UFHC 53
Interviewee: Dr. J. Lee Dockery
Interviewer: Samuel Proctor
Date: February 12, 2002

P: I am interviewing Dr. J. Lee Dockery. We're working here in Turlington, the Oral History Office, and this is February 12, 2002. Lee, now you're here, you're in my clutches and we'll start talking. First of all, I want to start out by asking you for your full name.

D: I will decline. I'll take the 5th [Amendment].

P: I want to find out what that J. stands for, Jonathon?

D: None of the above.

P: Juliet?

D: Actually, Sam, I was born in the South and raised on a farm. At the time I was born, all the little boys around our neighborhood were named Junior and they were not named after their fathers or grandfathers. They just liked the name Junior, so they named me Junior, and Lee, after my grandfather. It never was a problem and nobody ever cared anything about it. Everybody knew my name until I went to the fourth grade. The fourth-grade teacher, when it came to me, she asked me my name and I told her. She says, no, that's not your name now. You go home tonight and ask your parents what your real name is and you come back and tell me tomorrow. It's just simpler to use the letter J and not have to explain it over and over again. Actually, my Medicare card, is issued in the name of J.

P: You're better off than me, in a way, because I have no middle initial at all or middle name. When I was in [the] service, they just gave me NMI–no Middle Initial. Harry Truman had the same problem. He gave himself a middle name.

D: Almost got him in trouble too, didn't it?

P: You were born when?

D: I was born November 13, 1932.

P: Where?

D: In a rural farming community near Amity, Arkansas. We had a rural route and our post office box was Amity, Arkansas.

P: How long had the family lived there?

D: They were born and raised there.

P: You're talking about your parents and grandparents?

D: Yes.

P: Has anybody done any genealogy on your family?

D: No, not serious genealogy. There have been various relatives that have tried to do some genealogy and actually a couple of them have published books that list the family trees. So many of our records, though, have been lost because of floods or fires or things of that sort. There's never really been the interest in digging, other than word-of-mouth and memories, into the family tree.

P: I wondered how the family got to Arkansas, is really what I was aiming at.

D: It's uncertain. My father's grandparents immigrated to Paris, Texas, but I don't know where they immigrated before that.

P: What was your father's business?

D: He was a farmer.

P: Do you have any siblings?

D: [I] have two, one of whom is deceased and one of whom is still living.

P: What was your father's name?

D: **Marcus Jackson Dockery.**

P: What about your mother, what was her name?

D: Her name was **Ruby Christine Sheppard**.

P: They met and married in Arkansas.

D: Yes, they did.

P: Let's talk now about your early years. What's your first memory?

D: [My] first memory is living on the farm and going to the fields with my parents. When I got enough to do little chores, [they] would assign me little chores and responsibilities. I remember my first school days in a one-room schoolhouse in rural Arkansas.

P: You walked to school of course.

D: [Yes], we walked to school.

P: Did your father have a large farm, small farm?

D: One hundred acres.

P: Grew what?

D: Just a variety of vegetables. Mainly the money crop was cotton. The rest of the things would be grown for animal food and things of that sort.

P: You obviously had farm animals on the place, too.

D: Exactly.

P: Cows, horses, mules, etcetera.

D: Yes.

P: What kind of family did you grow up in?

D: They were conservative people. They were law-abiding. The only vice that my father had, as perceived today it probably wouldn't be a vice, but he smoked until twenty years before his death. We never had alcohol in the home. We went to church and we always were taught to do the right thing. The nice thing about living in a farming community, everyone helps everyone else. There are no boundaries and there's no restraint in people's support of each other.

P: What about education?

D: My father finished maybe ninth grade and my mother finished eighth grade. My mother married my father when she lacked three days of being fifteen. They had eloped.

P: What about your own school days?

D: My own school days, I finished when World War II started. Farming was very difficult because a lot of people had left the farms and enlisted in the service. So my father moved to Hot Springs, where he started working in the defense plant with the Reynolds Metal Company. He worked in the defense plant until a couple of years after the war was over and then [they] started reducing their workforce. Then he went into business in a Kash & Karry grocery store. When we moved from the farm to Hot Springs, which is a National Park – they have the natural hot water springs, bathhouses and things of that sort – I was in third grade. I went to a regional school that was in a rural area of Arkansas, close to Hot Springs, where people were bussed from a variety of locations to the county school. Then when I went to junior high school, which would have been starting the seventh grade, I went to the junior and senior high schools in Hot Springs itself.

P: When did you graduate?

D: I graduated in 1950.

P: What kind of student were you in high school?

D: I was an honor student. I was also in the National Honor Society and all those kinds of things that go with academic performance. Something that I speak very little of that was very important to me at the time, and was also a big surprise to me, is the teachers, anonymous to the students, vote on the student that is the best citizen. It's called the American Legion Citizenship Award. The year I graduated from high school, I received the American Legion Citizenship Award.

P: Did you play any sports in high school?

D: No, I didn't. My father had the Kash & Karry grocery store, so I worked all during high school. We would open the store at 7:00 in the morning and I would work until we started school. I would come back at the end of school and work until closing time, which was also 7:00. I would clerk in the store, dust shelves, deliver groceries and talk on the phone. Those sorts of things.

P: Yours was going to school and working then.

D: Going to school and working.

P: You didn't have much time for sports. How about social activities?

D: I had the usual cluster of friends. It was easier in those days. I didn't drive and we only had one car. In fact, I didn't drive until I took driver's education in high

school. Only started getting the car for social activities when I was a senior in high school.

P: What year did you say you graduated high school?

D: 1950.

P: June of 1950. Okay, let's get into your college career. You go to school where?

D: I went to the University of Arkansas in Fayetteville.

P: How far away from Hot Springs was that?

D: Two hundred miles.

P: Who paid for your schooling?

D: My parents.

P: Did you work in college?

D: Yes.

P: Doing what?

D: I pledged a fraternity.

P: What fraternity?

D: **ACACIA.** I worked in the kitchen and in the dining room. My first year on campus, I lived off-campus because it was cheaper. I worked in the kitchen in the rooming house where I lived, which was very adjacent to campus. Worked the three meals and did all the things that were necessary to serve the meals and paid for my room and board.

P: Are you already beginning to think about a medical career?

D: Yes, when I went to the University of Arkansas, I declared that I was a pre-med major.

P: What made you decide that?

D: I'm not sure, Dr. Proctor. I think I always enjoyed helping people. I guess the other thing is, I was always the one that tended to the farm animals if they were

lame. If a cat had a litter of kittens or pigs were to be born, I was usually the one that kind of helped look after them. [I] bottle-fed them when they needed to be. Just kind of made sure that nothing bad happened to them.

P: You had no educational skills at all.

D: None at all, no.

P: Right from the very beginning, you seem to be inclined in the direction of medicine?

D: Yes, but I also probably was influenced. Our high school, the number of graduating seniors in the year that I graduated was probably less than seventy. I would say sixty-four, something of that sort. The school system was very good. We had at our school something called career days, where there would be individuals from various professions that would be on campus at the high school. They did that for the last two years of my high school experience. They had dentists, physicians, teachers, accountants and the various professions. It seemed to me the greatest challenge and interest and opportunities were in medicine. First, I thought that dentistry was attractive, but as I had a variety of dental problems myself, it didn't hold the versatility and attractiveness that I thought being a physician would be.

P: They did not have a medical school there?

D: No, the medical school was in Little Rock.

P: Would you say you could be classified as a science major while you were at the University of Arkansas?

D: Yes.

P: Those were your best subjects also?

D: Except for chemistry. I was a biology major and I did okay in chemistry, but it was not my best subject.

P: How about the other areas, history, English, literature?

D: Yes, I always did well in history, English, the social sciences. In fact, I made my best grades in English and the social sciences.

P: In addition to the income that you were generating yourself as a result of working, were you also getting money from home?

D: Oh, yes, but very little. They bought my clothes before I left. I had no allocated budget in terms of spending allowance or anything of this sort. What I had was little notes from my grandmother that might have five dollars tucked in it. Maybe I would get a note from my mother or daddy, and there would be maybe a ten dollar bill tucked in. But I had very little needs. I didn't pledge the fraternity until my second year in college. My social life was just having a good time at the boardinghouse and going to the events on campus. It's so wonderful to see the opportunities on the University of Florida campus in contrast to the University of Arkansas campus. We thought, at that time, there was no need for any student to sit home any night for fear of finances to attend any University function. Our activity card got us into everything. All the sports events, all the concerts, all the recitals, all the referrals, all the visiting people that would come on campus. I had very little needs.

P: And tuition was small then.

D: Tuition was $56 a semester. My father would always take me to school and would also pick me up. We would know what my school supplies budget would be very soon after I would be at the university. My parents would send me the amount of money that was necessary for books and supplies and that sort of thing. I was not deprived, I didn't have any extra money. I didn't have a car. If you had a date with a lady friend, they were very happy to go to a movie and eat popcorn.

P: How times have changed.

D: How times have changed, yes.

P: So your family encouraged you to seek higher education?

D: Yes.

P: How about your siblings?

D: My middle brother went to Arkansas State for two years. He was disinterested in continuing and ended up going to a trade school where he learned printing. So, he worked at a printing company until he decided to work for an automobile agency in terms of selling cars and being in charge of the inventory. My younger brother was eleven years younger than I. There was a generation gap between the middle brother and the younger brother. It was very hard for him to concentrate on his schoolwork and to be attentive to performing well enough to progress satisfactorily to meet my parents' standards. After he graduated from high school, he joined the Navy and never did pursue college. Then, at age forty-four, he was killed in an automobile accident. He had married a nurse and

they had two wonderful children, both of whom are adults now. My middle brother has two children and I guess, he has four grandchildren.

P: What about your extracurricular activities in college?

D: They were the usual. Nothing outlandish. I was dumb and green and was not experienced in campus life. When I joined the fraternity, I think that was a growth for me in that it did put me into the company of people that could expand your thinking and experiences. I guess then my second year, I was elected social chairman, which, in the fraternity organization, was the vice-president, who also served as the social chairman.

P: What was this fraternity again?

D: ACACIA. They're very strong in the Midwest. I don't even know if they have one on University of Florida campus. I was recruited. I didn't go through Rush. With the responsibility of planning the social activities for the fraternity and doing exchanges with sororities, teas, fall dances, spring dances, hay rides, open houses and all of those sorts of things, you just learn a variety of things that you otherwise wouldn't have learned.

