is the same way, but, yes, we are up there.
- P: But it is an outstanding school?
- G: We are up there, yes indeed, and it was fun making it that way.
- P: Where did you and Lois live in Gainesville when you first arrived?
- G: It was on Third Avenue.
- P: Rented apartment?
- G: No, it was a house. I do not remember the address, but it was on Third Avenue. If you go out University Avenue where the fire station is, it is off to the left in there.
- P: Rusty was already in school?
- G: Oh yes. [The kids] went to Littlewood, when Littlewood finally paved the dadgum roads and kept the dust down [and then on to Terwilliger].
- P: So, you come to the University of Florida, you come to Gainesville, and you meet nice folks at Shands. It already had that name, I believe?
- G: Yes.
- P: How did you and Dean Harrell get along?
- G: Fine. I was his morning companion. Each morning, he would meet me with his set of keys. I do not know why he picked me, I really do not, but then we would make our inspection tours. That son of a gun would check each lock, pick up paper off the floor. He was tough. I enjoyed it very much.

- P: He was a very unusual man and a very able administrator.
- G: Yes. Very different from Russ Poor, who was a provost at that time. You know, Russ was an easy-going nice fellow, and the president at that time was very, very nice, too.
- P: By the time you came, of course, [J. Hillis] Miller [UF president, 1948-1953] was dead.
- G: J. Hillis died, yes.
- P: But [J. Wayne] Reitz was the president [of UF, 1955-1967].
- G: That is correct.
- P: And you met Reitz right off?
- G: Oh yes, I knew him quite well. We used to take [Mrs. J. Hillis Miller] to the heart meetings. She was very active at Heart, and so was I. I still am. We would always give her a ride. She was just a lovely woman to be around.
- P: Well, you lived in this house that you bought for awhile and then what?
- G: Then, we built one. M. M. Parrish built our home for us.
- P: The place that you are living in now?
- G: Yes. About thirty years ago, I guess.
- P: You bought a lot, and what is the address?
- G: 6605 NW 16th Place.
- P: And your children continued then to go to Terwilliger, and where did they go to junior high?
- G: They went to [Westwood Junior High; then Rusty went to Gainesville High and Kathy and Diane went to Buchholz]. That was about all you could do.
- P: So, you are a Research Fellow for two years, pursuing the work that Jape Taylor had already begun.
- G: Just for one year, I did his, and then I stopped that.
- P: And then what?

G: Went into genetics.

P: Did you get a grant?

G: Oh yes, mainly through the Heart Association.

P: Which you have been extremely active in right from the very beginning.

G: Correct.

P: I noticed how involved you have been in every aspect of those organizations.

G: Yes. I was president of that organization, went up through the ladder and became president, and I am also a lifetime board member.

P: So, your income was a little bit better here at the University of Florida than it had been at these previous operations, and you could begin to live the pleasant life.

G: Yes.

P: Did you get involved in a social life here, you and Lois?

G: Yes, mainly through the church and Kiwanis. I was a member of the Kiwanis Club, and through Holy Trinity Episcopal Church, and then friends at the med center. The people at the med center in those early years were extremely close and friendly with each other, although this has changed as it has grown, as you would imagine.

P: In 1961, you become an instructor of medicine, so you are no longer a Research Fellow. You are now on the faculty, and you stay as an instructor for two years. In 1963, you become an assistant professor, and that lasts until 1967. Then, from 1967 to 1974, you are an associate professor, and from 1974 until retirement, you are a professor. Have I given the right information here?

G: Yes. In those days when I was coming along, there was a natural progression in academia in the med centers. I mean, nobody came in as an assistant professor. That was unheard of. You came in as an instructor, and then you worked your way up. You were recommended by your chair, and then a committee researched everything to see if they would approve you or not. If they did not approve you, you did not go up.

P: Well, that is exactly the way it still operates, at least as far as the rest of the university is concerned.

G: Yes, I know it is in the rest of the university, but nowadays it is a little bit different. They

do not quite have the natural progression. They never start with instructor anymore. It is always an assistant professor. I have to tell you, when you asked about money, [this is] interesting, at least to me. When I was a Research Fellow, at the end of those two years...we used to have a department of medicine meeting once a week. Sam Martin was the chair then. We would meet in the cafeteria, and we would have our meeting and a meal, and then they would play penny poker. Well, they were always one short, so Sam said, Russ, you are now an instructor, and you can play with us. That was my first promotion, so I could play penny poker.

P: It sounds to me like that goes back to your days in the military when you were losing money at penny poker.

G: I did not lose much money in this bunch.

P: Now, as an academic doctor, what does this mean? You are teaching? Did you actually have classes?

G: Yes, it is the three-legged stool. It is research, education, and service. They are the three legs that they go on. So, I did all of them. You have to. That is part of the game.

P: Medical students come in, and you teach a course in genetics, for instance?

G: No, medicine, mainly cardiology.

P: You have a classroom set up. They come in, and you are the professor, lecturing and...

