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"ORIGINS OF THE SCHOOL OF MEDICINE AT UCSD"

MINISYMPOSIUM: James Arnold, John Galbraith, Clifford Grobstein, Robert Hamburger, Clark Kerr, Roger Revelle, Joseph Stokes and Herbert York.

Opening Remarks:

(1 November 1984)

Hamburger: First each of us should make a brief introduction for the benefit of the videotape and after the Jim Arnold tape have a free and open discussion. I recorded an hour and a half of Jim Arnold in his home and then picked out the pithy phrases totaling about 14 minutes. Later in the meeting we can listen to the 5 minutes of commentary from Cliff Grobstein. Before we start, I would like to mention that I was informed yesterday by Matt Bonner, Dave's older son, that Miriam, David's widow, had died following a stroke the night before and so I wanted everyone to know that we've lost another great member of the Bonner family.

INTRODUCTIONS:

Hamburger: For the benefit of the tape, I'm Robert Hamburger, I'm a Professor of Pediatrics and head of the Immunology and Allergy Division and the organizer of this Mini-Symposium on the Origins and Development of the UCSD School of Medicine. I left the Yale University School of Medicine and came to UCSD in December 1967 as a special NIH Post-doctoral Fellow in the Department of Biology with David M. Bonner and Stanley Mills. I received the first faculty appointment in the not-as-yet-formed School of Medicine in

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1963 as a "Visiting" Associate Professor of Biology so as not to usurp a slot. However, in 1964 an FTE was assigned to me and I became a tenured Associate Professor of Pediatrics and the following year Assistant Dean with Dean Stokes. In 1966 I was appointed Chairman pro tem of the Department of Pediatrics until we were successful in recruiting a permanent chairman, Bill Nyhan. I served in the Dean's office under three deans in the first eight years of the School of Medicine's existence, returning full time to Pediatrics in 1972. I hope that qualifies me to have organized this symposium.

Revelle: I'm Roger Revelle, I'm a Professor of Science and Public Policy at UCSD at the end of a career where I have had a whole collection of titles including Professor of Oceanography at Scripps Institution of Oceanography and Professor of Population Policy at Harvard. I was very much involved with starting this university in the 1950s and the very early 1960s, and I worked with David Bonner in thinking about the possibility of a new kind of medical school but which, however, I didn't see the start of because by that time I had gone to Harvard. I'm afraid I can't contribute a great deal to the discussion today because most of the actual pioneering of the medical school began somewhat later, beginning about 1963 or 1964. However, I do remember very well talking with David Bonner in the 1950s and the ideas that he had. The ideas were basically his ideas and not mine but I enthusiastically concurred and as I remember it so did President Kerr. I guess that's really enough to

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introduce the subject.

Kerr: I'm Clark Kerr. I've been a long-time member of the faculty of the University of California at Berkeley in Economics and Business Administration beginning in 1945. Then I became the first Chancellor of the Berkeley campus in history in 1952, President of the University in 1958--that included the period in which the University of California at San Diego was established--and I ceased being President of the University in 1967 when a new Governor had been elected by the people of the state. Since that time I have been a professor at Berkeley and have been involved in various studies of higher education and reports on higher education. One major report, incidentally, involving the area of health education, became the basis for the Health Manpower Act of 1971 almost word for word.

Stokes: I'm Dr. Joe Stokes. I'm currently Professor of Medicine, member of the section of Preventive Medicine in Epidemiology at Boston University and principal investigator at the Framingham Heart Study which is now in its 35th year of operation. However, I am here by virtue of the fact that I was first Professor of Medicine and later Professor of Community Medicine at the University of California, San Diego, School of Medicine from 1964 until 1981. I served for the first two and a half years as the first official Dean of the School from 1964 until mid-1967. I am one of the few people who moved East to La Jolla to UCSD, coming from Hawaii where

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I was recruited by Herb York. I also occasionally describe my career at UCSD as a manifestation of what I call the Retep principle, which is Peter spelled backwards. It means, instead of rising to your natural level of incompetence, you sink to your natural level of competence...and I think I will leave it there.

Hamburger: Next is Kathryn Ringrose. She is our historian and official recorder for this Symposium. Next around the table is Janice Turner, our secretary and hostess.

York: I'm Herbert York. I came originally to the University of California in 1943 to join Ernest Lawrence Radiation Laboratory as a member of the Physics staff in Berkeley and I have been with the University of California ever since except for a couple of brief leaves for government service.

Line 200: I was Director of the Livermore Laboratory from 1952 to 1958 and then I came here to serve as Chancellor at the invitation of Clark Kerr for the period 1961 to 1964 and then I was again Acting Chancellor 1970 to 1972. I am now the Director of the Program on Science, Technology and Public Affairs here at UCSD and the statewide Institute on Global Conflict and Cooperation. The very last thing I did as Chancellor during the first period was to recruit Joe (Stokes) and I remember being at the meeting of the Regents at which he was appointed and that was my last Regents meeting of that period.

Galbraith: I'm John Galbraith, a Professor of History at

UCSD as of July 1st (1984), the newest boy; but before that I was 16 years at UCLA also in the Department of History. From 1964 to 1968 I was at UCSD, first as Vice Chancellor, and then succeeding Herb as Chancellor. I can't think of anything particularly interesting to say about my background except to add another 16 years at UCLA before I came back to UCSD. The only particularly relevant occupation I had before that time would be that of basketball coach which prepared me for the rigors of administration.

Hamburger: As far as I know, isn't it true that you are the only chancellor who became Chairman of the Statewide Senate? You were Chairman of your Senate and then the Statewide Senate?

Galbraith: Yes, I should have mentioned that.

Hamburger: This is certainly a remarkable group of people. (Do you have enough personal history?) Next I am going to play the James Arnold tape.

Line 258: It will be conspicuous that I had been asking questions but I have deleted my words for economy of time. I think it is quite evident what the questions are and if it isn't, later we can discuss that. I was hoping that some of the things that he says in this tape would trigger some discussion immediately following. That would permit the Video man to finish what's left of his tape in an informal manner

Recorded statement by Jim Arnold.

Arnold: To begin with, of course, in the era that we're talking about, especially the later Roger Revelle period, before Herb York took over, we

were really planning for the next 25 years or the next thousand years, depending on how glamorously we looked at the problem. Graduate education had always been one of the main things--Scripps was a graduate institution--we were planning to do what we did, which was to build science departments on the main campus from the roof down; that is, to have graduate studies with a Ph.D. initiated before we had undergraduate, and so it was a pretty small step from that to be talking about professional schools. In all our minds, a medical school was, by a good margin, the most interesting professional school that we could think of. Not necessarily the simplest, not necessarily the easiest to make good, but a very, very interesting problem.

Hamburger: I think one of the main reasons was our preoccupation with research. Our serious interest was in building UCSD into a great research university and it didn't seem to us at this time that the other health-related schools gave us that same opportunity. I think that was the key factor.

Arnold: One of the major issues, as you know very well, Bob, you were deeply involved in it, was the location of the school and the decision--I'm jumping ahead a little bit--the decision to fight for a campus location was very much driven by that interest in a top research school. If we had not wanted that, we would have gone in a very different direction. Roger Revelle and I recruited David and brought him here and the discussions had only begun in a very preliminary way when he arrived. He knew much more about the subject than we. He quickly, in a no-uncertain term, straightened us out on various points.

Since we were, as you know, a very good team we meshed very well. We quickly adopted many of his points and maybe he accepted one or two of ours and so what was originally, essentially Roger Revelle and David and myself and then a little later, Herb York, were for some period of time--I couldn't tell you exactly how long--kind of carrying the ball.

Hamburger: Such as...

Arnold: ...discussions, remember that Singer and Mills came with David so if we talk about the period before David; Martin Kamen was the only one I can think of who took part in those discussions and he did take a very active part and a knowledgeable part. Martin wasn't interested in getting into the action very much, however. Although you mentioned several people --Jon Singer certainly spoke up by the time he got here, vigorously--Keith Bruckner was interested and attended some meetings, but I don't think he was quite as much involved in this matter as he was in some others. Walter Kohn is another one who had a very broad interest in the development of the campus and especially the medical school part of it. So there were quite a few people with whom we were discussing these things and some others at Scripps--Francis Haxo, Andy Benson, those are people who took part in some of the discussions and I'm sure I can think of some others...perhaps Ben Volcani would be another participant. We became the San Diego team that was dealing with the University at large and the rest of the system -- the down town community, especially after Herb's arrival we were dealing with the San Diego community medical groups, plus various advisory committees -- you were on one or two of them or you were present -- I can't reconstruct them all any more. Sherman Mellinkoff, of course, was Chairman of one key

committee, but he was considered part of the San Diego contingent ("us") as the planning began to take shape. It was not only in the medical school, it was throughout the entire campus that there was a strong feeling here of "us" and "them." "Us" being the people at San Diego, "them" being Statewide and people from the outside. We wanted to do things our way; we saw "them" as people who had to be convinced... often we saw them more as obstacles. Now I must say that, reflecting on this years later, I think we were somewhat unjust.

I think that Parker and Wellman supported our peculiar notions more than we gave them credit for and were genuinely interested, up to a point, in a school developing its own philosophy and style. When you "jog" my memory I recall that Bob Tschirgi repeatedly said that, off line, to David and me and that we were never convinced nor am I convinced to this day by those arguments.

There really were issues that could have gone either way on a number of occasions and while economics was a large part of the discussion, inevitably since medical schools are so expensive, I think at time economics --oh, I know at times economics was simply a shield for differences of philosophy. The arguments that boiled over before the Mellinkoff committee was created at an earlier committee the arguments were about whether the center of the medical school should be at or around the County Hospital or whether it should be on the campus arguments which led to estimates being made that the medical school would cost, I don't remember, two and a half times as much if it was located on the campus as it would if it were built in downtown San Diego.

Hamburger: I'm sure that

you are aware that I wanted to have Jim here and since he couldn't be here I was very anxious to have Jim's views of Dave Bonner because my own are so highly biased and prejudiced in his favor that I felt I needed to have somebody of his own skills and era to speak in a more balanced manner but I notice that Jim, too, as I do, is very strongly impressed by Dave's imagination and drive. Does anyone want to take strong exception to any statement that Jim made?

Revelle: I don't think so; I think he was quite realistic.

Galbraith: I would say that he probably overstates the philosophical differences as a basis for price. I think there were many people who had entire agreement with the idea who

had problems about the costs involved so I'm sure that some people used costs as a rationalization for defending a position which they weren't prepared to defend out front. But they were not the unanimous factor in this. There were other people who were very much dominated by the fact that there was a scarcity of resources.

Stokes: I would certainly support that.

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Hamburger: The position that it wasn't simply that they were using money as an excuse for doing something they wanted to do philosophically ?

Stokes: There were serious cost concerns in themselves.

York: But we didn't succeed in the ideal. The ideal was to have it entirely here and it is split and that does not fit our idea. Also, it was not a new invention that research should play a very important role in the medical school or in medical education. I think the general tradition of the University of California in general and of this campus in particular that research should play a major role was a major factor in what actually happened.

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Hamburger: John, at that time, did you believe that it could be done cheaper in one area than another? I think that was the main point Jim was trying to make, that if you did a quality school -- high research image -- it would be almost the same no matter where you built it.

Galbraith: I plan to make some comments about that later today.

Stokes: Let me add a few personal touches regarding Dave and some of the issues. I remember very vividly my first encounter with him, having dealt with him only indirectly through Herb and others until then. He met me at the airport--what is now Jim's Air--and standing there, tieless, with only a sweater and looking like a fellow who just walked off the street--just absolutely no pomp or pretense about the man--and we hopped in the car and he drove about 70 miles per hour up the old 101.

Hamburger: You're lucky he didn't bring his motorcycle!

Stokes: It was kind of a wild ride; I wondered what I was getting into. I think although Herb is right that, of course, research in medical schools is not a new idea, Dave really did raise it to a level which I had never heard of before. If you really looked at his plan for the school, which I did soon after I got here, it was sort of a research institute in molecular biology and very little else. I criticize a little bit about what Jim said about his combativeness--he certainly didn't shrink from a fight, but I never really found him stirring up trouble for the sake of stirring it up.

Hamburger: But you were on his side. Let me ask Dr. Kerr--did he ever take you on in a personal way over some issue?

Line 400:

because, if you weren't on his side...

Kerr: I wasn't dealing directly with him. I really do remember only one occasion--either a senate meeting here or an all university faculty conference--in which he got up and made an impassioned speech that the statewide administration wanted to hold San Diego down to the level of Berkeley or possibly the level of Harvard and that San Diego in general, and he in particular, would never stand for being held to such low standards.

York: Well, just to pick up on something Joe said that one would have a biological research institute with a medical school as an appendage, I don't know if that is exactly what you said, but something like that, that is not what we built and I think it is important to say that. What we did, and did deliberately, was to make a compromise between what Bonner wanted, which would have been that, and a medical school which had first-class clinical departments with first-class clinicians in them doing research that is much wider than what a biology department does on campus. This way it developed was worked out by taking the ideas developed by some of the scientists here, Bonner, Hamburger, Singer, and Jim Arnold, and then advice we got from people who were, in fact, clinicians and none of them, except for Stokes, Hamburger, who were here; Mellinkoff, Tschirgi especially, and others who came to advise us. There was a committee set up--I've forgotten the names--but that committee

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played a very important role in the general philosophy of the institution, and we heard virtually none of that.

Hamburger: Yes, and it is not fair because Jim did mention that. The noise in the background was so obscuring that I took it out of the tape. What he mentioned in his original tape--he characterized Sherman Mellinkoff as the great consensus-maker who kept constantly bringing a clinician's point of view to the scientists including Dave and Jim and Roger. Did you sit in on any of the Mellinkoff meetings, Roger?

Revelle: No, I didn't.

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York: I have forgotten how that related to the Tschirgi committee because my memory is that the Tschirgi committee was more important than the Mellinkoff Committee. When was the Mellinkoff committee?

Hamburger: The Mellinkoff Committee ran from about 1963 to early 1965, if memory serves.

York: Well, I remember dealing with Mellinkoff, and even later when Tschirgi was chairman. Sherm Mellinkoff was still on the committee and involved.

Stokes: He chaired the committee. He came down at least once, perhaps twice, to meetings after I arrived, so he still officially had a role in chairing an advisory committee. He obviously wanted to get out as quickly as possible.

York: And then in the recruitment of the dean we used the clinicians from elsewhere in the University as well. There were some others whose names I have long since forgotten.

Stokes: I might be able to rustle them up.

Hamburger: Any other point of disagreement?

Stokes: David Bonner as Peck's Bad Boy is not a bad descriptive. I am reminded of Bernard Shaw who once characterized the world as filled with two kinds of people--reasonable people and unreasonable people. Reasonable people pretty well adapt to their environment, and unreasonable people insist their environment adapt to them. And I think David was obviously an example of the latter. Shaw also added that it is the unreasonable people who change the world. And David really did have the "zealous reformer" about him. He considered Yale and San Francisco and UCLA as poor medical schools. He really did.

York: But I did not, and neither did others who had a lot to do with what finally happened. I certainly did not agree with him, but that is the impression that Dave gave. I did not argue with him about it; I simply knew that he was wrong.

Hamburger: Well, he was right in one respect and that was that, he stated this privately to me and I don't know if he ever said it in a public forum, that in his view in the years he was in the medical school after he had transferred from the Botany Department that he observed that medical students coming in

the first year were considerably brighter on average than his first-year graduate students. He was in the Microbiology Department--they had a Ph.D. program for microbiologists but, by the fourth year, the medical students were less creative, less productive, less imaginative, all kinds of other negatives compared to his graduate students who, by then, were all turned-on doing exciting things and highly productive people. And he felt there was something defective about Yale's education and it was one of the most scientific med schools of the time. He felt there was something defective that damaged bright kids--depressed them, in terms of their creativity--and that is what he was trying to avoid here. What he wanted was input from Ph.D. scientists--real ones--he also had the feeling that there was a kind of upper and lower class scientist. The upper class scientists were in the "real" chemistry department on campus and the lower class chemists were in biochemistry in the medical school. That was what was behind this crazy design of his.