P: It's while that you were in college as an undergraduate that your motivation for studying medicine develops? Or had you already made up your mind that you were going to be a doctor?

D: I had made up my mind that I was going to be a physician in high school through the career day experiences.

P: So once you get to college you focus in on that completely. I know what I'm going to do. When did you graduate?

D: I was admitted to medical school, amazingly, after three years. You could apply after three years and economically it was very important to me to save the year if I could and to go ahead and try to be admitted to medical school if I could. I was fortunate enough to be admitted. I didn't graduate with an undergraduate degree until after I was in medical school for two years. They had the ability to receive a bachelor of science in medicine after you were in school for two years. It counted toward your degree and you would receive the bachelor of science in medicine. Then your M.D. degree when you would graduate from medical school. So I chose to do that.

P: The B.S. came in what year?

D: 1955.

P: July of 1955. What medical schools did you apply to?

D: University of Arkansas only.

P: You were accepted on your grades and your record there.

D: And recommendations.

P: What was the date of your entrance there?

D: It would have been in the fall of 1953.

P: The University of Arkansas' medical school is located where?

D: In Little Rock.

P: How far away from home was that?

D: That's thirty-six miles.

P: You lived on campus?

D: I lived in a rooming house. At that time, they did not have student housing for medical students, because it is not on the undergraduate campus. All the students either lived in private homes or boardinghouses or things of this sort. You could take your meals, of course, at the medical school, because they did have a cafeteria.

P: What was the caliber at the medical school by comparison with others in the South at the time? Of course, Florida didn't have a medical school yet.

D: It was the only medical school in Arkansas and it had been in existence a long time and was state-supported. I think it did have the respect of the other state medical schools in the South. Of course, it was accredited. The dean at the University of Arkansas School of Medicine when I was there was subsequently recruited as dean and vice-president at the University of Miami. Of course, I had known him at Arkansas and when I went into Miami, **Dr. Nicholson** became the dean at the University of Miami. Of course, the University of Miami is a much younger medical school than the University of Arkansas.

P: What about the program there? How long was the medical school program for the degree?

D: Four years.

P: Talk to me a little bit about the curriculum and how it affected you.
D: In retrospect, I think that it was very sensitive to the needs of human beings. The students, in addition to their academic requirements, also were expected to do a lot of hands-on clinical work early in their curriculum.

P: Was this unusual?

D: It probably was earlier than what medical schools are doing today. Most medical schools now have invested so much concentration in the basic sciences. The intensity of that basic science learning [is so great] that it's really hard to remember that you're really studying to be a physician in the first two years of your medical education. You see very little patient contact and you see very little relevance to human medicine in the first two years of the curriculum. It was a marvelous experience. Of course, now, medical schools, as I've gone around the country on accreditation teams, curriculums are being modified to have mentoring in the first two years of medical school. That they are able to actually see patients and clinical problems. [Now they] try to relate that to a clinical correlation with the basic sciences that are being taught in the first two years.

P: So, the first two years at Arkansas were based mainly in classroom experience.

D: Mainly classroom experience and laboratory experience.

P: You did not see patients, you did not follow the doctor around as he or she made their tours?

D: No, as students in our sophomore year, we rotated call in the labor and delivery suite in the department of obstetrics. Not to do anything, but just to observe and to observe deliveries and observe clinical problems. Then we would be examined on that at some periodic point throughout the rotation.

P: How large a school was it?

D: Ninety students.

P: Is that larger than Gainesville?

D: Smaller. We graduate about 120. That's the goal. There's always attrition. Remember that we inherit, in Gainesville, thirty students from Tallahassee that come their second year. We admit ninety here and assume the thirty from Tallahassee, assuming that all thirty progress satisfactorily so that we graduate

about 120 in Gainesville. We would graduate in the high 80s or 90s at the University of Arkansas. But the admitting class was ninety.

P: What made you begin to move toward OB/GYN?

D: I graduated from medical school in the era before you became a specialist, so that everyone who graduated medical school in 1957 throughout the country did what is called rotating internships. I thought that I would want to be a pediatrician. I wanted to stay in the south for my internship and residency training. I wanted to go to a large charity hospital. I did consider both Tulane and the University of Miami, Jackson Memorial Hospital. I chose Jackson Memorial Hospital and Jackson Memorial Hospital chose me, which I'm pleased to say, because they did not require you to do your own laboratory work as a first-year trainee. Whereas Tulane did require a first-year rotating intern to do their own laboratory work. I felt like I had done so much lab work as a medical student and I was really training to be a physician, I didn't need to continue to do my own lab work. That's why I chose Jackson Memorial and the University of Miami over New Orleans and Tulane.

P: Before you left Arkansas, had you already made up your mind to be a gynecologist?

D: No, and when I went to Miami, I took pediatrics as my first rotation. It was a wonderful experience. The chair of the department was a very good person. They actually had offered me a first-year training position after my rotation in the department of pediatrics and I had accepted that. I didn't have obstetrics and gynecology until March and April of my first year of rotating internship. I was not prepared for the enjoyment that I had as a result of taking care of those patients. The department was an excellent department. The patient was treated with her integrated disease by the obstetricians and gynecologists. Her systems weren't farmed out to a series of specialists. If you had a liver problem, you saw the liver doctor; you had a problem with your blood count, you saw a hematologist. Every complication of pregnancy was treated on the OB-GYN service with consultation. I felt like that it was integrated care, and it was the best care for the patient. I also found that it was a marvelous thrill and excitement to participate in the delivery of a child. To witness the excitement and enjoyment of families and the anticipation, in those days you didn't know what you were going to get until it was delivered. I found that the recovery period was rapid. In those people who had serious complications, it was a chance to help their family life be better. I found that I also enjoyed gynecology very much, because it gave a balance to my interest in medicine in that you could do the obstetrics and you also could do surgery and then you could go to the office and you could see well people who were expecting a happy event. I felt like it just gave me the best balance of my interest in medicine. I think my service was respected. About six weeks into the two-month rotation, I received a call from the chairman

of the department, who wanted to know if I would be interested in becoming a resident of the department.

P: I understand your interest in gynecology after you got into it. What turned you away from pediatrics?

D: My rotation in pediatrics. It was such a discouraging thing, in the emergency room in a large city hospital like Miami and Jackson Memorial Hospital. We would work twenty-four hours on and twenty-four hours off. We would have this sea of sick babies that would just be sick and you would do your best to try to take care of them. They wouldn't be brought in by their parents. You would give instructions to the people who had accompanied the child. The next night that you would be on-call, the same child would be back, but with a different individual. None of the things that you had tried to do had been carried out. I also found that sometimes there would be conflict within me of knowing what is best for the child, and having parents who would not abide by what you thought was best for the child. Of course, the parent is the parent and you can't override that. The children were great, and I love children and love trying to make them better. I didn't think it created the best therapeutic satisfaction to try to deal with those other issues.

P: I'm curious why there were the changed caregivers from day to day.

D: They were children with either single parents or children that lived with relatives that would be either working, the care being given by some other adult. It was a circumstance of their status in life that they were not able to be full-time parents and to provide the parental support. It was largely an indigent population.

P: Weren't you finding similar problems among the women that you were taking care of? Single mothers for instance?

D: You could speak directly to them. You could try to convey some responsibility and you could monitor that responsibility. You could have greater success.

P: What were your dates at Miami?

D: I finished my residency training in 1961. In those days, there was the Berry Plan. That was a government program where you could declare the branch of service which you wanted to serve and you could apply to that branch of service. If you were accepted, then you were guaranteed to complete your residency training in the specialty of choice, following which, you would do that specialty in that branch of service for two years after you completed your service.

P: Tell me what you mean by rotating internships.

D: Rotating internships is the internship in which the individual rotates through the various services of medicine.

P: By services, you mean departments.

D: Departments, right. It would go from pediatrics to internal medicine to psychiatry, neurology, obstetrics and gynecology, and surgery.

P: I have the dates 1957-1958, is that right?

D: That's right.

P: What about Miami, that's a great change over Arkansas?

D: Yes, but I wanted to stay in the South, and I didn't want to stay in Arkansas.

P: You thought Miami was South.

D: Well, it was more southern than Arkansas. More redneck, but also more southern. I felt like, to stay at Arkansas, I would be closed out of knowing how people did something in other locations and other experiences. I wanted a larger opportunity for growth. It turned out to be a marvelous decision.

P: When you went to Arkansas medical school, were there any particular doctors there, teachers there that you felt they were influential in your life decisions?

D: No, they were very excellent and you respected their ability. **Richard V. Ebert** was the chair of the department of medicine. He's the brother of **Bob Ebert**. Dr. **Katherine Dodd**, a world-renowned pediatrician. They had all the greats there [in Arkansas].

P: Was there a contrast by the time you got to Miami? Was that a very influential, skilled faculty?

D: Yes, I think the philosophy, though, interestingly, was very similar, in that as students we delivered babies, we sutured lacerations, we did all of that under supervision. The first day in the emergency room at Jackson Memorial Hospital, you're in the firing-line and you're doing what needs to be done. The thing that I think was so valuable to me from my training in Arkansas was that we had already done the things that people who came from different schools had not had the experience in doing. I think that as far as performance on license exams and board exams, the scores were always comparable, but we were ahead of them in terms of our clinical skills.

P: It's interesting, coming out of Arkansas, making a comparison like that.

D: I had two of my friends from the same year that graduated with me from medical school. We all went to Miami together. Everyone that was higher up in training in our rotating year would tell each other, for instance, that they valued the clinical judgment from the people who were from Arkansas. They didn't have to worry about whether or not you'd make the proper evaluation of the clinical problem, that you'd missed anything. Of course, there are always times that the clinical status of a particular disease has not developed to the degree that you can know the answer that will be revealed later. It was our impression and we were told that our training had been very good.

P: When you get to Jackson, as a resident, you're no longer in the classroom, that's over with. You're now seeing patients on a daily basis. You're operating as a doctor. Doing everything that non-residents don't want to do. You come in as a junior assistant resident. What does that mean?

D: Junior assistant resident is a first-year resident after the rotating internship. It's actually the second year of residency training in today's residency training structure.

P: The first year, what do you do?

D: The first year is the rotating internship, which is different from now. When you graduate from medical school now, you become a first-year resident in whatever speciality you want to pursue.