G: Now, I was a not a very good big-class lecturer. I liked the ten-people-sitting-around-a-table thing. That is where I taught the best and was more effective.

P: A seminar type of thing.

G: I guess, yes, but a small number. I did not do well at all in the big classrooms.

P: In those early years, you did not have large classes.

G: Oh yes, we did. Well, no, not right off, but later on we did. We used to meet up in Room H611, which is a fairly good-sized auditorium, but I never cared for it, never was good at it. I liked the smaller groups. I thoroughly enjoyed them. Of course, service-wise, I set up the laboratory, the cardiac catheterization laboratory, for the University of Florida.

P: What is that?

G: Nowadays it is very sophisticated, but it used to be where you cut down on a vein, you put a tube into the heart and examine all parts of the heart. That is cardiac catheterization.

Now, it is very sophisticated because they use it for therapy. I did not do that. That came after I was out of it. It got very tiring. You know, I would go to work around six in the morning, and I would come home around eight or nine at night, because I had to fix all the catheters. I actually made them all, and all this kind of stuff. Now, they are all made and everything is done. You walk in, and after about a half an hour, you are out of there, but it was not like that.

P: You started back in the pioneer days.

G: Yes, it was rather crude when you think of it nowadays, but it was effective. But I set that whole lab up.

P: Where was it?

G: It was on the second floor at Shands, still is.

P: Now, as a doctor, you had patients in the hospital, and the students walked around with you from patient room to patient room.

G: Correct, and then I had an outpatient clinic and then cath lab. Those were the three.

P: Where was your outpatient clinic?

G: It was down on the first floor, the old one. It is up on the top floor, now. Medicine has changed so much though. It really has.

P: The old doctor-patient relationship is not there?

G: No. You know, I used to see a lot of freebies because I just liked the people, but they did not have any money.

P: A lot of indigents came to Shands.

G: Sure, and I took care of them. You cannot do that anymore. The hospital will not allow it.

P: You mean they do not have needy people coming into the hospital anymore?

G: Not in the clinics.

P: You have to pay.

G: One way or another. I got paid in scallops and cooked pigs and corn on the cob. I am serious.

- P: I thought right from the beginning, you got billed by Shands and you paid Shands.
- G: You have it right. The way we did it, you had to write down, and if you put NC, no charge, there would be no charge. If you had insurance, you would put insurance only. But you could not put down NC long before I left there, as a matter of fact. The chairman of medicine told me that if I wanted to continue that practice, he would just subtract it from my salary. Of course, that gave up my charitable life, I would say.
- P: So, you have always been happy at Shands?
- G: Oh yes. The last two years, I went over to the VA. I am the only physician in town who ever had privileges in every hospital in this city.
- P: I saw you had at Alachua, but I did not know about North Florida.
- G: Alachua, North Florida, the VA and Shands. The thing that forced me out of that was when you belong to the hospital staff, there are certain requirements such as meetings and all that kind of stuff. I just could not keep up with it, so I had to give up North Florida. Of course, I was at Alachua because I started a program down there, but as soon as I got out of that program, that ended my relationship down there.
- P: In 1974, you become a professor of community health and family medicine. Why the change from cardiology to that, or was it not a change?
- G: Because the dean told me I was going to change.
- P: Who was the dean?
- G: Will Deal. He said he wanted that program to go, and he did not have anybody to run it. He also knew that I knew all the physicians in town because of my length of stay here, and they would not resent me quite as much as they would somebody else coming from Shands.
- P: That has always been...
- G: Sort of a mess, so I told him I did not want to do it and he said, yes, you do. So, I went down there.
- P: Is this when they had the property down across from Alachua General?
- G: Yes, built a building.
- P: I remember when you were down there. The building is still there.

G: The building is still there, and the program is still there.

P: You became supervisor, director, of that program?

G: I was director of the program and in charge of the residency program associated with family practice. The docs in Alachua did not resent me for the reason that I said. They knew me and they trusted me, and so they said it was not an invasion per se. They had certain restrictions, too. It was sort of interesting. We got along all right.

P: What was this program supposed to do that Shands had not done up until then?

G: Train family physicians to go out into the communities.

P: Train family physicians, general practitioners who would go out into the rural communities that did have many doctors?

G: That did not have any, most of the time.

P: And do what, everything that needed to be done?

G: Just practice medicine, yes.

P: And in these rural communities, if the patient was seriously ill and needed surgery...?

G: Shipped them in.

P: You brought them into Shands.

G: Yes. We might not take care of them, obviously, because it was a residency program in medicine, not surgery.

P: You are training residents as part of their medical education.

G: That is correct, interns and residents.

P: But you were also seeing patients.

G: I insisted that I have the ability to see patients at the same time, and I transferred all of the patients who I really wanted to take care of down to that building. That did not go over too well with certain people in cardiology. I had a good time doing it, but I got tired of it and I said, look here, I am not a family physician; you guys have to go out and get somebody. They said, would you help? Sure, I will help; I will look around. Actually, I

got a guy from Charleston, South Carolina. Very, very fine. He is boarded in internal medicine and family medicine, which made it ideal.