Other people thought it was because he was trying to dominate the whole place; but, really it was because he truly believed there should be one class of citizen in the university med school.

Stokes: Well, I certainly agree with his thesis, that medical students generally lose a lot of their creative zeal as they go through medicine, but I disagree with his solution. This is based on a UCSD experiment, there is no question that it happens but, I think the problem that I consistently

see, of scientists whether from the natural sciences or others that teach medical students, neglect the orientation of the student. Almost the day they come to medical school, they begin to have a vision of what they will be doing as a physician. They take on a physician orientation. They generally will be only receptive to those who look like they have a solution to what they can do when they are confronted by that first patient in the emergency room; that first day as an intern. And that fear and other aspects of the self-image of the physician is very controlling regarding what students will and will not listen to in medical school. So, I think his cause, his formulation, the idea that you could counter this by just more science, I would argue with that, I don't think that it is true.

Hamburger: What you are saying, I think, Joe, is that the missions are different.

Stokes: They are all going to produce some academic MD's.

Hamburger : Of course, the question we confronted here (you and I dealt with it quite a bit) was the question of how much of your energy do you devote to turning out academicians who require a different type of educational program than simply going for the best clinicians that you can turn out. In theory an academician in the medical school is supposed to do both and do both well; should be a great clinician and a superb creative scientist. What we knew was that the med schools that existed at the time who devoted

an enormous amount of energy to that task, such as Stanford, Harvard, Yale, Columbia and Hopkins, were fortunate if they turned out 15% academicians, and the schools that totally ignored that mission, turned out 4 or 5% anyhow. So there was always an argument, was it worth the enormous extra effort that it took to get that extra product.

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Stokes: Just a couple of other points, he's a little bit in error in terms of UCSD being the only school in which chemists, biologists, I think he put it, from the general campus teach in the medical school. That doesn't happen in a great many medical schools, but at Michigan State, because of us, I think, actually the first Dean of the medical school at Michigan State, did the same things we did when he came to Michigan State to start out. I think, partly at least, because of what we were planning here. So that is just a point of correction.

Revelle: I think it was true that that was a pioneering effort.

Stokes: That's true, it wasn't going on before that time, no, I think we can deserve credit for that, well number two, I think Jim picked on very early in his statement something which I had forgotten a little bit, and that is in '64 how forward looking we all were. We really were thinking in five, fifteen year time spans. And repeatedly when I went around to describe our plans, to community groups etc., I'd find myself talking about that great final campus, we used

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to have that picture of 12 colleges, and we really believed that,

Hamburger: Oh yes!

Stokes: I mean this was a kind of dream reality

York: It might still happen.

Stokes: A kind of dream reality and it cut both ways. It was a strength in a way and certainly showed our commitment to that plan. Then on the other hand it was those 310 FTEs which never materialized. They just never came.

Hamburger: What is the number?

Stokes: 310 FTEs, which was the target figure I recruited for the medical school alone, which turned out to be a totally fantasy figure.

Revelle: What is the number today?

Stokes: It ended up a little more than 200. It was off by well over fifty percent.

Hamburger: In fact it's backing off, we're trying to lower the number of students without lowering the number of faculty and that's a very hard thing to sell regents. But our present dean is looking to get us a hospital on campus. Once again that's back in the plan, that's been in the plan and out of the plan and back in the plan.

York: There's always been a site for it between the Basic Science Building and the Veterans Administration Hospital.

Kerr: Well you had suggested 10 minutes for presentation and 10 minutes for discussion. I really think I'll need most of the 20 to say what I have to say and I want to talk really about what was happening outside San Diego since there are others here who know what was happening at San Diego far better than I do. I want to talk about the process of decision-making by which there ended up being a medical school here.

One place to start is with the Master Plan for Higher Education in California in 1960. When I became president it was impossible to make any plans because there was no way to make decisions involving higher education as a whole. There was a liaison committee between the University and the State Colleges as they were then called. But everything was split, the State Colleges wanted to become Universities and the University said "no". The State Colleges then wanted to find ways around it so they could become Universities and in the governor electoral campaign in 1958 as a matter of fact, Pat Brown who later became a very strong supporter of the University committed himself to University status for the State Colleges. As part of his campaign program he went from campus to campus to make this statement and collecting votes. He had as one of his top 3 assistants Fred Dutton and Fred kept telling the Governor that the University was the wave of the past. That the State Colleges were the

wave of the future. That the University of California was a Republican institution. The Regents were Republicans and the students were either Republicans or on their way to becoming Republicans.

York: It's becoming true.

Hamburger: Yuppies.

Kerr: And the state colleges were in a part of the Democratic movement and so forth.

Anyway we then faced when I came in as president in 1958...I sat on the sidelines seeing this liaison committee vacillating back and forth reaching no decisions. I knew we had this wave of students coming.

We had to know what we were going to do and what the State College would do and what the Community Colleges would do. So I took the initiative to put together what became the California Master Plan. That established for the University of California, let me say I never worked as hard on anything in my life as I did on that, a position for the University as being the research arm of State supported higher education and also the place in which advanced graduate education would take place. We also raised our admission requirements in the course of it. The State Colleges that had wanted university status didn't get it and never have, except in name. They did get some other things along the way, and we did also. I was very concerned at the time that we were arguing

for meritocracy and elitism for the University of California in a very populist state an increasingly popululist state, and that we had to take care of the desires of people who would have access and so we worked out a program. The first geographical area in the world which ever guaranteed access to higher education and then transfer rights to State Colleges and to the University from the Community Colleges so there was a very great problem of trying to preserve the University as an elite academic institution within a larger system which took care of the desire of people for equality of opportunity. I was assuming total equality and myself a great proponent, though I was head of an elite institution. They were not incompatible ideas that everyone should be given a chance but that you did need an aristocracy of talent to serve the people well.

In any event, we got the Master Plan, adopted unanimously by the Board of Regents, unanimously by the State Board of Education, and with only one dissenting vote in the two houses of the Legislature put together. One out of a hundred and twenty, forty in the senate and 80 in the assembly and that then gave us a basis for planning, we knew what our area was.

(MS=Line 1033) Line 6:

Stokes: What year was that?

Kerr: Actually Roger, at the second meeting at which I was president I went to the Board of Regents, this is August 1958 and said we needed an effort of this sort. It was at a meeting of the Education Policy Committee at Ed Carter's house. They agreed with me because they had seen the impasse that was involved and they knew we couldn't plan under the uncertainty as to whether there are going to be twenty more universities, if all the state colleges were to become universities. And then we went to the legislature and in the legislature there were proposals because every town in the State wanted some kind of institution of higher education, preferably a University.

In fact, they had just put through at Turlock, a state college. Turlock is famous for turkeys and not for people. We had this state legislature with whom we were unable to

Line 1000: agree. The state legislature was moving in and Roy Simpson, who was then superintendant of public construction, helped. We could not have done it without him. He was not an initiator but he was a statesman and being willing to give up the control the State Board of Education had over the State Colleges by giving them their own Board. That was a very important fact in accomplishing what we did. We went jointly to the Legislature and there were more than a hundred bills which would have put colleges in hundreds of places all over the state and said give us one year for higher edu-

cation to come up with a plan. So they gave us a year, laughing to themselves that they will never be able to do it. One year later we came up with a plan and we got it adopted and is the plan to this day.

Stokes: That was in 1959.

Kerr: In 1960, in the Spring of 1960 it became legislation.

So that then said that we had responsibility for the state supported segment of higher education and for medical education. Then the question was how much should we expand to take care of the needs of the State? We had to take a look, and I might say this involves an enormous amount of judgment since there are all kinds of formulas. You know anybody can give you a formula, but which do you respect? We had to decide what was a reasonable ratio of doctors to population and there has been a lot of literature and a lot of disagreement. We had some idea of the future population of the State and that figure kept being changed. There were differing views expressed here this morning about the future size of the University and the State. We were dealing with different figures from the State. There was a Carl Frezen who was the population expert for the State and he was a very able guy.

Stokes: He was called their demographer.

Kerr: Yes, he was their demographer. He had figures predicting anywhere as high as 59 million people. That was an official figure, thus the state planned on 59 people by

the year 2000. Now that did not seem so unlikely then because the net reproduction rate at the time was 3.5, which is a phenomenally high rate.

Stokes: Actually that was the total fertility rate.

Kerr: The fertility rate was 3.5. It is now what, 1.8 or maybe rising?

Hamburger: No, steady at 1.7 at this time.

Kerr: 1.7. Well anyways running 3.5 which is even high for an underdeveloped country. But there were a half a million people coming into California each year net. So it was a period of great expectations. We had our census estimate then of the population of the State that we were planning for as well as the ratio of doctors. We had to be concerned with how many of those doctors might come in from out of state. We felt that proportion would go down and probably should go down. Why should a wealthy State like this be subsidized by the other states around the country? We also had the feeling that aside from just having doctors, there was an importance in having medical schools around the state for what they do for the practice of medicine in the area. That is you might say California can get along without any medical schools because with the high affluence of the state you could pull doctors in. But that wouldn't necessarily be good for the health of the people. You need medical schools as well as doctors, so we were concerned with medical

schools and not just taking doctors from some place else. We also had to have some idea of what the private schools would do.

We then got some ideas about how many doctors we ought to turn out from the University of California and we were then looking really ahead to the year 2000.

Stokes: With this huge population.

Kerr: With the huge population, but our general planning we really had 2000 in mind. I might say there was one report which I never give any credence to that by the year 2000 there would have to be eight medical schools in the University of California. There was a technical staff report with experts from different places on it.

Well, anyway we then had an idea of how many doctors the University of California should turn out?

Hamburger: What was the low figure? Eight was the high, what estimates were your people giving?

Kerr: Well, I came up with four. We ended up with five, I'll come to that in a minute. I never accepted the eight.

Hamburger: Yes, we remember.

York: We all know about that.

Kerr: All right, how many ought we to be turning out? And then first, how many should be turned out or could be turned

out by the present schools, by UCLA and U.C. San Francisco, and this involved a lot of negotiations.

Stokes: By them or with them.

Kerr: Well, how many they could turn out of the total. First of all, what total should the whole University turn out? Then, what contribution could they reasonably make? At that time Los Angeles was at 72 and San Francisco was at 100. I spent a lot of time talking with medical deans around the country asking what the ideal size of a medical school is. There were some really big ones at that time. At Michigan, I think Dean Hubbard had argued for 200, it may be bigger than that by now, but he would argue for 200. The general figure which I got and which the people at San Francisco and UCLA would agree to was a magic figure of 128. That was the figure that was going around.

Stokes: That was per class.

Line 1287 Kerr: That was per class. 108 per class.

Hamburger: 128.

Kerr: Yes, 128, that was the magic figure.

York: That divides into two.

Stokes: Let me just tell you why that occurs in that multiple. It's based on the basic research labs that you teach the first year student in, they come in modules of eight

Hamburger: And anatomy dissections and autopsies, also.

Stokes: There are four or eight at a table. So it's always divisible by eight. But I'm sorry...

Kerr: But anyway, 128 was the magic figure....

Line 1250:

York: 8 x 16, an even power of two.

Kerr: Let me say a lot more is going on in the University than just medical schools, but what a complicated matter. So you had to negotiate, it wasn't just a question of what was the right figure, I never believed that figure. But you had to have somebody have a figure that other people thought was a magic figure. That became 128 and so UCLA then went up to 128 students per class.

Stokes: From 77?

Kerr: From 72 and San Francisco from 100 to 128, and then there was also a factor where we really had to, for political reasons in the University and the State, have them the same size. So I had to get them both coming out to the same size. And that was the magic figure of 128, in which, I always had my doubts, let me tell you.

Stokes: You mean about whether that was the best size?

Kerr: Whether that was the best, you know, who knows. It was a figure that people would agree upon.

Then we always had in mind from the very beginning that

there would be two more schools, we would have to have two more schools. San Diego was one, there was never any disagreement. When I say "we" now I am talking about the Regents too. But these were my recommendations, that there would be one in San Diego, that was never in dispute.

There was a dispute whether the fourth one would be at Davis or at Berkeley, and Berkeley developed some plans. (I'm going to take more time and I realize that, but...

Hamburger: That's all right, please continue.

Kerr: Berkeley had some disadvantages to begin with. It was right across from San Francisco; it also had no available open land, although we talked about the Gilt Track as a possibility or some urban renewal in West Oakland. Also Berkeley came in with a proposal from a committee which was so totally irresponsible in terms of what it would have cost that I never presented it to the Board of Regents. And so...

Hamburger: Did they do that to prevent having a med school at Berkeley or did they really think that's what they needed?

Kerr: I'm not sure that they ever thought that they would get one for the reasons that I gave. They didn't have the land and were across from UCSF, and everybody put in everything that they could think of and multiplied it by ten!

Hamburger: It would seem to me that Berkeley didn't want it.

Kerr: No, I think they did want it. But they didn't want it enough to be responsible in their request.

Hamburger: I had not heard about that strategy of theirs.

Kerr: Oh yes, this was a big issue.

Stokes: We heard about it.

Hamburger: I knew several scientists at Berkeley who did not want a medical school wagging its science tail. That's what happens at many campuses when they add med schools.

Kerr: Well, some of them may have had that in mind that they made it become such an over loaded proposal that I could not possibly have put it before the Board of Regents, the Academic Senate or the Legislature in Sacramento or any other group that I can think of. I wouldn't have taken it and put in front of a group of people in Mission Street in San Francisco. So thus Davis then got the fourth one, it did have a the better location, it had the land, it did have a more reasonable plan.

Then we had a fifth one forced down our throats and that was the California College of Medicine.

Stokes: Which was officially part of the University of California?

Kerr: Well it had, there was a some technical way you could say it had a connection but...

Stokes: It had been taken over by the Regents some time or another.

Kerr: There was, I forgot Roger, there was some connection there, I don't know what it was. There was some historical connection but it really wasn't part of the University.

York: It was sort of like the Hastings College of Law only worse.

Stokes: But even less.

Kerr: Certainly less closely affiliated than Hastings.

Anyway, Steve Teale who was a very powerful man in the Senate (and the Senate controlled budgets not the Assembly) made it very clear, altho he was generally a very good senator and usually a good friend of the University, he made it very clear he was himself, was he not, an osteopathic doctor? Or was he an M.D. and was he a graduate of the California College of Medicine, I have forgotten ?

Hamburger: What was his name.

Kerr: Steve Teale.

Stokes: He came from Railroad Flat up in the Sierra some place.

Kerr: Steve made it plain that if the University of California was not interested in preserving an existing school it meant it didn't really believe in expansion. That the

State needed more doctors. That was his view and he had a lot of support, he had lots of friends in Sacramento. He was a very popular guy and it was not done in a real crude way, but it was sort of said if you want to add San Diego and you want to add Davis, you want to expand UCLA and San Francisco, you are going to have to rescue an existing "medical" school. While he did not really put it in personal terms: "But if you want me to fight the battles for you for this expansion, you have to show your good faith by saying you want to preserve what already exists. I mean you are really going to come out and say that this school ought to disappear, that an existing school ought to disappear while you're going ahead and establishing all these new additions?"

Line 1546:

So we had to take the California College of Medicine on at least not a "silver platter".

Hamburger: What was the name of the pathologist who also was very powerful politically and was pushing in the same direction? Do you remember him?

Kerr: Teale was the only one that I knew.

Well let me say there was a lot of pressure on the legislature, because they were organized and they had their friends, they had some contact with every member of the legislature.

Stokes: Was it really an impossible cause?

Kerr: They waved a magic wand and said from now on you will be MD's.

Hamburger: There were those who had a different agenda; they wanted essentially to coopt osteopathy by incorporating it into medicine, making all the O.D.'s become M.D.'s and tried to get the movement started across the country. Unless they got the whole country to follow them, it would fail, and it has failed. But that's another story. By the way, the pathologist whose name I forgot, became the Dean at CCM; his name was Warren Bostick.

