SM: This is an interview with the Founding Dean of the UCI Medical School, Dr. Warren Bostick, on April 28, 1989. And, Warren, I wanted to say when did the University of California take over CCM? And when were you appointed Dean?

WB: Yes, well, the College of Medicine was taken over in a curious way, namely by the action of the legislature wherein the college had just been approved as a regular accredited medical school; and, also at that time, why, the osteopathic physicians of California and the regular physicians of California that year had reached an agreement to merge. And part of that merger was to convert their former college to a regular accredited medical school.

And it was at that time that a senator in the state, Senator Teale, T-E-A-L-E, a rather ranking Republican and Chairman of the Senate Finance Committee, therefore it made him a very powerful person over the Regents and the university, because through his committee all of the Regent's budget had to pass. From that very powerful position he, on his side, decided that a college of medicine really could not survive alone financially. So, he sponsored a bill called Senate Bill 1414 and talked to then Governor Brown—"Ed"
all, of course, of the same party and that same party controlled both houses of the legislature, so their concurrence was almost a mandate. And, on September 11, 1963, the governor signed that bill.

And that bill was a curious one because it was a good example of a political fact, that although the Regents were independent within the Constitution of the State and almost exist as a fourth major branch, of the judiciary, the legislative, the administrative. The Regents are quite separate and, in a way, they couldn't be ordered to take over a school without their consent. So Teale worded that bill, and it was a very brief bill, and he worded it in a simple statement: the gut thrust of which is the College of Medicine is affiliated with the University of California and is a medical department thereof—period. Now, that's what did it legally, in terms of the Regents.

The Regents could have taken it probably to court and challenged the authority of the senator, of the legislature, and do that, but it seemed unwise. It would have been a Pyrrhic victory. The senator was very powerful, and besides, in those days, the federal government was very generous in supporting health, hospitals, and medical schools, and the Regents felt, well, there's enough money outside to do this anyhow and we won't fight it. So, it was on that date of September 11, 1963 that we became a part of the university.
SM: Is it true that Senator Teale was an osteopath?

WB: He was a former graduate of the college and knew everyone at the college. He was a classmate, essentially, of an osteopath, (former osteopath) that was very active and still is to some extent here in 1989--a fellow by the name of Forrest Grunnigen, G-R-U-N-N-I-G-E-N, who remained active with the college, was on its board of trustees. And, so, the two of them were quite an axis in terms of authority.

I might say yes, to kind of complete the picture. Although the regents accepted this, it was one thing for the college to be "a part and a department thereof"; it did require another agreement, namely, having been obliged to take this . . . Let me say also that within this same period of time the university had had a problem of too many medical schools. That is, they had just essentially opened Davis Medical School and they were within the breadth of opening San Diego. So, it was a kind of a big swallow to tackle three medical schools, essentially in a period of a year and a half. But, regardless, they did.

Now, having obliged the senator by not fighting it, then it did require another few years for the Regents and the college and the senator to draw up a rather elaborate series of legal documents that would turn over the assets of the college formally, and the authority of the trustees of the college formally to the Regents. And that did take another
period of time and the actual affiliation, all that was finally wrapped up on March 1, 1965. So, it was one year to come in, two years later to actually take over the assets and become the boss. So, step-wise, that's when the college came into the university and its legal procedure.

SM: Then when were you appointed Dean?

WB: I was appointed . . . Just as it was being converted into a college of medicine, President Clark Kerr knew that he'd probably have to take over this college. And I had just finished being the president of the State Medical Society, and I was also a professor of Pathology at San Francisco, and I'd known him as president of the state society. We'd met several times on mutually beneficial bills before the state. And, so, he called . . . They were wondering who should be Dean when the school came in under the university, and I was approached informally to see if I'd be interested, and I never intended to do anything as foolish as to move from Marin County to southern California--although I was raised in San Diego.

I was at a Regents reception in Santa Barbara and Clark said, "Have you got a moment, Warren?" And I said, "Well, yes, sure." When the president says that, you always have a moment. And he said--commented--that it looked like that they were going to be taking over the college and he said, "I know you've been suggested." And he said, "I know you are familiar
with the university and our system, and I think that would be very nice." And I said, "Well, I'll think about it. That sounds attractive, and let me mull it over." So, that I, a couple of days later, got a call from the trustees of the college. And remember, the university took over . . . This bill that made CCM a formal part of the university was at the end of the year and I got a call on January 1, which was the day that the College of Medicine was officially in the university. I got a call and asked if I would be Dean, and I said, "Well, let me think it over the weekend," and talked to my wife and we figured it was a good time to take another try in another direction of my profession, and we said yes.

SM: Did you know where it would be located?

WB: No. No, we didn't. At that time, it was in downtown . . .

SM: Los Angeles.

WB: Los Angeles, across from the big Los Angeles County Hospital on Griffith Street, and it was a nice, quiet, little sleepy seven acres of buildings and jacaranda trees and lawns, very pleasant. So, I moved there, had no idea about Irvine, but I was positive that, being in the university, it wouldn't stay that way very long.

SM: All right. Okay, well, you gave the date then? In January?

WB: I became Dean on January 1.

SM: Nineteen sixty-five.

WB: Nineteen sixty-four.
SM: Four, okay. (tape is turned off)

Off we go. Now, what was the date of the decision to move to UCI and were you involved in these negotiations?

WB: Oh, very much so. It was a very complicated one, and I don't want to belabor this too much, but then it was very complicated because the trustees wanted the Regent's money to help pay for the college, but the trustees were all Los Angeles businessmen. These were the trustees of the old college who were continued as trustees of a corporation under the university, at first. They were all Los Angeles businessmen, very active in Rotary, had a nice political base there, and they didn't want to have their college moved. So, they strongly opposed it as best they could, but discreetly, recognizing that they might get licked. So, they didn't want a direct confrontation with the regents, but they put up every possible obstruction, as did the old president down there, a fellow named William Ballentine Henley.

SM: I know. I remember him, sure.