P: As a junior assistant resident, what do you do?

D: Then you're dedicated strictly to the department and specialty in which you want to pursue.

P: I see, so the first year you're doing everything. The second year, you were specializing in a particular area of medicine. What about the assistant resident? Is that just another year?

D: That's the third year after the first year in this particular speciality and then the senior resident is the one that is in the final year.

P: So after the first year, the year you do everything, from that point on, you're specializing in a particular area. The fact that you're an assistant and full-time means nothing at all except in title.

D: The level of training. It differentiates you between your first-year residency training and your last-year residency training. In today's model, we would call it first year, second year, third year, and fourth year. Whereas, in those days, we called it rotating internship where you did everything, then your junior assistant year would be your first year of real residency training in your particular specialty in which you pursue, then you're assistant, and then your final senior year.

P: In your particular specialty, you're talking about OB-GYN. You're not talking about a specific part of that?

D: No.

P: Just delivering babies or doing something else.

D: Yes.

P: And you're supposed to be qualified to remedy all ills relating to a mother giving birth?

D: Right and reproductive diseases.

P: Things like HIV and so on, they had not come into play.

D: No.

P: So the reproductive diseases were the traditional ones.

D: Sexually-transmitted diseases, right.

P: I guess it was a big problem then, but it's not as big a problem as it developed.

D: Those would be sexually-transmitted diseases or infectious diseases, but diseases affecting the reproductive system could be infertility, menstrual function, tumors of the reproductive tract either in the ovary or the uterus, or congenital anomalies. A person that completes their required training in that discipline is able to do general obstetrics and gynecology that relate to the women's reproductive system.

P: Were most of your patients indigent patients?

D: No, in the residency-training program, there was the clinic population, and those patients were not private patients and they were not insured. Recall that Medicare came in 1965 and we're into a new classification system in terms of patients. Also, each of the faculty had private patients and the residents were required to participate in the care of each of those private patients. In fact, we

had what is called a private service, where a resident in obstetrics and gynecology would rotate through the private service for assisting the faculty person to care of those patients. You'd make rounds, you'd do the histories and physicals, you'd scrub with them in surgery. [That way you would be] taught by [faculty member]. Also, in every operative case until your senior year, actually operated with a faculty member.

P: As a resident, what was your income?

D: I started my rotating internship at $50 a month, plus room and board. When I finished my residency training, I made $250, but I made $50 more than [a regular resident because I was an administrative resident]. [end of side 1, tape A.]

It was in the days of the pyramid program and the pyramid program was defined as accepting five residents in one year, decreasing that to four in the second year, and then three would finish. From that three, there would be one that would be selected as the overall administrative resident. That resident had the full responsibility of doing all the resident call schedules, doing all the vacation time, being responsive to the chair of the department and the care of all of his patients. That resident was really the liaison between the chairman and the rest of the residents and all of the support services within the hospital. If the operating room had a problem with a resident arriving on time, they would page the administrative resident and say, Dr. Proctor hasn't arrived in the operating room yet. So it was your responsibility to find out where Dr. Proctor was, why he wasn't in the operating room and, in the meantime, get a substitute to take care of that problem until the problem can be corrected. As a result of being the administrative resident, which was chosen by the chairman, I made $50 a month more than I would have made. So I made $250 a month, plus room and board.

P: They had a dormitory?

D: There was not enough housing for all the house staff. You could apply for housing. I married after my rotating internship and you didn't get housing if you were married. You just got your uniforms laundered and you got the meals that you ate when you were in the hospital.

P: Was this, a single resident, twenty-four hour responsibility or did you get some time off for social and meeting somebody, because you get married during this period.

D: We were on call during the residency training period every third night. There would be times, if people were on vacation, that you might be on-call every other night. On my first year of rotating internship, I was on-call every other night for the full year and I had one week's vacation.

P: Was Miami an exciting city to live in coming out of Arkansas?

D: Oh, marvelous. It was just such a fantasy land for a country hick from Arkansas, who was just a dirtbuster really. It was just like the only thing that was difficult was the seasons. You do miss the season. We arrived in July, and, of course, hot and humid and it rained every day during those first two months of the summer somewhere in Miami.

P: You had a car by now?

D: We had a car.

P: What's this we? You came to Miami with a car.

D: I came to Miami with a car, but also I came to Miami towing Barbara's car. Barbara is the lady that I ultimately married after our first year in rotating internship.

P: You become chief resident, this is selected by the chair from 1960-61, this is a full year. You have been at Jackson what, four years?

D: Four years.

P: What kind of a medical school was it? What kind of hospital was it? Good? Superior?

D: Outstanding. The care that people received, regardless of your station in life, your adversity, it was the county hospital. The emergency room was overflowing all the time. The faculty, of course, were young. The medical school had not been started that long.

P: It's a little older than this one here.

D: Yes.

P: Not much, but a little.

D: I think maybe just four years. So it had the expected problems with defining the role of the medical school within the county hospital. The operation of the clinical services within the hospital that had not had the benefit of a relationship with the medical school before. At that training level, you didn't appreciate any of those growing pains or difficulties. There was so much work to do and we were totally unaware of the politics of medicine in those days. You just came to

work and you knew everybody and you did what had to be done. You didn't complain.

P: What do you mean by the politics of medicine?

D: I think there are issues that are important to address in terms of setting up boundaries for departments, responsibility for departments. Turf issues, town-gown [relations, meaning the relationship between the city and the school], because, prior to the medical school, the hospital medical staff were the governance for the respective clinical services. Then when you move in a medical school and you try to create an academic base, then there are those tensions that can develop that are natural and to be expected. It always happens. At the training level [we] are unaware of those difficulties that you only appreciate later when you start becoming involved in those issues.

P: When you're in Miami, the issue of segregation and integration becomes a factor in life.

D: Oh yes.

P: How did that impact the hospital and medical school?

D: The care was just a routine issue.

P: Had you already been receiving black and white patients and putting them in the same wards?

D: No, they were segregated. In fact, they would relegate the various wards as colored two, colored four. Everybody knew where colored four was. Colored two was on the second floor of another location.

P: Was there a difference in the quality of care?

D: I think not. I think that it was such a challenge to try to be successful with every treatment experience.

P: When do you begin mixing patients?

D: I don't recall. I would imagine, I would assume that it would relate to the introduction of Medicare and third-party reimbursement. But I don't really know.

P: So during your time at Jackson, it really wasn't a major problem. It did not become a fighting social issue at all.

D: No, it happened so insidiously that you were hardly aware that it had occurred. I can remember that the sixth floor on the central building of the main part of the hospital had always been white gynecology. During my time of residency, there were people of color that were moved into the sixth floor. There was just never an issue, either from the patient perspective or from our perspective.

P: Had Jackson gotten to the point yet of having blacks on the staff?
D: No, of course, the number of black physicians throughout the country has been pitifully small.

P: So they didn't need to come to Miami.

D: So there wasn't any exclusion, but there wasn't any overt inclusion either. It was a matching program, so that anyone applying for residency training, if they would be matched at Jackson Memorial Hospital, they would be matched regardless of their color.

P: They was a growing Hispanic presence in Miami. Did that in any way impact the medical service?

D: Yes, [that] occurred later after I [was there]. The Bay of Pigs and all of that had occurred around 196[1].

P: But the Batista Revolution, Castro coming in, was in the [19]50s, about the time that you arrived in Miami.

D: The only impact that the immigration of Cuban exiles was that it overloaded the medical services. The only place they had to go was Jackson Memorial. It just overloaded every service – the beds, the nursery. It really was a problem for Dade County to try to maintain the resources necessary to supply services to those people.

P: How did Jackson Memorial relate to other hospitals in the Miami area, like Mount Sinai, for instance? Was there an exchange of staff?

D: There has been now, there was not then, but very soon after, I would say probably 1965, I'm not certain about that date, they started developing some related services through anesthesiology, through pathology, and through radiology. Now there are faculty, I understand, that are primarily located at Mount Sinai that carry a faculty title with the University of Miami. Then, of course, there's the Cedars of Lebanon which was right across the street. Of course, it was the private hospital. Mount Sinai, Baptist Hospital and Doctors Hospital were all private hospitals. So the only county hospital in town that did provide indigent care was Jackson Memorial.

P: How large was Jackson?

D: It was over 1,000 beds at that time and I don't know what it's grown to now. I was there recently and it's just exploded.

P: How large is Shands?

D: I think it's 485 beds.

P: So it's about half the size of what Jackson was like when you arrived. It's a much smaller operation here.

D: Right.

P: You leave in 1961 and you go into the military for two years.

D: Right.

P: How did all that happen?

D: Well, I was on the Berry Plan. They send you a form to request your choice of assignment.

P: Military assignment?

D: Military assignment.

P: You had no choice to do some non-military assignments, did you?

D: No, because I was on the Berry Plan, I had to give the Air Force two years. We had no children at that time. We had heard that the Air Force base in Madrid, Spain, was an excellent assignment. We requested that and we also requested the Northwest and I think maybe even Homestead, which was a base just south of Miami. The basin outside of Madrid is called Torrejon. So we requested Torrejon and we were fortunate enough to be assigned there. I just marvel at the way things happen. The director of the hospital was a retired general. The associate director of the hospital was a retired colonel from the Air Force who also happened to be from Arkansas. He also was a good friend of Oliver K. Neiss, who was the Secretary General of the Air Force at that time. So Dr. Lieberman called up Secretary Neiss. I'd also been selected Intern of the Year out of my group of interns. When that happened, he called me into his office and said, I hear you're from Arkansas. I said, oh yes. He kept track of me over the next couple of years of my training. Then he knew that I was in the Berry

Plan. He called me in one day and said, where would you like to go? I said, I really would like to go to Torrejon, but I said I don't know how likely that will be. He wrote to Secretary Neiss and introduced me to him by letter and suggested to him that I really would like to be assigned to Torrejon if there was an opportunity and if there was a vacancy and that I had his strongest support. The orders came and we were assigned to Torrejon.

P: Let me go back for just a moment. Who is Dr. Lieberman?

D: Dr. Lieberman was the associate director of Jackson Memorial Hospital at that time. Things are so funny. There was a lady in the director's office by the name of **Osteraguard** and she kept telling me about a woman in Gainesville, her daughter, that had married an ophthalmologist. Do you know who her daughter is? It's **Marge Hazouri**. It's just a funny world.