Kerr: There were also aspirations in Fresno and the Regents in October of 1957 at Davis decided on three new campuses. They said there would be a fourth new one at Fresno as soon as the first three were established. The Fresno people never forgot that. Politically, the assumption was that they would also have a medical school there, Later on we did put in the Fresno area a Health Education Center, which was kind of my way of fulfilling that obligation and giving them something worthwhile. That's a whole, quite separate story with difficult politics involving Hugh Burns from Fresno, the Presiding Officer of the Senate and also head of the Young American Activities of the State of California which gave me hell, in every report issued over a long period of years. That was a difficult situation but had nothing much to do with this.

Hamburger: Have they tied in the Fresno program into the U.C. San Francisco Medical School?

Kerr: Yes, their program is tied in with San Francisco.

Let me say it took a long time to do it. In the midst of everything else that was going on at the University of California in those days with it's great period of change, reorganization and changing policies and new campuses and so forth, the medical area was one of our big concerns and it took enormous amounts of time to work these things out.

So the way was cleared for the UCSD Medical School. A couple of notations: there had been, whether an understanding or a practice, the California Medical Association would have something to say about the output of doctors and that local medical associations would have something to say about how many came out of San Francisco. For example the S.F. County Medical Association. I had to go through the process of saying that these were University decisions, they were not decisions of the California Medical Association or the San Francisco Medical Association. I discovered then and as I have learned later that the most effective lobby in the United States is the most silent one, and that's the lobby of the doctor of each Legislator in California and each legislator throughout the United States and each member of the House of Representatives and every Senator.

Hamburger: You are very wise because most people focus on the AMA and the millions of dollars it spends lobbying. As you said, the real power lobbying is the individual physician...but only

when they all, or a large majority agree on an issue.

Kerr: Anyway I discovered this behind the scenes, generally the California Medical Association was not favorable to expansion of the output nor were the local associations involving San Francisco and L.A. But the local associations as in San Diego wanted a medical school there so there was some conflict within the medical profession. That's a side thing but should never be neglected by anybody who wants to look at the history of medical education in this country.

Now, this was a period of time in which generally the universities were trying to break away from the control of the medical associations and establish their own authority over the medical schools. There was a period in which the dean of the medical school was more careful about "he", and they were all he's then, about how he got along with the local medical association than with the president of the university. That's just the plain absolute fact. So that was a matter on the side.

Now the San Diego problem. I can't say that the medical school was really held up, but Roger, we both bear a lot of wounds from this. The long debate involving the location of the campus made it harder to move ahead really with the plans here. It seems like it went on forever, I guess it was two or three years. But at every meeting you or I or both of us were fighting with Pauley and his supporters about where this campus was going to be.

Revelle: Until our famous meeting at Davis.

Kerr: The famous meeting at Davis where we finally won. But, let me say I never really understood why Ed Pauley was so opposed to the La Jolla site.

Revelle: He didn't want a campus here at all.

Kerr: He didn't want a campus here. Why was he so opposed to you? Or also why he later developed and was already becoming so opposed to me? But anyway I just don't know.

Revelle: But he didn't want a campus in San Diego at all.

Kerr: No, and he tried to sabotage the whole thing.

Hamburger: Was that on a personal basis or a philosophical basis.

Revelle: Philosophical.

Kerr: That I do not know.

Revelle: I think it was. I think his idea was that we should concentrate on Berkeley and UCLA.

Kerr: Well yes, but I had defeated him on that when I was Chancellor at Berkeley.

Revelle: He never gave up.

York: Yes, that's right, he never gave up on anything.

Kerr: Well, I remember at Arrowhead we had a meeting in

Line 1800:

which I proposed and Berkeley wanted to stop at 27,500, which we won. And he asked the question: "How many students can sit in the Memorial Stadium at Berkeley?" I said 83,000. He said I move that that be the size of the campus because I think that every student should see the football games.

No, I don't know Roger. That's a whole separate issue. But it did get entangled with the medical school here. He did not fight Irvine and he did not fight Santa Cruz.

York: But he kept complaining about the noise from Miramar long after we were even here.

Kerr: Well Miramar yes and this whole thing about Balboa Park and other impossible ideas and I don't know, I always thought he was somewhat involved in getting the opposition from the University of San Diego and...

Revelle: The Navy was less cooperative than it normally would have been.

Kerr: Well anyway I'm just saying in getting this school going that this debate, it must have been about 2 or 3 years was it? How long was it Roger.

Revelle: It was about 2 years.

Kerr: That's a whole separate story.

Anyway the location of the campus had an impact. I can't say you know how much it delayed the planning for the medi-

cal school. But it certainly did have an impact because we couldn't really get going on the campus until we had a location quite obviously.

Can I say just, with apologies, a couple of things which really relate back to Jim Arnold. He talked about the "us" versus "them." I spent a good deal of my life in labor relations and what people see as a battle between labor and management is really always three battles and the least important is what people see. There is always a battle between the union as to what they're going to ask for and what they will accept. Within management what they are going to ask for and what they will accept. And if there is a failure in the first battle that people see, it's because of what's happened in the battles internally on both sides. So...

York: That's true in national negotiations.

Kerr: That's true also. So then, in Berkeley, was not a unified group by any means.

Revelle: Who was it?

Kerr: It was not a unified group.

Revelle: What group was that?

Kerr: But then when he talked about us versus them, I'm just saying that it's always a mistake.

Revelle: I see.

Kerr: to think that whomever you chose as your opponent is unified. You have to be concerned about the disagreements within each of the parties. I never saw a labor management negotiation fail when there was unity within both parties. I only saw them fail when there was disunity within one party or the other or both making it impossible for us to get an agreement.

I say that because there was a Stull Report which I think carried some implications down here. If there was any report I'd endorsed Stull, if there was any report of Stull's that I accepted it escapes my mind totally.

Revelle: He was a Senator, wasn't he?

Kerr: No, he had been working with Jim Corlie. He was Jim Corlie's man on medical schools and hospitals. Let me say as far as I was concerned, as far as Harry Wellman was concerned, as far as the Regents were concerned, during my day, we always expected that the medical school would be on the campus and there was a site set aside for the medical school.

York: Still is.

Kerr: No, you said that the County Hospital was just like UCLA had used Harbor, just as a way to get started. There was never in my mind any questions about the place for a medical

school was on the campus. As a matter of fact, one of the things we were trying to do in San Francisco was create a kind of campus around it on the grounds that a medical school cannot be a good medical school all by itself, and I of course knew about the Stanford situation, of the millions that they spent moving it from San Francisco to Palo Alto. There was never any question in my mind or in Harry's mind or the majority of the Regents that the medical school should be on the campus; whatever temporary arrangements were made. Also there was never any question but there should be predominately a research medical school. This talk about I never heard this phrase before about middle class doctors for middle class patients. I've just never heard that phrase.

Revelle: I never have either.

Kerr: I don't know where that possibly came from. As a matter of fact during that very period of time...

Line 2000: Hamburger: I think that was Jim's characterization of, or a short way of saying what had appeared to us....

Kerr: But there were problems of perception and I've tried to tell you what my perception was.

York: Even "us" is not the same, because I didn't have that impression.

Kerr: I know and I quite agree that San Diego is not in total

agreement. Let me just say that at that very period of time that this was going on I was involved in a horrendous battle involving the San Francisco Medical School. Which had been heavily tied in with the local medical association, not really part of the university. A change of leadership there, in the direction of a research university...

Revelle: What year was that?

Kerr: That was going through over several periods of time. About 1960. It began about 1960.

Hamburger: Was that when you got rid of John Saunders?

Kerr: Yes, we got rid of him later on, but it began much before that adding Cobro and Dunfy and Holly Smith and so on and so forths who represented the new wave. And I eventually sided with the new wave but there was extremely, and to this day I am condemned all around the world wherever the previous Chancellor goes for what I did to him and for the medical schools. As a matter of fact it was generally rated about 25th or 30th in the country and now it is about third

(MS=2054)

Line 2059: or fourth.

Line 5:
(Was line
2005, now
is 2061 &
MS=2056)

Revelle: It has been transformed.

Kerr: It has been transformed, it's been totally transformed. But, anyway, I just say that at the time that this school(UCSD) was being built I was involved in what was the great battle involving the medical school in the United States to change it's orientation and research direction. So aside from saying that we were oriented toward medical schools with a research basis, I prove that. Probably beyond what any university president in American history, in recent times, has ever had to prove.

One additional thing, and that is about the cost. The first presentation made to the Regents on cost was 25 million dollars. And then we got a presentation some time later where it had jumped all of a sudden to \$125. Then, \$125 million constituted about 1/2 billion now. That was not an inconsiderable amount of money and we were creating new campuses during my period of time. The size of the university went up 2-1/2 times over. There were many many demands, good demands, for the use of money. There was a legitimate question about cost which had nothing to do with whether or not there should be a research orientation to this medical school. It had really nothing to do with the eventual location. A half a billion dollars today in the University of California for UCSD would be an extremely major issue. If anything it was more of an issue then because there were so many other things that had to be done in a very short period of

M.S.
Line 2100:
(line 50)

time.

There was a short period of time in which the modern University of California could be built.

Revelle: Window of opportunity.

Kerr: It was a window of opportunity. And we were just going absolutely all out to build what I think is the greatest university system in the United States and that period of time there were enormous demands. And when you're moving forward expectations are high, not just in San Diego but every place. Expectations were being disappointed all over this University. But when we got huge amounts of money they were not infinite, as a matter of fact, as Roger well knows, the San Diego campus was favored over all other campuses.

Revelle: I didn't know that but I...

Kerr: Well, for example, everyone else was recruiting at the assistant professor level and I was giving you all of those over-scale appointments.

Line 100:

Revelle: We had very few over-scale appointments.

Kerr: Well you got a lot of full professor appointments

York: Well, Clark you may be a little wrong, a lot of that happened after I became Chancellor.

Kerr: That came in too. That came in too. And I was taking

heat from all of the other campuses in the University. My basic belief was that the third great research University in the system was going to be in San Diego. That it deserved special treatment.

Revelle: We certainly got that.

Kerr: You certainly got special treatment. It deserved special treatment. You had the basis of Scripps to start with. This was the third big population center of the State. It was a good area in which to recruit faculty members. It was off to a good start and so I just like to say that there was a real cost problem and it was somewhat exacerbated by the fact that we were doing better by San Diego in terms of faculty to student ratio, in terms of new appointments at the full professor and over-scale level than any other campus. So the half a billion dollars amounted to an awful lot in and of itself given to the campus that was being favored in other ways. We had already declared that it was to have the third great library in the University, although John improved on that later on. So I wanted to make those comments on how perceptions can differ, from a local point of view and a more systemwide point of view.

Hamburger: The number 125 bothers me a little bit, I'll have to call on Joe's memory. But I recall a 62 or 63 million dollar budget that Joe and I prepared, how did it get that high, up to 125 million dollars?

Stokes: No, what we wanted was equivalence with UCLA. We had a figure of 62 million dollars and when we translated it into 1965 dollars, it came to over 100 million dollars.

Galbraith: It came to 126 if I remember correctly rather than 125. 126 million!

York: I remember it as being a million dollars per student.

Kerr: And of course that hit the Regents and I was the one that had to sell it to the Regents, no one else would. I had to sell it to the Legislature and to the Governor and to the other campuses, nobody else would.

Revelle: Was that the way it actually came out?

Kerr: It didn't come out that much. No. It came out to less.

Line 200 Stokes: It paired back substantially. I can't remember.

Galbraith: It wasn't anything like 126.

Kerr: It came out to what, 75 or 80, something like that. But it's against the original plan which the Regents remembered of 25 million dollars!

Hamburger: 26 million.

Kerr: 26 million. Anyway it was triple. It ended up being triple what was originally indicated.

Revelle: Without the hospital.

Kerr: It included the hospital.

Line 228:

Revelle: We upgraded that actually from 25 to 35 as part of the plan.

Kerr: So anyway it took much more, but it's not a story that at least I could tell more quickly and be fair to the history.

Hamburger: Imagine if you could have had that perspective at the time. That's how "we" and "them" gets to be "we" and "them". We don't know what "them" is having to deal with. What their problems are.

Stokes: It was perfectly clear that if there was an enemy at Berkeley they were rather benevolent.

Revelle: This cost of 75 or 76 million that was including a hospital on the campus that never was built. What happened to their costs since then?

Stokes: I haven't gotten a recent counting.

Kerr: Well try to remember that there was a change in governship and budget and so forth and in a lot of the plans.

Revelle: I'm not arguing about the later changes.

Kerr: What was accepted then was about 75 to 80 million dollars and with a hospital on the campus at UCSD.

Revelle: And then it was cut down because a hospital was

never built?

Kerr: Because the governor changed ...

Revelle: Plans get upgraded and downgraded. The other things maybe got more expensive.

Hamburger: We're all trying to ask the questions: How much was spent? And whether there was a hospital on campus.

Revelle: That's what I was asking, How much was spent?

Line 300:

Stokes: I haven't done a recent accounting as to what the full expenditure was, but certainly there were at least two major elements that got cut out. That is a campus hospital and a major clinical science building which was deleted, which finally did get funded but mostly by the federal government.

Hamburger: And it was cut in half. Half built here on campus and half put downtown across from the County Hospital.

Stokes: But the changes that went on after...getting back to what Clark was saying, however, about the reduction of expectation, the most destructive feature that I ran into because of this was in terms of legitimately raising expectations in the recruitment process of Braunwald, Orloff and so forth. Then having them realize, suddenly, that their expectations were unrealistic and then having me in the position, well you know, when that came about the focus was on me in terms of: "You led me astray." This gets back to

the same kind of "enemy issue" that we have been discussing.

Revelle: What was unrealistic Joe?

Stokes: Well that I, for instance, just to move from capital outlay into the FTE, the faculty buildup, we did have a figure that we thought was a firm commitment from the planning process for 310 FTE which was an equivalency of the UCLA faculty size.

Kerr: The commitment was a Regents commitment.

Stokes: It was a Regents commitment, exactly. And I went to work with those projections in my recruitment process. And then very quickly it became apparent to the people we recruited that those were unrealistic expectations. That we had to pare back. And that paring back process is a painful one for everybody concerned and it created pain, it was painful for me as well as the chairs.

Revelle: That was based on the number of FTE's.

Stokes: Yes, based on that 320 FTE planning figure. I just will throw in something regarding Ed Pauley, too. I had never even heard of Ed Pauley before I walked into my first Regents meeting at Santa Barbara. But I can remember the room very well. As I walked in he was sitting with a cushion behind him and he had that secretary that was always pandering to his needs and so as I walked in the room he scoured me. Here was a new face. I could see him and his

eyes followed me all the way across the room to where I sat down. Then I could see him turn to his secretary: "Who's that?" Then immediately she scurried around and gave him a capsule summary, which wasn't just a 10 second capsule. She talked to him in his ear for a minute, describing me. I mean he just was the consummate heavy-handed political figure.

York: Well, he thought he owned the Universities. He had been Chairman for a very long time, but he thought he was the chief operating officer.

Stokes: I was not born at the age of 39. I had never encountered characters like him directly before and that was part of my...

Kerr: His predecessor Dixon...

Revelle: Nixon?

Kerr: No, Dixon had been as a Senior Regent, you know the Chairman of the Board and Ed thought that he was inheriting that. As a matter of fact Ed Dixon, as Chairman of the Board, was also the President for the Southern Campuses particularly UCLA and Sproul had been completely cut out. One of my troubles with Pauley, I know, I had them too Roger, was that I got the Regents to vote that the term of Chairman was two years. And I also...

Hamburger: Chairman of the Board of Regents?

Kerr: Chairman of the Board of Regents was a two-year term,

not a permanent one and that also the President of the University was also President of UCLA. Also he claimed that there was tradition that anything vetoed by the Senior Regent would not happen. And I persuaded the Regents that was not a good rule. So I know why, Roger, I never quite knew why Pauley disliked you, but I knew why he didn't like me. But he was a powerful character.

York: And determined.

