

GERHARD HARTMAN

In First Person: An Oral History

Lewis E. Weeks
Editor

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Gerhard Hartman

CHRONOLOGY

- 1911 born Buffalo, N.Y. April 21, son of Frederick and
 Pauline (Wilwode) Hartman
- 1932 University of Buffalo, A.B.
- 1932-1934 Presbyterian Hospital, New York City, Administrative
 Statistician
- 1934-1935 University of Buffalo, Graduate Assistant in Marketing
- 1935 University of Buffalo, M.B.A.
- 1936-1937 University of Chicago, Teaching Assistant
- 1937-1942 American College of Hospital Administrators,
 Executive Secretary
- 1937-1939 University of Chicago, Graduate Program in Hospital
 Administration, Instructor
- 1939-1942 University of Chicago, Graduate Program in Hospital
 Administration, Associate Director
- 1940 married Fern Tuttle, April 27
- 1942 University of Chicago, Ph.D.
- 1942-1946 Newton-Wellesley Hospital, Newton Lower Falls, Mass.,
 Director
- 1944 American Hospital Association and American College
 of Hospital Administrators, Joint Commission on
 Education, Member
- 1946-1971 State University of Iowa Hospitals, Iowa City, Director
- 1946-1977 State University of Iowa, College of Medicine,
 Professor and Chairman of Graduate Program in
 Hospital Administration
- 1946-1954 Iowa Board of Nurse Examiners, Committee on Nursing
 Education, Member
- 1946-1954 University of Chicago, Guest Lecturer in Hospital
 Administration

CHRONOLOGY (con't)

- 1946-1954 University of Minnesota, Guest Lecturer in Hospital Administration
- 1946-1954 Washington University, Guest Lecturer in Hospital Administration
- 1946-1955 Iowa Hospital Survey and Construction Program, Hospital Advisory Council, Vice Chairman
- 1946-1979 State University of Iowa, College of Medicine, Medical Council, Member
- 1948 Iowa Hospital Association, Council on Planning and Construction, Chairman
- 1948 Iowa Hospital Association, Council on Government Relations, Chairman
- 1948-1949 American Hospital Association, Committee on Insurance, Member
- 1948-1951 Upper Midwest Hospital Conference, Trustee
- 1949- Selective Service of Iowa, Special Adviser to State Director
- 1949-1951 American Hospital Association, Council on Education, Member
- 1950 Governor's Safety Congress, Hospital Representative
- 1950-1951 American Hospital Association, Council on Association Services, Member
- 1950-1954 National Association of Clinic Managers, Educational Consultant
- 1951-1953 Iowa Hospital Association, Council on Association Services, Member
- 1951-1954 American Hospital Association, Delegate at Large
- 1951-1954 Iowa Hospital Association, Iowa Civil Defense Committee, Chairman
- 1951-1954 American College of Hospital Administrators, History Committee, Member

CHRONOLOGY (con't)

- 1951-1954 Iowa Hospital Association, Council on Government Relations, Member
- 1951-1954 American Hospital Association and the State University of Iowa, Advisory Committee on a Short Course on Hospital Laundry Management, Member
- 1952-1954 Iowa Hospital Association, Legislative Council, Member
- 1952-1954 American Hospital Association and the American College of Radiologists, Joint Committee, Member
- 1952-1972 U.S. Army, Office of Surgeon General, Consultant on Hospital Administration
- 1953-1954 Iowa Hospital Association, Council on Tax-Supported Hospitals and Clinics, Member
- 1953-1954 State University of Iowa, Institute of Gerontology, University-wide Committee, Member
- 1958-1960 and 1967 Association of American Medical Colleges, Committee on Financial Principles for Teaching Hospitals, Chairman
- 1960-1971 State University of Iowa, University Relations Committee, Member
- 1961- State University of Iowa, Hospital Advisory Committee, Member
- 1962-1972 U.S. Air Force, Office of the Surgeon General, Consultant on Hospital Administration
- 1966 State University of Iowa, College of Medicine Planning Council, Member
- 1966-1967 W. K. Kellogg Foundation, Hospital Advisory Committee, Member
- 1967 Institutional Committee for Hospital Administrators and Directors of Nursing Education, Member
- 1967-1973 American Heart Association, Legislative Advisory Committee, Member
- 1967-1970 United States Public Health Service, Consultant to Emergency Health Services Branch

CHRONOLOGY (con't)

1967 State University of Iowa, Hospital Policy Board,
Chairman

1968-1973 Federal Health Manpower Council, Member

1969-1971 WHO, Consultant in Health Services Administration

1977-1979 State University of Iowa, College of Medicine
Graduate Program in Hospital Administration
Professor

AFFILIATIONS AND MEMBERSHIPS

American Association for the Advancement of Science
American Association of Hospital Consultants
American Association of University Professors
American College of Hospital Administrators, Fellow
American Hospital Association, Life Member
American Management Association
American Public Health Association
American Society of Political Science
American Society of Public Administration
Association of University Programs in Health Administration,
President 1961-1962
University of Chicago Hospital Administration Alumni, President
1936-1937
Committee on Nursing Education
International Hospital Federation
Iowa Hospital Association, President 1947
Iowa Public Health Association
Iowa State Committee on Chronic Illness
Iowa State Hospital Advisory Council
New England Hospital Assembly, Secretary 1941-1943
Johnson County, Iowa, Medical Society
New South Wales University of Technology, Consultant on Hospital
Administration Education
Superintendents Club of New England
University Hospital Executives Council, General Chairman 1954-1955

AWARDS

American College of Hospital Administrators
Silver Medal, 1975

American Hospital Association
Life Member, 1936

University of Buffalo
Bertha Riddle Scholar, 1932-1935

University of Chicago
Julius Rosenwald Fellow, 1941-1942

Council of Teaching Hospitals
Distinguished Leadership Award

State University of Iowa
Gerhard Hartman Professor, chair endowed in honor

BOOK PUBLICATIONS

Problems and References in Hospital Administration (with
Arthur C. Bachmeyer, 1939

The Hospital in Modern Society, 1943 .

Hospital Trends and Developments, 1940-1946, 1948

WEEKS:

Dr. Hartman, possibly you would like to begin this oral history of your life at some point early in your professional life or during your preparation for it.

HARTMAN:

A good place to begin then is when I was an undergraduate student at the University of Buffalo with a major in statistics and a minor in economics and a minor in social studies. I was taking a course in sociology with the head of the department, Dr. Niles Carpenter. He had contracted to do two of the volumes of the Committee on the Cost of Medical Care. He had as one of the areas of study the workers' prepayment scheme for the Endicott Shoe Company in Endicott, NY. I got into the analysis of the data from the prepayment scheme first, also some of the field work and some of the contract analysis, and then some of the composition.

At the same time I was an undergraduate, my family had pressed me into taking music as a career. I was a fairly competent violinist. I used to play with the Buffalo Symphony.