WB: And Henley was a lawyer and had been in the president's office of USC, the fellow at USC with a German name, Von Keinschmidt. But he was a nice extravert, not exactly a scholar, and a talented political creature. And they wanted to stay in their power base, so they tried first to talk the planning into building that campus into the first stage of being purely a medical campus, along the line of UC San Francisco, where it
would be a separate medical campus. Then, since there was only seven or eight acres down there and there was a railroad track going along the side of it, it became apparent the Regents were about to do that, with the railroad track going through it. So, then they tried very hard to see if they couldn't politically get the Regents to move it over to Olive View in Santa over in the valley. But UCLA figured that they were already the medical school in L. A. and they didn't want another UC campus. They fretted for awhile with moving it to Long Beach, which is still in Los Angeles. There was an old, a small mental hospital down there that had a lot of acreage. So, they really fought to keep it there in their political base.

All the faculty opposed them, that is, all of the new faculty. When I got down here, I recruited, of course. I guess every member of the faculty that continued down here, except four, were ones that I recruited, so we came down with roughly 104 faculty line faculty, and I was the one who recruited all of those and got them through the traces. But there was a large study back and forth—the Regents handled it very, very discreetly—and, finally, after contacting the mayor and the supervisors of Los Angeles, and then coming down to Orange County to see that Orange County would be willing to accept us politically. . . . I visited with the mayor and the Board of supervisors, because it's one thing to move a college, it's
another thing to--when you get down to your new place--to have a hospital. So, we had to stake out our territory with the Orange County hospital.

But after that was all pretty well lined up, and, of course, Dan Aldrich began to appear at this time on the scene, finally the Regents had a meeting and on April 20--no May 4, 1967--we were assigned to UCI.

SM: May 1967.

WB: May 4, 1967, not too long after I appeared on the scene of Irvine Campus.

SM: Now, I know that Ralph Gerard was very interested in a medical school because he had an M.D. degree, and he discussed with some of us the notion that a School of Biological Sciences could help in training doctors, and he talked to a similar department being (inaudible) or whatever it was. Now, what, from your view as Dean of the Medical School, did Ralph make these concrete suggestions to you?

WB: Well, yes, but let me give a little preamble, but I'll lead into where Ralph's part . . . First place, I knew and Dan Aldrich alluded to the fact that the essentially then brand-new UCI campus was quite apprehensive about having a College of Medicine, understandably, they're big, they're expensive. I'm sure that the faculty down here felt, well, maybe in a few years but let's get our act together first. They also would have been better pleased if they'd have had their own faculty and recruited them. They were a little bit worried about
quality and there was quite a bit of resistance, very frank discussions and debates in the Academic Senate, and very strongly held positions. But Dan had been in contact with a former, well, the then Chancellor of UC San Francisco, Saunders . . .

SM: Saunders, yes.

WB: John Saunders. And John said, "Dan, if you really want to move that campus fast, why, the way you do it is get a medical school." And he said, "They're a problem, but they sure add growth quickly." And he said, "If you can get a medical school now you'd better grab it because they don't come around very often. And if you try to get a medical school later, after San Diego and Davis and then this place, if you don't grab it, you won't have one in your Chancellorship." So, Dan felt it would be . . . he couldn't lose, and I rather suspect that he pretty well made up his mind, although there was a lot of beating of chests and things by a few of the biological sciences.

Well, in any case, when we came down, of course, Ralph Gerard was kind of the main kingpin, in the sense that he had an M.D. degree but he was a very distinguished basic scientist, physiologist, a member of the National Academy of Science, and had a very close connection with the Chancellor, at least easy conversation. I'm sure Ralph Gerard came from
the University of Illinois, and the University of Illinois.

SM: I thought it was Michigan. He was most of his life at Chicago. Then he moved to Michigan and was a head of some kind of an institute.

WB: Yes, yes. Well, you're right, but let me point out that the model that he conceived for us was a model of the medical school that he had formulated at Illinois before he went to Michigan.

SM: I didn't know that.

WB: You know, Illinois used to have a separate medical school and in Illinois, why, then they, the basic scientists--biological scientists--became rather dominant and they had a new dean and they were fretful about duplication and all these sorts of things and assigned square feet, and so forth, and so Ralph Gerard, being very proud but hardly a physician--only by degree--but I don't know whether he ever saw a live patient in his life. I guess he did as an intern.

SM: As an intern.

WB: As an intern. But, regardless, he was basically a basic scientist and a very eloquent one. So, what he wanted to do was to propose a solution that: Fine, let the College of Medicine come down here and then let's essentially put them in the School of Biological Science, in the general model that they did at Illinois. And that way, why, you, Jim McGaugh,
and you, John Holland, and you folks that are all upset, why, they'll be under you, and we can work it out and they'll prosper and do well and they'll be scientifically very oriented.

I went to Illinois to check that out and I found when I went to Illinois, that when you go to the University of Illinois and you try to find the School of Medicine, you can't find it. The whole thing is the Catalogue of the School of Biological Sciences, and tucked way over on one little tiny corridor is their School of Medicine. And, although it's a very fine school, it doesn't spend much time thinking about patients.

SM: Is that so today, some?

WB: It's somewhat pulled back from that since then, because federal grants have given it a lot more money to go in the other direction. So Dan had . . . the Chancellor had before him . . . Ralph Gerard wanted to go that way and I said, "Oh, Ralph, I can't do that. First place, if you do that, and I won't expand on why it was inappropriate, but I took the position if you do that, why, then I'd just be a dean of a two-year medical school. In other words, I'd really be running the hospital side, but the basic scientists would be someone else's thing. And if it were perceived that we only had a two-year medical school, why, I couldn't recruit any
faculty that would come. They'd say, "Fine, I'll come. I'll join you someday when you have a real medical school."

Well, in any case, I talked to Dan and then I had the deans of a couple of the other medical schools talk to Dan and, also in fact, the president of the State Medical Society—low pressure, just to show him both sides of the argument. And in any case, Dan, by the grace of God, came down on our side. I will say that Ralph and I were always very cordial. He was a nice man to deal with. You always knew right where he stood, and I'm kind of that way, too. But we had a meeting in mind, I knew what he had in mind, he knew what I had in mind, and from our point of view—from my point of view—he gave it a good try, I gave it a good try, and on my side landed on our feet. But he still remained a very strong supporter and very helpful.