P: So, you inaugurated the program, and Will Deal is the one who is responsible for doing it. Was there pressure to do this because of the medical needs of Florida?

G: Yes, I think so.

P: Your clientele, then, were what? Poor people coming in from the outside?

G: Yes. Most of them did not have any money.

P: So, once again, they were freebies.

G: By and large.

P: So, how long did you stay in this program? I have you down to 1980, so you were there six years? From 1974 to 1980?

G: Yes, I guess it was.

P: At the same time, I see that you are also director of internal medicine at Alachua General?

G: That was part of that program.

P: It was all part of the same program?

G: Yes.

P: Was that because they were across street from each other?

G: Yes.

P: What did you do at Alachua?

G: The same thing I did at Shands, made rounds, talked to the students—after awhile, we got students, too—interns, and residents.

P: What is this Department of Community Health and Family Medicine that is on your resume?

G: That is what we are talking about.

P: This was the program at Alachua? That is what it was called?

G: That is correct.

P: And it is no different than what you were doing at Shands, is that right?

G: The same routine was done, but it was a different concept.

P: What do you mean, a different concept?

G: More emphasis was put on family-type medicine. For instance, we had an Ob-Gyn [obstetrics-gynecology] man from in town come in, and he would give lectures occasionally. We had a psychiatrist come in, and he would give lectures occasionally, to the residents. Nurse practitioners come in and give instruction.

P: Were you involved in any way in nurse training during this period?

G: No, not at all.

P: So this is what it would involve: you brought people in to lecture to the students prior to their graduation, prior to their leaving their residency programs.

G: Yes. Like dietary stuff, we taught because we knew they would be out in the boonies, and medication information. We would bring in the pharmaceutical company people, and all the generalities that a general family practitioner might face.

P: The support for the family practices was coming out of the regular Shands budget, just like any other program at Shands?

G: Correct.

P: I notice in 1977 to 1978, you are the associate chairman; from 1978 to 1980, the acting chairman; and then, from 1980 to 1989, joint professor. Of what?

G: Community Health and Family Medicine. You see, Dick Reynolds was the first chairman of that department. He made me associate, just to help him when he was there. Then, when he left, Will Deal made me acting chairman. I said I would do it with a proviso that it would be a limited period of time. He said he would consider that later. Well, that was a mistake because you see how long I stayed there. But, one day, I just got fed up with it. Dick Conti, at that time, had come. I called him and I said, I have to get out of here; I have to come back to cardiology at Shands.

P: So much had happened in cardiology that was passing you by, was there not, as a result

of new research?

G: That is exactly right, and I do not think he was too happy with it because he did not want me going down there in the first place but he finally relented. Dr. McQuigan, who was chairman of the Department of Medicine, said it suited him. So, I came back full-time to Shands.

P: So, you leave the family practice now, and you come back to cardiology.

G: That is correct.

P: Which is your first love and your first involvement in medicine.

G: Correct.

P: And you go through the rest of your career as a cardiologist.

G: Yes.

P: What about this relationship that you have with the VA Hospital? When does that start and why?

G: It started when I came here, as a matter of fact, because there was so few faculty and we had to staff the VA also. As Malcolm Randall said [at] my retirement party, I was the only person he ever knew who had been there as long as the VA had been there. But, I did, but it was in a minor way, like one day a week, a couple days of week, or something like that, which they do.

P: But you had regular patients when you went into the VA?

G: Oh yes. Then, I must say I got a little bit dissatisfied with Shands. There were a lot of changes being made, in personnel and ideas and things like that.

P: Did you like working for Malcolm at the VA?

G: Absolutely. He is a wonderful man. I told Lois, I just cannot handle Shands anymore, so I went over there one day. I saw Billy Thomas first. He was chief of staff, and I wanted to get his feelings first. He said, are you going to be here full-time? I said, yes, full-time. He said, all right, you go see Malcolm and see what he says. So, I went in and I said, Malcolm, I want to be here full-time. He said, sign this.

P: It did not take long for him to make the decision?

- G: That was the end of that. They had a very slim staff, and they did not have very good clinics.
- P: This was not back in the 1970s or 1980s?
- G: No, this is the past two years I was here.
- P: Let me go back. You said you started with the VA from the very beginning. What did you do? Were there as the cardiologist or the family practice person?
- G: No, cardiologist, but on a limited basis. We rotated.
- P: One day a week or a few hours?
- G: Yes, something like that. I forget exactly what time it was, but I always contributed to the VA.
- P: But you had residents working for you over there, too.
- G: Yes.
- P: And you had what almost amounted to private patients, too, over there, not necessarily paying private patients.
- G: Yes, well, you and I paid for them.
- P: I mean, but you had a patient that you saw him today, you saw him tomorrow, you saw him the next day. They were your patients.
- G: That is correct. They were assigned to my service.
- P: And you liked the setup over there at the VA? Did it have everything that you wanted?
- G: No. That is what my idea was, to get everything I wanted. I wanted to be a builder of a lot of things in cardiology there that they were missing because of not having enough personnel and also missing because certain people did not put enough pressure on Billy Thomas and Malcolm Randall. I made it very clear when I went in that it was all going to change, and he still said, sign here. So I went to work.
- P: So, you started spending a lot of dollars, too.
- G: Yes, I set up three new clinics that had never existed before and strengthened the one that had existed but was poorly run, and that made me happy. That is what I enjoyed. I got

along with the people over there real well.

