B: The date is June 27, 2005. I'm at the home of Dr. Sidney Grau in Treasure Island, Florida, and I am interviewing him in connection with the Mound Park Bayfront Medical Center Centennial Project. Dr. Grau, would you tell us please where and when you were born?

G: I was born in Pittsburgh, Pennsylvania, November 17, 1917.

B: Who were your parents?

G: Rose and Abraham Grau.

B: What did your parents do?

G: My mother was a housewife. They both came from Europe in the early 1900s, and my dad did many different types of jobs, including, from what I was told, selling hot dogs at--what's the name of the place where they play baseball in New York?

B: Ebbet's Field?

G: No, the other one.

B: Let's see, Yankee Stadium?

G: Yankee Stadium. And then he was a traveling salesman.

B: Did you have siblings, or do you have siblings?

G: Yes, I have one sister still living in Cleveland, Ohio, in Shaker Heights.

B: What is her name?

G: Helen Simon.

B: Where did you go to school, elementary school, middle school, high school?

G: Everything was in Cleveland. Elementary School was Doan School, and then the junior high school in Cleveland, and then to senior high school. [That was called] Glenville High School. From there, in 1935, I went on to Ohio State Liberal Arts College and finished in 1939. Then my application for admission to medical school was granted and I went to medical school at Ohio State University from 1939 and graduated in 1943.

B: Just to back up for a couple of details. Why the relocation from Pittsburgh to Cleveland, do you know?

G: I was seven years old at the time and my dad moved us. Why? I think because of a job opportunity.

B: I'm wondering when in your youth, if indeed it was in your youth, or when it was generally that you decided on medicine as a career.

G: That's very interesting. My brother, who has since passed away, graduated from Ohio State Medical School in about 1932 or 1933, and he came home during the summers when school was out, brought his microscope, and I started working with that. I studied various things, water, looking at bugs, everything. I got interested in that and I looked-up to my brother. I felt that this would be an excellent profession. That's when I decided, back then, when I was about fifteen years of age.

B: Would you say then that you focused your educational pursuits from that point forward until arriving at medical school?

G: Yeah.

B: What did you choose as a major for your undergraduate degree at Ohio State?

G: I think chemistry.

B: That makes sense. That could only serve you well. So you finished your undergrad in 1939 and immediately transitioned into the medical program and finished there in 1943. You graduated with a degree in medicine from Ohio State. Did you do an internship or a residency?

G: Yes, I went immediately to Michael Reese Hospital.

B: That's R-E-E-S-E?

G: Yes. [It was in] Chicago, Illinois, where I did a rotating internship for nine months. It was at the beginning of war time. [I went] nine months and finished [in] March, 1943 to the end of 1943, and then immediately went into the service.

B: In the United States Army.

G: That's right.

B: You did the internship; you called it a residency actually.

G: No, [I did an] internship at Michael Reese in Chicago, Illinois, in March, 1943 until December, 1943.

B: Was there any question about the possibility of going into the service before the internship, or was that something that even the United States Army would not try to interfere with?

G: I don't think they interfered; it was expected. I don't [know] of anyone who was called in prior to applying for an internship.

B: Did you understand, even when you were still finishing up your medical degree at Ohio State, that you would quite likely wind up in the service during the war, or was that uncertain?

G: No, it was not uncertain, it was certain.

B: No doubt about it. Was there any question as to whether or not you might go into another branch other than the Army, or was that a settled issue?

G: None, that was settled for me.

B: Why or how?

G: I don't remember, all I know is I was going into the Army.

B: They were waiting for you when you finished your internship and took you in as what?

G: First lieutenant.

B: Did you have to undergo basic training?

G: To a degree, [but] not like an enlisted man, but to a degree. I went to Camp Polk, Louisiana, and was stationed there for many months. Then our outfit, we were all assigned to the 8th Armored Division, then our outfit was transferred to England.

B: I understand you and the entire division shipped out from New York City on November 6, 1944, and arrived in England on November 19th, at the Port of South Hampton.

G: Where'd you get all that?

B: Well, these are from the memoirs of some of these veterans of the division who have [shared their experience].

G: Oh. Incidentally, I'm up in two weeks to a meeting–it'll be my first time that I've been there–annual meeting of th 8th Armored Division. The reason why I'm going is because it's going to be in Washington, D.C., and they're going to take

in the World War II Memorial on the mall, and then they're planning to take us to the White House and then to the new Air and Space Museum. That's it.

B: Oh excellent, you're in for a treat.

G: Because of this I've had to make arrangements to have a wheelchair. You mentioned Bopp–I corresponded with him–and I asked him, do you have anyone to help us? [He said], Oh no no no, you'll have to get your own. So I got my son that's going to go up with me.

B: Excellent. That's wonderful.

G: So he can push the wheelchair.

B: He's in for a great experience as well, I envy both of you that. That's good. That's interesting that you're keeping up with the 8th Armored Division people. That reference Bopp, by the way, is William Bopp [member of the 8th Armored Division during WWII], for the benefit of the transcriptionist. You shipped out across the Atlantic and arrived in Europe. You mustered into the Army as first lieutenant, and after the presumably necessary training and Army protocol and the essentials of military life, I guess some officer training, then you held the rank of lieutenant until you were promoted on the field in Europe.

G: On the field promotion, that's correct.

B: You got that while you were in combat in Europe.

G: In Germany.

B: Oh that's right, Germany. You're duties were as a surgical doctor, is that correct?

G: My duties there on the line was nothing more than what a well-trained emergency room male nurse could do. Do you follow me?

B: I think so. Meaning you performed whatever?