SM: That's interesting. Well, that certainly answers that, Warren, and I appreciate that. Regarding Ed Steinhaus, who died in October 1969, did you have any occasion to have conferences with him?

WB: Well, I really didn't. I knew who Ed was and he was politically and academically a very powerful man. And just before he died, he likewise was initiated into the Academy of Sciences. He was always very pleasant, always a little bit off to one side. He never did call me in to talk about the College of Medicine. I just knew him as a person. He did
want to start a Department of Pathology and, of course, the College of Medicine had a Department of Pathology. So, we negotiated a distinct name—I think his was Developmental Pathology or Experimental. But, no, I really didn't see Ed, although I knew that under him were many of the faculty members who had been most apprehensive about having the college.

SM: Did you know just last week that Jim McGaugh and Miledi were named, you know, to the National Academy of Sciences?

WB: I did. I saw that in the paper.

SM: Well, I didn't. I missed it.

WB: Yes, in fact, Virginia spotted it and read it to me, yes.

SM: I missed it.

WB: It's very nice. That's a great honor.

SM: Yes, for both of them, yes. Well, that answers five. Now, would you explain the decision to use the Orange County Hospital as the main teaching hospital? In other words, the politics around it, whereby you'd hoped to have one built here, but they forced you pretty much to go there.

WB: Well, that, of course, was... other than I succeeded in getting the college approved and set up and within the university, and I succeeded in moving the college down to this fine, new campus, my major failure was my inability to keep moving on a campus research and education hospital, research and teaching.
SM: But you did, Warren. You did. The legislation went through, as there was a ... What do you call it?

WB: An Initiative, yes, and as a matter of fact it passed.

SM: An Initiative, and in which the hospital was promised and an amount of money given it.

WB: And it was named.

SM: Yes.

WB: And we had it all set. But I'll come back to that because that's true.

SM: All right.

WB: Now, when we came to the campus, as I said a few moments ago, to this area, we obviously had to have a hospital to practice in for our students, and the County Hospital was a good, above average one, over near Garden Grove and now the freeway. And the Supervisors were very pleased to have us come in. There was lots of models for medical schools affiliating with the indigent and teaching and, so, we moved in there physically—that is, the whole faculty, because there was nothing on the campus then for us. The Regents immediately rushed through some "surge" buildings. Those were called surge because they were the interim buildings, so-called to respond to a "surge" of academic programs, although I might say twenty-five years later they still exist and they're pretty good buildings.

SM: Yes. (laughter)
WB: But we shoehorned our way into the old County Hospital and used it as our teaching hospital, and it went very well. At the time we were ... the Regents put us onto the UC campus. And in the actual agreement written in the minutes of the Regents, it specifically said that the College would only remain briefly at the Orange County Hospital and that they would proceed immediately with the construction of a research and teaching hospital on the campus, to complete our academic program. So, we moved down and everything was going well.

SM: What date would you say, roughly, you took ... you moved into the Orange County Hospital?

WB: Well, we moved ... I don't know precisely. It would have been pretty close. Well, the end of 1967. I can't get it any closer than that. Of course, I could look it up, but I don't have it right here. We came down and, at that time, it was a simple county hospital and our faculty were using it and were getting most of their income from their professional positions and they were just barely starting a little practice, not very much.

Our whole, all our sights were set upon these bond issues, and there had been two of them passed. One of them was passed up when we were still in Los Angeles, but although there was money in it for us, we couldn't use it because the Regents hadn't decided where to put us. So, we've been on two
bond issues. One, we were not ready to use the money. And in both cases we were mentioned specifically by name: the California College of Medicine.

When we got down here and that passed, we were, of course, jubilant. We thought that it would be all set. Now, it happens that we were, I guess, double-crossed in two ways. (chuckle) And I'll be a little bit critical of our Chancellor in this. When the citizens pass a bond issue, they think they have passed it pursuant to the wording of the bond issue, but they really have not. That money comes to the Legislature and then the legislature has to agree what it's used for, and then the money is made available to the Regents. And between the Legislature and the Regents, then they really decide what buildings can be used. It was at that time and during those political maneuverings that I realized that sometimes a campus or a member of the University family—are your biggest enemies, are within the family. By that, I mean that it's a competitive world and we're fighting . . . we were then fighting three other medical schools, or actually four: the big, prestigious, UCLA brand . . . quite new and vigorous; the more sedate but very aggressive San Francisco campus; and, of course, Davis wanted money; and San Diego was just created. Their Dean was recruited after me, a guy named Joe Stokes who didn't last more than a year and a half. Well, in any case, I wasn't aware that you had to watch the other
campuses and, of course, my feeling was that that's the Chancellor's job. He meets with them. And I remember once Dan said, well, I said, "You've really got to be aggressive on these things, Chancellor." And he said, "Well, you know, I am," he said, "but remember the President's the coach and, you know, you have to rely on the coach." And since I'm more aggressive than Dan, I said, "Well, I don't trust coaches that much. You've got to pass the ball to someone else on the line." And Dan said, "Well, you know, they're fair.

SM: Yes.

WB: Well, in any case, when that particular show was over, the money--our money--went to build the new buildings of the enlarged dental school in San Francisco. But part of it also was our problem, and also political, and I think Dan, being a very sweet guy, he's the sort of man I would like to have had on my jury if I were guilty of murder.

SM: (laughter)

WB: He was trying... He was trying to get the hospital over here for us, and we got... You know, when I was Dean, we designed two complete hospitals, ready for this money, and set, ready to go. He got tied up with (chuckle) two nefarious enemies of ours and distinguished politicians--"the Brown brothers"--Jerry Brown the Governor and Willy Brown, at that time the chairman of Ways and Means.
So, we were with the County Hospital and someone raised the issue, obviously of the Brown boys, that, well, if you get a hospital on the campus, you're going to abandon the poor people. And which, of course, number one, was a lie because we need a county hospital. Even if there weren't [one] around here, we'd find one someplace. And I kept explaining to the Chancellor, you know, number one, we won't abandon it--it's essential. And, number two, we need a non-campus hospital for our academic program and to recruit anyone. 