Concurrently, my father, who was of Prussian tradition, had as his wish that I go to West Point. I accepted an invitation from Congressman Donald, who

who was a next door neighbor, to apply and become a principal. I then withdrew after achieving entrance. I mention this to indicate that my career was sort of checkered.

Then later on a visit to Germany, my mother's parents said, "Won't you study in Vienna or Heidelberg? We would like to have you stay and get an M.D. degree." I had no wish for the M.D. degree.

Across from our summer place on Lake Erie was Mr. Statler of the Statler hotel chain. He said, "Why don't you go into hotel administration? After all, I am subsidizing a program at Cornell. You would do well, you are bright, you are pleasant, you are social and all the other things."

I said, "No."

Finally it dawned on me that I could get in the organizational elements of something approximating hotels and in some of the medical elements by looking at hospital administration. So, I called on the then administrator of Buffalo General, Dr. Fraser Mooney, who also knew my family.

Fraser said, "Gerry, you would do immeasurably better to get the M.D. degree. Why don't you just go through; you qualify for entrance. The dean knows. You would be just right. Go along, get a bunch of Cs. You don't ever need to practice, but use the M.D. for your professional entree."

I must tell you privately that this offended the hell out of me. I decided that for somebody to waste the position of M.D., with no intention of ever accomplishing the privilege of practicing, tore me up. But I also saw the wisdom of getting some of the knowledge. So, on my own, I wrote to the American Medical Association, Secretary of the Council of Medical Education, indicating that I wished to enter the administrative field, that I wished to work in the teaching hospital sector. I asked if it was permissible for me to

enroll in a medical school as a special student not to acquire the M.D. but primarily for the understanding of the environment in which medicine is taught, and also how patients are cared for. Lo and behold, with the sponsorship of the dean of the medical school in Buffalo, I received an affirmative answer. It was the first and only one of its kind. In my studies at Buffalo I also enrolled in physiology, internal medicine, psychiatry, and medical jurisprudence. I was able to select the best of the teachers because I was not locked in a curriculum. I repeated medical jurisprudence because a Supreme Court Justice, Justice P. Swift, taught it out of term. He was truly brilliant and stimulating.

With that background I didn't know where to get a handle on getting into the field so I asked Dr. Mooney and Moir Tanner, and a few others. (Just for the fun of it, jot down who you think were the ten best men in the field: Harley Haines was one, Asa Bacon, Bob Bishop, Nate Faxon, who was at Rochester, to name a few.) So, I went to Dr. Bishop for an interview. That's where I first met John Mannix because he conducted ninety percent of the interview. Dr. Bishop provided a blessing and then a benediction. Asa Bacon felt that he had so much that concerned him that he couldn't and shouldn't interview me. Harley and I didn't make an appointment, and I don't remember why. He was just about opening the medical center at that time. He asked the board's permission to take me on as an apprentice. The board demurred, they didn't decline. He was rather contrite because he felt that he wanted me, to help me, not that he needed me. So he called the president of the board at Columbia Presbyterian, a Mr. Mills who was "living-in" and who was a former mining partner of Herbert Hoover. (Hoover was a friend of my family, so there's a link there.)

The end result was that I was invited to come down for an interview. He asked me what I wanted to do. He asked me what resources I needed; I stressed the library. I commented on Haven Emerson, and also on Dean Rappilye, because I had read his study on the hospital administrator.

Then Mr. Mills said, "I have a room attached to my apartment. There will be a Dr. Hodson who will occupy it also, if you don't mind. He attends me. I would like to have you start whenever you wish. How long do you anticipate staying?"

I said, "Twelve to eighteen months."

"What title do you want?"

I said, "Apprentice."

He looked sort of stunned.

I said, "Frankly, I have no knowledge. I am like a journeyman. There is no former title. I would never think of calling it an internship because that would intermingle it with medicine."

Six months later he made me administrative statistician, and twelve months later cited my work in two paragraphs of the annual report at Presbyterian Hospital which later helped open the door in Chicago.

After I left Presbyterian I went back to Buffalo. It was the time the Depression was at its worst. I learned that there was a team being composed out of President Franklin Roosevelt's office of 140 faculty and advanced graduate students. The team was to make a comprehensive study in the Fourth Federal Reserve District, which has Cleveland as its base and goes as far as Pittsburgh. The study was on what are the impediments to the small business getting loans from banks now that the worst of the Depression was over. As part of the team this meant that I had to call on the bankers and call on the

would-be borrowers and reconcile. For entree I had a personally signed letter from F.D.R., all of us did. I began as a field worker, but, lo and behold, I ended up as one of two associate directors of the project at the time it was finished.

During that interval all of my associates stayed at the Statler. I did not wish to move from my family because all my friends were saying when was Gerry going to go to work, when was Gerry going to do something worthwhile was what they meant. My father had passed away and my mother was very thoughtful, not in the sense of lavishness, but in the sense of being just wholesome and thoughtful.

WEEKS:

You mentioned the University of Chicago. How did you happen to go there?

HARTMAN:

I had an interview in Buffalo with Rufus Rorem on behalf of Michael M. Davis. I heard that the University of Chicago was going to offer a graduate program in hospital administration. It was then that I wrote to Dr. Michael Davis as they were about to accept a class. I was invited to go into that first class. I have always been sort of a prudent character, not selfishly, but protectively, so I asked if I would be equally acceptable the second. For the second year I was interviewed by Rufus Rorem, clear sailing. I went to see Michael Davis at the Rosenwald Fund, and the dean of the graduate school, William Spencer. Will you believe it, when I went in to prepare the special study curriculum for the doctorate, the dean and the committee of four determined that with the special studies I had done--not the field work, but the academic work at Columbia, Buffalo, and law school, and the rest--they waived all the formal requirements for additional academic preparation

provided that I would take three advanced course tests and passed them? The courses were business organization, industrial management--I have forgotten the third one. If I passed those then I would be free to pursue the studies I wished on the campus. I have always wanted that open-endedness for learning. I have always looked on the university as a resource. So I just decided to play for the top.

The son of the original president of the university, President William Rainey Harper's son, Samuel Harper, was a professor of international law and political science. I learned that his contract provided that fifteen months out of any twenty-four consecutive months could be spent abroad with the full support of the university. I learned also that he taught the only course in Russian. I know German intimately. I can read French, Dutch, Norwegian, and Swedish. I felt that with the way the world was going that perhaps Russian might be useful and pertinent. So I enrolled in Professor Harper's class in Russian. It began with twenty-three students in September, by November it was down to two, a mathematician from Japan and this character. Within the year Professor Harper's sight began to fail. I was single so he would ask me to bring him his mail. He would ask me to open the mail and read it to him. Of course, much of it was in Russian, long hand and the rest.

To make the story short, I worked with Ruth Emerson in medical sociology and I took advanced work with a leading cardiologist, Dr. Emmett Bay, who wrote beautifully. I have always liked to work with people who write well.

Dr. Harper had gone abroad and had come back. He said, "Are you ready to stand for your written Russian?"

I said, "Yes, I think so."