P: I am going to back up for just a moment and ask you about the physical setup at Shands. Did the library, for instance, have what you wanted?

G: Yes. The library was very effective.

P: Did you have the laboratory space that you wanted?

G: I did not have as much as I wanted, but adequate. When Jerry Krovetz and Jerry Schiebler, both pediatric cardiologists, came into the staff at Shands. Krovetz was the cath guy. Schiebler was the head of pediatrics, cardiology. We enlarged the cath lab. It has since enlarged even more, but at that time, it was a big deal. I mean, we had senators and representatives coming down to look at it and inspect it because they had paid for it. You know, I had applied to them for money. We had a head technician, which they had never had before, who the government approved, a full-time head tech. He came from GE [General Electric], so he knew all the equipment. So, it was good. Yes, it was fine.

P: You spent a lot of time this morning telling me about your clinical work with students and all. What about your research?

G: That petered out after I quit the side of genetics. I just was not interested anymore.

P: So, you really were never, basically, a research scientist.

G: No. I did some good work.

P: I noticed there are a number of articles that you have had published.

G: I did good work. There was no problem about that. I just got tired of it.

P: The library, the business of....

G: I said to heck with it. Also, I was not motivated like I was in the earlier years. I think I was more willing just to see patients and do what I wanted to do.

P: Was there pressure for you to do research as an academic medical person, as there is in the greater part of the university?

G: No, not really. I do not think so, no. It was not publish-or-perish.

P: In other words, promotions did not depend on the number of articles you published.

G: That is correct. It did not. It was more service-oriented and teaching-oriented.

P: Another thing I want to ask you, because you referred to the three-legged stool before and one of the legs is service, what do you mean by service?

G: That is what I am talking about. Seeing patients on the floor, doing cardiac catheterizations, things of that nature.

P: Not necessarily serving on committees or carrying on any kind of activities like that.

G: No. I was on a bunch of committees, but, no, it did not depend on it. Of course, they liked to see that you were on some, but that was not a primary strengthening role.

P: Did service dictate promotions or salary increases or anything like that?

G: No. Salaries increases depended upon whether the chairman had another nickel to give you or not. That was all. I had a chairman who was a tight-wad.

P: So, you finally reach the point of, I am not going to write any more books or articles.

G: That is right. I said to heck with it, let somebody else do it.

P: And somebody else did.

G: Of course. They had to.

P: Tell me about your association with the American Heart Association. I know you have become very active in that. First of all, I noticed (because I did not understand this) this says a Florida affiliate of the national organization.

G: That is right. Each state has an affiliate, so all of my involvement was with Florida.

P: You belong to the Florida affiliate, then.

G: The Florida Heart Association, right. It has changed names a couple of times.

P: And this is something that the cardiologists belong to and work with.

G: [They] can. Totally voluntary.

P: Is it a professional organization?

G: Yes. By that, I mean not only physicians. I mean, dedicated laypeople.

P: I know that one of its major functions is education, to train people and to educate people on the need for doing research.

G: Right.

P: Does it develop, fund, research programs itself?

G: Oh yes.

P: It grants money to doctors and hospitals?

G: Correct. It has a granting system that is very unique, really. I do not know how many other affiliates have it, but one committee looks at the projects and ranks them. So, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10. All right? Then, there is a second committee that funds them. They did this on purpose. One should be on merit, but the other has to consider, do we have the money and are they asking for too much? Which happens, too, of course.

P: They have, obviously, doctors who make these evaluations.

G: And lay[people].

P: Where does the American Heart Association get its money from?

G: You and me. Donations. It is the best charitable organization as far as the least amount spent on administration in the country.

P: It depends upon a lot of volunteers, obviously.

G: Oh yes. You would be surprised, there are two sides to the administration of that. There is a physicians' side, which is the presidential ladder, and then the chairman of the board, which is the layperson's ladder. So, you cannot be a layperson and be president of the organization, and you cannot be a physician and be a chairman of the board. It is balanced very nicely that way.

P: Obviously, the two have to cooperate all along the two areas.

G: Sure, there is a close cooperation. They have a beautiful building in St. Pete.

P: You have been president of the Florida affiliate. You went up the ladder through there.

G: Yes. You have to start way down. Then, each year if you are acceptable, then you go up, almost like medicine. You know, instructor, professor, etc.

P: Have you been the most active of the cardiologists at Shands in the Association?

G: Yes. Schiebler has been also, I might add.

P: I have never heard of Lamar talking about it.