G: [I performed] minimal [duties]. Guys were brought in from the field–we were in a little house–and they would bring them in. I would make a decision, do this, do that, and then they would go back to the field hospital, which was about a mile behind the front line.

B: Would you be operating in a tent, a fixed building, or a vehicle?

G: Whatever you had. [There was] no tent. My commanding officer of the battalion, the division surgeon, saw me working in a half building, part of it was shot down.

He said, why did you set up here? I said, this was a full building when we started and I've been too busy to move. Incidentally, we had a write up of the 8th Armored Division, in which I'm mentioned the things that happened. They are unbelievable.

B: That may be kept in Charles Leech's memoir, where I got some of the facts that I used to prepare myself for this interview.

G: Maybe.

B: That's available online on the internet. Did you perform surgeries at all?

G: No, no surgery. [I did] first aid. The work that was done by an MD and another MD--the other guy that was with me, an MD, was OB-GYN. He had his boards in OB-GYN, can you believe that? He was on the front line. We had a dental surgeon, a captain, who had a dental chest with all this stuff; he never opened that.

B: That's interesting. You mentioned a colleague who had his boards in OB-GYN. I gather that medical school in the 1940s was a time when there was not quite so much separation into narrow specializations as we see now.

G: That's correct.

B: Did you have a particular focus in medicine when you finished medical school?

G: Yes, I wanted to go into internal medicine and cardiology, and I did.

B: Did you have an opportunity to rethink that, or did anything occur to you during your military service to alter your view of that?

G: No.

B: On the other hand, I guess you didn't get much chance to engage in your area of specialization either.

G: No, none.

B: When did you finish up your service to the United States Army?

G: [I finished in] 1945. The war was over. I came back in August or September.

[break in tape]

B: We're resuming the interview, and the question was when you finished up your

service with the Army, and we've established that was December, 1945.

G: Right.

B: How far into Germany, by the way, did you get during your career with the 8th Armored Division.

G: We got as far as the Elbe River, that's as far east as we went. Then we were relieved of fighting and we moved in as an army of occupation into the Harz Mountains, which was south. Then after that we moved on to Czechoslovakia as an army of occupation.

B: How long did you stay in Germany with the occupation forces do you think, until right before you shipped back out to the U.S.?

G: That's right.

B: Some veterans had an opportunity to personally witness evidence of the Holocaust. Did you have any such opportunity?

G: One area; damn if I can remember the name. But I did [witness evidence of the Holocaust].

B: Did you have an opportunity to enter anything that had been used as an actual concentration camp?

G: I don't know if I can answer that. We overran this camp that had lots of prisoners there, hostages, but we saw no evidence of maltreatment of the prisoners. We were there and we moved on. It wasn't as if we were going to take over that. That was given to a rear command.

B: Your unit was fighting and advancing.

G: That's correct.

B: When you returned from Europe in 1945, peace is restored and the Army is grateful for your service and dismisses you for civilian life. What's next for Dr. Sidney Grau?

G: I returned to Michael Reese Hospital in Chicago and they gave me a fellowship in cardiology, a residency, and a fellowship in cardiology. I trained under Louis Katz, who was one of the top research cardiologists in the country at that time. [He was] from Cleveland, [Ohio].

B: Where was he educated? If you don't recall, it's not essential for this interview.

You mentioned he was from Cleveland; I wondered if he had been educated there in Ohio as well.

G: I don't know.

B: A fellowship in cardiology at that time meant what? One year, two years, three years?

G: [It was] whatever you wanted and I took a two-year fellowship. I was there from 1946 to 1948, two-and-a-half years.

B: What did you do at the Reese Hospital?

G: [I] trained, learned electrocardiography, how to examine a patient, how to recognize heart disease. You must remember that the practice of cardiology was in its infancy at that time. We had no invasive work, we learned no invasive cardiology, no cardiac catheterizations. There was no open heart surgery, except beginning at the Cleveland Clinic.

B: Was there an ECG?

G: Oh sure.

B: What other means did you have for measuring the performance of the heart?

G: [We had] fluoroscopy, exercise, exercise electrocardiograms.

B: Can you explain what fluoroscopy is, or was at that time?

G: Fluoroscopy was the visualization of the organs of the body while they were in motion. You could see various aspects of the organ as it was working, but not nearly to the degree that we do now.

B: Would it be by means of an X-ray?

G: X-ray is part of it, but fluoroscopy is–I used to be able to turn a patient under the machine and see the size of their right ventricle, turn the patient again, and we used to be able to measure the size of the heart and various aspects of its function with fluoroscopy. Not nearly to the degree that we do now.

B: I'm sure, a lot has changed, and I'm going to ask you to speak to that in a little bit here. You finished a two-year fellowship at Reese Hospital in Chicago, and you've trained under Dr. Katz and advanced your skills and knowledge in the area of cardiology. So it would be 1948 when you finish up at Reese.

G: That's right. Then I got my boards in internal medicine. I was recognized as a specialist in that field. I was a diplomat of the American Board of Internal Medicine, and then had the privilege of joining this college called American College and Physicians, which made me a Fellow of the American College of Physicians, or you might recognize the initials FACP.

B: Indeed. Becoming a fellow of the American College of Physicians, was that something that depended upon your becoming board certified in a particular field?

G: Right, that's correct.

B: Was that a difficult process, becoming board certified as an internal medicine specialist? You tested, was there a peer review process?

G: Yes.

B: It's not something that every MD goes through by any means.

G: No, that's correct.

B: Particularly not then I guess.

G: That is correct.

B: Was that a lengthy process, a month, two months, three months?

G: From when until when? What do you mean by that?

B: The process of becoming board certified and then a member of the ACP.

G: That would be over several months.