It was eight in the morning. He said, "You are to take as long as you

wish. You are not to leave the room." Obviously there was no resource material in the room. He just reached over and said, "Here it is in this envelop."

I expected to have some literary translation from Dostoyevsky, or an autobiography of Tchaikovsky. Would you believe that that rascal while a patient in the Soviet Union had stolen a medical record? He handed me the medical record and said, "If you want proficiency in medicine, translate this." Wasn't that priceless? That was a scarlet fever record which I succeeded in translating without stress.

Then in terms of the university, I worked with John Mitchell in business organization and Irv Stone in industrial management. I took many of the special courses and developed an acquaintance with Professor Sam Herlove. I had previously worked with Professor Robert Riegel in insurance and found the analysis from mortality tables, morbidity tables, expectancy tables and so on very interesting and useful in terms of disease parallels. I decided to do some more work with Professor Herlove who at that time was a senior consultant with Continental Casualty. I developed an interest in risk and risk bearing theory. I acquired this with Professor Frank Knight and Jake Viner and, in the social area, with Louis Wirth.

With these faculty members as committee members I undertook my dissertation with Bachmeyer as chairman. I was still in the middle of it when I went to Newton. Everybody thought I would be so busy there I never would come back. I had no need to ask the board at Newton, Lew. I had been there about a year and three months. They liked me and trusted me. One day at a board meeting the chairman, Clifford Walker, just said, "Gerry, we want you to get the doctorate. We want you to do it without fail. You are to take a leave

with salary until you get the doctorate." That's how generous they were.

At the same time, Dean Smiley of the School of Public Health at Harvard called over asking if I would join the faculty. I touch on all this as terms of beginning because it was essentially search and feel. Perhaps the unique elements were the wisdom I apparently had in acquiring understanding and depth through observation and exposure of medicine and, most importantly, the ability to know and like physicians. This has never left me. I have neither fear nor concern about working with doctors of all levels. This has stood me in good stead throughout my career.

When I came to the University of Chicago campus I had already been accepted by Dr. Davis as a fellow in the Rosenwald Fund. That was quite unique in that Julius Rosenwald had provided a large sum and had stipulated that it either be spent in ten years or it would revert. Accordingly, a Dr. Gertrude Kroeger from Germany and I were two fellows.

Michael Davis had started the graduate program in hospital administration with Dr. Kroeger. He had six students the first year and nine the year I enrolled including Vane Hoge, Ted Wagner, and a number of others that were from the nonphysician sector. Hoge was on loan from the Public Health Service through Dr. Tom Parran.

WEEKS:

You had an early connection with the W. K. Kellogg Foundation, didn't you?

HARTMAN:

I knew Graham Davis when he was at the Duke Endowment prior to his coming to W.K.K. Also, Dr. Bachmeyer and I consulted regarding placing Andy Pattullo as the first program resident to go to a foundation. Dr. Emory Morris was delighted with Andy--his remarkable career speaks for itself.

In the obligation that I had to the W. K. Kellogg Foundation, I had to write the first text in the hospital administration graduate field. I was commissioned to make an analytical question type text entitled Problems and Issues in Hospital Administration. It was published by the University of Chicago. I am sure you will find a copy in the University of Chicago Library. It was paperbound, and was updated once. It became the predecessor of Ray Brown's volume on issues. The opportunity to publish encouraged me to continue those interests which I developed, as I have said, in writing the report for FDR with Niles Carpenter.

Problems and Issues was the working document in the graduate program. We began on the thesis, Lew, that to learn you have to know how to find the problems, state them, decide which are workable and which are not, and so on. Essentially it was an exercise at multilevels in the field. It wasn't just about global issues, it was right down to blood banking.

When the program began and I was enrolled, I attended all of Michael's lectures, took all of his exams. The primary text was his book, Hospitals, Clinics, and Infirmaries, plus the Committee on the Cost of Medical Care studies, and plus a host of broadly based readings. Rufus Rorem taught the section on finance. The Chicago program, I think even to this day, is eighty to ninety percent basic graduate management with the interweaving of aspects of the health care sector. That was Michael's wish. Michael had the title of Lecturer. He had a wide university acquaintanceship, and in depth acquaintanceship in Boston and nationally. He was still a prime target for everything that Morris Fishbein and the old guard wanted to use slanderously, salaciously, and occasionally accurately.

WEEKS:

Did you meet Otho Ball in those early days?

HARTMAN:

Yes. He was an informal but sagacious adviser on strategies relating to ACHA development and acceptance. At that time I was encouraged to not only know the people in the field, but I decided I would get to know the primary publisher. In that day it was Modern Hospital. The real brain at Modern Hospital was Dr. Otho Ball. I would politely and accurately characterize him as the primary power broker in the health care field. He was one who was as powerful as Morris Fishbein was with all his dollars from selling his books and his advertising. Dr. Ball was the first donor to the American College of Hospital Administrators at the time when the ACHA was in the critical level. I'll admit it was \$1,000 but that was equal to ten or twenty thousand today. He augmented it with another \$500 later.

I began to work with Dr. Ball in terms of the products of the program and how you place them. One of the first he sent me to was Dr. Robin Buerki at Madison. That's where I met Louise and Bob, as their house guest on the grounds.

Michael soon left the program and Dr. Arthur Bachmeyer became his successor. I won't elaborate on it but there was intrigue and warfare between MacEachern and Bachmeyer. It was in the AHA orbit and I had to blend between the two.

WEEKS:

How did you happen to become executive secretary of ACHA?

HARTMAN:

I was encouraged to take a "long shot" in career development by Davis and Bachmeyer. I had an invitation to consider the position of part-time

executive secretary of ACHA. I asked Michael what he thought. He invited me to his home. Helen and he and I talked and thought. He said, "It's high risk, but it has potential. You are young enough to try it. You are not going to lose much. "

Bachmeyer then called Basil MacLean, and Fred Carter at Cincinnati, because Fred had succeeded Arthur. Then Dr. Carter, whom I got to know well as "Fred", called Basil, who was the incoming president.

Basil said, "I am coming to visit my brother, Colin; he has an apartment at the building he owns. Why don't you set up an appointment for me to interview Hartman at Colin's apartment?"

I very innocently appeared for the appointment and sat down on a settee. Basil was tall, elegant, and absolutely brilliant. He sat at one end of the settee, and I at the other. What I failed to notice, Lew, was that the door to the room was two inches ajar and the entire interview was conducted without the visible but with the actual presence of Dr. Fred Carter, Dr. Claude Munger, Miss Bernice Larson, Bob Buerki, and I have forgotten, someone else.

After the interview Basil said, "What do you want for a salary?"

I can't remember what I said. It was some modest sum, far less than what they were prepared to offer. I heard a roar of laughter. Then the door burst open and out came some of the others. What I am alluding to here is that is the way my role in the College began.