P: It's a small world until you get on a plane and you have to go somewhere a long distance away and you wonder how interminable that flight is going to be. Now what was your rank in the military?

D: I was captain.

P: And what did you do? Deliver Spanish babies?

D: It's an American base, so you delivered the wives of American [soldiers] and some of those were Spanish ladies. If we delivered them on base, they were American babies.

P: So it was an American base. We were paying the Spanish government for the lease, the rent on these properties.

D: Right. [Interruption]

P: Spain then, and you were at this base. What was it again?

D: Torrejon.

P: And your responsibilities there was as a doctor delivering babies and taking care of women who had gynecology problems, right?

D: And obstetrical. I was the associate chairman of the department for the first year I was there. For the last year I was there, I was chair of the department.

P: How many physicians would you have had on your staff?

D: In the overall base, there would probably be thirty.

P: How large a base was this?

D: I was naive and immature at that time in terms of knowing what the base superstructure was. It was a SAC Base, Strategic Air Command. It was the largest base in Europe next to Weisbaden which was in Germany. In terms of numbers, I don't have any idea.

P: Did you and Barbara have a chance to see Spain?

D: We did. We lived on the economy in Spain and our address was Avenida de America 56. We toured all of Spain and Portugal. Then one year, we did a good part of Europe. Everything except Italy, because it was so hard to get down to the boot of Italy and then get back up, because it was hard to do the circle.

P: I want to ask you before we left Jackson completely, were there any distinguished faculty people there that really brought distinction to the college to the hospital, to the medical school?

D: Yes.

P: We've had a lot of stars here and I suspect that was also true of them.

D: Yes, the chairman of surgery, **John J. Farrel**. **James Hendry Ferguson** was the chair of the department of OB-GYN. **Dr. Douglas Lawson** who was chair of pediatrics. **Win Chory,** who later became, interestingly, dean at Arkansas. He was a distinguished internal medicine individual. **Perret Shineburg**, neurology. There have been a lot of faculty from the University of Miami that have gone into practice in the community, which has enriched the quality of practicing physicians in the Miami area.

P: You get out of service in 1963. You come back to Miami to work in Doctors Hospital?

D: Actually, I was on the staff on Doctors Hospital, but I came back and joined a person that had finished the same program, two years before, who had saved a partnership for me to complete my service commitment. So I joined him in private practice and also I was invited by my chairman to come back in a part-time position, which I did with the University of Miami. I was half-time at the school and half-time in private practice.

P: That created no conflict at all?

D: None at all. In fact, after I resigned my part-time position in the department, my group continued to take call for residents. We would scrub with the residents in surgery. We would also on a rotational basis, would examine all the patients that were scheduled for surgery, and would approve those in preparation for surgery.

P: Doctors Hospital is private?

D: Doctors Hospital is a private hospital.

P: Where is it?

D: It's in Coral Gables. [It's a] smaller hospital, it's probably in the range of 150-200 beds.

P: All upper-income women are patients there?

D: It's all a private hospital. There's no indigent care there.

P: No indigents at all there. I presume all white patients there then.

D: There would be a few people of color. If you were a private patient of any of the admitting physicians, then you would be admitted. You would not be not admitted on the basis of color.

P: As an active staff person there, you did just exactly what you were doing at Jackson. Half-time in one place, half-time in another.

D: Yes, but also in private practice, we had practice privileges in Baptist Hospital, Doctors Hospital, Cedars of Lebanon as well as Jackson Memorial.

P: You went to Baptist Hospital after you left Doctors?

D: Simultaneously. In those days the patients would choose which hospital they wanted to deliver. If they wanted to deliver at Baptist Hospital, we'd go to Baptist, if they wanted to deliver at Doctors or Cedars of Lebanon, we'd go there.

P: Where was Baptist?

D: Baptist was developed by Arthur Vining Davis [Foundation] and it's in South Miami.

P: That's a long trip to go from Coral Gables to South Miami for that.

D: And it's a longer trip to go from Baptist to Cedars of Lebanon.

P: Were you connected or you did some exchange work with Cedars of Lebanon?

D: We did, we had practice privileges there.

P: Where is it?

D: It's right across the street from Jackson Memorial Hospital. It's on 12th Avenue also.

P: It's not a Jewish hospital?

D: No.

P: None of these were. All of these were private, funded by patient income and whatever money you could raise. Was it a small hospital also relatively speaking?

D: Yes, but Cedars of Lebanon also developed an affiliation and those were the days when Sandy **Bronstein** was director of the hospital. They developed a relationship with Cedars of Lebanon and Jackson Memorial Hospital. They had some exchange of residents that would work in their emergency room and things of that sort.

P: When you were at Doctors Hospital, you were chief of staff?

D: No, I think maybe I was chairman of the department at Baptist, but I was not chief of staff at Doctors. I was secretary of the department of OB-GYN.

P: What years were at Doctors, Baptist, Cedars of Lebanon?

D: From 1965-75.

P: Ten years.

D: Right.

P: During all this time as a person in private practice, your income had increased somewhat.

D: Very little, because in those days, in comparison to today, when you are just starting a practice, you don't start as a full partner. You generate your income

by the increase in the volume of your patient care until a time when you can become a full partner and you can have equal salary to the other partners.

P: You're in Miami, now, until 1975. That begins your career here at the University of Florida.

D: Yes.
P: How did that happen?

D: I was recruited by Dr. Spellacy [William N. Spellacy] who was the chair of the department here. He had been on the faculty at the University of Miami and the department of OB-GYN. He had known me there and I had participated in some of his continuing medical education programs. So he recruited me to come to the University of Florida to be in charge of the medical-student teaching program in the department of obstetrics and gynecology. He is a person now who is chairman of the department at Tampa at the University of South Florida. [He] is interested in maternal fetal medicine and is a world-renowned person in his field.

P: He came to you and he said, Lee we want you here in Gainesville?

D: Yes, tangentially. I had reached a point in Miami where my practice was really very large, responsibilities very great. I felt that I wasn't growing. Had a lot of patient responsibilities, I loved every minute of it. I found that I really enjoyed the time when I was at Jackson Memorial, where I would be teaching students and residents and challenging them in terms of what they did and how they practiced. Helped them to grow and develop. We also would accept what we called ex-terns, in our private practice. Ex-terns were students in a medical school at the University of Miami who were interested in going into obstetrics and gynecology and would rotate through our office to see what the practice was like. They would see patients with us and go on rounds with us, take night call with us. I found that those interactions were very thrilling. Dr. Little, who was chairman of the department at the University of Miami, heard that I might be interested in an academic position. He met with me and then Bill Spellacy, also having known me when he was in Miami, had heard [that I was interested in an academic position]. He asked me if I would be interested in coming and being in charge of the teaching program, because he didn't have anybody who was totally responsible at that time.

P: So the people that recruited you, were people that you already knew, and had worked with at Miami at Jackson.

D: That's right.

P: Had you ever heard of Gainesville and the University of Florida and the medical school here?

D: Yes I had, but I had never been to Gainesville. At that time I was very involved with the Florida Medical Association and was chairman of the council on scientific activities. I'd seen Dr. Spellacy and he had invited me to come to Gainesville for a visit. So I came to Gainesville and, in those days, Eastern Airlines was operating from Miami to Gainesville. I guess maybe in the early fall of 1975, I came to Gainesville and left Miami at 7:00 in the morning and nobody in the world knew where I was. I didn't dare tell anyone that I was coming to look for a job. I wasn't looking for a job, I was coming as an invitation.

P: But it would be interpreted that way.

D: That's right. I didn't want to upset anyone and have them unduly concerned. I remember that the plane landed in Gainesville at the old airport, where the baggage claim was outside on that little rack. I looked outside the window of the Eastern Airlines plane and I thought to myself, Dockery, what in the world are you doing here? Dr. Spellacy met me at the airport and took me into the department. His office was occupying one of the labs, because they were renovating his space. As a new chair, as you know, Dr. Proctor, they renovate your space for you. So he was in temporary quarters. It was before Shands had been renovated. I thought, this has got to be [a joke]. I thought, how am I going to tell him that this is just not possible. Then we went out to dinner that evening with him and his wife.

P: Where did you go to dinner? In other words, they didn't take you yet to Cedar Key to give you the treatment? That's what I was really wondering.

D: I think we went to dinner at 12 East.

P: It's all right, I just wondered about Cedar Key. I know that was the treatment that Dean Harrell always used.

D: No, it was 12 East, I think. And I think it was only open three days a week then. It's now the Sovereign.

P: Tell me about your opinion. You just wandered about Shands?

D: It was so shabby. It was so different.

P: You haven't even commented on Gainesville yet.

D: Really, I thought it needed to be jacked up and a new one inserted underneath it.

P: Then it wasn't a very old school, it was only about twenty years old.

D: That's right. The city of Gainesville was wonderful. You were able to see and enjoy the space. In 1975, the Cuban invasion [had come to Miami].

P: So you'd returned back to Miami with a positive impression of Gainesville and a negative impression of Shands. Am I summing it up right?

D: Yes, and a negative impression of the school, really. The only thing that gave you pause is I didn't know any of the other people here, except for Dr. Scheibler, who was chair of the department of pediatrics. Dr. Stetson, of course, who was the dean of the medical school, I knew through the Florida Medical Association. [I was confident] in Dr. Spellacy because he is really a top-drawer person. [I thought] if he would give his support to something, then you could be sure that it was valid. Though I was confused by my visible impressions, I had confidence in his [Dr. Spellacy's] judgment in having chosen to come here. I went back home thinking nothing about it and glad that the visit was over and settled into do what I needed to do. Dr. Spellacy called and asked if I would consider accepting the position. We talked about rank and salary and all of those things. In the meantime, I had been promoted to associate professor at the University of Miami. I couldn't see coming in at a more junior rank. I really didn't think the salary was all that great, though it matched what I was making in private practice at that time. There were the uncertainties of the cost of the move and what living expenses are like here.

P: By this time you have kids in school.

D: And quality of life. We had children that would be entering the eighth grade, sixth grade, and third grade. If you recall at that time, Dade County schools had become just overburdened with numbers of students. They were busy bussing kids all over the county. We had enrolled our children in a private school because we wanted them to get an academic education and not be spending all their time on the bus with those kinds of influences. We continued to talk and then I went to the annual meeting of the Board of Trustees of the Florida Medical Association. Dr. Stetson was there. Dr. Stetson at a reception, he was eating boiled peanuts and he looked up at me and said, well, are you coming or not?