Revelle: He not only had power but he was eager to use it. I think my break with him came in a very funny sort of way. I was one of his favorites until toward the end. He organized a polar bear hunting expedition in Alaska or north of Alaska, he asked me to go on it, but I chickened out. I didn't want to hunt polar bears. Didn't believe in it in fact, I thought it was a bad thing to do. After that we never had a very comfortable relationship.

York: He probably thought that you were unmanly or something.

Kerr: Well, he had a polar bear rug in his living room and I always carefully walked around it. I never set foot on that polar bear.

Revelle: He finally got George whatever his name is who is president of the California Academy of Science to go instead on this polar bear hunting expedition. He was a naturalist. Anyway, I really do believe that was a turning point

in our...I used to go out...Ellen and I used to go out to
Line 500: the Coconut Island regularly before that.

Hamburger: You and he had no particular crossing of swords? I understand it if, with a powerhouse, you take anything away from them, you have an enemy. What did you do? Was it just not going on a trip or did you really cross him on something important to him?

Revelle: Oh, I crossed him completely on the campus location. That was a Pyrrhic victory. However, it was a damn good thing to win on.

Kerr: It's was good thing to win on, yes.

Hamburger: Where did he want it? In Balboa Park.

Revelle: He didn't want it at all.

York: Not here. And so he would raise what were probably phony alternatives of putting it in Balboa Park but the supposition is he knew it couldn't possibly happen in the park.

Hamburger: I see. So he didn't want San Diego at all? He didn't want a campus here at all.

York: That's what we all think. And he made that evident in so many ways even after the decision was made and after I was here it was still all this stuff about the noise from Miramar and the danger from Miramar. And he didn't like it when I produced a map that showed the relationship

between this campus and Miramar is the same as between Columbia University and La Guardia . You know, where there are even more flights so that if it's dangerous...

Hamburger: It would be times ten there.

York: And then I had noise measurements made on the campus and it turned out that the big noise makers were ... just measuring noise you get these big spikes of noise. You have to have somebody there writing down what each spike is due to. And the big noise makers were lawn mowers and things like that.

Kerr: You said you won a Pyrrhic victory. From your point of view it was a Pyrrhic victory. From the point of view of the campus it was a clear victory. I won a lot of Pyrrhic victories from a personal point of view versus Ed Pauley, but they were all clear victories from the point of view of the University.

Revelle: This is really not, perhaps, part of the medical school, but I do have one regret about this location and that is there isn't any cheap housing around or any commercial centers. But we could have been like a Telegraph and Bancroft or Harvard Square.

Kerr: We have talked much about that Roger, and you tried to make some provision for that which was turned against you by Pauley.

Hamburger: Do you have a statement which you would like to make, Roger?

Revelle: Well, I don't have much to say but I'd just as soon say it now.

Hamburger: All right, good. I'm going to move the microphone a little closer to you.

Revelle: I really was not involved with all of these events that Clark and Joe have been talking about and Bob and Herb. Because I really was not involved with the campus after 1961 although I was still officially director of the Scripps Institution. But I do very well remember David Bonner, and he was about the easiest guy to recruit that we ever had to recruit because he really wanted to come. He saw this as a marvelous opportunity to do something that was great and fine. I, of course, was thrilled to pieces that he was so enthusiastic that very first day, the very first moment that we talked to him. And I think he brought you out with him didn't he, Bob?

Hamburger: He came back to New Haven after meeting you so turned on, so excited about La Jolla, that he could hardly contain himself. We decided you were the best recruiter in the world. Yes, he did invite me come out here with him.

Kerr: Which, as a matter of fact, was the case.

Revelle: Well I didn't have much trouble with him. All I

had to do was say your welcome. But, he had some ideas and I think I had most of the same ideas, namely that the medical school be an integral part of the campus and not a separate institution. I had some experience in 1961 on that problem, I was asked to become Chancellor of Washington University in St. Louis. I spent the summer turning it down because the Chancellor there was a guy named Ethan Allen Shepley who was an absolutely marvelous man, very persuasive. Talk about a good recruiter. He was such a tower of integrity that you couldn't turn him down. But I did finally. And the reason I did was because of the goddamn medical school which was the

Line 678:

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Stokes: Tail wagging the dog.

Revelle: tail that wagged the dog. The chancellor had no power, the power all rested in the medical school. Which is much bigger than the rest of the campus and separate from the campus, run by a guy named Edward Queeny, the president of Monsanto. So that the medical school on the campus was something that I felt strongly about right from the very beginning and David did too. We felt that the teaching should be integrated between the medical school and the academic faculty. Insofar as that academic teaching is concerned, not the clinical teaching. And I guess that is the way it actually started and more or less still is. We worried about the San Diego medical community who thought, of course, that they would in fact run the medical school and be

the faculty of it as it had been true in many other places. David, of course, thought that was absolutely ridiculous. The only thing to do with the San Diego medical community was to keep them at arms length, as far away as possible.

Hamburger: He knew that both personally intimately and professionally because of his own health problems, you know.

Revelle: Yes, I suppose so. Not that the medical community here was a poor one but they just weren't, they just had no idea of what a university medical school should be like. We wanted, of course, to have a hospital on the campus and the way I remember that was that I talked mostly to Harry Wellman about it, not so much to you, Clark, and Harry's position was that we essentially couldn't afford to build a hospital when this was a free, or looked like a freebie. The County Hospital looked like, in fact Harry I think felt that this is what insured having a medical school. He was very much in favor of having a medical school here, but he didn't quite know whether the Regents would stand still for it.

Line 750:

Kerr: No, and the Legislature too.

Revelle: And the Legislature too. But with this County Hospital being free to the University.

Kerr: I really wasn't involved in those conversations. I had my personal doubts about, well, the problems Davis got into too, it's better if your going to run your own hospi-

tal.

Revelle: There's no question about it, but I'm just pointing out that Harry was always a practical realistic sort of a guy.

Kerr: He was. He was.

Revelle: He felt that to get by the Legislature and the Regents that this was a great plus, having this free gift of this County Hospital. And still in fact we never did build a hospital here.

One of the things that I think that David was lacking, in his thinking, was what kind of students we were going to turn out, what kind of doctors they were going to be. He never was much concerned with what kind of doctors we were going to produce. He was thinking primarily of producing biomedical researchers, in particular, biological basic medical researchers. And I don't think it ever crossed, at least it never crossed his tongue it may have crossed his mind sometime, what the teaching purpose was of the medical school and of course that was, and still is, a kind of a central problem of a medical school. What is the product? The product has turned out to be an American medicine specialist specialist and the more specialized the better. The alternative is, of course, the old-fashioned general practitioner. If David thought about it at all, he would certainly would have thought the old fashioned general practi-

tioner was just exactly what we didn't want to have at the University of California in San Diego.

I think that there is some reason now to believe that good medicine involves both the mind and the spirit as well as the body and that a doctor who really thinks about the whole person, instead of just about somebody's liver has a very important role to play in maintaining the health of the American people. But that was not something that David really had much concern about at all as far as I can make out. I think that, looking at it from a distance it seems to me that the Medical School turned out very well indeed considering the various kinds of difficulties, cost difficulties and local community difficulties, the jealousies of other parts of the University and various other things that happened. One of the things that I think made it happen is that, oh, this is just an opinion without much documentation, the transformation of the San Francisco medical school made a lot of difference as far as this place is concerned because that became so darned good and so research oriented that it changed peoples' thinking about what the University of California's medical schools could be.

Hamburger: It was in a state institution in particular.

Revelle: Yes, exactly. So that we owe a lot to both UCLA and Berkeley, or UCLA and U.C. San Francisco in terms of the emphasis on quality and the emphasis on, well more than just quality, on the whole understanding of originality that I'm sorry

to say that I couldn't really contribute much to the development of the place because I wasn't here.

Hamburger: No, but I think in understanding the origins you are contributing exactly what we're looking for.

Stokes: On that point, although I think it was 3 or 4 months after I got here before I met Roger because, as he said, in 1964 he was spending a lot of time away, his name came up even before I came here for my first visit. In other words, Roger was in the early days, before Herb came, the real spiritual leader of the campus, no question about it and you weren't really referred to as a demigod, but pretty close.

Line 909:

Hamburger: He had large feet, and a brain to match.

Revelle: Let me just throw in an anecdote which isn't entirely off the point regarding Harry Wellman and the school at UC Irvine, which is eventually where the California College of Medicine ended up. I'm sure Mellinkoff was absolutely appalled by this process and after it was proposed he called me and said couldn't you call up Kerr and have us go up and appeal the point. You may have forgotten.

York: Appeal what point? I don't know.

Revelle: The California College of Medicine had been accepted as Clark Kerr indicated and also the idea of it being transferred down to UC Irvine, a transplant and turning a cabbage into a rose by snuggling it up to a nice rose

garden was the strategy which had been settled on. That may be a little crude as an analogy, but anyway, so I did indeed call up your (Kerr) office and you shunted us off to Harry as you usually did, for good reason. So we went up to meet with him. I must say this is where Harry's great qualities came forward because we all left that room satisfied even though we entered it adamant against moving it to Irvine.

The technique that Harry used was to draw the analogy between UCLA and Berkeley's reaction to the starting of the UCLA campus which he was old enough to recall. So he immediately turned the argument right around to Sherman and said "Well, I think the California College of Medicine can go through much the process that UCLA went through."

Kerr: Having been a teachers college.

Revelle: After being a teachers college, right, and with that everything collapsed and we left. Harry was past master there.

Kerr: Of course he was. I was only really involved with that you know when it came to the Legislature and the Regents, but I also dealt with this fellow Henly. I did the negotiations with him. Harry handled the rest of it, but...

Hamburger: Who was Henly?

Kerr: A man by the name of Henly, or was it Henshaw?

Stokes: Was it Henley or David Henshaw?

Kerr: Something, whoever he was, the one thing that negotiating with him, (and I had to be kind of nice to him) was that we were taking the school, but none of the property and almost none of the faculty. We took the name.

Stokes: I think eventually you only took 8 or so, professors out of the entire faculty of over 200.

Line 1000:

Kerr: Yes. That's right, but I negotiated that we would take the name and that he could have the glory ever after for what he had done. But, we wouldn't take the faculty with a few exceptions of our choice.

(MS line 3066)

Line 5 (MS=3067)

Hamburger: Can I read you one page of the oral history, by Harry Wellman, relevant to some of the points you just made? I'm going to start right in the middle of a page.

"Roger Revelle was appointed dean of the School of Science and Engineering in addition to his appointment as director of The Scripps Institution of Oceanography. In 1959 the Regents accepted a gift of 450 acres from the City of San Diego and a gift of 500 acre Camp Matthews of a World War II, U.S. Marine Corp installation from the Federal Government as a site for the general campus. Revelle served as Chief Campus Officer until February of '61 when Herbert F. York became Chancellor."

Then there's a paragraph that deals with Wellman's role in establishing the UCSD School of Medicine.

"The segment of the San Diego Campus in which I probably spent more time on than any other was the medical school. On the basis of a comprehensive report by the University Administration and urging by the State Legislature and the Governor, the Regents approved the establishment of a medical school at San Diego in February 1962." (So you were right, Roger, it was approved after you had left.). "We in the Universitywide administration, wanted a well balanced program of teaching and research, not overweighted by either, and I think that also was the intention of the Regents. However, influential faculty members on the San

Diego campus wanted to create a medical school with the same strong research orientation as was being developed in other areas of the campus. Training of medical scientists rather than of practicing physicians was their primary aim. The person who exercised the most influence on planning the academic program of the medical school was Professor David M. Bonner, Chairman of the Department of Biology, and a world famous Biochemical Geneticist. He had firm convictions on the type of medical education that should be offered at San Diego and he was very persuasive in presenting it. The Dean of the Medical Center, Joseph Stokes, III, and the initial faculty of the school concurred with Bonner, Chancellor York apparently also concurred with Bonner, although at the meeting of the Regents at which the establishment of a Medical School at San Diego was approved, Chancellor York stated that the major emphasis of the School would be on the training of practicing physicians, not on medical scientists." (So, he confirms your earlier statement, Herb.)

York: But that must have been my answer to a question. I don't think that's a point I would have made unless there was a question, either specific or else strongly implied.

Hamburger: A question like: "You people going to just turn out scientists down there?"

Stokes: Several Regents pressed that point.

York: I don't remember that very clearly, but that's probable.

Stokes: It sounds like the answer to a challenging ques-

Line 1124: tion.

Hamburger: It's a safe answer because every medical school in the world turns out more practicing physicians than clinical scientists; 85 to 90 out of 100 physicians. Well, I'm going to skip the next three short paragraphs...

Galbraith: Is this his memoir or what?

Hamburger: This is an oral history by Harry Wellman.

Revelle: I wonder made when?

Kerr: Several years ago.

Hamburger: It's 150 pages long and San Diego only gets 2 of those pages.

York: But obviously it is referring to paper because he wouldn't have remembered that I made that, I mean that statement that's starts although Chancellor York...

Hamburger: I have forgotten the name of the woman who is doing that oral history program? In fact she is still on campus here at UCSD this week.

Well, the point I wanted to make from his oral history was that John Galbraith and Robert Byron submitted their resignations.

Revelle: Who did?

Hamburger: "John S. Galbraith and Robert A. Byron submitted their resignations as Chancellor and Vice Chancellor of Business and Finance." I skipped the part about the 120 million dollars we just heard about that. "Their resignations were entirely unexpected by President Kerr and me." He goes on to say that he had no idea that anybody at San Diego felt that they weren't being given complete autonomy by the President and the Vice President. He was shocked to discover that they had a different view, that's the "them" and "us" again.

Revelle: What did they resign about?

Hamburger: Yes, the money. He states, "...the interference with the budgeting and placement of the campus..."

Kerr: Actually, I say it was about the library.

Hamburger: That's what I remember. That's a different story. It's a whole separate story. Will we get to hear about that later?

Galbraith: Not directly.

York: No, no, but he attributes it to the Med School. I asked John about this the other day.

Galbraith: The money for the med school?

York: Yes, oh yes.

Galbraith: He's wrong about that.

York: Well, that's why I asked what this memoir was, because, I mean, nobody's memoirs are ever correct.

Galbraith: That's the trouble with oral histories if I may say so, some people don't remember....

Kerr: There is always more, I've had a lot of experience with it, myself, and one of the things that I learned is people always made it more logical than it was. I think that they do it for a good reason. It's like deliberately creating an amontic to help you remember something. It is in fact what your own mind does in order to remember these things, it creates an amontic which consists simply of the whole thing being made to be logical.

Hamburger: Our memory prefers us to have been logical. Let me read the two paragraphs which I left out. "The over emphasis on research led to an extreme request for capital outlay funds that is extremely large in Kerr's opinion and mine. As I recall the total sum requested by the campus for buildings for the Medical School came to \$120 million. I could not justify anywhere near that amount. Kerr agreed with me. Chancellor Galbrath supported the Medical School's request of around \$120 million in capital outlay funds. This was the main disagreement other than the extent of decentralization which Galbrath and I had. I made several trips to San Diego to listen to the campus' presentations, they did not convince me." And then he goes on "In mid-February, John and Robert resigned".

So, his view was, that that was a major cause of your discomfiture.

Galbraith: As somebody who was reasonably close to the events I can tell you it had nothing whatsoever to do with the matter of \$126 million.

Hamburger: Why don't we have Herb begin his statement. Can we get back on schedule by going right through lunch?

York: I don't have a statement to make. I think, though, given what I've heard, I'd like to start with a somewhat long question. What I distinctly remember,

Clark, and I think that this is one of those, the nature of this is one of those things where you're likely to remember it correctly, in that during that period when I was appointed by the Regents (in February) when I actually showed up, which was about late May, determined by when Harold Brown replaced me in Washington, we talked, I think, on the telephone and you asked me two questions. One question was, I'm

not quite sure how you put them but, one was: "Do you agree or do you feel that the name of the campus should be University of California at San Diego rather than University of California at La Jolla? I said I thought it ought to be

Line 1332: University of California at San Diego, I was well aware of the fact it was the people of San Diego, not the people of La Jolla, who made the arrangements, voted the land and so on. The other question was: "Should there be a medical school?"