B: That all began after you finished up your fellowship, is that correct?

G: That is right.

B: Then during that time, did you work?

G: Yes, I had opened my office.

B: In Chicago?

G: No, I had moved south to Florida.

B: That begs the question why Florida? But before I ask you that, let me ask you this, as to your family life. I know that you are married and that you have at least one child, a son.

G: Three kids–two boys and a girl.

B: When did all this happen?

G: I wasn't studying all the time.

B: When did you meet your wife?

G: I met her at Ohio State in 1939.

B: At the beginning of your undergrad?

G: [That was] at the beginning of my going to medical school. We were married about four years later, in 1942 or 1943, and we got three kids. The first kid was in 1945.

B: What is his name?

G: Steven, and then Barry in 1949. My daughter Martha [was born] in 1953.

B: Barry was born in 1949, and I have it that you became licensed to practice medicine in 1949. So you were moving and advancing your family.

G: Oh I know, we were moving and then I had to take the boards in Florida. They were crying for doctors. While we were taking the exam one of the examiners said, anybody interested in going to Bradenton to practice? [He was] indicating that the examination was merely a formality. It was a tough exam, but we all got through no problems.

B: Do you remember where you took that exam? Was it in St. Pete?

G: You know, I don't remember.

B: That's okay. My next question was going to be, why Florida?

G: Alright, you can answer that, but I can answer it by saying, have you ever been cold?

B: I know something about cold having lived in Cleveland on the eastern side of Cleveland in the Snow Belt for a time, and so do you.

G: Oh yeah. Now add insult to injury, do you know what it means to be out in the cold for days at a time not taking your uniform off, digging a hole in the ground, and trying to get some sleep there?

B: I do not know what that means, and I hope I don't find out.

G: No. I developed a little bit of frostbite on my toes, which still is there a little bit. That was the reason. Why Florida? My mother and dad were living there and I was able to use his address as my residence.

B: Your mother and dad had by then retired and left Cleveland and moved where in Florida?

G: [They moved to] Daytona Beach.

B: When you left Chicago for Florida, you thought this has attraction because number one, I'll warm up and thaw out a bit, and number two, I'll get to spend more time with my folks in Daytona Beach, or at least I'll be in proximity to them.

G: Right.

B: Did you focus on a particular city or destination or region in Florida?

G: We landed in St. Petersburg. I did not have a job, and I had my Florida boards, but I wanted to find a Florida job and I wanted to go to the DA in Coral Gables. They wrote me back, we don't have an opening in internal medicine in Coral Gables, but we do have an opening in a place called Bay Pines. We came down here in 1948 and I started working at the VA. Afterward, I took my exam, I got my boards, and I was there for a little less than a year and I opened my office in 1949.

B: In St. Petersburg.

G: Yeah, that's how we got here.

B: When you opened your office that meant you stopped practicing at the Veterans Hospital at Bay Pines?

G: Yes. I got a job as a consultant in cardiology at the VA to go in on Friday morning to make rounds on Friday morning. I remember what they paid me, they paid fifty dollars for a morning, which was big money then.

B: I should think. It was Bay Pines that led you to St. Petersburg at first you think?

G: It was the weather that led me to Florida.

B: To St. Pete in particular, it was the fact that there was a job at Bay Pines?

G: That's correct.

B: Joel Marantz says that one of the first people that he thinks he met in St. Petersburg was his predecessor in practice, Phil Benjamin. Is that right?

G: Oh sure.

B: How did you meet him?

G: You'd be surprised at how. In order to reestablish my faith with my religion, which we did not have a chance to do while in the service in combat, I went over to Congregation B'nai Israel on First Avenue North. My wife wasn't with me, but as I got there, there was a guy outside washing his automobile and he said, can I help you? What are you doing? I told him and I asked him many questions. He answered them, he became my friend, and we were friends for the rest of his life. He died a few years ago. He was a pillar in the community; that was Phil Benjamin. Phil Benjamin was active at the University [St. Pete College]. His wife still is a close friend of ours. That was Phil Benjamin.

B: What is his wife's name?

G: Marilyn.

B: You were reconnecting with your religion when you encountered Phil Benjamin at Congregation B'nai Israel. Had you been observant in your faith prior to that do you think? Were you raised in an observant home?

G: Oh yes. I'm talking about the hiatus that occurred while in the service.

B: Have you maintained your connection with that synagogue since arriving in St. Pete?

G: Oh, very much so.

B: You would say that's an important part of your life?

G: Yes.

B: You opened your own office after about one year in Bay Pines. Where did you open your first office?

G: In the *[St. Petersburg] Times* building on First Avenue South. I went up there. I took the end of a hallway with one room on the end, and part of my hallway was

my waiting room. That's where I started.

B: That would have been 1950 I think, right? Or was it 1949 still? Certainly it was no later than 1950, and maybe 1949.

G: Oh no, it was 1948, 1949.

B: At that time in St. Petersburg, Florida, there was Mound Park Hospital, and was St. Anthony's in business?

G: St. Anthony's [was in business].

B: There was Mercy Hospital, which was for the African-American community.

G: That's correct.

B: That was it, was it not? Palms of Pasadena did not exist yet?

G: No, not there.

B: Then you'd have to go to Clearwater to find another hospital in the county, which would have more planned.

G: If it was in existence at that time, I don't know.

B: Yeah, Morton Plant started in 1960 according to my information. If you were going to perform any services for patients of yours who were hospitalized or needed to be hospitalized, then your choices would have been Mound Park or St. Anthony's.

G: *And* St. Anthony's.

B: Did you practice at both?

G: I did not. You're incisive in your questioning. I practiced at Mound Park because I applied infrequently at St. Anthony's Hospital and was never given the opportunity to get on the staff.