P: Kind of blunt.

D: Did you know Al? Wonderful guy. I said, well, I don't know. He said, what's the problem? I said, well, he can't afford me. He said, why don't you push him? I said, I shouldn't tell you that, because if you push him, he'll push me. I said, can you be pushed? And he said, yes. I went back to Miami and my wife and I talked about it again and decided that we would visit again.

P: Barbara had not been here?

D: So Barbara came with me and we looked. We had a perfect life in Miami.

P: A lot of social friends.

D: It was a perfect life. The only problem that we had is, I could never go out to dinner anywhere and not encounter one or two patients who wanted to talk with me at that moment about what problem they were having.

P: Even at Joe's Stone Crabs.

D: Even at Joe's Stone Crabs. You know, you do tire of that. Barbara said, I don't know why we need to move when everybody is happy but you.

P: Wasn't Barbara impressed with Gainesville?

D: She liked the spaces and she liked the university community feeling.

P: She was happy in Miami.

D: Yes, but you don't get a campus feeling with the University of Miami. There was a certain enrichment that the campus provides here. We came back again and finally Dr. Spellacy made an offer, and I said, okay. We came and it's the best thing we ever did.

P: You were playing footsie for a while and you finally gave in.

D: We finally consummated the deal.

P: So you arrive in 1975.

D: Arrive in 1975, and the first year we were here, we had season tickets to the game and we used to picnic on the lawn and go to the game and our children thought they were just in heaven. The public schools here were better than any private school in Miami.

P: Where did you live?

D: We lived in Kenwood, which was the section that was developed by Vam and E. T. York out on Tower Road. We fortunately met Vam and E. T. when we looked and looked and looked. We had a man who was a retired [English] professor and he worked with Mary Moler.

P: Jack Harrison?

D: No, he's now deceased and his son worked with Valic and used to work with Dean Harrell in the office.

P: He's not in the history department, he's in the English department, Elton Morris?

D: Yes, Elton Morris.

P: He was in English.

D: You're exactly right and I mis-spoke. He was the neatest guy, boring but wonderful. We really liked him. He really didn't know real estate that well, you know. He was just nice company. We had worn ourselves out trying to find a place to live. He said, well, I've got one more place I want to show you. He took us out to look at Kenwood [Three]. The streets weren't even in yet. We went back to the back of the property and found these beautiful live oaks. We thought about it and we went and got some burgers at Burger King and came back and had lunch and looked at the terrain and decided this was it. We bought the acreage in Kenwood. That's when E.T. had gone to be chancellor at Tallahassee for five years. We met Vam and we just have been very happy there.

P: Have they renovated Shands for you?

D: Not for me, but for themselves. That didn't come about until they became a for-profit corporation.

P: Tell me about your duties at Shands when you got here. What was your rank, what was your duty, what was your job?

D: I was associate professor in the department of obstetrics and gynecology and I was in charge of the medical-student teaching program.

P: Was that first two years also the medical students, how long were they in the classroom?

D: They were on their clinical rotations then. That was their third year in medical school that I would be in charge of their curriculum.

P: They had already gotten the first two years out of the way when they come into your hands.

D: It just really worked well and I liked it so much.

P: You were happy from the beginning?

D: Yes, from the beginning. The students were excited and the residents were excited. It was just good chemistry and you felt good about coming to work every day and there was growth. The students' performance, when I first started in the department, they were in the 75th percentile in performance. Within three years, they were in the 91st percentile, the highest in the medical school.

P: Give me a typical day. You would arrive on campus what time?

D: I would arrive on campus by 7:00, 7:30 at the latest.

P: You had a parking place?

D: No, it was park and hunt. But it was in the days where it was simple.

P: Simpler.

D: That's right, but you had a parking decal which you could purchase and that guaranteed you a parking space in a certain designated area. Unlike today, Dr. Proctor, unlike today.

P: Don't tell me, I've got to go to campus every day.

D: Then usually you would start and you would have a conference that would be from 8:00 to 9:00 every day.

P: With whom?

D: It would be a variety of teaching conferences. You would have perinatal conference one day where you would discuss all the deliveries of the month, mortality and morbidity. Another day, you would have grand rounds, where there would be a topic that would be presented for discussion, so a variety of teaching conferences. Clinic would start at 9:00. You were assigned teaching responsibilities in the clinic where you would attend either gynecology or the OB clinic.

P: That took you for the next three hours?

D: That's right. Then you would have operating room assignments. Then you would have ward responsibilities. Then, one day of the week, we would go in the maternity and infant care van where we would go to thirteen counties

throughout the state. You know, Dr. Prystowsky was successful in getting a maternal and infant care grant. We would go to these low-income counties to deliver care to pregnant mothers. We would take a nutritionist, a laboratory person, a social worker, a resident, a student, and a faculty member.

P: These were all within drive-able distance from Gainesville.

D: That's right, Lake City, Live Oak, Ocala.

P: Not down to South Florida, not down to Pensacola.

D: No, thirteen surrounding counties. So we delivered care to those people, come back. Then you had night-call, which you would rotate. It was not anything as great as the call that I was taking in private practice.

P: Approximately how many residents are under your supervision?

D: Residents and students.

P: About how many?

D: There would be sixteen residents. All of the faculty interact with all the residents and all the faculty interact with the students.

P: You are serving as an administrator and as a teacher?

D: Yes, and as a clinician.

P: So you've got three roles to play there. You're doing this from 7:00 in the morning approximately to about what, 5:00 or 6:00 in the evening?

D: [About] 6:00 in the evening, unless you were on call.

P: That's a long day. And this was every day.

D: Every day except Saturdays and Sundays. [end of side 2, tape A]

P: You came here in 1975 an associate professor. You hold that rank from 1980 and until 1992. During that time, you're doing what?

D: Beginning in 1978, I started in the dean's office. I became the associate dean for the college of medicine. Dr. Stetson had died. Dr. Deal was named dean and I was recruited as associate dean.

P: Why did administration have a special appeal for you? You'd been a practicing physician up until then.

D: I don't know. I always liked for things to run well. When I was in practice in Miami, we had three other partners. I was the managing partner by default. They didn't really like the nuts-and-bolts of the practice activity. Then, when I came to the University of Florida, they had appointed a committee on professional fees. I was named to that committee very soon after I had come to the University of Florida, because of my private practice experience. I guess, with my management of the curriculum and the student-teaching activities. I've always been a manager, you know. Remember I was social chairman of the fraternity and I'm the oldest of three.

P: Were you doing then pretty much the same kind of things as the associate dean?

D: No.

P: As a management person?

D: As a management person and being just the understudy for all of the academic programs in the college. Also, I was the affirmative action officer. I was the person who signed all of the appointments and helped to develop the budget. I helped recruit. You just did the things that needed to be done in the dean's office.

P: By this time of course, I keep getting back to this, by this time, integration is a fact of life.

D: Yes.

P: How are you recruiting minority faculty and staff? Is that one of your responsibilities?

D: Not a designated responsibility, but you always try to follow the affirmative action guidelines as established by the state in your advertisements and all of your review of credentials there, they're blinded in terms of color. You just try to choose the person.

P: How successful were you in that recruitment?

D: Not as successful as we would like to have been. We did make some advances in the recruitment of minority students, but the applicant pool of minority students entering a career in medicine is so limited. All institutions are really trying to recruit the same worthy individuals. It would be ill-advised to recruit or to fill

classes of minority students that could not succeed in being able to graduate and to received the MD degree. We also had a very active affirmative action office that was managed by a minority that was a support system for minority students that would be admitted. We also had different helping behaviors for student learning to try to help minority students be more successful. We, for instance, would have miniature teach-ins during the summer before they would enter their freshman year in medical school, just to take them through the routine classes and to introduce them to the educational materials that would be required of them in that particular class. We would to try to provide the support for them to help them to be successful.

P: You serve as the associate dean for academic affairs and then, in July of 1980, you become the acting dean for the college of medicine. What happened? How did that all come about?

D: Dr. Deal was recruited to the American Medical Association to work with the office of education within the AMA. After he joined the AMA, he found that it was not as academically-oriented as he had thought. As a result, he decided that he would return to the University of Florida, and, of course, the position of dean was still open. The search committee in discussion with university officials felt that they could return him to his previous title without interrupting his tenure because he was not gone that long.

P: Where did they return you to then?

D: I returned to my position as associate dean for academic affairs in the college of medicine.

P: So you resumed your responsibilities and the other activities that you had been involved with up until that time. This was just a short four or five months interlude in your career.

D: Exactly. Of course, the way the office of the dean was organized at that time, the dean and associate dean positions were blurred in terms of their lines of responsibility. I substituted for him whenever there was need. I did whatever jobs were necessary in order to have the office run properly.

P: You held that position from 1980 to 1986 and then I understand you become executive associate dean. What does that mean?

D: That was just a promotion in title.

P: When you came to the University, you came into the college of medicine and your whole career was associated with the college of medicine.

D: Yes sir.

P: Not any other area of the university.

D: There was confusion at times, because the office of vice president for health affairs was divided when Dr. Deal left to work with the AMA. On return, his title was dean and vice president for clinical affairs. Which meant that all of the clinical activities within Shands Hospital under the aegis of the academic programs was under the authority of the vice president for clinical affairs. When I then became the interim dean, I was also the acting vice-president for clinical affairs, so that anytime in the dean's absence, I would also respond on behalf of the vice-president for clinical affairs for the clinical programs within Shands Hospital.

P: As I understand it here again, you hold that position as executive associate dean for two years, from 1986 to 1988. Then you become the interim dean and interim vice-president for clinical affairs from 1988 to 1989. I'm not sure I quite understand how all of this, where your responsibilities started and stopped, or is that so blurred, it doesn't make any difference?

D: It's very blurred.

P: It's just a matter of title?

D: It's a matter of title, either he [Dean Deal] or I handled every issue that came to the office of the dean.

P: You did it not separately, but you did it often in consultation.

D: Conjointly. You delegated the direction in which issues needed to be triaged in terms of resolution.

P: So it's not a matter then of defining your duties here as compared to over there. It's just what your work was in the office, as needed, and as you and the dean then desired.

D: Exactly.

P: Then you become, once again, executive associate dean in 1989 to 1991. I don't understand what's happening here.