Then I met Dewey Lutes (who had been acting as executive secretary of ACHA) at Ravenswood. His real brain and power was a secretary named Phyllis Brooks (I think her last name was Brooks). She did a great deal of the thinking and all the paper work and all the composing for Dewey. The real powers of the ACHA were Paul Fesler, who was at the University of Minnesota

then and was succeeded there by Ray Amberg, and Morris Dubin at Sinai or the other big Jewish hospital in California, and Joseph Norby and the medical group I have already identified--Carter and the rest.

So I took the position. I had a half-time secretary. I would spend a couple of days at the College and have a couple of days at the university. Michael, in his generous way, decided that as a young fellow I needed status so he gave me the operative position of associate director of the Chicago graduate program in hospital administration. When Bachmeyer succeeded Davis at the university, he retained me in that position and used me fully.

There was an interesting aspect of the ACHA development which really had its roots at the university. The HA program that Michael had started had been going for three years with Rosenwald funds, and the Rosenwald grant was due to expire. So Michael and Dean Spencer and I, by invitation, not by any point of privilege, had an appointment to wait on Bob Hutchins, the president of the University of Chicago. The purpose was to ask for his blessing for university strategic support, and the privilege of going out for other funds like Commonwealth. I'll never forget the meeting because I had always thought that Dr. Bishop had a grand office at Western Reserve University, but I assure you Hutchins' was much more prestigious. I had seen him occasionally as a faculty member but I had never been in the inner sanctum. When we came, he was sitting at a work table in his shirt sleeves.

He said to the dean, "Bill, what's up."

The dean told him why we were there.

Hutchins said, "Oh, yes."

Then the commentary was made on why the HA program should be carried forward. I won't repeat the precise profanity he used except that he called

the field just G-- d--- technocracy, that it was just the antithesis of what a university should represent and that it would go forward over his dead body.

The dean, of course, was used to working with him but I was just innocent enough so that I spoke up and said, "As an individual enrolled, may I say that it is respectable academically." Then I indicated some of the faculty.

When I named Jacob Viner, he asked, "Did you study with him?"

"That's my major," I said.

He asked, "With Frank, too?"

"Yes, Professor Knight is a man that I am working with day and night. I am not obligated to take the courses but they are the men from whom I learn." I threw in the names of Ruth Emerson and Louis Wirth. I said, "I would like to respectfully suggest that it be given another three-year test interval with sufficient interim reporting to you so that you know what is really happening."

He smiled and said, "So be it."

That was it. The Commonwealth Fund gave support the early years and then the W. K. Kellogg Foundation picked it up from there and has been with it ever since. Kellogg didn't become interested until Andrew Pattullo, who was, I think, in the last class I taught with Bachmeyer, left to join Graham Davis and Emory Morris in his residency or fellowship at Kelloggs. I still remember Andrew as the bright young fellow from Omaha and the pleasant-appearing, thoughtful way he had about him. He still is as elegant as he was then.

On the ACHA side, Lew, I would say the best words would be that the College was laden with some confusion, great controversy, and very little constraint. Its roots--this has never been in the literature, and perhaps should't be on this tape but I am not hesitant to express it--the founding fathers were essentially significant and middle significant executives, all

nonphysicians who were concerned about the power position of the Fred Washburns, the Joe Howlands, the Smiths, the Hopkins, the Bachmeyers, and the rest. It wasn't an antiphysician group, but it was obviously designed in part to get the earnings of the nonphysicians to begin to equate with the physician executives. I would say that part of my early reversal of this was to get people like Joe Norby, Howard Bishop and others to bring the physicians into the fold. They were trying to come in but they weren't woven in because Dewey Lutes was in with the Dubins, the Wordells, and the rest. It wasn't difficult to do that. If I remember correctly, Charlie Wordell was the first president of the College, Bob Neff the second, Fred Carter the third, and Basil MacLean the fourth. My reason for getting the physicians in was that I could see nothing in the background that would gain any professional respectability for the field if there was a symbolic or actual schism. Accordingly, when committees were formed we had one headed by Jim Hamilton (a nonphysician) and we had another one headed by Agnew (a physician). That kind of parity, if you look through the records, was one of the notable characteristics. To make real peace with the physicians, it wasn't difficult to get those that were in the American Hospital Association work, but the real mind, the real brain, the really brilliant, singularly brilliant, person in the field was Dr. S. S. Goldwater. So I asked what we could do to successfully invite Dr. Goldwater to accept honorary fellowship. A number of overtures were made by a number of the leaders, and it was cold turkey. Then I learned that Howard Bishop from Robert Packer Hospital in Sayre, Pennsylvania knew Dr. Goldwater and felt that Dr. Goldwater respected him. At that time Goldwater was the Commissioner of Health for Mayor LaGuardia of New York. I might say that concurrently Goldwater was consultant to twenty-eight large hospitals and medical centers.

He had that kind of mind. So Howard called Dr. Goldwater's secretary and said he would like to bring a fellow named Hartman in for an interview not to take more than twenty minutes. We stayed an hour and a half. The exchange among us was truly entrancing. He not only accepted the opportunity to join ACHA, but within two months thereafter he accepted the invitation to be the principal speaker at the 1938 Dallas convocation of the College. He gave one of his best addresses. The theme I will never forget: "Hospitals Don't Practice Medicine, Doctors Practice Medicine in Hospitals." It was just right to make peace with the Fishbeins, with the Michael Davises, and to give a certain professional aura to the College.

For all the years thereafter, Lew, he was a prize, not because he would accept an office, not because he would do anything to interest anyone like Jack Mazur, or Bluestone or anyone else--his proteges, his progeny--but only because by his very presence, strategic presence, more than symbolic, but not physical if I may get something in between. He gave the College an aura that stood it in massively good stead. It was then that the journals like Modern Hospital and the rest accepted the publication of articles that we would digest from speeches that were given.

WEEKS:

Am I right in saying that one of the major purposes of the College was to build the professionalism of its members through educational efforts?

HARTMAN:

Absolutely. That's why my Ph.D. studies and my University of Chicago appointment made me seem worthy.

The College, born of controversy and conflict, also had a problem because I insisted that professionalism had to equate with educational identity. It

could not be experience, it could not be income, it could not be any of the usual tradesman type of activity. I truly became a proponent of education in the field, not just bringing new characters into the field, because the numbers were there.

Fesler had been succeeded as Regent of the College by Ray Amberg. Ray didn't know me, I had never met him, but when I called on him, he was... I'll give you this description: Bob Buerki said that when you meet Ray Amberg, don't be fooled. I can almost remember the words. He said that Ray is half Irish and half Swede, that his speech may be as slow as a Swede's but his mind is as fast as an Irishman's. (I give you this quick account, Lew, because this was the first continuing education thrust of the College.) When I came for the meeting with Ray, lo and behold, who came down to the lobby of this very hotel we are in today but Ray, not an assistant or a secretary. Where did he take me first? Without advance notice he took me to President Coffman, University of Minnesota, to let me know I was at the top. Next he took me to the Dean of Postgraduate Medical Education Studies, then to the director of the continuation center for whom the center is now named, Noyes Hall. We dreamed up the first program. I won't bother you with the details except that it was a unique blending of medicine, administration, and what I would call practicum subjects, in other words the know-how to do it things.