SM: Yes.

WB: Well, anyhow, that went back and forth and, actually, the President's office and his right-hand assistant--I'll think of his name in a moment.

SM: Is that Hitch you're talking about?

WB: No, not . . . Well, this was . . . Yes, that would have been Wellman and then Hitch.

SM: Hitch, okay.

WB: Yes. Clint Powell, his right-hand man, was the Special Assistant to the President, Clint Powell. And they all said, look, don't talk about anything in that hospital except to need it for your academic program. Don't get into the thing as well, there isn't room for another hospital. Don't get into a dog and cat fight about--well, we'll split that hospital, this hospital, and we'll work these back and forth. You keep it clean. It's the academic program to meet that.
Well, I suspect that—of course, you never do know the details of the little decision—but I do know that Dan went to a meeting and kind of... he blinked first. That's my understanding. That is, he essentially said... And, of course, Willy Brown and that political side were very intense about you can't have it and you can't have it. The President's office felt that the university was powerful enough to get it.

SM: Yes, I see.

WB: If you stick to it on the basis of its academic need. And, in a moment of... When Dan blinked, what I gather must have happened—and, of course, I wasn't there, and I suppose Dan might have a different opinion of this, but this is what got out to me—that he said, "Well, I'll tell you what let's do. We really want it and we'll have some of the indigent beds over there moved over to here or used over here so as to be sure we're not abandoning anything." Well, as soon as you did that, then of course you have deserted the issue of the academic need and you're playing the game of the patients.

Well, I understand that as soon as that got up to... Clint Powell implied to me when that got up to top side with the Regents, the President's office said, "Irvine, you're on your own on this one." Well, things... About that time, I was just about being finished Dean, and I must admit I was beginning to have some heart troubles and things, and I was
pretty well tired out, and finally someone said ... Although our main money had been spent to build the dental school up there in San Francisco, obviously there was a few million dollars around. They always have a few million and tens of millions of dollars to spill, if you know where it is. But they still were going to go ahead, and we planned a more modest on-campus hospital; and then out of a clear sky, someone said, "Well, let's buy the hospital, the Orange County Hospital."

SM: Now, was that the "Brown brothers" wanting that?

WB: That came out of essentially that sort of a conference, but I don't know who actually said it, but they ... and I also feel that ... Now, Stan van den Noort was my Associate Dean and Stan and I were of very different political and social philosophies. And I, when I heard--and I wasn't Dean at that time or it was in an era when I really ... it was just at the "changing of the guard," I was beside myself. Because I contacted a couple of Regents that I knew--Ed Carter who was the Chair and a guy named Kennedy and a couple of others of them, and I said, "Look, you fellows, don't buy a County hospital because you'll get the cost of the indigents on your back and they'll bleed you to death financially."

SM: Which they are.

WB: But back here on the campus, the idea was ... the federal government gives all sorts of money for indigents. And I said
to the three Regents, I said, "You know, the government never keeps its promises. You're either . . . they love you for awhile, or they dump you."

SM: Yes.

WB: And I said, "If you get into that game of taking care of all the indigents, they'll bleed you dry and you'll have no money left over to run your school." Anyhow, after the Regents had turned away from the President's office from our own campus because of this little footsie game, (in terms of splitting the doode with the county) why, then the idea of let's take over the County Hospital . . . And then they said . . . Then, of course, it was a joke. They essentially gave it to us for a dollar. I think, actually, it was $9,000 to pay for the collectibles or something, but it was essentially free, you know. And then some fool said, "Well, gee, how can you turn down something free." And, of course, as you know now, well, twenty years later it's costing us $11 million a year--and that's just for openers--in losses. So, that's the way it happened. And it was very foolish and we did it and that stopped the possibility of an on-campus hospital, at least for the next ten years. (New 20 years)

SM: Have you got a date, Warren, on that, when they actually were aboard?

WB: I do not have the actual date. I didn't write it down.

SM: I can get. I can check it out. I can check out.
WB: Yes, okay.

SM: Now, you've already answered eight, in the sense that you were the one who appointed Stanley van den Noort as the Associate Dean.

WB: Yes, I'd had an Associate Dean--Tom Nelson had been my Associate Dean, essentially. For two or three years, I had no Associate Dean. It was relatively small and I didn't need an Associate Dean. I felt I needed one. The problem is it was getting more complicated and the Chairman of Pediatrics . . . the Professor of Pediatrics said he'd like to . . . he enjoyed politics and administration, so he was my Associate Dean. And then he resigned after two or three years. He wanted to return to be chairman. And I had a very hard time getting another. I asked a good many people to be Associate Dean. Things were very hard. It wasn't much of a job, you know. It wasn't very attractive. Things were indecisive. Then we had a lot of headaches.

SM: (chuckle) Yes.

WB: So I wasn't able to get anyone and, so, finally, Jack Burke said, "Well, why don't you ask Stan van den Noort." Stan was a Professor of Neurology and a very engaging fellow, very bright, handsome fellow. And so I asked Stan if he'd do it and he said, "Yes, I think I'd rather enjoy that." And so he was my Associate Dean, I think, for about a year before I was out of the job.
SM: And then he became the new Dean?

WB: And then he was appointed Dean and I will say that, you know, it's always a mistake to appoint a major job without a search. And it seemed a shame. We've had a few chairs appointed without a search and sometimes we don't . . .

SM: Would you say that Peltason was very anxious to immediately replace Quilligan and didn't conduct a search, but he did consult your Medical School, the Academic Senate? And Ed was a quick decision.

WB: Oh, well, I think that, number one, he had searched for a Dean the previous two years and that fell on its face.

SM: That's my point.

WB: And, number two, he had a fiscal headache right on his back. He has a hospital that was losing millions of dollars, you know, one or two million dollars a month, and so he was forced by other sorts of circumstances. Although, I must admit they had looked over very carefully the list of possible candidates from two years before, and there was essentially none of them available that was worth going after. But that's a . . . nonetheless there's a real risk to appointing an in-house person.