D: Dr. Deal was recruited to be president of the Maine Medical System in 1989. Then I assumed the interim dean position while he was away. Then while the

search committee was appointed, I continued in that role of interim dean and interim vice-president for clinical affairs.

P: Is this when you were being considered for dean?

D: Actually, I wasn't a candidate for the position and I declared in advance that I was not a candidate. But the faculty and the faculty council drafted me to be a candidate.

P: Now this is the one with you and Neims [Dr. Alan Neims], is that right?

D: That's right.

P: Give me a little bit more detail, because I wasn't sure whether this was the election or the selection or a different time.

D: I agreed to be interviewed as a candidate only to validate the faculty's confidence in me.

P: Was this a pretty overwhelming number of the faculty, percentage of the staff?

D: I knew in advance that I would not be appointed and I went into that with the full understanding that I would not be.

P: Why did you feel you would not be appointed?

D: Because the vice president of health affairs had made it fairly clear that they sought someone that had a stronger research background.

P: Who was the vice president?

D: Dr. David Challoner. I knew that I would not be selected.

P: You were willing to go through the test.

D: Because of the faculty's support and it forced the vice-president to declare and to be evaluated on his choice. That wasn't done in any kind of punitive or hostile way. It was the only way that I could respect the faculty's voice. You can recall the faculty have very few ways of exercising their voice. I was willing to take that sacrifice.

P: Which brings up the question, to what degree does the faculty have a voice at the medical school?

D: In my opinion, under my leadership and the office of the dean at that time, I think they had a great voice. I think their activities since that time has demonstrated that they have a voice. The leadership was dismantled as a result of the faculty's influence and pressure. I was not here at that time and cannot comment on it personally. I think the activities that occurred with the resignations and the recruitments and the reorganization in both the dean and vice president's office came as a catalyst from the faculty.

P: When Dean Harrell came in as the first dean, I think he envisioned a faculty that would have a very loud voice in determining the philosophy of the development and growth of the health center.

D: The faculty must have a voice. It can't be a dictatorship. There's not a school that you go to learn to be a dean. There's not a school that you go to learn to be a chairman. These positions are gradually assumed over recognitions that you really receive in other areas other than administration. The faculty should establish the curriculum and consultation with the students and all people who have the ability to contribute in a positive way. I think if the faculty doesn't have a voice, there's not the academic freedom that will encourage great institutions to become greater and mediocre institutions to become great.

P: Do you think it was the diminishing of the faculty's voice in the 60s and 70s came about as a result of too strong leadership? Sam Martin-types, for instance?

D: I don't know, Dr. Proctor. I didn't know Dr. Martin.

P: I'm just using that as an example of people who tend to be autocrats.

D: I think each generation, each administration, has its own challenges. Those challenges are not the same and don't remain constant. Financing of a medical education is such a very difficult problem with which to deal. The changing and the advancements in knowledge in science and technology. But we haven't expanded the curriculum, it's still four years in length. How can you insert the new knowledge that new physicians need to know with the competitive pressures of financing and distributive justice and all of those other kinds of issues that need to be considered?

P: What's the status of faculty input now?

D: To my knowledge, it's good, I think there is access. I think there's always been access. But people avail themselves to that access in a variety of ways. Some don't exercise it at all and others exercise it too much, some are too vocal and some are not vocal enough. Communication of course is critical but you can look at every institution of higher learning, their issues of communication and

understanding and information retrieval and access to resources, distribution of those resources and there will always be the necessity to fund programs that are not considered to be able to generate their own source of income and revenue. Your description to me of how the Oral History Program has evolved, there's nothing more valuable, yet people haven't put the resources into it that it rightfully should have. We can use that model throughout other institutions. Of course, now we're going through this presidential committee to look at the programs in the University of Florida to decide on which ones are worthy and which ones are less worthy and which ones are unworthy. That will be a very painful process for the University. It is probably a necessary process. Who is the Solomon that knows all things, that can make decisions about the appropriate relationship between programs and duplication and cost outcome benefits and those sorts of things? It's a constantly evolving venue that requires a great deal of patience and diplomacy to try to come to the right conclusion that is most favorable for the greatest number of the academic community.

P: What happens to Lee Dockery now once this battle is over?

D: I wouldn't call it a battle. No battles.

P: No blood was shed.

D: No blood was shed. No lingering anger or wounds, just gratitude. If I had been selected to be the leader at that time, it would have retarded my growth and development in the larger circle of medical education.

P: Did you and Neims get along fine?

D: Oh yes, he's a wonderful guy.

P: Now you become clinical professor.

D: Yes, because I was recruited to become the executive vice president of the American Board of Medical Specialties. The American Board of Medical Specialties is the organization that approves all specialties for certification by all physicians in the United States. Through that process, we established the standards for certification and the process for certification for all physician specialists. Also related to that, I've had the opportunity to participate in the accreditation of all residency training programs in the United States through the Accreditation Council on Graduate Medical Education. I also have participated in the review and accreditation process of colleges of medicine throughout the United States and Canada through my membership on the Liaison Committee on Medical Education. I am also on the United States Medical Examination Licensing Composite Committee, which develops the licensing examination for all

physicians to be licensed in the United States. If I would have remained at Florida in the dean's office, then my opportunities to grow in knowledge and influence within the area of medical education would have been retarded.

P: You hold that position for two years?
D: The interim dean position?

P: Yes, the clinical professor position, no, for eight years, from 1992 to 2000. Right?

D: A clinical professor is a non-salaried position that gives you an appointment in the department to have you make any contribution that you can, at the request of the department for the education and the academic programs within the department.

P: Lee, what is this relationship to the Northwestern University School of Medicine in Chicago?

D: When I was with the American Board of Medical Specialties, that office is in Evanston, Illinois, which is about four blocks from the Northwestern campus. So while I was with the American Board of Medical Specialties for six-and-a-half years, I also was licensed in the state of Illinois. Also, I was an adjunct professor in the department of obstetrics and gynecology at the Northwestern University Medical School. I used to participate in the department by administering the students' oral examinations in the junior year.

P: Lee, comment a little bit on your research activities.

D: Research activity has been very limited and has not been basic science research at all. It mostly has been clinical research. It would not be [peer-reviewed] research, it would mostly be articles on medical education, graduate medical education, ethics and medicine, of which I have a great interest, and organized medicine. I was at one time chairman of the Council on Medical Education of the American Medical Association, which is an elected position elected by the house of delegates of the AMA. I was on the council for eight years. With licensure, medical education, both undergraduate and graduate, most of my research interest has been in the area of medical education.

P: Is this something that interests you? The medical education.

D: Yes.

P: But not the other, so you did not become... I may not be saying it right, an academic research?

D: No, I have not pursued [that].

P: That has been true right from the very beginning of your career.

D: From the very beginning, yes.

P: Has that hurt you or helped you over the years or has it made no difference?

D: I have no way of answering that. I don't think I've been impeded from accomplishing any goals that I have set. I certainly haven't found myself pining for any lost victories.

P: I have interviewed people from the medical school who have brought me pages and pages and pages of their research activity, the vast majority of which I do not understand and yours was very limited, and yet it doesn't seem to have hurt your career or necessarily help theirs.

D: I think it depends on the highway that you travel. What are the requirements, credentials? What is the necessary educational requirements for you to pursue a certain direction? I am a very successful clinician, which is very important to me. When I was in practice in Miami, we were either the number-one or number-two practice in the entire Miami area, both in volume.... The true compliment to a physician is to be a physician's physician. Many of our patients were doctors' wives and nurses who worked in hospitals. I think that they know the true qualifications of the individual for whom they want to entrust their care.

P: What motivated you to retire?

D: I reached the age of sixty-five. Barbara and I have six grandchildren and three children that have been successful in their marriages. Our grandchildren, at that time, they were ages two to seven. When you look at the time that you have left and their respective ages, if I didn't spend time getting to know them, then I [felt] would have lost that opportunity. I had signed another five-year contract with the American Board of Medical Specialties, but after discussions with Barbara and looking at our life plan, it seemed it was the best time for me to decide to do something else.

P: Have you regretted retiring then?

D: Not at all. I continue to be active in the national organizations about which I've mentioned. I guess the other thing that is very exciting to me now is I am the senior trustee for the McKnight Brain Research Foundation.

P: I want you to talk about that a little bit. How did that happen? Were you the person responsible for their large donation?

D: Well, I really think that all of the trustees deserve that recognition and credit. Mrs. McKnight was a patient of mine when I was in Miami. She was the widow of William L. McKnight, who was the chairman of the board of trustees for the 3M Corporation located in Minnesota.

P: She had a winter home in Miami.

D: She lived in Miami and he had after his retirement also lived in Miami on ____ Island. So when he was alive, they both were very interested in age-related memory loss. As contrast to interest in Alzheimer's Disease and other problems with memory. They wondered what made people's memory change with age. They actually looked for some property in Dade County, but realized that to start a freestanding institution to do research in memory loss would be too ambitious. [They realized it] would be best if it were affiliated with an academic institution that could build on those resources to advance and make more rapid progress in their research. Prior to her death, she asked me and our son, Michael, who is an orthopedic surgeon, and another individual to be trustees of the foundation that had assets at that time of about $70,000,000.

P: A foundation of what?

D: The McKnight Brain Research Foundation.

P: It had already been established then?

D: No, it was established in May of 1999.

P: I see, okay.

D: So we agreed to do that and then she died.

P: So she had maintained a relationship with you and she also knew your son.

D: Yes, in fact, she used to rely on me to coordinate her health-care problems.

P: She came to Gainesville for that purpose.

D: She did come to Gainesville and I did see her in Gainesville. When I was in Evanston, she used to ask my advice on the phone and I on occasion would visit her in Miami. I was her helpful agent, so to speak, when her brother and her only sibling was diagnosed with cancer of the bladder.

P: In other words, you were both a friend and physician to her.

D: When she established the foundation, we agreed to carry the foundation forward and to support research in the age-related memory loss.

P: What about her relationship then to the University of Florida, why not to a university in Miami or a university somewhere else?

D: They had been strong benefactors to the University of Miami. In fact, Mr. McKnight is probably the fourth-largest contributor to the University of Miami. In fact, their development office is named for him. Their vision research center at the **Baskin-Palmer Eye Institute** is named for him.

P: So they had already been good friends of the University of Miami.