Ray never took a front position, he never wanted to be conspicuously identified with this.

Ray also introduced me to Dimitri Macropoulous because he knew I liked music. Dimitri said, "We always have our final rehearsals on the very day that you begin your meetings. Won't you come to the rehearsal." It was just glorious. I can't express it more generously or more accurately.

The continuing education project at Minnesota proved to be a success. We used President Coffman to write to the president of Harvard, so with Claude Munger and Nate Faxon and others we got into Harvard. After that we got into Columbia, Duke, California, Tulane, Baylor and, I think, if my memory is correct, we probably had a dozen or fourteen such day and a half efforts that provided a type of identity to the people in the field. It provided an opportunity for us to get to know the people so when their credentials came forward we could at least have a visual knowledge and some understanding.

WEEKS:

How were applications for membership in ACHA handled?

HARTMAN:

The membership committee convened and the applications were circulated among the members: Who do you know? What do you know about him/her? Are there any blemishes? How good is the hospital and the administration track record?

The College had a secret committee of five with whom I did all the work and all the screening for membership. Our richest single resource for the College to make sure it didn't make more mistakes than it did (about candidates for membership), and it did make some, was to lean on MacEachern of the American College of Surgeons. We could never ask him anything about ACS accreditation (of hospitals). We could ask him man to man, "What do you know about Sister Mary Bridges? Is she as good as people say she is?"

He might say, "She is fine, Gerry." Or he might say, "Just a moment. I know she has the power of her position. It is Mother Genevieve who has her as a favorite. I don't think Sister Bridges would do credit as a Fellow because

other sisters would look on her as less than fully worthy. She isn't bad, but she isn't that good."

So gradually we lifted the level of entrance to the College. There was endless conflict and confusion as to what designations we would provide for levels of membership. I'll never forget, Lew, when I went there the lowest level of categorization was "junior". You can imagine for you or me, who were new to the field, applying for membership after experience in another field, and being given a certificate that said "Junior Member". It was anomalous. True, at the beginning, the power brokers at the top, the early enterers, the charter Fellows, felt they should hold the line, so they threw in a thesis requirement. You know, most operatives haven't the competence, much less the willingness to engage in it, so there was a long fuss about it.

At one time in the early years there was a conflict about whether the College should even be in existence, whether it should be washed out and be put under the AHA, whether it should be affiliated with the AHA as a parallel equivalent, or in a subordinate role--never a superior role.

WEEKS:

As we both know, there was a development where faculty of HA programs included many who did not have enough actual experience in hospitals to meet College requirements for membership. How was that resolved?

HARTMAN:

The university appointment was recognized by ACHA as the key criterion--not experience alone.

That was another area of conflict that came about after I left that is profoundly revealing. Would you believe that the College about five years after I left, in 1941 or 1942, still refused to recognize the faculty of

programs in hospital administration as worthy of any class of membership? Truly.

Bachmeyer and I were working on a couple of our books, you remember the readings? I just said, "Arthur, I am going to ask for the privilege of meeting with the Board of Regents of the College in Atlantic City. I will have a brief prepared that I will not distribute in advance. Its theme will be that the lack of even differential recognition of faculty is a contradiction of the principles on which the College is founded. I am going to make my case on the studies I will do on the status of the faculty of architecture in the architectural profession. What is it in medicine? What is it in accounting? What is it in engineering?"

Well, in the meantime I acquired tertiary type malaria in Puerto Rico on one of the College institutes. On the way down I became quite sick, but luckily two of the students we had had in Chicago were former practitioners in Puerto Rico so, along with Dr. Bachmeyer and Dr. Kasabaum from Harvard, they put me on my feet. I am not trying to be maudlin but when I got to Atlantic City I was as shaky as an old, wet hen, but I presented my brief. I am happy to say that was the turning point. First faculty and, subsequently, students were given appropriate status and early acceptance in the field.

When I use the word conflict, I don't mean to give the impression that it was rambunctious or openly disagreeable but there were currents, counter-currents, possessiveness, inability to even express educational policies that were congruent and coherent and didn't contradict each other. So the program had elements of contradiction, contrariness.

Fortunately, when Dean Conley succeeded me, he was of a far less aggressive or forceful sort than I. He was more of a coordinator in let's get

this cleaned up, and let's do this with a convocation, let's have processionals with robes, and let's do all of the things that some of the early members like MacLean would turn over in their graves if they saw. At least it gave it an aura and a substance. Dean, for the subsequent twenty or thirty years prior to Dick Stull, I think, did a very admirable piece of work. The results speak for themselves.

WEEKS:

You have long had a strong interest in the doctoral program in the health care field, especially for the hospital administration sector. You were one of the first to so earn a doctorate, weren't you?

HARTMAN:

I believe I was the first to pursue a strong major interest at the doctoral level. At the Chicago program I was the first Ph.D. There were a couple of others enrolled subsequently, but it never became a really advanced effort until Bugbee and Odin Anderson came to run the program. When they closed out the Health Information Foundation, which had been subsidized by the drug industry, they literally debated whether they should go to the University of Michigan or go to the University of Chicago. It was a teeter totter of all the values that prevailed. I think that it wasn't until Odin came that there was another faculty member who could impress the university faculty that the doctorate was worth it.

I am not going to put this in as a heavy note and I hope you will extract it if you wish. One of the heavy burdens at the University of Minnesota in pursuing the doctorate was that Jim Hamilton's degree was at the master's level. You know how protectively possessive or possessively protective faculty are that only advanced scholars entertain would-be advanced scholars.

This stood me in good stead when I went to Iowa after Newton. When I was at Newton they knew I was anticipating a university post. It's rather interesting because the Harvard people wanted me to teach. The hospital board wanted me to work harder because I was merging Wellesley into a part of Newton. Dean Smiley and the others were all aware of my interest because I had practiced with the Harvard faculty, the clinical faculty. Sid Dalrymple, our pathologist at Newton since I came, was associate professor of clinical path at Harvard. Oliver in E, N, and T was a peer physician at Massachusetts Eye, Ear, Nose and Throat and also a senior faculty member at Harvard. So I have used the Newton-Wellesley prestige (it's like Lake Forest in the Chicago area) to attract the best. Of course, the feedback was, if you need somebody to teach administration, we have a character who is reasonably informed, reasonably academic, usually quite pertinent, and not afraid to say what he thinks. That's what faculty like to think they are.

WEEKS:

When you finished at the University of Chicago program I believe you went to Newton Lower Falls, MA to be the administrator of the hospital there, didn't you?

HARTMAN:

Yes. When I went to Newton it was as a prime sponsorship, I would say, of Nathaniel Faxon who had left Rochester to go back to Massachusetts General. Nate heard that the job was opening and that Bertha Allen who had been there for twenty-eight years as the RN administrator wanted somebody to succeed her. Bertha looked me over at a couple of College functions. I didn't know I was being examined. It was by invitation when I went--to protect her identity, her sense of security, and to be respectful--I accepted the position

pending my working in her office with her for such time as when she told the board I was ready to succeed her. This impressed the Saltonstall family, which was very close.