B: Why not?

G: Why do you think?

B: I don't know enough about the environment of the medical profession at the time to speculate. If you press me to speculate, I would venture that it may have had something to do with St. Anthony's connection with the Catholic church. Is there

any substance to that speculation?

G: There's a lot of substance, very much so. They didn't want me on the staff. I would apply and would be told that it was filled. Other guys were getting on. Finally my practice grew and I didn't need them. I lost my train of thought.

B: We were talking about where you applied for privileges to practice, and Mound Park evidently was no problem?

G: No, none whatsoever.

B: Did you know other physicians when you started practicing at Mound Park who were on the staff there?

G: No.

B: You showed up as the new kid in town, but with a specialty and a FACP after your name. Did that seem to draw . . .

G: Not then, the FACP came afterward.

B: It was still pending.

G: Yeah.

B: But you did have your board certification in internal medicine. Had you passed those boards by that point when you started practicing at Mound Park?

G: Yes.

B: Being a physician who specialized in cardiology, did that make you unusual in St. Petersburg at that time?

G: At that time, yes.

B: Your specialization would have been something pretty welcome to a hospital that fancied itself . . .

G: I would not stress that.

B: No?

G: No, I don't want you to. I was kept off for one main reason, because of my religion.

B: Oh, we're talking about St. Anthony's in that case, but at Mound Park, I was speculating about your particular focus on cardiology and making you attractive to Mound Park. Not that they would have necessarily denied you privileges no matter what your specialty, but did they look upon you as somebody who was bringing new talent to the hospital?

G: I really don't know.

B: Were there cardiologists in St. Pete at the time?

G: There was one who was a pseudocardiologist. I remember him well; I'm not going to mention his name.

B: Religion was an obstacle or an issue at least in connection with St. Anthony's.

G: That's correct.

B: Is there anything else you would say to comment about that?

G: How far along are we?

B: We're about 1950, 1951.

G: I can tell you up to 1960 or 1961, I became chief-of-staff at Bayfront.

B: Succeeding Charles Aucreman.

G: Yeah. There was a giant of an individual.

B: So I understand.

G: Yeah, very much so. He's gone now. Was I after Charlie Aucreman? I've forgotten, whatever. In 1960 or so when I became chief-of-staff, then I felt I've got enough recognition that I'm going to apply at St. Anthony's. They then accepted me. I remember one of the sister's there said, if you'll submit your credentials. I said, you know my credentials. I was then admitted. I was then admitted as any other doctor. I had to take calls in the emergency room. If a doctor who was on call was busy, then they would come to me, but I was busy also. I turned them down, I said, no, I won't do that, and I resigned. You know, I don't remember if I resigned or if I was let go, but I want you to know from the time I became a member of the staff I was never able to get a patient in there at St. Anthony's. It's entirely different now.

B: I'll ask you to comment about the change and what makes it different now a bit later. But in order to be faithful to our chronology, I guess we should probably not go too far afield. That is a pretty interesting thing. Now, you relocated to Florida from the North. You had been born in a fairly sophisticated city, Pittsburgh, and raised and educated in Cleveland, Ohio. You trained at Ohio State, you trained further in Chicago, you had served in the United States Army.

G: To be absolutely correct, it was the Army of the United States. The United States Army was the standing Army, the regular Army, but when we were inducted, we were inducted into the Army of the United States.

B: I have not heard that locution before. That's interesting.

G: Yeah. The Army of the United States and the US Army are different. Not that it made any difference, but there was a little different subtlety there.

B: Yeah, that is interesting. I was painting this picture in my mind, and in the interview reader's mind, of you as an exceptionally well educated medical professional with a background in the American North who relocated to the American South during the age of segregation. I wonder if that struck you as what others have called a peculiar institution or peculiar situation. Was it a surprise to you? Did it challenge you in ways that you had not anticipated?

G: It challenged me in the fact that I wasn't able to get on the staff at St. Anthony's.

B: I'm referring not just to segregation according to people's religious faith, but racial segregation.

G: Oh yeah, certainly. We had no blacks at Mound Park.

B: I understand, they were all treated at Mercy Hospital.

G: That is correct. I was very active at Mercy and well-respected there.

B: Had you treated blacks in your practices or education up north at hospitals in Columbus or Chicago?

G: Out in Chicago, yes.

B: Hospitals there were not racially segregated.

G: They were not.

B: Or at least, should I say they were segregated by wards within the hospital?

G: You know, I don't remember.

B: When you applied for privileges at Mound Park, Mound Park had a close affiliation with Mercy Hospital.

G: Yes.

B: I understand that the administrator at Mercy Hospital reported to the administrator of Mound Park Hospital. They were both supported by the city of St. Petersburg.

G: That is correct.

B: Did you automatically acquire privileges at Mercy Hospital?

G: That is correct.

B: You treated African American patients at Mercy Hospital.

G: I did.

B: Did you ever find it necessary or advisable to relocate a patient in extremis, for whatever reason, to Mound Park from Mercy? In other words, to try to navigate the color barrier, under certain circumstances.

G: No, I didn't.

B: Mercy Hospital was capable of serving the African American population?

G: No, not necessarily, but I did not find in the time that I was there for that to be necessary. I want you to know–I'm getting ahead of myself–I was on the planning committee for changing Mound Park to Bayfront Medical Center, and then the property immediately south of Bayfront was All Children's Hospital. We were planning to incorporate Mercy Hospital into All Children's as I remember, but that didn't come to pass. They were planning to build a separate but equal hospital for the blacks where All Children's is now.

[End of Tape A, Side 1.]