SM: Yes.

WB: And you take a risk. Sometimes it turns out great.

SM: Well, you answered why you retired as Dean. I know heart trouble, which your twin brother had had that, too, (inaudible) heart.
WB: Yes. I was an identical twin and we both had somewhat of a mild little congenital beating deformity of our hearts, and I ended up by having to have a pacemaker. And then, when my twin brother (whose heart was worse than mine—we always knew it), he was having trouble with the beating of his heart, and then while they were trying to repair that, why, he was taken to surgery for some... for a little rheumatic heart disease, and died under surgery. So, I was pretty well stretched out. So I'd been Dean for nine years, and the Chancellor had asked me, you know, 'how are things going,' and I had commented, I said, "Well, you know, I'm kind of getting tired at the headquarters and," I said, "I am beginning to think of kind of calling it quits." And then later on when my heart wasn't doing much better and I had to have a pacemaker, he said, "Well, why don't we call it quits?" And I said, "Well, I agree with you." And so, he said, "Well, how about you know, in three or four months?" I said, "Well, fine." And then, you know, I kind of wanted to make it a full ten years, but I was having enough trouble with my pump, so it turned out and I was glad to get out alive and I must admit I'm in a lot better health now that I'm out of the job.

SM: Yes. Oh, yes, it makes a difference. Now, number eleven. Oh, excuse me, ten, is could you give me a clear picture for the history of UCI of the struggle for the hospital on campus that goes right up... Well, you've given me up to a point.
Now, I'd like to go from there to the retirement of Dan Aldrich.

WB: Well, while the scenario was going on in terms of buying the County Hospital and trying to get an on-campus hospital out of bond money, at the same time there was a group of political leaders--powerful ones and businessmen--many of which were later involved in and out with the purchase of the Irvine Company: Walter Burroughs, a great benefactor, the Senator Denny Carpenter, and some very successful surgeons and physicians. And they were apprehensive about a university hospital, and they felt that maybe the best way to do would be to have one build primarily by private funds and have it affiliated with us and let us have the teaching program and essentially be in control of it from an academic point of view. And they were prepared to put it right on the campus or right adjacent to it, and have it at the beginning of a health science complex. Perhaps with the hospital might be a little professional building and then a few pharmaceutical houses, very much as developed in a way in the meantime.

They tried three times to mount that, by three different types of effort. It was called the Western Hospital Group, and they came aboard, and I was hesitant at first with their first probes because, if I'd had my choice, I would have preferred to have the Regents put up the money and it would be our hospital. So, the first opportunity that came along,
I was a party to not supporting because it had been approved by the then local planning committee to have the hospital and I thought that the Regents would play straight. That they had agreed to have a hospital—and this was before we bought the County Hospital—and I knew that there was some money lurking around that could spark the hospital. Well, I opposed it and we did, the faculty, and the Chancellor, and they were thwarted. About a year later, then, when the bond issue was stolen from us (chuckle) and we didn't have it— I use the word "stolen" advisedly, of course. That's from my point of view.

SM: Yes, I see. I understand.

WB: Why, then this group forwarded it again and essentially said, not in so many words, well, you didn't get your own money, we'd like to put it together for you. Let's try again. And that coincided pretty much with my stepping out as Dean.

SM: Yes.

WB: And I was very positive at that time because I felt that the Regents . . . that politically we weren't strong enough, nor was our Chancellor aggressive enough to really grab it. And, if it's right there on our doorstep, we'd better do it. So, in those days, why, Mr. Beckman began joining the group, who, of course, is a very generous benefactor and multimillionaire, and the whole hospital group was reconstituted. They drew up plans for the hospital medical center. They even put a sign right off of University Avenue there saying "Future
Location of University Hospital." And they were ready to do it and they were going to put up the money.

It was then that the difference between me and Stan van den Noort became very obvious in terms of our philosophical stance. Stan was Dean and Stan was very much of a persuasion of Willy Brown and Jerry Brown about poor people and to having all the poor people treated at the same facilities as the well-to-do, and one standard of treatment, and that beautiful, unattainable world of having enough money that everyone owns a Cadillac--this is from my point of view. But, in any case, he ended up by not wanting a hospital built under those circumstances, no matter what--at least he gave every signal--and he very effectively approached the Board of Trustees. He was a very effective man, a very good speaker, charming, and he essentially had the Board of Trustees of the College...

Incidentally, the Board of Trustees of the College at that time had no authority. They had already given all their assets to the... assigned them to the Regents.

SM: The university.

WB: So, they were only titular, and they were advisory to the Chancellor, but they still were around and they were a little bit like a loose cannon on board. They were kind of harmless, but they could go all over the place and stir up an awful lot of trouble.

SM: (laughter)
WB: So, he got them all revved up and excited, and Don Locker was the Chairman of the Board of Trustees, and at one sad . . .

SM: How do you spell Locker?


SM: Thank you.

WB: Who had been a strong advocate of our moving here and a very fine guy, but he was obviously failing, and, in any case, at one . . . they formed a committee of nine to develop an accommodation to have that hospital built. The committee of nine had a meeting that I did not attend.

SM: Which hospital are you speaking of?

WB: This was to be the on-campus hospital that was going to be built by Beckman and their associates.

SM: All right.

WB: This is also Mr. Koll of the Koll, all the Koll facilities, a very wealthy man and easily prepared to do the whole thing, and we'd have had a hospital then. That would have been in about . . . well, it would have been started in about 1975 or 1976. So, they had a real confrontation and I understand that a few of the trustees were very brittle and very discourteous, and the thing just flew apart right in their face. And, obviously, some people were delighted by that. We ended up, of course, by shooting down the second hospital that we could have had fully funded, and in a sense . . .

(End of Side A)
SM: Okay, let's continue now, Warren, about the hospital and Beckman, I hadn't realized, was willing to finance this on campus?

WB: Yes. Well, realizing what Beckman's done in the interim for the National Academy of Science Western Division here and the donations he's given and all that . . .

SM: Yes, the Laser Institute.