I had been there five years at Newton. I had been extremely active in the AHA Council of Government Relations, with Bugbee on Hill-Burton, and with Tom Parran. (I'll take that up a little later, a colorful part that may not have been disclosed the way I might say it.)

WEEKS:

You said you were interested in going with a university after leaving Newton. Will you talk about how you happened to go to Iowa and about some of your experiences there?

HARTMAN:

Iowa was appealing because the state General Assembly financially supported a state-wide service program. Also, the Rockefeller Foundation had partially funded the college and hospital as a rural-focused social experiment.

Additionally, I succeeded Bob Neff who was just closing out his presidency of AHA. The University had as its president, Virgil M. Hancher, a former Rhodes Scholar. There were three university opportunities open. I hadn't sought any of them. One was Oregon, one was Colorado, and Iowa. So I just called the president of the University of Iowa. He said there were 56 applicants. I said that I guessed the Heinz number was 57. So they invited me out. A committee of three of the faculty gave me a good going over. It was beautiful. The head of obstetrics, the head of neurology, and the head of internal medicine plus the dean who was an arch-Scot, Ian Murchison MacEwen, a brilliant anatomist and a very acid individual. So I was offered the position although I hadn't sought it.

Before I would take it, I went back for a second interview, which was mine to interview them. They loved it. They had never heard of it, but they liked it. When I had been there about three months they, of course, knew about my academic interests and pursuits plus the degree. The readings book had been out for a while, and it had tremendous distribution through the Commonwealth Fund. So the medical council met without my knowledge. They told me nothing about the meeting although I was member of the council. The dean put the proposition that I should be offered appropriate faculty status if I would be interested in developing graduate education. My predecessor, Bob Neff, had undertaken some exploratory overtures with the Dean of Business, Sidney Winter, which was finance taught as an advanced course in institutional accounting, so the dean was interested.

The president asked if I would work at developing graduate education, the dean of the graduate college asked if I would. I said I would on three conditions: first, that I have a separate office, I didn't want to work out of the administrative office; secondly, that I would have it completely in the graduate college and not structured in any college's curriculum; and third, if and when we were ready, we would engage at the doctoral level of instruction. Without those conditions, I would have no interest.

Lo and behold, later when I was called to see the president I didn't know what was on the agenda. The dean of medicine was there. They both stuck out their hands and said they wanted to congratulate me.

I said, "For what?"

They said, "We are about to go to the Board of Regents and recommend you for a full professorship in medicine."

I was thirty-five years old. Need I say more? I am not being vain, but I

was almost deliriously ecstatic. I kept a straight poker face. This had to be a faculty action, not just a quickie where some committee said we think we can plug him in here, so I asked why.

They said, "First we wanted to make sure that the program had the stature of a leader. It had to be done academically. Second, we see that you have the credentials in terms of research and publications." (My dissertation had also been published, an Oxford Press publication, and in India.)

Then they said they found I was reasonably persuasive in influencing people so perhaps I could influence students and attract them. From that we went forward with a completely unstructured master's. I insisted, and the graduate dean and dean of medicine agreed, it would be a master of arts, a pure degree because I remembered the diatribe from Bob Hutchins on democracy in degrees other than the established degrees. I would not go for the M.H.A., for it would cause a partial convulsion and flaps.

I think we had been operating about five or six years when there was a student from Chicago who took his master's. He was Charles Burbridge, a black gentleman that the Rosenwald Fund had attracted because of their strong interest in blacks and whom Hank Southmayd of the Commonwealth Fund knew, and whose family was the premier insurance family in New Orleans. Charles asked if he could work toward his doctorate. Shortly after that came Miriam Neff whose father was a prestigious banker in Iowa. She has been in government since leaving the university. Charles ran Howard University Hospital, as you know.

Then the flow began. The real success had very little to do with G.H. I taught. I never missed a class except for illness. I never let consultancy --legislative hearings, yes, but never anything else. I devoted a third to a

half of my time to the academic program because I was able to attract beautiful, operative people for the university hospitals.

In setting up the program we began it as a test vehicle just as we did in the Chicago graduate college. Again it was Commonwealth Fund support at first, and then later Kellogg Foundation.

It was when I was on a Kellogg mission to Australia that I received a cable from the president of the university. It read something like this, "Gerry, do you think we are ready to ask the legislature for a line appropriation for your graduate program? If so, in what amount?"

I cabled back, using the university telex code, and just said, "Most assuredly yes. I thank you. \$35,000."

I thought that was the end of it. Lo and behold, about eight hours later a cable came back saying, "Too modest. I am putting in 50."

I took it to mean that was an irreversible endorsement from the president's office.

You must know that I was always astute in taking the best of Iowans for the graduate program. I was also like a football recruiter looking for people all over the nation. After graduation I planted them in Iowa. There were as many as twenty-nine in the seventy-seven Iowa hospitals at one time. The feedback to the legislature was delightful. I have always played strategic games, not impudent.

WEEKS:

I think you said earlier that you made it a point to include your students wherever possible in your consulting work. How did this come about?

HARTMAN:

Since Iowa is in a rural setting, unlike Chicago with its multitude of hospital resources for field studies and trips, I shared hospital operating data of clients with students to give them some sense of the practices and problems in our field.

When I go to legislative hearings before the appropriations committee and the governor together with the Board of Regents--an open meeting with radio and TV--I always have one or two of my graduate students there. I always introduce them as equivalents. I always give them credit for whatever they produced as part of the hearing presentation.

This taking part had been useful in Chicago when I was beginning my consulting work. Actually I had my first consultant mission at Newton jointly with Dr. Claude Munger, who had been hired by Newton to come in with a long-range plan. Each third weekend I would go to New York, stay in one of Claude's apartments, work on the study, compose the text. He would ask questions, I would give the answers. Then he would come to the board meeting at Newton and play it back.

Concurrently, I was on a couple of government councils. The most important was the AHA Council on Government Relations. That was the one of which Bugbee, at his elegant best was the chairman. Charlie Wilinsky, the most peripatetic member any committee ever had, he was always running to the White House. He was always jumping into a limousine with Eleanor Roosevelt and Mary Switzer. Additionally there was Fred Carter, Claude Munger, Monsignor Griffin from Cleveland, from St. Stephanie, and one or two others.

What I would like to put into the record: I would like you to qualify this with Bugbee's advice if you wish. I am not taking anything away from Senator Hill or subsequently Supreme Court Justice Burton, they have the labels. In my recall and careful reassessment, Lew, I would say that the

Senate genius of the Hill-Burton Act was the late Senator Robert Taft.

WEEKS:

George Bugbee agrees. .

HARTMAN:

All right. I won't elaborate, except to...

WEEKS:

I wish you would.