D: Right. Mr. McKnight came to the University of Florida for the first time, though, when he had problems with his vision. He saw a physician in the department of ophthalmology. They fitted him with the full-eye lens, which had to be at that time, I think, manufactured in Japan and imported here. He made a gift to the University of Florida department of ophthalmology at that time.

P: This was when Mel Reubin was the chair?

D: No, it was when Dr. Kaufman was the chair, but it wasn't Dr. Kaufman that he saw. It was one of the other physicians that later moved to south Florida and I don't recall his name.

P: Mr. McKnight was very pleased, then, with the treatment he had gotten in ophthalmology.

D: Mr. McKnight was very pleased. I think gave the University maybe $250,000 at that time. So, as a result of that, you know, they continue to send the Florida magazine and then with my relationship with the University of Florida, Mrs. McKnight had also made a contribution to the University of Florida to me as a person and the medical education fund, which was given to the Foundation, but with my ability to use it for anything for medical education that I wanted.

P: Was it a sizeable sum?

D: No, it was a small amount, it was $15,000, it helped me to have money for travel.

P: It was a token of her regard.

D: Yes. When I was at the American Board of Medical Specialities, she contributed $10,000 a year to be used at my discretion for medical education. When I resigned from the American Board of Medical Specialties, she established a gift in my name as a lectureship that would be in perpetuity through the American Board of Medical Specialties.

P: When did she die?

D: October of 1999, we then started looking at ways to use her gift best.

P: The “we” are the three trustees?

D: The three of us and the SunTrust Bank is the corporate trustee.

P: Who is the third person, you and your son?

D: She is a physician in Miami that lived across the street from Mrs. McKnight and her name is Nina Ellenbogen-Raim. She is a physician, a pediatrician. She is the widow of a urologist that practiced in Miami and she’s also an attorney.

P: Is she related in any way to the University of Florida?

D: No. We visited the University of Florida Brain Institute in January of 2000 and were very impressed with what was going on here, felt like, with the state-matching funds, that it would give the opportunity to have the quickest kick-start to age-related memory loss, so we decided to give the $15,000,000 ,which would permit us to name the building for Mr. and Mrs. McKnight and within the corpus would be an endowed professorship in her name, so that it would be so fitting to have the professorship reside in the same building for which the McKnights were named.

P: Would this exhaust the resources of the fund?

D: No, the foundation at the time it was formed had assets of about $70,000,000. So we still have assets of $55,000,000.

P: It obviously keeps growing.

D: Keeps growing, well, it has had a little decline, of course.

P: My Alan will take care of that for you.

D: I hope so. It’s a big job, it’s an awesome responsibility.

P: What is your responsibility now that it's there and in place?

D: Our responsibility is to be good stewards, to be judicious in our support of brain research with age-related memory.

P: Does the appeal for funds for projects come to you?
D: It comes to the trustees.

P: Are there more trustees now than just the original three?

D: No, just the original three. She specified in the formation of the foundation that it should never exceed five. We, of course, with the gift of the $15,000,000, we do not have to make another gift for five years. That would give us the opportunity to organize, which we have done, and to do our asset allocation, develop our investment policy and develop our procedures and protocols for advertisement of grants and the review of grant proposals and the award of grants.

P: Did you have anything to do with the placement of the building and the structure of the building?

D: No, the Brain Institute was already here and had been supported by the Defense Department.

P: Who paid for the building?

D: The building was paid for by matching funds and the Defense Department. I think the original grant from the Defense Department was $30,000,000 and the building cost $64,000,000 to build.

P: Do the trustees meet regularly now?

D: We meet regularly. We meet every quarter and we meet at other times when it's necessary to meet, either by conference call or in person.

P: But you're busy on a daily basis doing things, aren't you? Professionally?

D: Yes.

P: Like what?

D: The McKnight Brain Research Foundation, I do something with that every day.

P: You mean, you're reading grant applications?

D: No, either you're reading correspondence, you're looking at investment reports, you're responding to correspondence. I'm not like you, Dr. Proctor. I don't have a secretary.

P: But you have an office?

D: In my home.

P: And you have a computer.

D: And I have a computer.

P: That's all you need.

D: But you need the intellect to go with it.

P: If you're like me, you need to know somebody who knows how to spell.

D: Also when it locks up and gets a mind of its own.

P: That happens to me almost every other minute.

D: It takes too much time for me to do.

P: I'm such an illiterate.

D: I doubt that seriously.

P: I don't doubt it.

D: I also still am on the United States Medical Examination Licensing Examination Committee. I also am consultant to the Educational Commission on Foreign Medical Graduates, which is the organization that certifies all foreign medical graduates in the United States. I was just appointed by the Secretary of Education in October to the National Committee on Foreign Medical Graduates and Accreditation.

P: Sounds to me like you're earning your Social Security income.

D: I hope so.

P: When you think about your career, your long and very distinguished career, and I say that without trying to be funny at all, your long and distinguished career, how

would you classify yourself? A physician? A research scholar? Or an administrator? How would you identify yourself?

D: I don't know if I ever thought about it. I think your first description would have to be as a physician and all of the other things that I do through administration is really through my career as a physician. You have to have medical education in order to be a physician. You have to have taken a residency-training program to be a specialist. You have to meet certain criteria and credentials in order to be licensed and to be certified and to give quality of care to individuals. There have to be checks and balances that will continue to monitor the performance of physicians and to reprimand them when it's necessary and to improve them when it's necessary. I really think all of this is really life-long learning which we must encourage for physicians through continuing education. How does a physician who completes their training today become equipped to use new knowledge and new technology that develops after they've completed their training? I really think that I would describe myself primarily as a physician whose interest [lies] in the broader scope of the education of the physician and life-long learning.

P: What have we not talked about as far as your career at the medical center is concerned? Anything that I would not have known to have asked you about and yet should go into this kind of an interview?

D: I don't know, Dr. Proctor, if there's anything that we haven't talked about, except maybe the feelings that one has a result of those opportunities and experiences. I consider my relocation to the University of Florida in Gainesville as having been a very positive influence on my life personally, on our marriage, on the development of our children, our roots are here. The joy that I have had in crossing paths with the greats in medical education, the great physicians and the consumers of medical care, there are few people that have the opportunities to experience those great variety of thrills.

P: How do you feel about the dramatic changes that have taken place down at the health center? It's become a private operation or organization or facility, institution, whatever you want to call it?

D: I think it has permitted it to be better. When I first came, it was a not-for-profit corporation. It was a state institution. We could not be competitive with other great institutions. We had to put toilet paper out for bid. We had to put Foley catheters out for bid. We had to put light bulbs out for bid. You can't run a high- tech institution and organization when you have to let the lowest cost be your denominator in terms of how you make decisions. There are things that you need to purchase that cost more because they're better. The ability to amass the superstructure that's necessary and the infrastructure to run such a

high-tech institution and organization is a very important and it's very wise that the state gave the hospital that opportunity.

P: What about the spreading out of the facilities into Jacksonville, for instance, which seems to be a very troubled institution right now, according to the press. As you roam around, drive around, the blue signs are in Starke and other places. Is that good or bad in your opinion?

D: I think it's a complex issue and I don't think there's a simple answer to that question. One needs to understand the forces that are at work. The per capita income in many of those counties cannot support an independent medical-care system. It's more economical to take the medical care to them than it is to try to duplicate medical-care systems in each of those geographic areas. It's not logical to try to put such expensive networks [there]. At the same time, it permits those sicker patients to be transferred to a center that has the technology and the skilled physicians that can handle their respective care. Of course, a lot of this had been driven financially because of the reimbursement which hospitals are receiving for care. They're having to do more care for less money in order to keep the financial resources that are necessary to continue to make hospitals a profitable thing to be in. We, of course, have had insurance companies and hospitals that are closed because they have not had the resources to maintain them. Then within all of this is the social services and the care for the under-served just for the state of Florida. When you consider the elderly, the indigent, below the poverty line and those people who have a variety of chronic illnesses that need to have support.

[End of side B1]

D: I don't think there is any network that has the right way and the right answer to those kinds of questions.

P: I'm going to get back to some of your professional activities shortly, but I want to veer away and get some personal information here. You're married to whom?

D: Barbara Kell Dockery.

P: Where is she from?

D: She was born in Chicago.

P: When?

D: 1935. Now you're not going to put that on the tape are you? [Laughing]

P: It's on. She was a young 1935.

D: That's right. She moved to Hot Springs, Arkansas, where I grew up.

P: Is that where she met you?

D: In high school, we knew each other in high school.

P: Her family moved there, then.

D: Her family moved there.

P: Economic reasons, I presume.

D: Actually, they got tired of the cold weather in Chicago.

P: It's a good reason.

D: I knew her in high school and she was two years behind me. I was a nerd in high school. I was so boring and dull, not that I'm any different now. I was on a greeting committee at the University of Arkansas when she entered as a freshman. We became good friends. We dated each other for nine years, not seriously dating, before we were married. We really became a serious number my last year in medical school. She was working for the Oklahoma Natural Gas Company as a home economist. Her degree is in home economics. They don't have that degree anymore, they call it something else. She had not really known what being married to a physician was like. I really am so proud of her parents because she is an only child. We thought that since she could work anywhere and I would be working all the time that it would make good sense to have her go with me to Miami for a year to see if it developed and if it didn't, it was not a bad investment. I approached her parents, they agreed and thought it was a good idea. So, she went to Miami and became a staff person for the Girl Scouts in Miami. [She] worked there for a year, then we were married our second year. It was also in the days when you didn't live together, Dr. Proctor. We had separate residences. That's the way it was.

P: Don't tell me, I've been married longer than you. So when were you married?

D: We were married October 26, 1958.

P: 1958, so you're a little bit behind me. I was married in 1948.

D: Well, only ten years.

P: Tell me about your children.

D: Our children are wonderful.

P: Give me their full names and birth dates.

D: Kimberly Ann and her birth date is November 28, 1962. Her last name now is Ruffier.

P: She has how many children?

D: Two children.

P: And where is she living?

D: She lives in Orlando.

P: What does she do?

D: She is a housewife. She has a degree from the University of Florida.

P: We call them homemakers now.

D: She is a homemaker and they have two children, a boy, ten, on February 8, and a little girl that was six on January 22.

P: What does her husband do?

D: Her husband is an attorney and he and she both are graduates of the University of Florida. She is from the school of journalism and he is from the school of law.