Now, by question...

Hamburger: What year was this?

York: Sometime in the spring of 1961. The second question was should there be a medical school. So the question is, to what extent was that a question? I mean, you know, I've learned this morning that there was, I knew there was previous considerations, but listening to Roger and the rest of you, there was a lot more that had happened than I was aware of. I remember your asking me the question "should there be a medical school." I also remember the impression that there was, you know, only one right answer; which was "yes". But was it a question still, and maybe it was because if the Regents didn't decide to do it until the following...

Kerr: Until a year and a half later.

York: So perhaps there was a question. But, to what extent was it still a question in the spring of 1961?

Kerr: I'd have to go back a little to recollect. I think by that time we had pretty well made up our minds. We had made up our minds.

Revelle: Just testing you.

Kerr: I was trying to find out - see there had been around San Diego some idea of this Institute or whatever it was, "School of Science and Engineering". There was an idea of keeping the place pretty small on the part of the faculty,

the Scripps Faculty. You remember that, Roger?

Revelle: Yes, sure.

Kerr: So in resistance to the idea of a big campus, in fact I got taken over the coals quite a few times by various people about making this a general campus. Roger and I always agreed, but there were a lot of your people who didn't.

Revelle: Lots of the Scripps people.

Kerr: There was also some who felt in particular, we don't want any professional schools around here. Now since we had in mind, if I can reconstruct it as best I can, thinking of the spring of 1961, there was going to be a medical school here. But you didn't want to get a Chancellor who didn't want one.

York: But it was already too late.

Kerr: Let me say also, Herb, there was a very real question, you know generally...

Hamburger: You could have brainwashed him, you know.

Kerr: You know that half your problem is going to be the medical school. When running a campus, that's where half your money goes and that's where half of your problems come from. If you're going to have a medical school some place you don't want a chancellor who thinks "My God, do I have to take on a medical school to run, too?"

York: I remember hearing from you that joke that I have

since heard from other people about the University of Hell in which somebody is appointed to the Presidency of the University of Hell and he says that's not bad, I was the University President in mortal life. Ah yes, but the University of Hell has two medical schools.

Kerr: It would have been a real question at that time, whoever was going to be the new Chancellor was willing to take on the problems of starting a new medical school. Which at least doubled the job that the Chancellor had as compared with the campuses without medical schools.

York: It's about equal to everything else put together.

Kerr: That's right.

Hamburger: This medical school, I want to record and I'm
Line 1480:still here and still very active in it, does not dominate this campus to this day. And it has the faculty to do it.

Kerr: But in terms of administering, there's a whole separate series of rules and regulations and geographical time and all of these other things that you've got to decide upon that are completely different from the rest of the campus.

York: That's what I meant and it takes half the budget.

Hamburger: Our present Chancellor goes crazy with dealing with the U. Hospital and his Medical School. I agree with that. What I meant was that it had not taken on any

kind of dominant or dominating role in campus affairs.

York: I will just say briefly what I recall from the two different times that I was Chancellor. The first time I was has pretty well been covered by Jim Arnold and by comments that have been made in response to him and by Roger and Clark separately and so forth. I do remember it as being basically a pleasant and exciting part of my work here. A minor part, not even half my time though maybe it should have been. My recollection in working with them up at Berkeley was one of very little conflict at all. I mean only the usual sorts of questions were always coming up. I have already commented and so have others with regard to the question of internal discussions with some arguments about the nature of our Medical School. But I never had any argument with regard to either questions of research or questions of quality. But I did have the feeling that most of the people here would have had Biology and Chemistry play a much bigger role and more nearly exclusive role than I thought made sense. So not to question research and not to question integration with the campus, I think we are all in agreement here and there didn't seem to be and I don't remember any dispute with Berkeley. But the people here were either all chemists or biologists and you know I do have this recollection of somehow finding a fixation on that point. So, I had no problem with the fact that they should be included as something very very important, but that it should not be exclusively somehow a tail wagging the medi-

cal school; it should not be just the tail of some kind of a large biochemical genetics department.

Hamburger: That was incidentally a common theme that we heard concerning Dave Bonner. That is that he really wanted to have such a powerful Biology Department that it ran the Medical School. Which was certainly not true.

York: Well, wait a minute...I don't know...well, I don't recall it in terms of one person wanting to dominate everything. What I meant was that that element somehow singularly played too great a role.

Stokes: Herb, I remember you and Dave going at it several times. There are a couple of comments that I can recall you making. One is reminding him at one point that after all, the grants are made to the institution not to the principal investigator and another one where you said that the NIH, your friends described the NIH as the one remaining pork barrel in Washington, still in the hands of the pigs. I've told that story several times since. Now at that point, Bonner just hit the ceiling. So the two of you were going back and forth at each other even though at the time I got here you already offered your resignation and were on the way out as Chancellor.

York: Well, I have often been in situations where I had very strong arguments with close colleagues whom I respected greatly so I don't remember that as being a negative

feature.

Hamburger: But, you have some of the quality that Jim Arnold was attributing to David, and that is that you too, enjoy a good fight as long as it's clean and straight and intellectual.

York: What I remember from the second time, though, is really something entirely different. That is dealing with a going Medical School and in fact, you mentioned, Bob, the present Chancellor's distress with these extremely difficult problems; for example about how faculty members were to be paid. I really never quite got around to it the second time. There seemed to be a whole series of ways which had been invented to pay medical faculty more than what the official paper showed the salaries were.

Hamburger: In order to not have the public know.

York: From various kinds of sources. From research and so on. A lot of things that were absolutely disallowed on the campuses generally and you know my dealings with the Dean during that particular almost 2 year period were sort of dominated by those issues. You know my trying to understand in the case of certain particular appointments how on earth this appointment was being put together from 7/11 of a professor's FTE, etc. It consistently added up always to more than one and I had real problems with it.

Hamburger: Which Dean were you dealing with?

York: Grobstein, and I think, I'm not sure that I'm right, but I think that Cliff was Dean the whole time that I was Chancellor.

Hamburger: But you know something you just mentioned, Herb, reminded me, that David did have intentions of taking over Marine Biology, didn't he?

Revelle: No, he didn't. Not that I know of. He thought Marine Biology was hopeless. It wasn't a real subdivision.

York: I never thought of him as being imperialistic, but somehow you can either say narrow-minded or a zealot with respect to the roles of Biochemistry and Generics.

Revelle: He was against having a Department of Zoology or a Department of Botany or a Department of Marine Biology.

Hamburger: That's exactly right, he wanted one Department of Biology. They wanted his department called Molecular Biology, but he would have no part of it...much too narrow for him. He wanted Biology and everything related to come under Biology including a good piece of the School of Medicine.

York: But even there, there was still a gap, it wasn't as if everybody was welcome. I mean people who were essentially non-molecular would specifically not be welcome. So it really wasn't Biology it was Biochemistry and Genetics called Biology.

Stokes: Called Biology, that's the point.

Revelle: He had very little truck with ecology, for example.

York: Basically the way that I think the way David would have justified this, he would have said he was interested in "good" Biology.

Hamburger: That was today's Biology, not classical Biology.

York: And that ecology was an old fashioned backward subject. Environmental Biology in general was passe.

Hamburger: Jim Arnold went in to that quite a bit on the main tape. I didn't use it.

York: Bob, in order to get much more out of me you have to stimulate me with specific questions and I'm not even sure that will work. I think I will do best at responding to what other people are saying.

Hamburger: Well, I have some specific questions but I think that I will save them until after lunch or during lunch.

York: It may sound mushy from time to time.

Hamburger: Let's get our plates and our glasses and bring them over here and keep on talking.

(MS=3825)

Line 763:

(MS=3822)

Stokes: When we walked together that afternoon and really developed a close rapport ... it was just a nice feeling generally. I'll say some things in my opening remarks in terms of the congeniality of that period when I arrived in

72

'64. It was still very much "one" campus and the Scripps faculty and the kind of faculty that was developing up here. We ate lunch together, often down at Scripps and I have never before or since really had the sense of talking regularly, daily with people in other disciplines and certainly outside of the medical school. It had never occurred before. It was a very special kind of period. With Herb's background in physics, we talked as much physics as we did medicine.

Revelle: Herb loves to walk.

Stokes: Yes, he had been told to walk by his cardiologist.

York: I still do.

Stokes: Anyway that's a good time to talk with him.

Revelle: One of the things that I would like to know is how you got to be appointed Dean?

Stokes: I'll tell you that.

Line 308 (MS=3870)

Line 5:

(MS=3872) Hamburger: Would you like to go ahead and start with your presentation, Joe?

Stokes: All right. Well, since I had time on the plane, yesterday, I have written out some remarks which I am going to leave with you so you can have both oral and written remarks. But I think I won't read them since we have been over a lot of this material already let me just comment from what I've written.

I came to be appointed Dean as a compromise candidate after others wouldn't come. They had tried a fair number of times, looking at several established deans, and I think that Dave in his zealous involvement had scared off people like Glaser and additionally the salary was miserable. It barely matched what I was making as essentially an Associate Professor out in Hawaii. It was only \$25,000 a year.

Revelle: Were you at Hawaii?

Stokes: I'll describe that in a second.

York: That was the Chancellor's salary at that time.

Stokes: That's right and it was limited by that and as a result most or almost every Dean in the established schools was earning at least half again as much as that. So it was a tough job too fill and also Sherman Mellinkoff at that point was sort of Chairing the Recruitment Committee or looking around for candidates. He thought of me because we had known each other well in our Hopkins days.

Revelle: He was not here on this campus.

Stokes: No, but he was Chairing at that point, essentially a search committee.

Hamburger: He was Chairing our Advisory Committee which also served as a Search Committee for the Dean.

Kerr: He was at UCLA?

Stokes: He was the Dean at UCLA. He was already by then, I would say, the Dean of Deans at U.S. medical schools. Deans tend to be in a revolving door.

Hamburger: He is now the longest serving Dean in the U.S., isn't he?

Stokes: Oh yes. He is absolutely. But even then he had already established himself with a fairly long track record. So he was a major figure, he also was tremendously shrewd. So I was working, at that point I was running a research study out in Hawaii to find out why the Polynesians were so sickly. I got a telephone call one morning as I was in the clinic seeing a patient and Mellinkoff was on the line from UCLA and I hadn't talked with him for, oh I think a couple of years at that point. So he got on the line and said might I be interested in coming to UCSD as the first Dean of the medical school. And I really thought of him as crazy. I mean I wondered about his sanity at that point. Because I had never aspired to a deanship, I mean when we grew up at

Harvard an assistant dean was a mouse training to be a rat. And there really was a strong prohibition against getting into the administration among the faculty that I still communicate with.

Revelle: Everywhere in the university.

Stokes: It was not an appealing idea, so my first reaction was "no" and finally he persuaded me to come. And I was completely captivated by Bonner and Company when I came. I got caught up just as much as Dave Bonner caught up when he came to see you. I just got very enthusiastic about the job and it was by then Fall. There was six month gap between my first visit and the final call from Herb, but in the Fall, about October of '63 and then even after the offer I didn't say yes right away. I talked with Glaser, I talked with Barry, who was then Dean at Harvard, as to what the job was like and to ask some people who knew me very well as to whether they thought I could do it. Some of the answers were not very positive. Some of them thought I was too nice of a guy; and I really had not enough experience with the sharks and all of the recruiting and planning business.

Hamburger: That was my position.

Stokes: Yes, and then Bob....

York: That was your position?

Hamburger: I thought he was much too sweet. We had a very

tough group of people around here and I had never seen anything like it back in New Haven. I thought that we were going to need--in fact, for my own department, Pediatrics, I found it very hard to find a tough pediatrician, we tend to be soft-touches ourselves. I searched very diligently to find someone who could stand up to the "tiger sharks" on this campus. I found Joe to be an awfully nice guy.

Revelle: There was no medical faculty, you were the first faculty ?

Stokes: Oh yes, Bob was here as the only other M.D. on the campus and even he didn't have a full FTE position at that point. So I was the first physician and it was a rare period at that point because of the congeniality that I encountered at that time. There was a sense of unreality in that there seemed to be initially very few problems.

As I recall it, the first year we turned back \$750,000 of the money set aside for planning by Harry. We couldn't spend it all and Pat Brown was the Governor and things were - (Ronald Reagan was only a cloud on the horizon at that point.) - very positive at the beginning. There was only a five month period between the time that I came and Dave Bonner died.

Line 212

(MS=4080)

Revelle: What year did you come?

Stokes: I came January 1, 1964 and he was dead in May, I think, of that year; and so it was a very brief time. Herb was still Chancellor, but they were doing a search for his

Line 270

replacement. John was being considered and others. So it was during that time that we did a lot of planning in terms of trying to work out the "interdigitation" process. I was essentially felt, not caught, but very much in terms of what I had to deal with. Bonner on the one hand as the zealous molecular biologist and Mellinkoff, even though he was a much shrewder, sort of political character, as the consummate physician specialist. But I had to reconcile those two images of the medical school. So the way we handled it was to work out what I still think is a very challenging plan of "interdigitation" that is really not to have any separate basic science departments in the medical school. But to divide their responsibilities between campus-wide departments, such as Biology, Chemistry and others. We had it originally planned for the social and behavioral sciences and the humanities, we even had historians.

Hamburger: We had planning documents describing it completely.

Stokes: And documents to show it. Then in addition to that, essentially to invite the clinical departments, now the medical school departments, as we defined them, to teach some part of the basic sciences, as well as research and some kind of direct patient care responsibilities, service responsibilities. So in that sense, for instance, even Neurosciences, with Bob Livingston in the Chair originally, had a Division of Clinical Neurology, they had clinical responsibilities. It did make the clinical

departments more basically oriented than the average clinical department in most medical schools and it cuts both ways. It cut positively in terms of having us being able to recruit splendid clinical investigators. I mean Gene Braunwald's original group of investigators that he recruited as division chiefs in Medicine is the most splendid line-up... as first line - it was like George Steinbrenner going to work with all his dough and having no restraints as a free agent in recruiting everybody. He just brought them in. It was just marvelous to see him do it. And that was...

Galbraith: Of course his team finished up fifth or sixth !

Stokes: No no no. I say George Steinbrenner had constraints because he can't go after every player in the game. But there was no constraint on us. We had everything going for us. We had the 310 FTE's, we were talking about a \$125 million dollar capital outlay. We were doing this and we were doing that. So it was a breeze to get those people in and committed. And that was fine, but we ended up with clinical departments that really weren't that concerned with patient care so when we came along with our marvelous strict full-time plan, none of the physicians wanted to see patients and that has I think continued. One of the reasons that the strict full-time plan failed is that we had no incentive really built into the system to see a patient and Bob and I can perhaps discuss that later on.

Hamburger: I'll take issue with you on the reasons for the failure of the strict full time pay plan. It didn't die, it was killed.

Stokes: So the "Interdigitation Plan" I think, was our most...

York: "Interdigitation" was one of Bonner's words.

Stokes: He invented it and I picked it up and used it quite a little bit and we implemented that and then in addition to that...

Line 4245:

Hamburger: Joe, in 1960, "interdigitation" was the "buzz" word, like "window-of-opportunity" the Yuppies use in 1984.

Stokes: I think, however, we all made the mistake in the earlier days of thinking, and I certainly fell into the error as quickly as anybody, that a new medical school was the best place to innovate. I was very interested in innovation and so forth. That's not true. A new medical school is one of the worst places to innovate. Because a new medical school is just too busy getting started and everybody comes from their own previous mind-set from the institution they've come from and so forth. So really to ask them to innovate over and above getting things started in a very ambitious way adds a burden they were reluctant to take on. I often got that feedback from people that I was encouraging. It particularly came up in our curriculum. I had ambitions for our curriculum to try to avoid what came up in some of the

previous conversations. The fact that generally medical school curricula are very impressive instruments, they are well designed to remove creativity, not stimulate it. They're awfully overloaded, they are lecture-oriented, the medical school faculty had this peculiar attitude toward teaching. They, on one hand, referred to it as a "teaching load", you'll never hear a faculty member in medical school talk about a "research load", it's always a teaching one. But on the other hand, if you unburden them at all they bellow like a gored ox. They look upon the amount of teaching time they are assigned as part of their intrinsic ego structure. And you take that away and you're in trouble.