HARTMAN:

I'll give you my side, if I may, because you know I have many friends in Ohio including Colonel Leonard Baird at the Cleveland Trust, people like that, an economist, a brilliant researcher. Of course, we knew that Bob Taft was bucking for the presidential nomination. It would be correct to say that next to the veterans' lobby, the most influential lobby and the most vocal and persuasive lobby in the states was the agriculture lobby. The AMA at that point had been beating the drums in 2,000 counties, or 1,000+, that had no hospitals. The thesis was that every county should have at least one hospital. The second thesis, unsubstantiated by research and horribly wrong in its assumptions that putting in hospitals you get doctors, regardless of what kind of hospital you put in.

I would say that Senator Taft handpicked Lister Hill from the South and picked his fellow Senator from Ohio, Harold Burton from Cleveland. Then he decided this was an elegant issue because Dr. Fred Mott, coupled with the work Davis and others had done, laid the scene at the congressional level where there was almost irreversible bipartisan support.

(A comment on the side: Isn't it a hell of a note that we have gone through all of the Hill-Burton days with overwhelming votes of endorsement of

appropriations and now we are in the diabolical state of cost containment, and that reversions and horrible negatives prevail.)

WEEKS:

You started to speak about being on the AHA Council for Government Relations when George Bugbee was executive director of the AHA.

HARTMAN:

Yes, George was a brilliant leader and strategist--long before he became number one at AHA. George Bugbee was truly a master. He would invite into Council handpicked legal counsel like Rosenberg of Social Security. He would be the one to decide who would go with them to see Oscar Ewing, the Social Security Commissioner. He used Wilinsky at the White House level with brilliant success. Charlie Wilinsky, beautiful as he was, probably was one of the most temperamental of people. He had a genius for playing gin rummy, like a mad man taking everyone's money, but he also had a self-centered image that pervaded everything. And I say it respectfully.

George kept that whole team together: Claude Munger with his interests; Fred Carter, Monsignor Griffin who was at odds with Father Schwitalla in St. Louis--Father Schwitalla dominated the sisters and Maurice Griffin was a Monsignor and in a more neutral position trying to get Schwitalla to come along; Michael Davis whom Schwitalla hated; and I. S. Falk, who was on Davis' side.

I have to bring this in too. This you ought to doublecheck with George. At one or two meetings it was, I'll use the word, "dreamed up" because it's an excess statement that is a bit vulgar. There was dreaming up of the four beds per thousand population as the base ratio, lesser for the rural and larger for the metropolitan area. It struck me as unreal at the time, but I was a bit

too new in the field to bring it forth. I recall a conversation that I had with Adabelle McCreary who was both nurse and executive at Evanston Hospital-- brilliant-- and Blanche Haberkorn, who was the executive director of the National League for Nursing in which they privately but pleasantly in this conversation disclosed to me how they would plot (they didn't say out of thin air or of full cloth) the ratio for nursing coverage for twenty-four hours for different types of patients: 3.5 hours for medicine; 5.1 for surgery, and so on. As I look back now I marvel at the audacity of our people in deciding 4.5 average because it has stuck like a barnacle that never will be pried loose. There was no research; there was not even inductive reasoning. I am looking now for a phrase to describe it: "by the seat of the pants." They decided it was as much as they could hope for but more than they really needed. I am not sure that it hasn't done more mischief in the field than if it had been some kind of provision, Lew, that would say medicine is changing, ergo, for public usage of the hospital on a needs basis there should be a biennial or a quinquennial review. However the idea is locked in right down to the HSAs. It's negative as heck in some sectors. For the rural sector it has resulted in more overbuilding than you can shake a stick at.

WEEKS:

I think you were going to say something more about Hill-Burton.

HARTMAN:

Hill-Burton generated a massive awareness of the needs for investment in hospital structures. There was considerable experimentation in design and layouts pointing toward improved patient care.

When I went to Iowa--I had been there about two years--the governor put me on the Hill-Burton planning agency. The commissioner made me the vice chair-

man because he never came except for honorary functions or to make sure that somebody went some place. Walter Bearing was a major power in the AMA, I might say the full-time secretary to the leading medical fraternity, so he was all over the country.

While I was there I took the position that the criteria for rural hospitals were unreal: formula rooms, major surgeries, I forget the rest of them. That this was a social waste was the position I took. Of course, the press was always in on hearings. After one of the meetings I remember the headlines of the Des Moines Register: "Hartman a Stormy Petrel." What they were doing was inciting the rural sector with the idea that I was against rural hospital development. I never stated an offensive position.

I was called in by the governor. He asked, "What is this all about?"

I said, "We have a statewide service program to take care of the rural people more than we do the metropolitan. We have the ambulance system. We have the state appropriations that you either insert or the legislature modifies for the budget. I wouldn't think of being anti to rural hospitals but I would say this: Why don't you ask F. W. Pickworth and Harold Stricker, the two operatives in the hospital division of the health department to give you two columns of information about any twenty rural hospitals. What is the capacity of the OR in terms of a six hour work day, and what is the actual usage? Then next the same kind of information for the infant formula room and the infant isolation area. What is the actual usage?"

The governor called me back about ten days later and said, "Do you want me to put out a story?"

I said, "Forget it."

What I am alluding to, Lew, is not personally vain, but I have always had

a sense of social awareness, or I'll call it social consciousness, that waste based on miserably composed regulation, just because people are willing to let it go, because nobody will speak against it, is utterly reprehensible. All my life, in all my consultancies, I have never pandered to the ability of people to put up more than they need.

I'll say this for your private information: I have never charged more than a thousand dollars a month regardless of size, and I have been with some clients as long as twenty-two years, another one seventeen years. I have no wish to ever have a proportionate part of the fee paid on the size of the building or the size of the budget. I have protected myself from any even remote opportunity that I could permit myself to get selfish or to get suckered in.

WEEKS:

At lunch I think you said that there were a few more comments you wanted to make about the Iowa doctoral program.

HARTMAN:

I have worked on the premise that the real strength of the doctoral program was its interdisciplinary traits. I have never endeavored, Lew, to create a self-contained faculty within the program as if it were a department or an isolated sector within the university. The assumptions that I made, you will have to decide whether they are true or false. I have seen in some programs where good people came in and plateaued early. I saw others come in who gave a long pitch on their interest in research but they couldn't do anything but work others. I remember some of them said they loved to write, but you would never see them submit for publication much less publish.

Secondly, I felt that if you had a self-contained faculty, you would run

the risk that they would not be as current and as contemporary in the subject and the basic disciplines, be it finance or any of the fields.

Finally, I felt that people leaving a program that had both master's and doctoral's subscription or endorsement would do better if they were able to say, "I have studied under Jim Jeffers in health care economics, I have attended Inquiry-based journal seminars, and I have read all the materials that come out of Blue Cross. In so doing, I felt that the Ph.D., if it is going to be a universal degree, should have the optimal universality, not thin skimming, but sufficient endorsement from at least three or four disciplines. In every committee I have ever composed for the doctorate, there have been two uniquely competent research methodology faculty, far better than I ever could become, coupled with the substance and subjects in which the research and the investigations were to be undertaken. I did that, not to protect me. I didn't need it. I could have easily gone along more comfortably with a cluster and everybody singing "Halleluja" and singing the same notes and the same tones and the same verses, but I felt that to get acceptances of the degree I had to get exposure to the best of the faculty. I never accepted the weaker faculty of the university who loved to be on committees and were shoo-ins. I always picked the ones who were noted for their excellence.