WB: Oh, the Laser, why, he could have done it with his little finger and since he's a fine scientist in his own right, industrial scientist, it would have been a winner. But in any case, that was lost, and I will say, again, that although . . . that the Chancellor . . . Of course, probably because Stan van den Noort didn't want it, but I'm amazed at the Chancellor, knowing of the Regents' commitment to put that there and the (inaudible) academic was unwilling.

But Dan had a problem that Jack Peltason doesn't have. Dan had a little problem approaching the community for money and building up the support from industry, and it was just kind of his persuasion. But, in any case, it was a major factor in our not getting an on-campus hospital. But regardless, we missed the hospital on that time. Then, Stan van den Noort a few years later--and I know you'll be interviewing Stan, I'm sure.

SM: Yes, I will.
WB: But in any case, a few years later, then Stan had one type of hospital he would have been very attracted to, and that is what he was always very interested, from a sociological point of view, of hospitals that were run essentially by HMOs, health maintenance groups, the sort of hospital that's where the... a little bit of the Kaiser [Permanente] plan equivalent, and various modifications thereof. So, he began looking around to try and get some type of a medical group that would build our hospital. Now, there's a little problem with that. And then his idea was that the medical group that would build the hospital, then our faculty members would be part of that medical group, and it would be a regular self... generate some funds. Well, he tried. He made several pretty good tries to get that.

In the first place, Long Beach Memorial wanted to do something like that, and he was—that's the hospital up in Long Beach—and they were prepared to kind of take over contractually the running of the hospital and stuff like that. And it turned out that—not surprisingly, anyone who has really worked with the branch of government—of which the Regents are an example, they're almost impossible to work with. They're so complicated. They're all nice people, but they're an enormous bureaucracy. And they always, when you get to the bottom of the whole show, they want absolute
control. So, in a little while, then they—Long Beach—backed out.

Then Stan actually had a deal going with Kaiser itself, and a very exciting little brief interlude, and he had the Kaiser planners around, and I understood that he . . . and, of course, Kaiser is a proven performer. And they had their whole planning group here. But, sadly—and (I knew half of them quite well from past years)—the whole planning group was killed on an airplane that went down landing in San Diego. So, that stopped that. And then Stan went through . . .

SM: Why couldn't that just get (inaudible) by another group?

WB: Well, it just wiped out the negotiations.

SM: (inaudible)

WB: Well, there must have been other elements, other factors—perhaps costs and things—that they didn't get revved up again.

SM: I see.

WB: Then Stan began looking for several types of groups so they could along the same theme: National Medical Enterprises, American Medical International, a whole series of them. Remember, in those days Medicare, Medi-Cal, the government was still dishing out a whole bunch of money. And hardly the shape where it is now. Half of those, I might say right now, now in 1989, half of those have been brought over on the verge of bankruptcy and have had to close down their
hospitals. That was my main objection. My main objection of the whole idea was that they have to make money. And, if things are not going well, they'll collapse on you. Or, you might think that you're dealing with AMI and it gets bought out by Texaco or might be bought by Sumomoto Bank, you know. And I said I always felt we didn't run a medical school sitting around on leveraged buy outs. However, those things died of their own weight. They became too complicated. But Stan was willing to do that, and the faculty, by and large, would have supported him but it was . . . The thing I felt was bad about that, you know, I come back [to] again: the on-campus hospital is needed for the academic program and it shouldn't be put on the campus just as a nice little clever way to make a few bucks or try to break even. Because, in that case, why then it's the finances that decide what you're going to do, rather than, of course, what you need to produce first-class research doctors and (inaudible) . . .

Then, by the time . . . towards the end of Stan's Deanship, there was . . . we had a very strong opposition to anything on the campus. And the City of Irvine, which was brand-new, got a wild idea that they wanted a hospital, and it was the City of Irvine. And, so, they revved it up and it was to be the Irvine Medical Center, and it was right under the pattern of El Toro Marine Base, a foolish place to be, and an enormous future impact of traffic and it'll be the center
of . . it will be about like downtown Los Angeles at noon time. But they were all revved up and Mr. Baker, the mayor, they all wanted that together, and they got Beckman to go along and he was going to donate some money to start a nursing school and a little research institute, and that all got going again. But about that time, then my prediction finally came along: namely, that the government was beginning to back off on this bleeding, this fiscal bleed of billions of dollars for health care for the indigents and everyone else. So, about that time, why, then van den Noort was out of his job, and with quite a confrontation episode with the Chancellor and the authority of some problems. And that went by the way and the present time, why then, although we're on the Board of Directors of that little hospital, it's going to be kind of a nothing for a long time. It's probably going to be a little community hospital and in no way does it in any meet our academic needs.

SM: Well, that's well-answered. Thank you. Thank you, Warren. Now, the question is could Dan Aldrich have played his cards differently? And, if he had, would we have the hospital?

WB: Well, I've kind of explained Dan's role from my point of view.

SM: (inaudible) Yes, yes.

WB: Early on he clearly could have. You know, if . . . bite the bullet. It was available at a time that . . . of the second bond issue. It was available at the second time when Beckman
was first on the Western World Foundation. So, there were at least two perfectly clear times where, if he really set his heart to it and not been deterred, we'd have had it. It took a little hustling and it took being a little hard-ball, but it was there. And I'm sure he has his own reasons why he didn't.

Towards the end on this little folderol of the health maintenance orgies and Kaiser and stuff, these were also tentative—a new one was coming up every three or four months—and they never did nail themselves down. I feel it would have been amazing if that could have been put together. And I also think that at that particular time there were so many players that the Chancellor probably couldn't have nailed it. He could have cooled this thing if he had taken control the second time, at least, with the committee of mine, with Beckman on that, and said, "Look, this is it. Welcome aboard. It's a deal." Period. So, that's his role. But that case, of course, how that we've lost twenty-five years without a hospital and our situations are much worse now than they were.

SM: Well, then, you've really answered twelve. You've indicated that Stan had a head-in with the Chancellor.

WB: Well, it was mostly a matter of that matter about . . .

SM: That would be Peltason. That would be Peltason.

WB: Yes. That was . . . the Chancellor, of course, was Dan. Yes, Dan Aldrich.
SM: Now, am I not correct that Stanley resigned (inaudible).