B: We were just discussing planning for a separate but equal hospital to replace Mercy and it would have been on the site of where the present day All Children's Hospital is today.

G: That's correct.

B: Approximately when do you think that planning process was going on? It never happened as we all know.

G: No. [That would have been] 1960-something. How was that idea defeated? One of the Afro-American doctors had a patient of his show up at the admitting office of Mound Park Hospital, maybe it was Bayfront already–I don't remember when–and came to be admitted on a Sunday. Everybody was off and only the admitting clerk and the one who was on call for the administrative problems of the hospital on a Sunday [were there], and we got a black patient looking to come in. What do you do? They couldn't say no, so she was admitted, and that put a stop to building [the black hospital]. [It was] just that easy. Can you imagine? [It was] just that easy. What was his name? Oh gosh–one of the things I've noticed is that my memory is going, and I think that's just on the basis of age. I can see the doctor right in front of me, but I forgot his name, the black doctor.

B: It may surface a little bit later, it works that way with me. It works that way with my memory as well.

G: Yeah.

B: I know we've tried to pin down the dates of that roughly, but would you say that's still the 1950s or the 1960s by the time this is happening?

G: [It was the] early 1960s I would say.

B: I'm curious about that because the civil rights movement in this country started in fits and sputtered and gained a little traction here and then spun its wheels through the late 1950s. There were sit-ins at lunch counters in Tampa, for example, as early as 1959. Then, of course, the freedom rides occurred through the Deep South states in 1961 and 1962.

G: That's it, it's about the same time.

B: Then by August 1963 comes Martin Luther King's march on Washington. All of this is continuing to ratchet up the awareness of discrimination and racial sensitivity and justice in this country. I guess I wonder how that affected medical care and the medical profession particularly in the delivery of healthcare services in cities like St. Pete.

G: You say separate but equal, but that was not the case at Mercy Hospital. I think they did surgery there, but it was not as complete a hospital as Mound Park Hospital.

B: Okay. But still, Mound Park maintained its racial segregation until about 1962.

G: No question about it.

B: I have heard it speculated, and I have heard this more in connection with Tampa General's integration with Clara Frye Hospital. Tampa had the same situation–a white municipal hospital on Davis Island, TGH, Tampa General, and an all-black hospital built during the New Deal just north of the University of Tampa, Clara Frye. They integrated, Clara Frye closed down, and its staff and patients and facilities moved into Tampa General Hospital in 1962. The then mayor of Tampa argued that the cost of providing healthcare at a public hospital had become too burdensome to maintain two separate facilities, even if you could argue plausibly that they were separate but equal. He just said, we can't afford this anymore. So he made a fiscal responsibility argument in favor of desegregating Tampa General Hospital, and apparently was able to sort of cover this in the rhetoric of good business. Do you think that something similar happened here?

G: Oh sure, I would think so; very definitely.

B: It does seem a little ridiculous to try and run two hospitals. This is a time when more than just race relations were changing, medical technology is going through some pretty radical changes.

G: Oh very much so, sure.

B: You were in a specialty that was really changing way out there on the cutting edge. How did those changes affect you and your practice?

G: Well, I was gradually slipping back in the _____ lines because along come guys who you're either a cardiologist or an interventional cardiologist. By that I mean you did cardiac catheterization–I did not do that because we weren't trained in that. Gradually the field changed. At the present time we have interventional cardiologists, we've got cardiologists who can implant stents into the coronary arteries, we've got open heart surgery, and this of course made me--probably not a second class cardiologist--but one of the pioneers who is no longer needed. Do you follow me?

B: I think so, although did you not pursue continuing education in your specialty?

G: Sure, but in practice there was advancement. I could not go back and be trained in cardiac catheterization or implanting or dilatation of the coronary arteries via a catheter. As a consequence, most of the work that was being treated medically was now both medical and surgical.

B: You did no surgery?

G: None, nor any intervention.

B: Did you maintain your own practice, your own office individually, or did you join with someone else?

G: No, [I kept it] individually.

B: You never joined with other doctors in your individual practice?

G: No.

B: Did you keep your office in the *Times* building for quite a while?

G: No, in 1953 I built my own office a half block from Bayfront Medical Center on Sixth Avenue South and practiced there from 1953 until 2003–that's what?

B: Fifty years.

G: It should come to fifty-four [years]. Oh, I was in practice from 1948 or 1949 until 2003, but I built my office [in 1953]. I sold the building to the hospital. They didn't want the building at all–it was about 2,000 square feet–and when I sold it, all they were interested in was the land, so they got that.

B: Sure.

G: The office is gone now. I got a call from Dr. Mendelblatt, who was my neighbor, a few weeks ago to say that the wreckers were there. They cleared the land and in a morning everything was gone.

B: What are they going to do with it? Do you know?

G: All Children's Hospital is going to build a big facility across the street from where my office was, and Bayfront is looking to unseat some of the other doctors that are in the area that own the property and I don't know what they're going to build.

B: Returning to our discussion about changes in medical care during your career, is there something that stands out in your mind as being one or two or three of the most pivotal changes in your field that have really had an impact?

G: You mean from a medical standpoint?

B: Yes sir.

G: The fact that we were able to establish a surgical unit at Bayfront doing bypass surgery, coronary artery surgery.

B: When was that?

G: Within the last ten to fifteen years.

B: That recently?

G: Sure. I'd be surprised if it was before that.

B: Was there a separate department for cardiology in general at Bayfront before that?

G: What do you mean by separate?

B: I guess I'm thinking of physical space on the floors allocated to cardiology patients and nursing staff trained in cardiology.

G: Yes, definitely.