Our second child is a son, who is two years younger than Kim. His name is Michael Lee Dockery. He was born May 25, and he would have been born in 1965. He is an orthopedic surgeon in Charlotte, North Carolina. He's married and he graduated from the University of Florida College of Medicine after completing his undergraduate work at Chapel Hill in North Carolina. His wife graduated from Wake Forest and also graduated from the University of Florida College of Nursing.

P: Her name?

D: Her name is Kelly. Her maiden name was McKlain. They have three children, they have two boys and a girl. The oldest child is a boy, was eight years old on December 26. His name is Matthew McKlain Dockery. His brother is John Carswell Dockery. He was six on December 5. And a little girl, Sarah Elizabeth, was four years old on October 13.

P: Then you have a third.

D: Our third child daughter is Laura Katherine Staldey. They live in Kennesaw, Georgia, which is just north of Marietta, Georgia. Her husband is a director of operation for Dillards Department Store. She also has a degree from the University of Florida.

P: You've got all kinds of Gators.

D: That's right and they have one child and he was just [turned] four [on] the 22nd of January.

P: Have you had any connection with the Veteran's Hospital here?

D: Yes, of course, the Veteran's Administration Medical Center is an affiliation of the University of Florida College of Medicine and we have an affiliation agreement. I would like to briefly reflect fondly on working with Malcolm Randall. Now it has been renamed under the help and assistance of Senator [Bob] Graham [Former Governor, Senator, D-FL] as the Malcolm Randall Veteran's Administration Medical Center.

P: I did an oral history with Malcolm.

D: Oh, did you?

P: Tell me about this, your most recent honor?

D: The national committee or professor emeritus?

P: No, no, the outstanding leadership and lifelong commitment to advancing medical education and research.

D: The University of Florida did a very nice thing. They decided to award me the Distinguished Achievement Award in December of 2001 at graduation, supposedly for my contributions to medical education and the field of medicine throughout the country.

P: Tell me what you think about the medical center. Has it emerged as a leader in medical education, medical programs, medical activities in the United States?

D: I think so.

P: I don't know how you rate these things, but I just wondered, in your own evaluation.

D: I think, by whatever standards, there are various chairs of departments that have been recognized as being tops in their field.

P: Nationally and internationally?

D: Nationally and internationally. The hospital itself has been ranked as one of the top 100 hospitals in the country and the medical school has been accredited without any restrictions every year that it's faced accreditation. There has been no time in which it has not received the maximum amount of accreditation in terms of years. I think it's just astounding to look at the progress that the medical center and the University of Florida has made in its very short time, being so restricted with air travel. To look at the growth and development that has occurred here, in spite of it being a difficult place to get to or to get away from, it still has grown and prospered. I think part of that may be due to the quality of life in Gainesville. It's a marvelous place to live, it's a marvelous place to raise a family. The public education is excellent, many of the teachers in the public schools have advanced degrees because their spouse is faculty at the University of Florida. The University of Florida itself has provided such an enrichment in the social and personal lives of people who live in Gainesville. It's just a marvelous place.

P: What have been some of the weaknesses? You pointed out the strengths.

D: I think education in general can be served better if it could be devoid of political influences. If there could be a governance that could be without the fluctuations of political influence and strength that are determined by geographic location of elected officials. If there was some way that the air transport service into the city could be improved, it would certainly benefit the university. The uncertainty of the university budget that is dependent on legislative action has the potential of compromising success.

P: Lee, why has the name changed? J. Hillis Miller tended to disappear and now Shands is the name given to the facility. Miller was the one who was really responsible in many ways for the establishment of the program.

D: I don't know if I can answer that, Dr. Proctor. I think they're two entities. The funding for the hospital was successfully achieved under the leadership of Senator Shands. So, the hospital's name carries that name, because of its support of Senator Shands and the appropriate legacy of his influence and contribution. The Health Center is a title that has been allocated to centers that are of health that contain more than one school. You know the Health Center contains six colleges, of which the college of medicine is one. I think that there is a tendency to think of the Health Center as being the colleges of medicine, the

other five colleges and Shands Teaching Hospital, which would come under the umbrella of the broader title, J. Hillis Miller Health Center.

P: I understand that, but I'm just saying when people refer to the Health Center now, whether they're talking about pharmacy or dentistry, I'll see you at Shands or I'll do this at Shands. Miller, people are prone to say, and who was he?

D: Yes, and the other side of that though too is, in order to try to benefit from the marketing studies that the University of Florida has gone through in terms of our signature name, our signature logo, the Century Tower, what is name-recognition and all of this sort of thing, there was an effort to collate all of the names under one name, University of Florida Health Science Center. Of course, that doesn't work either. People still revert back to Shands. In fact, even in your interview in certain questions, you said, now, when did you come to Shands?

P: I know. I actually knew Dr. Miller.

D: It's the way people refer to that place down below the hill.

P: That's right. Let me talk to you a little bit about yourself. What do you do?

D: What do I do?

P: Now that you're retired, you said that you're busy all the time. Are you a reader?

D: Yes, I love to read. We love to travel.

P: But do you travel?

D: Oh yes. We visit our children and we have two times a year that the entire family gets together for a week, including spouses and grandchildren. They all come to our house at Thanksgiving for a week. Then we go to Amelia Island for a week around Memorial Day holiday. Now that the children are in school, we usually do that the week after and we're there for the full week and the grandchildren have a ball. They laugh and talk.

P: You go to the Plantation?

D: We go to the Plantation. The only rule that we have is that we have the evening meal together. Everybody is together throughout the day. The women rotate preparing the meal and the men rotate doing the clean-up. It's completely devoid of other responsibilities and they can do anything they want to do. They can do the beach, the pool, bicycling or golfing.

P: Do you do any traveling overseas?

D: We did, we took two overseas travel last year. We went to Egypt and Jordan in March. We flew to Paris and then took the bullet train to Marseilles and then took the boat down the coast of Italy and ended up in Rome. We were gone for fourteen days.

P: What do you read?

D: I read fiction, some biographical material. I usually try to keep one of the bestsellers on my table all the time. But I don't have as much time to read as I would like. Of course, I still get the specialty journal in my field and I still get the journal of the American Medical Association. I still look up things on the internet to try to validate my current knowledge. I continue to fulfill my continuing medical education requirements for licensure in Florida. I still have an active Florida license.

P: Are you a TV-watcher?

D: The only TV that I watch is the evening news, both the Gainesville and the Tom Brokaw news. I prefer NBC as opposed to ABC. We try to catch all Gator events that are on TV.

P: Are you and Barbara movie-goers?

D: We do go to movies. The Academy Awards came out today and Barbara has seen all of them and I have seen all but one.

P: How about theater?

D: We are subscribers to the Hippodrome and we have been season-ticket holders to the Hippodrome ever since we moved to Gainesville. We support the Harn Museum and we also go to some of the events at the Phillip's Performing Center of Arts.

P: Are you a sportsman?

D: I taught volleyball in the summers that I used to work at the Culver Military Academy in Indiana. I used to work there during the summers between medical school. I taught volleyball, but I am not an active sportsman in terms of athletic prowess.

P: You don't play tennis?

D: I play tennis poorly. Until last year, I was able to beat my son-in-law, but last year that failed too. I think he just let me win.

P: Since retiring you've been going downhill.

D: That's right.

P: You're no longer living in that first house, are you?

D: No, we moved to a section of town called San Felasco Estates which is off of Millhopper Road. It's three miles west of Hunter's Crossing on NW 43 Street and 53 Avenue. We moved because we needed to reorganize our space. We still have the same amount of space, but it really is a manipulation of our children to have them continue to have the space to come home. To have the grandchildren to have a good time and their own space and their own bathrooms. Our previous house had all the bedrooms upstairs. We now have moved the master suite and a guest bedroom downstair and my study. It is more flexible and we can do all of our living downstairs until they come home and then they can have the complete upstairs.

P: Looks like you're in good health.

D: I think so. I have regular medical examinations and I have an exercise program and my wife tries to feed me properly. We're doing fine.

P: Do you go down to the J. Hillis Miller Health Center often?

D: The department honored me, before the Board of Regents dissolved, with the rank of professor emeritus. As you know that requires Board of Regents approval. They presented me with the professor emeritus award at a ceremony and I'm very grateful of that. I still attend the departmental conferences on Friday mornings. There is a teaching award that is named for me in the department of OB-GYN. They have a research day every year at which the teaching award is awarded. I always have been invited back to make the teaching award personally, so I do that.

P: You sound like you're a happy man satisfied with life.

D: I'm very happy and regard myself very fortunate that an old country boy...

P: You Arkansas boys have gone a long way.

D: There's some that have gone the other way.

P: I don't know any of those. Distinguished politicians, distinguished statesmen, and distinguished physicians.

D: I certainly am not in that category, but to be able to enjoy the various activities of a career, it's just been a wonderful opportunity. I'm also so lucky that our children are healthy and have chosen wisely in their marriage and our grandchildren are healthy. We really are doing very well.

P: Are you a religious man?

D: We worship regularly. We attend First Lutheran. We are Lutheran and all of our children are confirmed in the Lutheran faith. Not that's good or bad, I just think you have to believe in something. I do usher at our church. I have been on the Board of Elders and I'm currently serving on the call committee to try to find a new pastor, because our senior pastor has accepted a call to Williamsburg, Virginia. We worship at the church where **Pastor Balzalsky** was pastor for so long.

P: Tell me about your political views.

D: That would be off-limits.

P: Are you a political person? Are you concerned about politics?

D: I am concerned about issues that affect our community and affect the quality of our lives at citizens. I have never not voted in an election. I try to be informed about what the issues are. I'm not an activist.

P: You don't carry a flag.

D: No. I'll carry the American flag. I'll wear it on my lapel, but I won't go down and do destructive behavior. I try to insert my influence in a more passive and acceptable manner. I also do make contributions to various community and civic causes.

P: That's an honest answer. That didn't get you into any trouble.

D: I hope not.

P: There are a lot of things that we haven't talked about, but I can't think of any of them at this moment.

D: I'm glad, I'm relieved..

P: Well, I hope you've enjoyed this as much as I have.

D: Dr. Proctor, how could anyone not enjoy being in your company?

P: It was hard for me to lasso you in, though.

D: I'm not completely responsible for all that. You're very persuasive. You have so many cute little things like the last letter that you sent: is this going to be my lucky month? Then you stood me up.

P: I know.

[End of interview.]