G: Lamar never belonged to it and never did anything for it. The present cardiologists do not seem to be involved at all, which is a shame because they always apply for grants from them.

P: And is it not the best known of the so-called lay organizations involved in cardiology work?

G: No question about it.

P: I mean, I have never heard of anything other than the Heart Association.

G: All of them should belong to it. I am convinced of that. They may have interest in some other organizations, I do not know. I just like Heart.

P: In Gainesville, don't they do a major fundraiser once a year, a dance or something?

G: Yes, the Heart Ball. We have an office here, you know. There are offices in all the bigger areas.

P: Where is your office in Gainesville?

G: I do not know where the darned-fool thing is. I have never been by there. They leased one and got another one, and I do not even know where it is. I was more state-oriented than local-oriented.

P: Have you been involved in the national organization? As an officer, a member of the board?

G: No. All of it state.

P: I understand the physicians who are drawn to assisting the Association. The lay public, is it just an appeal across the board kind of thing?

G: Do you mean for financing?

P: Well, no. Or support, anything.

G: It is something that is very, very personal to them. You know, they either had somebody in their family who had heart disease or they read about it in the paper or something or there is a local push to get people involved.

P: But the American Heart Association, or the Florida affiliate, does not have meetings where people attend, do they?

G: Yes.

P: They do, and listen to lectures and see slide shows and so on?

G: Yes. There is an annual assembly which is given once a year, but then there are other meetings throughout the year. But, the annual assembly is really a big one. They are extremely well-attended.

P: You must be called upon often to be a lecturer?

G: Frequently. More so when I was an officer than now.

P: Does that kind of exposure appeal to you also?

G: Oh yes. I like anything I can do for Heart. I really love Heart. It is a good organization and, as I said, it does not waste money. If people sat down and looked at how much money is spent on raising money for some of these organizations, they would faint. They would get the heck out of there. We are the lowest one in the whole country.

P: I want to ask you a question, and I do not want you to be unduly modest. Now that you are kind of at the end of your career, what kind of contributions do you think you have made personally to cardiology, over a lifetime of service as a doctor?

G: To cardiology...so we are excluding patients now?

P: Well, no. Include everything. I am trying to get a good kind of an umbrella question.

G: That is hard to do. I think I have done a real good job with patient care.

P: You have carried a lot of people through to good health.

G: Well, I helped anyway. I think I have made good contributions, like in the Heart Association and in the [medical] literature.

P: In other words, you feel that now at the end of your career that you can look back upon it with satisfaction, not with frustration or unhappiness?

G: I feel completely fulfilled.

P: That is what I mean. You have done your job as a doctor.

G: Yes. The only thing that bugs me a little bit, you see, I recently just resigned my license, because it is no use paying money if you are not going to use the darned-fool thing. The only thing that pains me is the laying-on of hands, which, in essence, means examining a patient, taking care of a patient.

P: You miss that?

G: Yes, I do. But, I do not want to go back to it. I had enough of it.

P: You are retired now, and you want to stay retired.

G: I am really retired, that is right, and I am having the time of my life.

P: When you were here as an active person on the faculty, to what degree did you participate with campus activity? You know, when Dean Harrell came and you were still in the early years, his idea was that the medical school faculty would be part of the regular faculty and that the medical school would be part of the University of Florida campus. Its students and faculty would all be together. For a little while, that worked, but that is not true anymore. That is a city down there, and this is a city up here.

G: That is true, yes. The only contribution I had to that is, I hired an ethicist to teach with students on campus as well as in medicine. As far as I know, that is the only thing I had any hand in.

P: But you were also a member of the University of Florida Faculty Senate.

G: No, I do not think so.

P: I thought I read that on your resume. On page seven, from 1969 to 1974. I can see it made a terrific impact on you, on your campus-wide service.

G: Oh yes, I do remember now.

P: Someone said occasionally, were you at the Senate meeting? And you said, what Senate meeting?

G: [Laughs.] The thing that picked up my eye was, appointed by the dean of medicine. When I saw that, it came back to me.

P: You were also elected by the faculty.

G: I was elected by the faculty twice, too. Yes, I do remember, and I went to the meetings. I did not have any voice. I just sat there and listened to people bitch about things.

P: And that was the extent. You never served on any other kinds of committees?

G: No.

P: You were never on the library committee or anything like that.

G: No.

P: And you kept saying, I wonder where that campus is that I keep hearing about.

G: I walked it a lot, but I did not serve on any committees up there.

P: So, anyway, that was the extent of your university service.

G: That is correct. [Except for when, in 1966, Dr. Cluff, who was chairman of medicine, asked me into the office to tell me about a plan he had. He was a friend of the chair of medicine and infectious diseases at the University of Edinburgh in Scotland. He wished to establish an exchange program for bright young medical residents to have a tour of learning. Our young men would go to Scotland for a time and theirs would come to Shands. He asked me if I would go there to establish the program. I said yes and set about obtaining money to take my family with me. We spent three weeks there and each day I met with the chair of medicine and the dean of men. I also made rounds at the Royal Infirmary and the Infectious Disease Hospital. The plan worked and continued for many years. My wife and children saw all of Edinburgh and area museums, castles, etc. We attended Clan bagpipe festivals and the Tatum, which was attended by the Royal Family.]