B: Would you say that's a fair way to define a department in a hospital, those measures or those sort of standards? That's what you need at least.

G: Yeah, sure.

B: Then equipment beyond that and a surgical suite dedicated to cardiology.

G: That's correct. Have you seen what they're doing down at Bayfront now?

B: With regard to cardiology?

G: With regard to everything. It's tremendous.

B: Oh yeah. It's really exciting to see.

G: Oh, very much so.

B: When did the first cardiology department form at Bayfront do you think?

G: I can't give you an exact [time frame].

B: Were you involved in that formation?

G: You mean did we have a separate department of cardiology?

B: Yes.

G: I don't believe so at that time. I know that in 1960 we did not–when I was chief-of- staff–we did not have a department of cardiology. We had cardiologists. What

does a department of cardiology consist of? Do you mean administration?

B: And function.

G: Function we had; administration was taken over by the hospital administrative staff. This has raised a number of problems. As a consequence, some of the doctors have moved, they've gone elsewhere. Our surgical cardiology unit has, in the recent past, been decimated, but I think it's on its way back.

B: This in reference to fairly recent years?

G: That's correct.

B: I would relate to you that I have been told that Dr. John Thompson, a colleague of yours who you know, [who is] a neurologist and I guess a neurosurgeon, right?

G: Yes.

B: I understand from other interviews that he was responsible for performing what amounted to the first separate medical department at Bayfront Medical Center. It may have actually been when it was still Mound Park, but I think it was in the Bayfront era. It was a department designed to serve patients of specialists like Dr. Thompson–separate ward, separate nurses, separate surgical facility.

G: That is correct.

B: I guess that being the first instance of that at Bayfront, my understanding is that they stimulated other specialists to say, how about my specialty too?

G: That is correct.

B: Did that stimulate people in the specialty of cardiology?

G: I think so, in surgical cardiology.

B: Although, that wasn't your field.

G: No.

B: What department came next after neurosurgery? Do you recall who led the charge to say me too or who was most successful at that?

G: Do you know?

B: I don't know.

G: I don't.

B: Was that idea controversial then at the time to form a separate unit?

G: Not to the doctors it wasn't.

B: Okay. It made sense to them, but maybe not as much sense to who else, the administration?

G: The administration.

B: Why, because of money?

G: Exactly; duplication of services maybe, but money mainly.

B: Okay. On the other hand, it's the administration's job to cultivate Bayfront Medical Center's image as a hospital that can do everything its community wants and needs.

G: That's correct.

B: There's always some tension between those two.

G: The hospital's come a long way. It's doing well now. So are other medical facilities in the area–St. Anthony's, Palms of Pasadena, Northside Hospital; all are excellent facilities.

B: These hospitals compete with each other to a certain extent to deliver good quality services and lots of them. Is that the way that healthcare should be structured, or do you think that it would be better for patients and the public and doctors for that matter to have maybe a little less competition and a more orderly distribution?

G: I don't think competition hurts; I don't think it hurts at all. The guys that still practice do good medicine; those that don't, they're found out and they're removed. Competition I don't believe hurts at all. When one hospital has something new to offer, the other hospital will get it also, to the betterment of the patient.

B: Bayfront Medical Center was the creation of certain needs that the hospital felt and that apparently rose out of a feeling on the part of the government of the city of St. Pete–the city council and mayor–to try to get out from underneath the financial burden of running a public hospital. The Bayfront Medical Center corporation was established and took over Mound Park Hospital, leased it from the city of St. Pete for, I understand, one dollar a year.

G: One dollar, that's correct.

B: Since then [the hospital] has run pretty much as an enterprise.

G: That's right.

B: [Is that] a change for the better do you think?

G: Yes, sure it is.

[interruption in interview]

B: My question was, I guess what I was leading up to, the changes that you saw that happened after the change to Bayfront Medical Center from Mound Park operating as a private corporation for the first time. I think the first administrator was Ken Swanson.

G: Yes.

B: You changed your operating structure and you changed your administrator within a short period of time. What impact did that have on your practice and your life?

G: None except better facilities [and] more beds for patients. Do you know what we had to do when we had Mound Park Hospital? How many beds did we have in there, one hundred and fifty?

B: Well, I thought that there were wings added on floor by floor during the 1950s, during Kenerson's administration for example.

G: Yes, but it's still not enough to cover the added physical stress of taking care of northerners when they came down for the winter. We'd have patients who were ill, we'd have to hospitalize them, but Mound Park Hospital was filled. Do you know where we used to put some of the patients?

B: No.

G: In the hallway; we had patients in the hallway. That's where we used to treat them. And then, when it was too filled, where'd we put them? On Third Street South and Eighteenth Avenue, down there on the south side of town where there was the Navy or Coast Guard barracks, quonset huts, and we used to put the patients in there. We'd have eight or ten patients in one quonset hut.

B: No air conditioning?

G: No. My mother was sick, she was here in the hospital, and I came in to see her

one morning and a nurse said, Dr. Grau, Dr. Grau! I said, what's the matter? Your mother, she's on the floor. I said, why? She said, we don't know. I went down and I saw her and I said, mom, what's the matter? She said, nothing's the matter, it was too hot in the bed. She got down on the floor where it was cool. That was it.

B: Yeah, I remember those days.

G: Terrible.

B: Was the heat tough for you when you moved to Florida?

G: Yes, and the heat is tough now, but I live in air conditioning–my car, my office, here.

B: The wards at Mound Park were not air conditioned when you started there.

G: No, not at all.

B: That came a long way. I guess from what I understand, according to nurse Ethel Hill, if a patient wanted a fan they had to bring their own.

G: That may be, yeah.

B: Or maybe one fan for a four bedroom.