WB: Oh, I see. His problem was entirely under Dan's regency, and you may remember that went back and forth and the Trustees were divided. They went up to see the President. It was in the headlines. The Chancellor got himself a vote of no confidence from the College of Medicine.


WB: Which was all related to this ricocheting back and forth, the indecisiveness on the part of the Chancellor as to whether he was going to close ranks and support a hospital. But while that was going on, why, then it turned out that Stan and he were kind of going in the two directions. And, frankly, the headlines, if you look at the whole thing, why, then it really rather made Dan look like he's kind of not very smart. And then there was a general theme, at least on the College of Medicine, of just straight-out kind of insubordination.

And, in any case, the Chancellor did not request Stan's resignation and, of course, Stan always said if it were requested he'd fight it. You'd have to take him on. And, knowing Dan, Dan never takes anyone on—I don't believe he ever took anyone on. So that Dan was . . .

SM: Yes, he's (inaudible) with the Chancellor. If Dan wanted to say you're gone, you're gone.

WB: Yes.
SM: That's the silly thing. That's the oddest thing. Dan was asked a question once: Why do you permit the administrator having a totally different view from you? And I think Dan answered in such a way that the university community needs to have this kind of differences.

WB: Well, it's the way he accounted for the wild students in the seventies, you know: "We need that sort of thing." I think he said that must have demonstrated some characteristics that he didn't feel would support his own team.

SM: Yes, he talked to me some.

WB: Yes.

SM: The question next then is why did Ed Quilligan resign?

WB: Well, I don't know for sure. Quilligan, of course, was recruited--a very distinguished man. Obviously, he was too old to be dean, frankly. I think he was around sixty-two, and that old. Our college needs a much more vigorous guy than someone who's sixty, who's been all through distinguished chairs throughout the nation, and he was editor of the SG and O, the main obstetrics and gynecologic journal of America. But I essentially feel . . . I don't think he
felt that way, but I think kind of psychologically he'd like to end up on this coast. This was a rather nice, honorific place to be, his children were here. He'd been here before; he was at ease, briefly, for a couple of years, and he felt that he could add some stability and get things going, ready for a permanent dean. About six months before that, he'd had a heart attack, a coronary occlusion.

SM: Up at Riverside when he was up there?

WB: Well, it was before ... I think it was up at Davis. He'd been at Davis.

SM: I think Davis is right.

WB: Yes. So, in any case, my feeling is he never really picked up the reins. I saw him many times, we were very cordial. I talked to him a little bit about a little advice off and on. But at committee meetings and before the faculty, with the many problems the college has, he obviously had come before the college and not really thought out the issues he was going to be asked about. And in the meantime, of course, the red ink at the hospital was increasing steadily, five, six, seven, eight, nine million dollars a year, and it didn't look like things were turning around.

And he appointed as his Executive Associate Dean a very, very distinguished, aggressive, sharp, bright guy named Desai, Phil Desai. And it was my feeling that Ted decided to select Phil Desai as his Executive Associate Dean to really be his
hatchet man and to carry the load, because Phil understood the hospital. And I would suspect that if Phil could have picked up the reins immediately, why--Ted never told me this, so this is just my surmising--Ted could have gone on for another two years and retired on the basis of age. It might have been a little longer but, regardless, his right-hand man Phil Desai had a massive heart attack and became... and it was way too serious to ignore, so he, Desai, stepped down.

In fact, he even resigned from his chairmanship of Obstetrics, and that essentially left Quilligan high and dry; and it's my feeling that it was apparent to Ted--his name was Edward, they called him Ted--that probably the Chancellor said, "You know, this just isn't going right," and it's perfectly possible that they just had a meeting of minds and Ted said, "Look, there's no way I can grab a hold of this baby again and get it going." That's kind of what I gathered.

SM: Okay, got it. Got it. Now, fourteen, what's your estimate of Dean Walter Henry?

WB: Well, I didn't... I knew him fairly well. He's a cardiologist.

SM: Very famous. My Australian cardiologist told me he's (inaudible)...

WB: Well, he's a very good heart conduction man. (chuckle) A good cardiac physiologist. He's an M.D., of course, had five credentials as to where he graduated from, and came to us as...
Chairman of Cardiology, a division of Medicine, of the Department of Medicine; and he recruited a sharp group, got off the ground right away, made it blossom, fine reputation, and obviously showed a great ability to organize and to select talent. But, frankly, if we'd have had a strong Department of Surgery at that time, we would have even become distinguished surgically, as well as medically in Cardiology. But regardless, he had worked with the NIH and he was also an M.D. and also an engineer, and he really enjoyed figures. He liked figures. He enjoyed charts. He liked organizational structures. He just enjoyed as an avocation. And while at the National Institute of Health, he had known Mr. Schwartz, Vice Chancellor Schwartz, and then the hospital got into trouble in terms of an incompetent director that left—at least incompetent by my standards, a guy named Gonzalez.

SM: Gonzalez.

WB: Gonzalez was a sweet sort of guy, but just didn't have it. While he was still kind of Cardiology, they asked Walt if he would help Schwartz run the hospital, which he did, and he did a very fine job. Quick, he's a man of . . . he makes a decision, he listens, he's approachable. He is very sharp. He's a little . . . He knows what he wants and you have to tell him what you want.

SM: What you want.
WB: What you want. He isn't a man who just sits passively and then you feed it to him. He knows pretty well what he wants, and you have to feed it to him so he deviates from his intent. But he lets you talk—he's a good listener—and then he says, "Okay, that's what we'll do." And he does it. Now, my feeling is obviously the Chancellor was in a bind as to time was a-wasting, the hospital was losing money, and I will say that with these problems, no university hospital—problems with this money—why, you know, this is hardly the most distinguished campus to come to if you're trying to get a heavy hitter nationwide. So, I agreed with the Chancellor and we talked—(I'm on the Board of Director's Executive Committee)—talked it over and it's our feeling that Walt is a clearly superior person and he has a chance at being outstanding.

SM: Good.