Revelle: That is because they teach so little.

Stokes: No not necessarily.

Hamburger: It's partly that, but partly because they are going to use, that is where their contact with their progeny is.

Stokes: It comes from a whole lot of things. But if you take away from a department chairman, Roger, ten hours of time out of a budget of 320 hours you'll run into exactly the same thing, in fact, he bellows louder. So it's a funny business and we weren't able to innovate in the curriculum as much as we wanted. The best that we could do was to reserve about a third of the time for elective courses.

Also, Cliff Grobstein and I worked out a system, Bob

was involved in it too, which essentially was a bicameral system based on the UC Plan. In other words, the University of California is, I think, the most democratic of all of the universities that I have worked in. It gives the faculty more autonomy and power than certainly at Harvard or BU, which I know very well. Where Harvard and BU are run like autocracies, they're essentially administrative and work very well. But, UC was very different and we had the idea that by putting in a Faculty Council with curriculum committees and committee structure prohibiting department chairmen from serving as Chairs, even in some cases, as members of those committees, we could essentially have a curriculum which would somehow get away from that "owning of curriculum time" by Chairs or by discipline orientation and so forth. That has not worked. That still did not work in 1981 when I left. I think that part of that failure, too, was due to the demand for innovation at the beginning.

If you look at the schools that have done the most curriculum innovation, they have been established schools such as Western Reserve and Harvard and Stanford. They are the three most innovative schools in this country. The exception was McMaster, which was growing at the same time that we were up in Canada and John Evans, much to his, I think John was more sophisticated than Bob and me in terms of getting the faculty to do it.

John Evans, a very creative physician who Clark probably

knows from another context. He had a fascinating career but he is just a very unusually innovative, creative medical administrator, he actually was president of Toronto for awhile. He was somehow able to get McMaster to focus on

Line 548: decision making and problem solving as the system around which the curriculum was built. Which makes a lot of sense and now finally 20 years later the rest of the schools in this country are beginning to do it. Including here at UCSD, I heard this morning, as I made the rounds, it would have been much smarter had we done that because the process,

Line 560: the practice of medicine is a decision-making process and yet we don't still talk about it exclusively.

So we worried a great deal about interaction with the medical community, as I went around, I was appalled to find San Diego County to be one of the most over-doctored, over-bedded counties in the country. So I started talking about the over-production of doctors, which I thought at that point even though I was Dean of a new medical school was still a real fact and even wrote an article for the Saturday Review about the value of allied health professionals and so forth. That made me go over rather well. But I never will forget in the fall of '64 in the Goldwater/Johnson election, Homer Peabody, a conservative physician, asked me to go with him to hear Reagan, who was then beginning his promotion of Goldwater. I remember being appalled by what I heard around the table. Then from the podium even Reagan turned me off. The attitude of the

practicing physician toward medicine generally and toward the medical school came from that informal meeting.

Revelle: What was their attitude?

Stokes: It was just what Clark Kerr was saying.

(MS=4425) Their whole object in getting me downtown was to co-opt me. They wanted to put pressure on me and they essentially told me the object of this meeting is to tell you what you are going to do. It was extraordinary closed back-room, small-town, big-power politics. That came early on, I was still...I hadn't even turned 40 yet, I didn't realize...

Revelle: They didn't realize that there should be more doctors, or did they?

Stokes: They were concerned, but there were differences; they hadn't planned this presentation and they began arguing among themselves as to what they wanted. But I was there to get the word from the County Medical Society and at that point it was perfectly clear we were going to have town/gown problems because what they wanted was for....

Hamburger: But they did love you. Whatever it was that you told them, I heard only rave reviews from the local physicians.

Stokes: Well, I began scaring them Bob. Because I began revealing a little more what my real feelings were.

Hamburger: Let us continue with the interrupted Joe Stokes' presentation.

Stokes: Well, I was actually close to the finish but let me close by essentially summing up. I would take most credit, that is the thing I think we did the best, I'm not one individual in this as Bob was with me in recruiting, especially in the recruiting of Gene Braunwald and others. We got the thing started, I think on that high quality track and that was not an easy job, but on recruitment the resources were very helpful.

York: That was all on John Galbreath's watch.

Stokes: Yes, but just to give you an example of how unrealistic some of our planning was, we had at one point, I think I was more responsible for this than Bob, something on paper that suggested as follows:

That down at the County Hospital, I want to say one word about that too, which was then still the County Hospital that became the University Hospital, we would have standard Departments of Medicine, Surgery, Pediatrics and so forth. But out on the Campus Hospital, which we presumed would be more research oriented, we would have specialty Divisions such as Cardiology, Genetics, Renal, and so forth, which cut across various other standard departments and that everyone on the clinical faculty would have a joint appointment in both; and either be located in one place or another. So you would have a Pediatric Cardiologist, perhaps, at the County Hospital downtown but he would also have an appointment in Cardiology up here with his research on the La Jolla campus.

Well in some ways it made sense, but it was so contrary to the conventionalism that, for instance, Holly Smith who came by, who was really my first choice for the Chairman of Medicine and eventually went to UC San Francisco and has had a very distinguished career now for over 20 years as Chair up there. He was appalled by it, by our clinical plans.

Revelle: I'm not sure that I understand that, what is it that you did or planned to do?

Stokes: We were going to have a hospital that had no standard Departments of Medicine, Pediatrics, or anything else. They would all be in Divisions of Cardiology, Gastroenterology, Nephrology. In highly specialized and very much research oriented Divisions that were then going within Departments, as Pediatrics. That's the pattern you see now. So that on campus there might be a Division of Clinical Genetics which would never stand as a clinical Department, but you could have, then, a genetist who is in Pediatrics but also in Genetics. And it's one of these kinds of things that, gee, maybe somebody ought to try that sometime.

Hamburger: It has actually come to pass in two places in our School of Medicine. One is in Immunology and Allergy by fiat of the Boards, and the other is in Genetics, so-called Human Genetics because it was necessary to bring together molecular genetics with chemical genetics, metabolism and so on. So Pediatrics and Medicine got together in Genetics and in Immunology/Allergy. Those are the only two

places that have it and it is not without stress or strain there.

Line 764: Stokes: Well I think a little by little it is, but the rea-
(MS=4585) son that I brought it up, Roger, is really to emphasis my point of how difficult it is to innovate at a new school. In other words, when you're trying to attract people like Holly, who is traditional, but competent, very very competent, they would want a more traditional school. Faculty look for a fairly traditional context in which to fit. We were asking them to move from one place in the country to another to take on a new campus as sort of a university. We looked very much at the parallel development of the campus and the medical school at the same time as being comparable a little bit to John Hopkins. We used to draw that analogy because Hopkins did begin as a University and a Medical School at the same time, although that has become, unfortunately I think, a little bit of the tail wagging the dog.

Line 795: Revelle: The medical school?

Stokes: The medical school at Hopkins is quite dominant still in relation to the general campus.

That was frightening and therefore we fell back

Line 806:

on we figured the interdigitation plan was radical enough and we would be lucky to pull that off. I spent an awful lot of time those first two years negotiating with Jack Clark and others down at San Diego County in terms of talking Stadel out of that Hospital. It was clear that the campus

(The UCSD Business Manager) *The assistance of*

hospital was a long time coming, if ever, and of course, it is still to come. It was clear that we had to make a solid operating agreement and take over the operation of the County Hospital.

Revelle: Who did you negotiate with?

Line 825:

Stokes: Bill Stadel, was the key and he was a tough cookie. He was a physician with the County. He was the County M.D. Administrator. He was the head of hospitals, and I have forgotten what all else.

Hamburger: He headed everything: clinics, hospitals and anything medical for the County.

Stokes: And he was in control. He held the purse, he was very cost-conscious, he very much had the support of the Board of Supervisors and it wasn't until he got the idea that this would be a good idea that we began to make any progress. But even at that point, we had a lot of tough negotiating to do. And I, I'm grumbling a little bit, I don't think we got quite enough credit for pulling that off. Subsequently, there were a lot of people that went back, looked at the agreement, complained that it was to the advantage of the County. If you look the letter of the agreement over, it's not, it's a very well written, balanced agreement.

Revelle: However, it would have been better, wouldn't it if you had failed?

Hamburger: Yes, I think so.

Stokes: I will leave that for others to decide. But, in any case, we did accomplish that task. I think it was for the best of the medical school and we and I do count that among my successes. I think rather than to go on I'll just stop at this point and answer questions, if any.

Hamburger: I made a note from your earlier presentation that I must respond to. That was that you slipped in the statement that the strict full-time pay plan failed for lack of interest in clinical medicine. And that phrase, that sentence, has been used over and over again as justification for the chaos that we now have. It started right when you were Dean. You mentioned it as one of the problems dealing with or administering a medical school and that is the pay plan which causes most problems. Our pay plan was strict full-time during Joe's administration. A little "carrot" was stuck in to correct the "defect" which you alluded to but that wasn't the cause of the failure. The cause of the failure was four consecutive years under the subsequent governor without a single penny of increase in the base part of our salaries. That did it in. The medical faculty just wouldn't, accept going from the 90th percentile in the beginning, that was where we had set it or tried to set it, and then falling well below the 50th percentile in most professorial ranks.

Revelle: Percentile of what?

Stokes: Compared to five other "comparable" medical schools.

Hamburger: The AAMC puts out salary figures for medical schools throughout the country. So we were in very bad shape, we couldn't recruit young people and there was enormous grumbling and they just destroyed the pay plan and that has produced, if you think it was tough then it's nightmarish today.

Stokes: I didn't really say what you said I said. I said it contributed, not that it was the cause.

Hamburger: I understood you to say that our highly scientific orientation with a strict full-time pay plan led to a lack of interest in clinical activity.

Stokes: Well, the logic that I've put in is as follows:

Interdigitation demanded that the clinical departments be quite basically oriented in order to attract in a good Ph.D./M.D., who would run, for instance, the Division of Hematology. That individual would generally not be used to seeing many patients and that that contributed a little bit to our lack of clinical activity and I don't want to put too much emphasis on that...

Hamburger: No, your correct. I'm sure your correct if you put it that way. I'm sorry Clark, I interrupted you.

Kerr: Joe, to the extent that you know the medical school today, in what ways is the UCSD Medical School different from

(M.S.line)

Line 4802:

whatever might be called the standard medical school because of the original dreams and plans? In other words, to what extent has the standard model taken over for one reason or another as against the effort to be experimental.

Stokes: I think it is a very perceptive question and the best answer that I could give is this. I think that almost all of the difference currently between this school and its comparable peers, that's not all 128, but I would guess about another half a dozen schools around the country that we could compare very favorably with which are very good schools, I'm glad to say. The difference is, almost all of the difference in that relates to our original plan. That is the fact that we did put in interdigitation, we got things in place at the beginning due to that dream. Which, by and large have at least survived if they haven't prevailed, I mean they are at least still in place. The interdigitation and so forth. But there certainly has been a larger retreat toward the norm than I would have hoped for and would have expected. In other words, we have become more traditional now than I would have predicted had you asked me what I would have guessed at the end of 1967 or '68.

Hamburger: Especially with regard to curriculum, Joe?

Stokes: Particularly in curriculum, but in a lot of other areas we have continued to regress, I would say, toward the mean. But on the other hand, regression toward the mean, is a fully acceptable concept. When we started out

we made a strong initiative and I am still very pleased that we made that strong of an initiative. But I underestimated the conservatism, how difficult it would be to put those initiatives in place and hold them in place.

York: But in terms of quality where are we?

Stokes: In terms of quality UCSD ranks high. It's easier for me now to see that than it was when I left. Because when I went back to Boston, which you know is still called "medical mecca", and compared Boston schools with the UC San Diego School of Medicine, plus I have also worked with a number of graduates of this school and a few faculty, friends that I work very closely with, Laura Colletti, who just spent the last two years here is now back at BU and David Schwartz who was a graduate of this school several years ago is now Chief Resident at Boston City Hospital; and if Laura and David and I

Line 1075: sit around and compare and say what about UCSD? What do we really think about it? We would place it right up at the top! I think that in many respects you could say that it has stronger programs than Harvard and the best of Ivy League schools, in some respects. The difference I think, the main

Line 1075: difference between BU and Harvard, for instance, the two schools in Boston I know the best, is that BU and Harvard have much more depth, I mean even BU has more depth, we're sort of at the top of the second tier of medical schools, if you see us ranked regarding our activities. UCSD is up at the top, close to, but not quite with Hopkins, Harvard, Stanford,

Yale and so forth. But we're right in there with Chicago...

Line 1090: Kerr: Deans run these reputation games, and they, you know, canvass whatever, 128 schools. In what Deans say in their rating, they put Harvard and Hopkins first and then they put San Francisco or Stanford third, and fourth...

Galbraith: I think that San Francisco has now moved up.

Kerr: Has moved up ahead of Stanford ?

Revelle: And then where do we at UCSD come?

Kerr: Within reputations as seen by Deans, by these polls they run every now and then, where would we stand?

Stokes: Well, it would be just, I think a cut below. The last one I saw would be just a cut below that outstanding group.

Revelle: In the top twenty?

Stokes: Oh sure, it would be certainly in the top twenty. If you judge by research, divided by the number of full time faculty into extramural grants dollars, which is a crude measure of over-all strength. I think the SOM at UCSD is still number 1 and that B.U. actually ranks number 8 !

York: Are there ten schools at the top, or five? Twenty schools constitute the top ?

Galbraith: That's right.

Revelle: But you would certainly say it was in the top ten.

York: I would put UCSD within the top twelve, I'd say. It is a really hard time to say, at the present time from where I sit.

Galbraith: Statesman?

Hamburger: Well, let me read another Dean's response to your question, Clark.

This is a letter from Sherm Mellinkoff who regretted that he couldn't be here and I'll just read one paragraph of the five.

Line 5060: "Unfortunately, Bob, I do not have any written material right now, nor any photographs relevant to my miniscule role in planning for the UCSD School of Medicine. I do have, of course, poignant, pleasant memories of discussions I had with you and Dave Bonner and later with you and Joe Stokes and still later with Cliff Grobstein. But, I am sure you remember all of the discussions better than I do." (He's quite mistaken.) "I remember your determination shared by Dave, Joe and Cliff that the UCSD School of Medicine would, from the onset be built with the highest academic and scientific standards and it is to that determination that I think the credit should go for the astonishing emergence of the UCSD School of Medicine as an absolutely first rate institution !" I think that the Deans, by and large, would use that sentence in describing UCSD !

Hamburger: One statement that no one would argue with is that UCSD is the best medical school that has opened within the last 25 years...certainly since UCLA.

York: That's true, Bob, the campus job...

Kerr: That's true.....

Galbraith: May I ask you a question, Joe, which reverts to something that Roger said? He said, maybe it would have been a good thing if UCSD had not acquired the County Hospital and historians like to play this game of, if something is removed, what happens? If you deal with it strictly in terms of the assumption that we were going to get something better if we didn't get the County Hospital, I think that you could argue that it's ignoring one very relevant consideration that we were the object of more than a little attention, not only within the University committees but within the Legislature. We had a schedule that we were suppose to meet. We couldn't under the circumstance alter our schedule. We almost didn't meet it anyway, with having the County Hospital there as it was.

Stokes: Well, that's it exactly, John, I think that you've answered the question. I really didn't see any alternative. We either had to defer the opening of the School or to go ahead and get the County Hospital.

Hamburger: There was some of us who were pushing for a lease arrangement that would give it back to the county..

Revelle: But they wouldn't buy it.

Hamburger: Exactly, that was the problem. They said take it or leave it, and, of course, I think they were bluffing in retrospect.

Stokes: I don't know but we never really seriously tested that as a negotiating position.

Revelle: What I take it your saying is, if you hadn't started when you did, you wouldn't have been able to start?