G: Oh, it was unbelievable. My mother was on the floor, isn't that something?

B: Yeah. Adding beds and improving the facilities was something that you didn't really see happen until the change to Bayfront Medical Center.

G: That is correct.

B: Why do you think that it was easier for Bayfront Medical Center to accomplish those things than it had been under the city administration?

G: I don't think they were thinking about it that much. Suddenly this is what had to be done, and it was done.

B: Do you think Mound Park as a hospital was a sort of stepchild to the city government, and maybe when Bayfront took over it became a situation where there was no other job to do but run a hospital?

G: That's right. I don't know that I would say it was a stepchild–I don't know. Being a young guy at that time, not knowing the machinations or city government or

politics, I don't know how the city felt about Mound Park Hospital. In retrospect, it was not a first class facility–not at all–especially in comparison to what we have now.

B: Yeah, Mound Park, I guess it would not have compared very well to the hospitals where you had been trained and educated, or had served your fellowship years, for example.

G: That's correct.

B: You've seen it advance considerably.

G: Oh very much so.

B: Would you consider it now the peer of most major hospitals in cities the size of St. Pete?

G: What, Bayfront? Yes.

B: Would you consider it the peer of other institutions in the area such as Tampa General?

G: I don't know enough about Tampa General. I know it's a big hospital, they're doing a lot of work over there, but it's two separate cities [that are] twenty-five to thirty miles away. We used to have a group that would meet every month, the doctors from St. Petersburg and Tampa, but that died out after about a year. The same thing with Clearwater; it's a different city.

B: Even the medical community in those three different places was sort of kept to themselves?

G: That's correct.

B: To say that you kept to yourselves as a community of physicians doesn't mean that you were cut off from advances in your field.

G: Certainly not.

B: You were a part of, as we've said, a continuing education program and stayed current with _____.

G: Both locally and regionally with meetings and nationally and even internationally. I remember I spoke in Mexico City when I was doing my fellowship in cardiology. I spoke in Mexico City at the Interamerican Cardiological Congress. It was one of the places where we branched out in education. I've been to various places

throughout the United States with the furthering of education. All of that is now gone.

B: Gone in what sense? All of what is gone?

G: My abilities, and my attempt to keep abreast–I can't. Now that I'm retired I can't do it. I fatigue. I'm now approaching eighty-eight years of age.

B: In my field, which is academic history, it's always been the challenge of anyone in a specialized field of study to keep abreast of the literature and research in the field. What I've observed, just looking over the history of publications in my field over the past fifty years, is that there has been this radically increasing volume of output in which someone entering the field now is just looking up at an avalanche.

G: It's the same thing in medicine.

B: To keep up even for a young practitioner seems like it would be a daunting challenge.

G: Oh, very much so. I don't try. I wonder if I would have been still–no, I don't think I'd still be practicing. I would have quit, but I've been able to quit on my own terms. But I'm an invalid now–I can't play golf, it's very difficult to travel. My wife and I, when we want to go anywhere, any distance, need wheelchairs.

B: You're lucky to have a flexible schedule and be able to travel when you take a mind to it.

G: That's right. Some of the guys say, at least you're looking at the grass from above. [laughs]

B: I'll have to remember that one. Tell me if you can what your experience was like as chief-of-staff. You took over after Charles Aucreman. He was, as I understand, chief-of-staff from 1955 to 1959.

G: No, I came in 1960. Well, maybe, I don't know.

B: Did you serve a term as long as Dr. Aucreman's?

G: I don't think so; I was in maybe four years.

B: That's pretty close. Was that a tough time as chief-of-staff?

G: Very much.

B: Why?

G: Meetings morning, noon, and night.

B: With who?

G: Administration.

B: Do you remember any names of people involved in those on the administration side at the time?

G: You've made mention of them.

B: There was Kenerson for one. Was he during your tenure as chief-of-staff?

G: Yeah, so young.

B: What were the issues?

G: Everything. Anything. All types of issues. From a medical standpoint, reviewing the minutes of various committees with regards to applications for admission to the staff, malpractice issues, doctors who might have gotten out of line. [There were] all types [of issues] from a medical standpoint. Any type of issue that would come up in a large corporation, things that we discussed. As a consequence it was meetings mornings, noon, in the afternoon, evenings. The guys were able to tell when I was no longer chief-of-staff, my golf game improved.

B: I'm wondering how you could maintain a practice and do that at the same time.

G: It was not easy.

B: You saw patients all the time nonetheless?

G: Oh yeah.

B: Good grief. What's the incentive to be chief-of-staff?

G: Just that.

B: The distinction?

G: Yes, sure. What's the incentive to become president of the United States?

B: Well, you get a nice house and a nice airplane.

G: Yeah, yeah, yeah. Did you ever see it?

B: No.

G: You know that I've had the opportunity–I have some connection with the government because right down the street is a good friend of ours. They live a half block from here and we've known them for years. He was originally ambassador to Australia. In the 1990s my wife and I went over there and stayed there at the embassy. Now he has been with the present president ambassador to Italy, and we went over there.

B: Very nice.

G: Do you know what royalty is? We stayed at their home–he lives in a home that's like a palace on seven-and-a-half acres of manicured bushes, trees, and lawn. It's unbelievable. Then his office is in a converted palace. You walk down a long hallway and then we got to his office, open it up, and it was a room like this with chandeliers, with tapestries really, with his desk at the end. It could be a room in a palace for the king or queen. It was unbelievable, really.

B: It's safe to say that they did not provide you with those emoluments of office when you were chief-of-staff, huh?

G: None whatsoever.

B: You had to maintain your practice during that time.

G: Very definitely. You know what I got in salary?