WB: He has some tough problems but I . . . He's a good doctor, he understands hospitals and he's a fine academician.

SM: Well, that's a very good recommendation, Warren. Now, since you wish to go at ten minutes to, you just have five minutes.

WB: All right.

SM: Then why don't we combine the question fifteen, what are other issues in the hospital—just tell me some of them in brief—and then eighteen, what's your prediction of when the hospital will finally come on campus?
WB: Well, these all are about the same thing. I guess the predictions now are related to the fact that we didn't do things right in the first place (microphone difficulty) . . . In this world, competition academically is the game for the high-flyers. We're in a tough team, the University of California. There's three distinguished campuses, and UCLA and San Francisco and La Jolla . . . La Jolla was our age and they have done it right. They've had stronger academic (inaudible). SM: But they haven't got a college-like hospital either yet.

WB: Well, I know, but it's all been signed. It's underway. They have put it together. They haven't gotten it started yet, but they got a Veterans' Administration Hospital on-campus that's theirs alone, and they're going to get an on-campus hospital in addition.

All the problems we have are essentially the fact that since our faculty has to commute twelve miles back and forth, they don't feel they're on the campus. They're wasting scores of hours back and forth on the freeway, they're getting all the time. Many of them don't feel the campus doesn't know them, they don't know the campus. That hospital over there is . . . We've put a lot of money into it, but it's still the County Hospital and it's still a fine, indigent hospital. So, and, of course, what the university is trying to do is make
a, you know, a silk purse out of a sow's ear. And they will, to some extent.

But not having a hospital, not having a campus presence, and having to compete within the University of California and other fine schools, we have not had the opportunity to compete for faculty of the top quality. Now, that doesn't make much difference. We've got one or two, maybe three, but, you know, the difference between the real top and the others is kind of minute, and it's very subtle, and, so that our weakness now . . . I'm not trying to say . . . If you talk about medical schools in general, we're obviously in the top 25 percent; but, remember, the other schools of medicine in the University of California are in the top 5 to 7 percent.

SM: Yes.

WB: So, we are not where we should be, since we have the total resources and prestige of the University of California. Well, my basic feeling is that we're just going to about stay there until we can get . . . until we can unify this College of Medicine in one spot. My great apprehension is that the Administration will give up and say, "Oh, what the devil! We're losing too much money there. Let's just relax. Let's just never put anything on the campus. Let's just figure we've got that place over there in the Medical Center, in the middle of a freeway, miserable parking. Let's just make it bigger and bigger and then pretend that we have something."
Now, if that's the case, if that happens, then, of course, we will never be in the ball game, in terms of our sister (inaudible). UC. Medical School.

SM: You're speaking of UCIMC, aren't you?

WB: I'm talking about UCIMC. It's not where we should be.

SM: I understand what you're saying. But you said maybe they'll want to just give up and add some things. Well, where could they add if there's no place?

WB: Oh, they'll say, "Well, you know, Columbia University's on seven acres down in lower Manhattan, and it goes up twenty-three stories." You know, you can pour it in . . .

SM: Yes, I see.

WB: But remember, that's where three main freeways come in. It's a catastrophe at times there.

SM: Yes, I know. (inaudible) Yes.

WB: You know, so that the easy out, the short, easy, quick fix. The dirty, quick deal would be to do that. And I've talked to Chancellor Jack, and I spent all my time trying to take the first steps toward getting something on this campus. The truth of the matter is we can have them both. It isn't in fact. It should be either/or. And, after all, San Francisco has UC San Francisco itself and it has the San Francisco County, both first class. Los Angeles has UCLA and Harbor, both first class. San Diego has La Jolla and San Diego County, both first class. We're just half a pie. But our Chancellor and
our faculty and our Dean have to fight for it. No one's going
to give it to us. We flubbed it. So, that the overriding
issue is getting our ducks lined up to start to do that.

SM: I know.

WB: If we decided tomorrow, you can't get it for seven or eight
years. It takes time to . . . you know.

SM: Oh, sure.

WB: But to clearly decide it's going to be done, get the motion
going, to organize yourself, to put it up. If we do that,
then I think there's no doubt that we will just . . . Our
prestige growth will go up logarithmic.

SM: Are you saying, Warren, that at that "Golden Triangle" up
here, that Beckman is in that group that's building that?

WB: In the meantime, he has backed out. You see, in the meantime,
all this easy federal dollar disappeared. Baker's out as
mayor. That little place now is just nothing.

SM: It's so forlorn. It's so forlorn.

WB: It's forlorn. It's a little . . . It's kind of . . . It'll be new, of course. It'll be going up this fall.

SM: Yes, those airplane engines which don't have to be toned down,
you know, by the civil restrictions, they're going through.

WB: Oh, yes, sure.

SM: But I wonder about all the instruments and that?

WB: Yes, or trying to listen to someone's heart when something
like that's going overhead.
SM: Yes, sure, roaring down.

WB: So, in any case, I wish we would just completely disassociate.

In fact, I was talking to a guy at lunch yesterday. By its regulations, we have representatives on the board of directors of that hospital. I personally feel we should say, "Thank you, it's a nice hospital. We support you. You're very nice. You have our goodwill, and if you don't mind, we don't need to be on your Board of Directors."

SM: Yes.

WB: So, our problems... our problems are essentially...
The one problem that may sink us will be to have people so preoccupied by the indigent under-funding of that hospital, that they have completely abandoned their College of Medicine in terms of their attention. And, let me say, the indigent loss over there at the hospital, of the poor, the undocumented, the illegal aliens, and da, da, da, da, I get back to what I said early in the rule, to clean up the mess, and walk out from that. And I wish them a lot of luck.

SM: Because Willy Brown's still around, he's the Speaker.

WB: Well, he will be around, you know. But the point is, irrespective, the loss of that hospital in terms of money is not the fault of the Regents. It's because the Governor and...
the President has decided not to fund indigents. And, if we wait until that's solved, we won't have another hospital for at least another twenty years.

SM: Warren, I think you're dead right.

WB: (laughter)

SM: I thank you very much for this fine interview. It's two minute past ten of . . .

END OF INTERVIEW