Stokes: If we hadn't negotiated the take over of the operation on what was then the San Diego County Hospital, I don't think we would have been able to open on time.

Line 1237: Hamburger: Even with the 48 students where would we have
(MS=5106) put them.

(MS=5109) Stokes: We would have had to farm them out to various places, including the County Hospital and we would have had a terrible time recruiting our clinical department chairpersons.

I don't think it really was an alternative.

Hamburger: There really wasn't an obvious alternative.

Revelle: The problem was that you had already started.

Stokes: Once you get in motion. That's what I was just saying about trying to get something started. Once you get on the timetable, there is a kind of a track you get on and you have to make some very practical pragmatic decisions.

York: You couldn't build a hospital and a medical school, build your facilities before you build a faculty

Hamburger: No, but you could have used Roger's trick that he used so successfully in the lower campus and the first part of the upper campus; that was what, as he called it, build from the top down and not start with the students.

Galbraith: Hard on the buildings.

Hamburger: Well, not start with the whole Medical School. It may be hard on buildings but very good on schools, not having medical students and major clinical facilities.

Revelle: Yes, you could have started with post-graduates.

Galbraith: Given the climate of the Legislature, I was

going to comment when I could, at that time, I think it would
: have been disastrous for the medical school to try that.

Line1343:

Revelle: If you look at most medical schools today, they
have more post-graduate students than they have undergradu-
ates. You could have started that way.

Hamburger: We could have built that way.

Galbraith: You just try selling that at Sacramento.

Hamburger: I was just going to say that everything in the medi-
cal school, facilities and faculty are based on number of medical
students. All of those post-graduates are hidden, so to
speak, in terms of how you get building space, lab space,
teaching facilities and FTE's. The only thing that counts
is medical students, so if you don't have any medical students,
you don't get any FTE's. It's a double bind.

Revelle: In other words, that was different than the campus?

Hamburger: Yes it was. Did I misstate, Clark, isn't that
true that everything in the medical school, all the monies and
resources are predicated on the number of medical students?

Kerr: It depends on if they have Dentistry, Pharmacy and so
forth. It's based upon how many nurses, pharmacists, doc-
tors you turn out, not the post-doctorals. In fact, the post
doctors don't make any difference for the general budget.

Revelle: I'm not talking about post doctors, I'm

talking about interns, residents,...

Kerr: Interns and residents, yes, those are post-docs, too.

Hamburger: But they're counted like post docs, weren't they?

Joe...

Stokes: No, they are counted in the figures.

York: I thought Roger was suggesting that we could have had those instead of what we did and then we wouldn't have had to make a deal for the County Hospital?

Kerr: You can't have residents, you could have post-doctorals in the scientific areas without a hospital, but you can't have interns or residents.

York: Yes, but I don't think that we can call that a medical school in anybody's definition.

Hamburger: Well, in a classical medical school there would have been six different science departments in which each would had Ph.D. students and post-doctoral "students".

York: Yes, but they are always associated with the rest of the school. If you just strictly have post docs in Biology you call that a general campus, you don't call it a medical school. You get the same people.

Hamburger: I think John Galbraith is correct. They wouldn't have stood still for us trying to get away with that.

Galbraith: Well, I had some firsthand impact there. I mean, I was the object of the impact, I was not doing the impact^s ing with relationship to Steve Teal. As you said, he was a very powerful individual and he was very jaundiced, indeed, with regard to this Medical School if you may remember, Joe, in relationship to what he thought was not proceeding with the due deliberate speed which he thought was necessary.

Line 1417
(MS=5284)

Stokes: We had a lot of things impelling us all the way.

(MS=5287)

Hamburger: Well, John, we finished lunch and I'm going to play the six minute Grobstien tape when you finish, but you certainly may have all of the time that you need.

Galbraith: My experience as an instructor is that the worst possible time to make a presentation is right after lunch. It's bad for the instructor and it's bad for those who receive. I don't presume to be an instructor in this particular case and of course a lot of what I would have intended to say has been said in relationship to other things. We have had the kind of stream of consciousness in discussion which gets in to what took place in fact. When I came down to this campus as Herb's Vice Chancellor in July, my preoccupation wasn't with the Medical School. I was interested in welcoming the first group of undergraduates in the fall. But I did mature pretty rapidly during the course of the year. Although I came two months after Dave Bonner died, I got the reverberations about the phenomenon who was revered as a prophet and con-

demned as an outrageous man. I never had the privilege of assessing for myself what Dave Bonner was in my view.

At any rate, by the end of the year I did get acquainted with certain backgrounds with regard to the Medical School. I did read the Stull Report. Not the "John" Stull Report. Remember John Stull? I can't help remembering John Stull, the demagogic assemblyman here. This was Richard Stull, I believe, who recommended that the Hospital and the Medical School be down on Vauclain Point, right next to the County Hospital. That

certainly was strongly resisted on this campus as has been pointed out. Clark took the position that the Medical School should be on this campus and the decision was made that it would be on the campus but with this necessary concession which we were referring to. I think it was necessary that we acquire the County Hospital and various options were tried out. Joe has referred to this very tough-minded administrator at the County Hospital and it was finally concluded that the University should take over the County Hospital. It was first called County University Hospital and eventually we got full ownership of the hospital.

Now, Robert's "window-of-opportunity" was not there in this particular case. I can't conceive of a worse time for the University to have acquired the County Hospital than that because the medical care program for California indigents was

Line 1554: going through quite a transition.

It was in 1966 when we took over the County Hospital. July 1st, 1966, who could forget. They had made this switch so that Medicare and Medical were providing for these people and the County Hospital was no longer the sole, what would you call it, not depository, (provider) I don't want to use that expression for the indigent. We were in competition with community hospitals such as...

Hamburger: Paradise Valley.

Galbraith: and with other hospitals which had much better facilities in many respects than we did. The County Hospital was a miserable place at that time. Now, we did upgrade the County Hospital quite considerably. Joe may remember this, Dick Lockwood and John Moore, wasn't it, John Moore was involved in refurbishing this hospital and bringing it up to the standards of a community hospital. I think that was a very great advance. We still had the problem about beds. The occupancy rates were very important and the leakage was pretty strong for quite sometime. I think during my tenure, we never did get up to where we thought we were breaking even on the matter.

Line 1600: Revelle: What do you mean by "leakage"?

Galbraith: Leakage, in terms of our losing money; which if an individual does he goes bankrupt. But we were having to be bailed out because we were losing a lot of money, because the beds weren't occupied. Very practical consideration you

Line 1612:

have to have somebody paying in those beds or else you're soon in a deficit situation.

At the same same time, not just the School of Medicine was involved with expansion, but the entire University and the State Colleges were expanding as well. All of this was involving tremendous outlay which boundaries you really didn't entirely cover. There were to be bond issues, as I remember, in which we were asking for support from the San Diego community. We led them to expect that if these bond issues passed, we were going to have such and such and so and so. That was our own parochial view of what was taking place. The money just wasn't adequate to sustain all of the programs that were involved.

Now, so far as our Medical School's particular problems were concerned, there was one basic concern which affected the relations between this campus and the central administration and that was the uncertainty about standards. What are the standards that you are going to use when you are assessing the demands or the claims for a new medical school?

Among the people who were the negotiators which I might call the statewide bureaucracy, with whom we were dealing, there was a tendency to look upon UCSD as the "awkward squad". That wasn't the case. We weren't the awkward squad. It was that there really hadn't been set up, in my opinion, adequate guidelines to allow for a coherent analysis and this was a factor in this great switch of expectation: from 26 million to

120 or 126 million. I'm thinking not about Kerr and Wellman, I'm speaking about Clint Powell and the people who worked for Clint Powell and people on this campus who were comperable. That was a basic problem that we had to deal with. This campus sought as a model UCLA, I believe, which was about as expensive a Medical School as there was and I think that was the basis on which we were making our pitch.

Kerr: It was the most expensive medical school ever built up until....

Galbraith: Yes, up untill UCSD, and then, of course, UCSD wasn't that expensive, as it turned out.

Anyway, it wasn't a matter of being an awkward squad. I think that reaction or belief is what was held in some quarters, I'm speaking of the people who are on the level of the so-called "experts" involved. The dreams of Dave Bonner, which have been referred to, are already beginning to fade in many respects by tensions developing in the School of Medicine between clinical and basic science people. There isn't the integrated or "interdigitated" School that had been envisaged.

Cliff Grobstein was appointed as Dean, in part, because he was a Biologist. And the idea that this would be a means of promoting or improving the internal relationships. Unfortunately Cliff isn't here. Are you going to play six minutes of him on tape? Maybe he will tell us about that.

As you know there developed a variety of problems and

one of these was, there's a biologist who is the Dean of the Medical School. I'm sure that wasn't the whole picture, but that was certainly one of the elements.

Revelle: That was a problem, or that was a solution?

Galbraith: It was a problem depending on your perspective. I say the clinician's attitude toward a biologist was not uniformly that favorable. We did have a model, as I remember it, at Stanford, isn't that true? The Stanford Dean was a biologist at that time. I've forgotten his name. I believe that's true.

Stokes: I have forgotten his name.

Revelle: What was the name, Bob?

Hamburger: I don't remember a biologist Dean at Stanford. Robert Joy Glaser, an M.D., became Dean about that time.

Stokesr: That was afterwards.

Galbraith: You can look it up. I think that there was a biologist who was Dean of Stanford but it was a very long time ago. Let me add further to the gloom of the '60's. It's not correct, as most of our memories recall, that austerity started with Ronald Reagan. It did not start with Ronald Reagan. The first usage of the term, a bare-bones budget, was not made by Ronald Reagan, it was made by Pat Brown. Clark will remember very well, Hale Champion who was very zealous in carrying out the instructions of the

Governor with regard to cutting back on expenses. That affected the reaction on the part of the State to the Medical School. It's another complication that certainly was involved. Now, among the problems that we had was that with the Legislature, I mentioned Steven Teal. Steven Teal's view was that this campus was too much research oriented. It has been mentioned, his affinity with the California College of Medicine and that we were asking for less responsibility than a Medical School should assume if the State was going to finance it at the level that the campus was asking for. We were talking about cutting back the first classes, you may remember, what was it to 16 or something like that?

Stokes: Well, we talked about a far lower figure than the one we said when we took it, that's for sure.

Galbraith: Now, this resulted in 1967, in the spring of 1967, in the Senate, at Teal's behest, and as you've indicated, he had a lot of clout in the Senate, in cutting back on the budget for the Medical School as a manifestation of his displeasure ^{with} us.

X
Hamburger: Specifically ours?

Galbraith: Yes. The Medical School at UCSD was going to lose, I've forgotten the exact figure, it might have been almost 80% off the top of our budget as a warning to the Medical School that it had better deliver or else. Now the word bluff has been used, but that bluff, if it was a bluff

passed through the Senate of the State of California and it went to Conference Committee and I went up to the Conference Committee to present our case for the restoration of our funds and was confronted by a pretty chilly bunch. Now, I'm well aware of the psychological technique of scaring people, you know as a means of bringing them into line, and that may have very well been the case, but it wasn't the kind of situation where you want to say to them, well we'll call your bluff, what are you going to do? Are you going to let this Medical School die? I'm not at all sure the answer to that...that's not the kind of response you made. What we did agree to was that we would bring up the numbers in the class to the number that we had already established and that we would start the Medical School on time. It was on that basis that the Conference Committee reversed the decision of the Senate and the funds, whatever those funds were that would have been lost, were restored.

I might add one additional comment, that help comes from unlikely places when your dealing with politicians, I learned that. One of the least enlightened politicians that I have ever met, and I have met quite a few, was a cowboy Senator Jack Schrade. Jack Schrade certainly represented very low standards of legislative excellence, but he knew how to operate in the Legislature and he knew his way around Sacramento and he was there working as our agent. You'll take your help where you can get it and Jack Schrade was very much involved. I don't know whether you want to put a

Line 1880:

plague up for him, in memory of Jack Schrayde. But in that particular context, by the way the San Diego delegation was generally very useful in this regard. What I'm saying is...

Revelle: Even this guy Stull?

Galbraith: John Stull came later. I don't want to comment about John Stull, you get into flags and that sort of thing. But anyway...these were the pains, and they literally were a pain in the first years of the Medical School and I have been impressed by the fact that despite all of that turmoil and all the difficulties that the Medical School came out as well as it has. Obviously it's an outstanding Medical School which indicates something or other. Clark and I were talking about Bishop Buddy recently, maybe there was some kind of a heavenly element that entered the picture that enabled the Medical School to grow and flourish. But it's there and my recollection of all of this is there aren't any culprits. The tendency is to point to somebody as being the culprit. That's not the environment which I saw. There were a lot of people groping around for answers in a context which was not a very encouraging context for the growth of our Medical School and it's a remarkable phenomenon that it grew to what it is.

Hamburger: Very interesting and different perspective.

Kerr: On Pat Brown's "bare-boned budget", it wasn't as bare as what came after!

Galbraith: It wasn't as bare as Reagan's, but he used the expression.

Kerr: Things were beginning to tighten up a little bit. But it did involve increases, but not as much as we would have liked. When Reagan came in, while Charley Hitch's figures were that, Charley left at the end of that period, that the resources in real terms per student had gone down by 20%.

Revelle: During the Reagan administration.

Kerr: During Reagan's administration and during Pat Brown's administration we always kept up at least with our growth and with our building funds, etc. There's one other aspect I was reminded of when you were talking, John. When we were bargaining about the \$125, the \$125 had been what UCLA had cost as it stood at that time, brought up to date. When we had got the thing down to what the Regents approved at \$76 million, as I remember it, and when I saw that we now, I mean the University Administration and the Regents accepted UCLA as a standard although it had been the most costly School; we all agreed that it had taken UCLA quite some time to build to its present size including all the research institutes and regular facilities and hospitals. And that the UCLA standard would be accepted from the point of view of the Regents and the University Administration but then in return San Diego would have to expect that it would take a period of years. In other words they would not start instantly at the same

level that UCLA had accumulated, but would be willing to take the chance that they could accumulate as UCLA had over a period of years. Is that how you remember it?

Galbraith: That's correct. But Harry did say that the tension between this campus (and Joe can attest to this, I think) and University Hall, has been much exaggerated with regard to the Medical School. It wasn't assumption of ill-will or animus or anything of that sort, I use the word groping, there's a certain amount of that there as to how you work these things out. But it wasn't a matter of this campus feeling that the U.C. State-wide administration had let them down, it was a matter of trying to come to some understanding which would not sacrifice the quality of the campus and when that decision was made, it didn't leave any lasting ill-will. I think that ought to be said.

Hamburger: But Harry did say to me, once personally, just the two of us riding in the back of the University car " You can be damn sure that we are not going to build another gold-plated school". And those were his exact words.

Kerr: As a matter of fact, that wasn't what we agreed to, and it was John and I who negotiated; and we agreed to what I just said. UCLA, if there ever had been a gold or platinum-plated institution was the model, and I persuaded the Regents to set UCLA as the standard but to proceed to the standard over some reasonable period of time rather than in a single year at the moment that you open.

Stokes: I think, in listening to John, my one reaction is it helps to have a historian around. I think that in many ways his account is more systematic and clear than the rambling that we've entered into so it was very helpful. I think the, I've been thinking today, as I've thought before and this really relates more to my feelings as Department Chairman for 10 or so years after I had resigned as Dean. That whenever the constraints came, and I certainly agree that Ronald Reagan did not invent the concept that resources are limited, when the constraints came, when you finally knew how much you had to deal with, you could pretty well one way or another work around that figure to achieve what you wanted and that was true certainly for me eight years. If I couldn't get it one direction I'd go another. Some of the, a large part of the problems in those early days was not knowing how much we were going to have. That was a very major uncertainty.

Galbraith: Very!

Stokes: If we had had a firmer figure it would have been much easier to work around, but there was always a kind of shifting sand feeling of the planning process, which couldn't be avoided. There wasn't any problem in the University at all, it involved the Legislature. What was happening next year, the growth of the State, there was just 101 uncertainties which you were always dealing with, and you had to learn to deal with those uncertainties in as

practical and effective way as you could.