B: No.

G: Nothing, but I believe that the physicians who followed me got a stipend. I don't know how much, but they did.

B: When you were chief-of-staff, what would you say your perspective was on the overall operation of the corporation and the facility? Were you an advocate for the medical staff?

G: Oh, very much.

B: Did that place you in opposition with other interests?

G: Very much so.

B: Can you suggest some examples of how that might come about?

G: For instance, say the cardiac unit wanted some extra equipment and they presented very definite feelings and reasons for wanting that. That would be presented to hospital administrative board, of which I sat, and it would be discussed. It was very difficult many times to get things passed because a lot of these guys were businessmen and they looked at it from a business standpoint. That was it.

B: Can you think of some of the businessmen who were involved at the time?

G: You know, some of them are as infirm as I am now. Harmon Wheeler is one. If we bump into them, we know them, hi, how you doing, fine. Harmon Wheeler, who else? I don't remember.

B: Would you found yourself at odds with the administrator?

G: Oh very definitely.

B: The administrator is trying to keep a lid on all this.

G: That is correct, but we were always on good terms. There was one administrator who became a patient of mine. Who did you mention?

B: I mentioned Ken Swanson.

G: Then who?

B: David Kenerson.

G: David Kenerson.

B: Then there was Jacobsen, I think, who came after Swanson.

G: Yeah, and then?

B: I'm not remembering who came [after him].

G: I can't remember.

B: It was Sue Brody's predecessor, but I don't remember who that was. That wasn't Jacobsen I don't think, was it? Somebody else in the interim.

[break in interview]

B: Well, I'm thinking of some of the administrative staff that you would have known

during your tenure. I understand that one of the finance officers, I guess he would have functioned somewhat as a comptroller of the hospital was Acton Chalu.

G: Acton Chalu –of course. C-H-A-L-U.

B: That's right. I understand that he sort of punctuated the change to the new administrative format when Bayfront Medical Center was established.

G: I think so.

B: Did you find his execution of his responsibilities to make a difference in the way . . .

G: Very definitely.

B: How so? What do you think?

G: By his knowledge. By his expertise. By his ability to present a problem that we all understood. I used to sit on the board of Bayfront Medical Center, and these businessmen, the bigger the issue, the more they would mumble. I couldn't understand them on many things and I would yell at them, can you please speak up? They would [say], oh, we're sorry Sid, and the next thing you know they start to mumble again. One city manager–I don't remember these names–but this city manager worked with him . . .

B: Worked with him meaning Acton Chalu?

G: Yeah.

B: Are you thinking of Ray Harball?

G: Harball is another name, that's right. Who else? There was a city manager; his son was an active physician in Sarasota.

B: I can't remember who that might have been.

G: Don't know? Alright, where were we?

B: We're discussing the role of the finance officer, for example Acton Chalu, in helping navigate some of these business issues to do with financing. You were thinking of an example of wanting a new piece of equipment, and apparently he could somehow configure the question that way.

G: Where is he now, do you know?

B: I understand that he's living in Tampa now, and I don't know anything about his circumstances. I'm interested in trying to track him down though.

G: If you ever [see him], mention my name to him.

B: I will. Can you think of any other issues that may have sort of punctuated your career as chief-of-staff? There were equipment purchases I guess; how about relations between the medical staff and the nursing staff?

G: [They were] good in many respects with the exception of some of the older physicians who felt that nurses were lackeys, and would treat them like so. I'll never forget the time that I had a face-to-face meeting with one of the doctors up on the floor–I don't have to tell you the particulars–but I had just come from a funeral of one of our doctors who died at a relatively early age, forty-three, of acute viral myocarditis. I was feeling sad, walked back to the hospital to finish my rounds, and there was one of the doctors up there yelling at a nurse. I told him, hey, take it easy. He said, you're always picking on me. I never understood that remark; I remember the remark, but I don't know what he meant by that, you're always picking on me. There were many doctors, older, who were inculcated with the fact that they were doctors and the other people who worked for them were lackeys. That disappeared, that went away.

B: Did you find yourself having to mediate if there were really serious conflicts between the nursing staff and say a member of the medical staff?

G: Very rarely.

B: Did you find the nursing staff at Bayfront and before at Mound Park to be the equal of nursing staffs at hospitals elsewhere?

G: Yes, definitely.

B: They were as well trained, as dedicated, as capable?

G: Very much so.

B: Do you remember any of the figures from among the nursing staff who struck you as particularly outstanding during your tenure?

G: You mean the girls?

B: Yeah.

G: One of them is married to a doctor here. I can't remember their names. I do

remember walking into the hospital the other day while my wife was in recovery, I walked in--not in practice anymore–[and someone yelled] Dr. Grau, Dr. Grau! It was the nurses, and they remembered me.

B: You're a towering figure at Bayfront.

G: I don't know. I hope. I don't know.

B: Who else do you think stands out as a particularly notable figure among the medical staff at Bayfront? Now you've already indicate to me that you hold Dr. John Thompson [deceased August, 2005] in high esteem.

G: Very much so.

B: Who else do you think of that you think you would place anywhere near that level of recognition or respect?

G: It was Charlie Aucreman.

B: He's certainly a giant in the history of the hospital.

G: Very much so. I'm surprised to hear you say that I'm respected to that degree. I guess you know the reason why? Because I've gotten older. [laughing]

B: But you're still looking at the grass from the top.

G: That is correct, and you may use that. But I tire.

B: Speaking of that, I wonder if we should bring this to a pause for the time being.

G: Alright, that would be fine.

B: I'm going to stop by saying thank you, Dr. Grau, for your time.

G: Thank you.

[End of Interview.]