P: Why do you think that there was not that kind of interplay, which I think you did get at the University of Virginia?

G: Oh yes. I seem to think it is because of the growth of the medical center. There was no need, if you will, for the combination of any of them.

P: But no social life, either?

G: They tried it a couple of times with a club. Do you remember the faculty club? They tried things like that, but they never worked.

P: So, the only time you meet other faculty people would be, maybe, a church?

G: Yes, or our little group that gets together once a month for dinner.

P: And other faculty people, other than doctors, are in that group?

G: Nobody can be in the same profession.

P: So what areas are represented in your dinner group?

G: A statistician, a lawyer, myself, and a psychologist, economist and former Chancellor of the State University System. It is a nice group. We have been together for twenty-five, thirty years. One of them died.

P: Bill Rion?

G: No. He was not in our group.

P: What about community service? You were under Kiwanis Club, and you are not in the Kiwanis Club now.

G: No. I could not get the time after awhile. You know, it is a luncheon meeting. Then, I was the head of two committees down there. One of them was where you visit other clubs. Well, that meant two or three hours in the middle of the day.

P: You just did not look like a club type of person to me.

G: Oh, I loved it. I met a lot of people who I still like and go with and everything else, but it just took too much time, at the wrong times.

P: So, you dropped out.

G: I had to drop out, yes.

P: The thing, however, that has been a lifetime activity of yours has been church.

G: Yes.

P: Did you grow up with a religious family? Was this something that went back to your home life as a child?

G: No, I think it was me.

- P: Your parents did not go to church that often?
- G: No. I mean, they would go, but they really were not into it.
- P: They were not fanatics. They were not Nazarenes.
- G: Oh no. My father was Episcopalian. My mother, I think, did not want to be anything because of her experience with her father. Ever since I can remember, I wanted to go to church. I really cannot pin that down. I have tried to, occasionally.
- P: Do you consider yourself to be a religious person, or you just wanted to go to church and sing hymns and meet people and listen to the preacher?
- G: No, I consider myself a religious person. Lois reinforces that, also, because she came from a strong Lutheran background.
- P: I was going to say, originally, you had a Lutheran affiliation.
- G: Yes, because of her. That is right, but when Rusty got about to the age of confirmation, I decided, no, we have to get out of this mess.
- P: Why? What was wrong with the Lutheran church?
- G: The rector of the Lutheran church did not measure up. So, I said, okay, honey, it is time to go the Episcopal church. She said, fine.
- P: So, you became actively involved in Holy Trinity.
- G: Yes, and we have been there since.
- P: I notice, however, on your resume that you seemed to have dropped out of that, as far as service is concerned.
- G: Well, there, I became senior warden. Again, you have to work your way up. That is the guy next to the person in charge. Then, I was on the board of directors for a long time, too long, and then I was a lay reader and then an usher..
- P: A lay reader means somebody who gets up and reads.
- G: Reads a lesson, yes, and then an usher. Go steal money from the people, you know? Then, I became a calicifer, which is one in our church who is given the power to offer the chalice at the time of communion. So, it is very responsible, and not very many people become calicifers. It is an honor. But then, I guess it was because of my cataracts, I found

out that when I was walking up the steps to get the chalice and then coming back down, I was not sure where that next step is. I thought, I better get out of this. If I had dropped that chalice down, the wine would go all over the place. So, that is the only reason.

P: So, it was not as a result of disillusionment with the church or the minister or anything.

G: Absolutely not.

P: Were you involved in the funding for the rebuilding of the church? Both from your own pocket and from hitting on people's doors?

G: You better believe it. A lot of people were glad to see me leave their house when I left, but I did pretty good.

P: Did you and David Colburn [professor of history and acting provost, University of Florida] work together on committees?

G: No. David is down there. You know, he is a calicifer.

P: So, he is both an acting provost and a calicifer.

G: That is correct.

P: Let me ask you about your religion once again. Why have you wanted to go to church? I mean, what has been the appeal? It has been with you a long time, and, obviously, it fills a need in you.

G: I have a very strong feel for prayer, and I like corporate prayer as well as individual prayer. It is nice to be with people who think like you do, by and large, believe as you do, and pray as you do. I think all of those are factors. Then, also, I am so dadgum thankful about my wife and my children and grandchildren, if you do not pray, there is something wrong with you.

P: You go to church regularly.

G: Absolutely.

P: Do your children go to church?

G: My granddaughter goes to church. My two [grand]sons, of Rusty's, go on special occasions, meaning Christmas and Easter. My two grandsons by my oldest daughter go absolutely every Sunday.

P: What about your children?