Kerr: It would have been amazing over the course of developing this great enterprise the Medical School and the greater enterprise, this campus. If there had not been some disagreements over timing and amounts and direction, among people, all of whom were devoted to the same end result. As a matter of fact the end result has been achieved both by the UCSD campus and by the Medical School.

Stokes: Well, that's absolutely true and I always felt that with people like us there was always a agreement in principle. My concern was the difference between Pat Brown and Ronald Reagan and still is, I think, fair. Pat Brown was generally a friend to the University. Ronald Reagan was not.

Revelle: One of the unhappy things about that is that Jerry Brown was an even worse friend to the University.

Kerr: That's not quite true...

Hamburger: Well, correct me because I have the same impression. Perhaps it's because we expected better of him.

Line 688: Galbraith: No, no, no, Jerry Brown was not worse.
(MS=5972)

(MS=5975)

Line 6:

Kerr: No, Jerry Brown's budgets were at the level of Ronald Reagan's best budget. Ronald Reagan's best budget was the last one he put in. Jerry Brown continued about the same. Reagan was the one who cut the resources per student by 20%, in real terms. Jerry maintained that level and all of us had thought, remembering his father, that he would restore us and he did not. He just maintained the level he inherited from Ronald Reagan. I might say, now both of them were critical of the University and they both used, for the first time in history, the Board of Regents meetings for political purposes. That had never happened before in the history of the University. But there again, all that Jerry Brown did was what Ronald Reagan had done. Ronald Reagan had found that this was a very good pulpit. You know, you could attract the TV and the other media and Jerry Brown continued that and they both used it for the advancement of their political purposes. From my point of view, in terms of putting politics into the University, in terms of total consequences, less was done by the efforts of the students in the '60's, which kind of came and went, than was done by the two subsequent governors who as governors brought politics into the University for the first time in its history and I hope not permanently.

Stokes: Good point. But, you know, the point that I wanted to add was that you are always much more angry or disappointed or both when it's your friend who harms you rather

than your enemy.

Galbraith: He never was a friend.

Hamburger: No, of course not, but his father was a real friend.

Stokes: We thought Jerry Brown was, we expected him to be.

Galbraith: His references to the University were so demeaning, it's not just a matter of the money.

Hamburger: Not when he was running John. We had met with him in the living room here, I don't remember in who's home it was and we talked to him personally about what Mr. Reagan had done to our University. He told us how he was going to turn all of that around. He got elected and turned nothing around.

Kerr: Both of them appointed a very miscellaneous group of Regents and the Board of Regents, as of today, is the least effective Board of Regents in the history of the University of California in more than a century.

Hamburger: In terms of protecting us?

Kerr: In terms of protecting us and helping make decisions and keeping us in contact with society. And it's a Board which really cannot make decisions and almost nothing is taken before it as a consequence. Despite what finally happened to me at the hands of the Board under the pressure of the governor.

Stokes: I hadn't realized.

York: Was that in January, 1967?

Kerr: Yes, January, 1967. It is important to have a strong and devoted Board of Regents. Their long term protects the University. Despite the troubles that we had with Ed Pauley, he believed in the University and he worked hard for it. Today you cannot find in the Board of Regents hardly anybody who will compare with the Don McLaughlins, the Jessie Steinharts, the Jerry Hagars, and the ^(Dorothy Buffum Chandler) ~~Bud~~ Chandlers and all of those other people who came to be very devoted to its welfare. The Board appointed by the two governors has been destroyed as an effective instrument in the University of California. We're going to pay for it some day.

Revelle: I've always said that the greatest reason for the University of California eminence is the 16 year terms of its Regents. During that time...

York: Now 12.

Revelle: That's still pretty good. But we've had over 16 years no governor could appoint more than two of them and they could always be co-opted. We had this wonderful bunch of guys who started out not very good but...

Kerr: You could educate them.

Revelle: By the time they had been there 32 years they were pretty good.

Hamburger: Several people have commented during this ses-

sion that despite everything, the economics and the other problems we still managed to put together something unique and exciting in this Medical School which has been quite successful and the question that I put to Cliff Grobstein was if it's true that this unique design was partly responsible for the quality and excellence of this School, why has nobody emulated it? You will now hear his taped response to

Line 183: that question.

Grobstein: Well, it's a hard question to answer, Bob. I certainly don't pretend to be able to give a substantial answer to it. I think the point that you make in the question is worth considering. I don't have much doubt that the way in which the school was conceived, the model that it was based on, had some significant impact on the future school and probably did contribute to the success and the recruitment of the senior faculty who then proceeded to put the school into real operation. There is something exciting, after all, about something different. Even if some people on hearing about it look a little quizzical as to whether or not that kind of thing would work, I think they couldn't help but be turned on by it as a kind of challenge to do something new and different. A number of people who were recruited here in the early days were people who for one reason or another, having already achieved, many of them, established positions in biomedical science, they had to have some reason to want to leave where they were. They were pretty well off where they were, and the fact that this was for them an open system with the possibility of doing things differently in medical education, I think, very likely, was a challenge that interested them in comparison with the established schools that they were in where most of them probably had the experience that to try to do something new was like trying to move a cemetery, very difficult to accomplish. So, in that general sense, I don't have much doubt that it had a favorable effect.

Hamburger: Then why didn't this model get adopted elsewhere?

Grobstein: Well, partly because of the reason I just gave. In the established schools it would be a difficult thing to do, say, to eliminate the basic science departments and get the clinical science departments to accept people who were basic science in orientation in clinical departments. That would be very difficult to do. I guess maybe Dave Bonner tried to do some things like that at Yale; he obviously ran into fairly severe obstacles. As to why other new schools didn't do it, that is a harder one to answer. I certainly discussed it with a number of people in other schools and there was always expression of interest. I don't know that I ever heard any solid reason why any of the other new schools wouldn't attempt it. You remember the Macy Foundation brought together the Deans (I think mostly Deans) of a number of the new schools, and at that time I described the setup here at San Diego. I don't remember that everybody was jumping on me to find out "How did you do it?" or anything else. They just seemed to accept it as one of

the things that was happening, but I don't think that many people found it a very desirable thing to emulate. A possible reason that I would advance is that not to have an identification of departments or resources that would be available to the basic science departments probably would make most basic scientists somewhat uneasy. For them to have to consider that they would have no initial allocation except to the general department, that is to the campus departments, that those who were thinking in terms of basic science departments in standard medical schools, they knew very well that campus departments were not necessarily dedicated to the objectives of the medical school. So it would be precarious initially. That may have been one reason why the other new schools didn't do it. That, incidentally, I think remains a continuing problem for this school. I'm not sure what's going to happen in the future. It's pretty clear that the kind of people that were recruited for this school in the early days are not being turned out in any great numbers by medical schools today. In other words to find MD's who are really basically oriented is not going to be easy in the future, not enough, perhaps, to keep a school like this at the quality level it was when it started out. I've thought for some time that some consideration ought to be given -- it's been talked about from time to time, I don't know if anybody's ever done it -- but that some way of formalizing and institutionalizing the basic sciences in the School of Medicine conceivably not by forming seven new basic science departments or something of that sort, but to form some new Division, perhaps comparable to the sort of thing that is done at the University of Chicago, where they have the Pritzker School of Biological and Medical Sciences. Something of that kind might be a good idea here in order to give assurance to people coming in without MD degrees that they will have the resources, they won't have to battle clinicians within clinical settings to get the necessary resources for strong basic science activities.

Kerr: May I just take one moment, with which to comment ?

There are several places in the University of California where there were new endeavors. Santa Cruz was a new endeavor, Irvine had some new aspects to it. The San Diego campus in general, as well as the Medical School. As a general observation, none of those dreams have been realized and the tendency everywhere has been to revert back to the

Line 267: normal pattern.

York: Normal but high quality.

Kerr: Normal but high quality, yes, however Clifford Grobstein was commenting on the value of a novel or unique plan.

Stokes: And your point ?

Kerr: It helped a lot in recruiting to bring in new people but there was also another aspect when the first talk was about new campuses. There was talk about how the new campuses would be overflow campuses. You know, overflow from UCLA or overflow from Berkeley or even about how the new campuses up North would be the satellites of U.C. Berkeley. Now, all of that was kind of putting them in a second class position and the very idea of having something different declared that this place, whichever one you were talking about, was on-its-own. Each had it's own personality and I think that may turn out to be quite an important thing, not only is it related to the recruitment of faculty because your doing something new but also to declare this is a place with its own personality. It's not a second, third or fourth class Berkeley or UCLA. It is its own institution with its own ideas of where it wants to go. I would add that to what Cliff was saying.

Stokes: I think you hit it just right. I think Cliff was saying a little less explicitly just what you're saying and I certainly would endorse it. It also relates to why other medical schools didn't pick it up. This was sort of our trademark. It was, as I went around, probably more than Cliff did, to the meetings of the new Medical School Deans. We had a little "club" and Andy Hunt, who was there, did do, I think, some things at Michigan State that he might not have done with out our pattern. But what he did wasn't

exactly like ours. What he did was to share...

Hamburger: Was his plan experimental too.

Stokes: He didn't replace any of the existing departments in the School of Veterinary Medicine but shared them with the Medical School. He essentially borrowed on the strength that he found there in getting started with the Medical School at Michigan State. Although he had a very different kind of image of what he wanted Michigan State to be and that was very much more than just a trade school for Michigan.

Hamburger: That's a problem of semantics. When you say "norm" we physicians think "trade school" and we don't want now, and have never wanted in UCSD a trade school. A trade school may teach bricklaying and they lay bricks. They lay bricks very well but there is no progress. They lay bricks today the exact same way as in the time of the Pharoahs. It was damned good for them and would be fine for us, but with no progress.

Line 356:

York: I don't agree with that being the norm at all. The norm is a 1984 norm not a 2000 bc one. I like a mixture of quality and novelty but I choose quality if I have to choose only one of them and you know, I get the impression, I was going to ask you, are you disappointed with whats happened? Because I'm not.

Hamburger: No, not at all. In fact, we don't have a trade school here. It is the absence of good research that makes a trade school. I'm disappointed at what's happening right at

the moment but that has to do with economics and the lack of cooperativeness of the faculty. There is a lot of political nonsense going on in and around the School of Medicine at this time which is reminiscent of what you said was happening when we started this place.

Revelle: In this med school or in all medical schools?

Line 400:

Hamburger: No, it's actually symptomatic of many Medical Schools. It's particularly annoying in your own School.

Kerr: Can I say more generally, not just in the Medical School. I am disappointed because I'm never convinced there is one best way for everybody.

Revelle: You what?

Kerr: I've never been convinced there is only one best way for everybody. And I also favor diversity for the sake of choice and also to have an alternative way of doing things if the standard one doesn't work. So I am disappointed that the San Diego campus, the San Diego Medical School, Irvine and Santa Cruz did not remain closer to their original ideals.

Revelle: Irvine didn't have many original ideals.

Line 430:

Kerr: It had much less. It had some. One of its original ideas was to be the land grant University for the 21st century, with emphasis upon service to a modern industrial society. It never developed that aspect, really.

Galbraith: But you had an interest in the new Universities
in England and I went around and looked at them at a time before
Line 444: they had students. And that was when they had great ideals.
the time when you had great ideals.

Kerr: Before they even had faculty. It was not the stu-
dents but the faculty that killed the ideal.

Galbraith: They had all been transformed out of
recognition to what the founding fathers had in mind.

Line 460: Revelle: Not the red brick the so-called plate glass.

Galbraith: Some called them the Shakespeare Universities.

Kerr: Or the Cathedral Universities. They were in
cathedral towns.

Stokes: But, Clark, I can remember you saying explicitly
there are many paths to heaven, and that you really had
Line 475: to have done what you did.

Kerr: I would have added that there is a heaven, but anyway,
go ahead.

Stokes: I don't think that we could give up here at UCSD our
model or one of the ideas of heaven and think that we may
not have achieved heaven but on the other hand I think it
has a been a sort of trial and error process. If it doesn't
work this way it works that way. I think that to turn the
question around that you posed a while back. What if we

hadn't gone ahead with say the "interdigitation" plan? You see "interdigitation" was our trademark. It was a little more than a trademark because it said we are going to set up an organizational structure to encourage the closest possible cooperation with the general campus and the medical school. That, to me, is what interdigitation said.

Now, what if we hadn't done that? What if we had set up a traditional UCLA or U.C. San Francisco type of organization? Would we have achieved what we've done?

I think we would not be where we are today had we not done that, and from that point of view I don't think it's been a failure in any sense.

Galbraith: I don't think we reverted to the norm. But that's different from the norm. I mean the norm is some kind of dull average, ~~where in the orthodoxy is the best of the times.~~

Hamburger: A regression toward the mean is a very well established old principle. It isn't regression to the mean,
 Line 533: it's regression toward the mean that has taken place at UCSD.

Stokes: Well, I guess I have a pretty basic philosophy as to whether you believe mankind has at its highest goal just reproducing the past or whether there ought to be some effort gradually and by evolution...
 Line 550:

Hamburger: That's is the point I've been trying to make.

Stokes: Not by revolutionary methods, but by peaceful transformation. That's what we were trying to do here. And it's probably better to have attempted, better to love and lost than never to have loved at all. It's probably better to have tried to make some efforts at transformation than to have started out as most Universities and Colleges and Community Colleges all over this county did was just to reproduce the standard model. There were very few, in the greatest period of expansion of higher education, American higher education, ever seen or probably ever will be seen. At least 90% of it was just replicating the standard models.

Revelle: And most of those are mediocre.

Hamburger: Whereas you, Roger, saw, as Jim Arnold said, the possibility of building something really new and took it to the statewide administration. You were daring and imaginative. It takes a lot of guts to do things differently.

Stokes: You saw the growth, the rapid growth of the University. It was a tremendous opportunity effecting some kind of change and that's your great contribution.

York: One of the special things that we did here that was necessarily temporary was to follow the idea of building from the top down. At some point you have to get to the basement.

Hamburger: May I ask you, Roger, are you disappointed in this campus (UCSD) ?

Revelle: Yes, I am, to be perfectly frank about it.

Hamburger: In what way.

Revelle: I'm disappointed because the original idea of a group of little Universities side by side turns out not to be feasible with the traditional organization of the faculty members. The faculty members in this country don't give a damn about their University. They only care about their

Line 622: Department and their Disciplines.

Stokes: It's the same in the School of Medicine.

That's uniform...

Revelle: It's a journeyman profession. They can go anywhere. If you're a physicist, physics is what's important not the University.

Kerr: We always were in 100% agreement about UC San Diego having these smaller communities and each one was to be different. The opportunity as an institution, like San Diego or San Cruz grew, that each new one that you added on as you grew, could be different rather than just replicating. Like Berkeley can get bigger and bigger and Berkeley doesn't change. Or UCLA can get bigger and UCLA doesn't change. With the plans that we had at Santa Cruz and San Diego it was possible to change as you grew.

Line 650:

York: Well they're not identical. Revelle College is not the same as Muir or Third. I know that they look a little alike.

I think it's not doable. I mean we tried and it turned out...

Galbraith: One of the most depressing moments for me in relation to what Roger said, was when, in formulating plans when Muir College came along, there were some departments that were unwilling to make a major commitment to growth as a separate or different unit. They wanted to stay as is. Biology was beautiful, Biology went ahead and said, "Look we're committed to the idea of continued growth with new units. They put Ecology over there in Muir College and planned not to have it in Revelle College.

York: That's right, but most of the other departments didn't follow them with enthusiasm and that really cut at that point. I think that we have something still in the UCSD College Plans as far as the undergraduates are concerned. At least in the Revelle College, the students are pleased and really quite proud of being in Revelle College and they feel that there is something special about it.

Hamburger: It's because it has a reputation for being tough. I'm not joking. I don't know whether it's true or a myth, but the students think that if you got into Revelle and you're doing well in Revelle, you're at the top, especially with regard to getting into a graduate or a medical school.

Galbraith: It could have been, you see, that every
Line 711: college would have felt that way.

(MS=6681)