G: Well, Diane goes all the time. She is the youngest, out in Texas. She goes religiously, every Sunday. My oldest daughter and her husband go all the time, every Sunday along with their boys. My son is one of those two-timers, and I do not know why he does not because he was very active in the church as a young man. She was a Catholic. Then, of course, when she got divorced, they did not like her anymore, so she said, to heck with you. So she does not want to go. She does not care, but the little girl does. The little girl goes to church every Sunday.

P: Would you say that your major community interest now, if we could call the church part of the community...

G: Yes, it is part of the community. Yes.

P: I mean, you are not in a civic club. You have a social life, but it is not a major activity. You get together for dinner once a month or whenever.

G: Yes.

P: And you go to the concerts at the Center [for Performing Arts].

G: Yes.

P: Are you a moviegoing person?

G: Not very much. Every once in awhile, we will see something advertised. We say, hey, we might go to that or get it at one of these stores and play it at home where you have more freedom.

P: Are you a TV watcher?

G: Yes. I am a TV bum. I like cowboys and war stories.

P: So, you watch a lot of TV?

G: I would say a fair amount, yes.

P: Have you continued your reading?

G: Yes.

P: What are you reading now?

G: Nothing now. I just finished one, but Lois has a stack for me to get into. She is a good reader.

P: It will not take very long for her to persuade you.

G: She is an avid reader.

P: Do you two like to travel much?

G: I think we have had enough of overseas travels, but other small trips, like this one to Savannah, Charleston occasionally, we went to Cedar Key last weekend, yes, we like that.

P: But short distances and short time.

G: Short distances, yes.

P: You are not going to London and Paris any time soon?

G: No.

P: Why?

G: I do not want to. I have seen London, and from what I have heard of Paris, I do not like it.

P: Okay. I just wondered. In other words, home is where the heart is.

G: No question about that. When we travel, we take it very easy. We do not push it. Five hours is my limit for driving, and then we stop at a motel. One of the side benefits of traveling locally is good food at different restaurants. We love good food.

P: You like eating?

G: Oh yes, very much.

P: Are you a cook?

G: Yes.

P: Good?

G: Real good on soups. And real good on breakfasts. I stay away from dinners. I let Lois do

that. Unless it is on the grill. I cook on the grill.

P: Why did you retire?

G: I just got tired of it.

P: I mean, you are not an old man, and you have been retired two years now?

G: Two years.

P: You are not quite seventy, and you retired when you were sixty-eight.

G: Yes.

P: That is kind of young in this day and time. Were you unhappy with the conditions at Shands?

G: Administratively, yes.

P: Why?

G: Well, they have gone away from that original concept of a great, relatively small medical center that was better than anybody else. You know, we have programs in Jacksonville. It is a maze. You know, Lake City, every little town between here and the coast...

P: Has got a sign, Shands.

G: Yes, and that did not appeal to me.

P: Why?

G: I just do not want to see it disintegrate into a bunch of little junks.

P: But is this not carrying out the concept of bringing the university here, that we need to service these rural communities and counties around Gainesville?

G: Gainesville is not a rural community, and how many clinics have we got out there? It is ridiculous.

P: Remember when they first organized and started the med school the big question of where it was going to be located?

G: I know.

- P: And it came here because this was the center of the sixteen or eighteen rural counties in this area. The idea was these people would drive to Gainesville and be cured, or helped. Are they not doing the same thing, taking Shands to the people now?
- G: Maybe so. I do not know. I personally think that teaching and education deteriorates when you send our people, who are supposed to be Shands people, out in Timbuktu. Who is going to teach them out there? You know? Are they going to be able to come to my office to ask me about something? No, and that is what I do not like.
- P: Now, I understand—and, once again, I am asking this question from a layman's point of view—that Shands is much more financially stable now.
- G: I think that is true.
- P: Or the Health Center is much more stable now, financially, than it once was.
- G: I think that is probably true. I do not know the details.
- P: Now that it has become a private operation.
- G: I do not know the details, but I think it is, right. It seemed to have some effect on it once it went from non-profit.
- P: I gathered at one time toward the end of my relationship with you as a patient that you were becoming increasingly unhappy with your own department from an administrative point of view.
- G: No question. Absolutely.
- P: Is it part of this business of separating, or was there something else?
- G: You see, I was not a fond friend of McQuigan, who was the chairman of medicine. I did not like the way he operated. And Conti, I did not like the way he operated, and he was head of cardiology. So, there were dissatisfactions there, no question about that, that wore harder as time went along.
- P: But you never fell out of your love for cardiology.
- G: Oh no.
- P: Or fell out of love with your patients.

G: Oh no. I thoroughly enjoyed it all.

P: So, you retired when? What date?

G: Two years ago.

P: Was this something that you had been considering for a long time?

G: No, not really.

P: Just one day you decided, and Lois had no objections.

G: That is right. Well, we did what every family does. We sat down and said, can we live on our income without me working? The answer was yes. Not extraordinarily wealthy but enough to have a nice time. I have a home that is paid for and a car that is paid for. Our needs are very minimum, and I let her handle all the finances. I do not do a darned thing on finances, except ask her for a check every once in awhile. But, when the answer came up yes, I said, all right, I am tired of this nonsense then, and I am going to have some fun.

P: Did Shands try to make you stay, encourage you to stay?

G: Actually, they did not.

P: So, you made your retirement. You had a retirement party, and you picked up your belongings and went home.

G: That is it.

P: Do you ever go back over there?

G: Never. For a year or two, I did because I was keeping my license up and you have to have postgraduate education, and grand rounds would satisfy that. But then, I got tired of that, too, and I said, to hell with this; I am retired and staying home.

P: Are you in any way involved with the VA now?

G: No.

P: You do not go over there, either?

G: No.

P: So, retirement meant retirement.

G: That meant it is all done.

P: You got everything.

G: I did go to a meeting at the Brain Institute a couple of weeks ago, I think it was. One of the faculty members and the dean wanted to get all the retired people together who were here in town, just a social to have lunch and talk. I went to that. I thought that would be nice for me to do because I would find out some of the advances that I did not know anything about, and general building, administration and stuff like that, which I am still interested in, obviously.

P: Like the rest of the campus, the turnover is so great that, within two years, you do not know anybody.

G: That is right. There were about ten or twelve of us there. We had a good time, and we decided we would do it once a year. Too often, you know, what the heck are you going to get out of that? But I enjoyed that very much. The other thing that I enjoyed very, very much is my association with the Gainesville Health and Fitness Center. I go there every day except Sunday.

P: But you have only started that recently, have you not?

G: About a year and a half ago.

P: The trainer business is just recent.

G: Yes, and I thoroughly enjoy that.

P: So, you are leading a happy life.

G: Oh yes. I do my gardening. I grow vegetables, take care of other parts of the yard, take care of the honey-do lists.

P: Honey, do this. Honey, do that. Okay. And you do it.

G: I do it.

P: What is your outlook on life? Is this a happy world we are living in, a happy community?

G: Here?

P: Yes. I mean, as you look around, at crime and all these other things that you read about in the paper and listen to over TV news?

G: It is bothersome, but its not New York, Chicago, or Philadelphia.

P: Are you a political person?

G: No, not at all. I do not become involved in politics. I look at the people I am going to vote for...

P: And you vote.

G: Oh, every time, but I am not a party man. I do not care who it is or what party he belongs to.

P: You vote for the person.

G: Yes.

P: Are people too liberal or too conservative for you?

G: Neither one, I would say.

P: If you were talking to your grandchildren, what would you tell them about life and that kind of thing? Or maybe you do not advise your grandchildren?

G: My grandchildren.

P: Your children are too old for you to advise. They do not come to you for advice, do they? Mine do not either.

G: And if they do, they get mad when you give it to them.

P: I am really asking you, is this an unhappy world we are living in? Where do you think we are going?

G: From my point of view, not for me. I think a lot of people are unhappy, and I feel for them. I really do. But, for me, no.

P: So, you do not become agitated over gay issues and gun issues and...

G: Well, gun issues, I get a little bit irritated about because I think there are ways to correct that.

P: You do not want people to be carrying around guns.

G: No, and I do not want Moses [Charlton Heston, actor and president, National Rifle

Association] running the government.

P: I do not think he is going to.

G: Heston, there is something wrong with that boy. There are reasonable ways to prevent the majority of family gun mayhem. I do not think you can do it in the crime element. They can get a gun.

P: What have we not talked about that we should have on this tape? I do not want to leave anything out that needs to be documented.

G: The most important thing to me in life is my wife and the love I have for her, and my children and grandchildren. That is the most important thing to me.

P: That should be on there, and you should have the opportunity to say that.

G: That is the most important thing that I care about. And obviously, then later, friends like you, like other people that we get together with.

P: Well, family comes first, regardless. Mine does to me.

G: Oh yes, no question about it.

P: Are you a close family?

G: Yes.

P: Your children and grandchildren?

G: Oh yes, very.

P: You talk to them and visit back and forth.

G: Oh yes, absolutely. We get together for dinners at each other's home, Rusty, since he is here, obviously. We always go down a few days after Christmas to see Kathy and her family, our oldest girl in Palm Beach Gardens. Diane, we go down twice a year, and then we fly her up here about twice a year. Pretty soon, she will be moving [back to Florida, as an assistant professor at Florida Atlantic University in the school of social work].

P: And you talk to each other on the phone a lot.

G: Oh my God, yes. Do you want me to show you the bill?

P: I was going to say, you said that as if you just opened the bill yesterday.

G: I do not even look at bills. Yes, we stay in constant contact and exchange ideas and things like that.

P: Have we missed anything in your professional life, talking about your career here at the University of Florida? Your work as a cardiologist? Your work with your patients?

G: I do not think so.

P: Because it has been a very good and fulfilling interview and I followed your resume in asking you questions, but I wondered if there were things that might not have appeared there that I would not have asked about as a result?

G: I do not think so. I think you got it all, or at least that I can remember.

[End of Interview.]