As our doctoral program became better known, in large part through the publications and productivity of the young people, we grew and grew. I have had as many as twelve or fourteen doctoral candidates on the campus at one time. These candidates, I believed, had to be competent to teach. I would not have them replace me, never once, but I would give them areas of subject matter that they didn't know fully but in which they should have greater understanding and depth and see if they could communicate it to others. An

example is Reed Morton who is now number two man in Chicago. He is, perhaps, the most sophisticated person in the educational elements of marketing health services. He had never taught. He was bright young fellow from a wealthy family in Cleveland. The first year he was somewhat pained at the evaluations of his work, and wondered if he could continue. Now he is the number two man under Ron Andersen. You can challenge bright, young people without literally terrifying them with the magnitude of the challenge or simultaneously getting under them and holding them up as if they could't do it on their own.

Finally, in the academic study of the university, I had to make a big decision as to whether I wished to capitulate to AUPHA and have a self-contained faculty and a built-in budget or did I wish to be true to what I had done at Chicago, Buffalo, Columbia, and all my life, and that was to put my trust in the intelligence of others who wish to share their intelligence with the potential successors and the worthy ones in the field. As a result of that position I was ditched by AUPHA, we lost our accreditation. It didn't kill me or dismay me, but it did create a rather sour note in the structure because I could not get through to Filerman, even when I had all the faculty that were our supporters in the common room to recognize the worth of their contributions. It was not that I was the loser, but that he was the loser when they sensed the position he was taking. I never rubbed it in, but it was definitely true.

On the master's side we always had the thesis required. I felt that until a person went through the exercise of laying out the theories and hypotheses, the assumptions, knowing how to manipulate the data (two-thirds were data based, one-third were more intellectually formatted but without the benefit of the data workover) the educational process was not complete. All of them had

the capacity to manipulate data and work with information of that sort. I would say that we always had committees of three and I never went through the fetish of extended examinations. I let the thesis speak for itself. The students always brought to me the evaluations of the other faculty. If a student was in trouble, I would always convene the other two committee members (I always served as chairman). I always accepted the responsibility, never cast it off. In so doing I produced some masters who went elsewhere for doctoral studies as well as a number who entered with us. Also, I had many come who had done their undergraduate work at Harvard or Princeton or elsewhere and opted to do their advanced work on a doctorate with us.

WEEKS:

At one time didn't you have an idea for a center that would accept candidates for graduate study in which they would be exposed to study on two or more campuses?

HARTMAN:

Yes, and we developed this mostly with Odin Anderson. During the latter part of my career at Iowa, Lew, I put forth the proposition for the president, the graduate dean, and the dean of medicine that we consider going straight doctoral. I felt we had enough experience and enough stature, to have a world center. The president said "Maybe, " the vice president for health affairs said "No," the graduate dean and the dean of medicine said "Yes," and, of course, I said "Yes." The president said that because we were under the gun with AUPHA would this not look as if we were escaping because we were concerned with the master's level?

I said, "Yes, it would."

Then it was understood with him and the graduate dean that at the time of

the forthcoming AUPHA meeting, which was about three weeks away, they would tell me what their answer was before I went to AUPHA. They failed, they overlooked it. I announced it was pending. They said we had better not. That was the one big failure in my career that I can easily identify. Bitter? Not at all. Jaundiced? Not in the least. I felt no real letdown other than the loss of an opportunity to go literally for the top, because prior to that I had visited at Stanford, I had visited with Phil Lee at California coordinating the Institute of Social Medicine at that place with ours. We had so many things ready to go that we would not have been an island. What I had in mind was to go to the best of the campuses and to interlock together with the Big Ten graduate education with which we already worked--with Odin Anderson in Chicago, with some of our Ph.D.s, with friends at Wisconsin, and with the rest. I touch on that, I recite it not for the record or for my concern or my overweening interest but rather that I feel that something approximating that should be done.

In talking with Odin he recognized the merits but he said he had so much contract research he couldn't. It couldn't be done with John Griffith at Michigan, for the lack of the doctorate, elegant as John is. I just finished sharing a fine program with him so I speak with great integrity about his ability.

It can be done in part at Minnesota but with Weckwerth and his up and down plunging action, it wouldn't hold. It might be done at Stanford, but they began theirs under the aegis of a pharmacist graduate. Even though they have some bright lights that are independent of their offering, it still isn't there.

You may say, why Iowa? Well, Iowa is perhaps unique, Lew, in a rather

important way about which many people are unaware. The Rockefeller Foundation under the late Dr. Alan Gray came forward on Rockefeller's initiative and offered Henry Holton, the dean of medicine, a block of dollars to build a medical center campus in a nonmetropolitan setting at Iowa provided the state would come up with an equal sum. Said another way, Iowa was a unique piece of sophisticated experimental research in the rural setting of America. The real question was: Can a medical faculty, a medical school, a medical center and its hospital survive above the minimal level in other than a metropolitan community? Ann Arbor was of somewhat a similar cut.

That is where I got to know Dr. Alan Gray. We became very dear friends. I cherished him immensely.

The point I am making is there is a partial parallel with the faculty that is so willing to engage, like the Harvard and Princeton faculties, in experimental effort that a doctoral-based type of research...I didn't want to start with the research, I didn't want to get a research center block of dollars. I didn't care for that kind of contract obligation, the reporting mechanisms, and the other obligations of hosting visiting delegations, or like the uncertainty of two-year, three-year, five-year, seven-year or twelve-year renewals.

I touch on this because I feel that about half to two-thirds of our publications were truly meritorious. I did feel that we made a good mark.

One of our Ph.D.s is now the head of the whole blasted military system; another of our Ph.D.s is the incoming dean of a military medical college. Cavanaugh, as you know, is one of our bright lights. There are beautiful people like Prybil all over the countryside. When I was honored recently at the Association of American Medical Colleges, there were twenty-eight execu-

tives from university teaching hospitals there including vice presidents of medical affairs of universities.

Then, of course, there is the realm of scholarship that goes all the way over to Sweden to Gunnar Hogberg and others of that quality.

I had hoped that I could at least leave a potential experimental development design of the doctoral gambit. I had a second reason, Lew, I felt, and do feel, that the massive numerical infusion of master's graduates is greater than the market needs or can stand. I have said this many times to Filerman. He just sneers. I don't mean he's just vulgar. He says, "The hell with that. We'll always find jobs for them." I'll admit you can find jobs by going lower in the hierarchy but what you have is the preparation of first-class engineers to do third-class engineer jobs. There is nothing more crippling to an individual in a clear sense than to be overprepared for entrance into the field unless there is early vertical ascendancy within the field to at least strike the norm for which he is prepared. This to me is what Ralph Tyler used to teach in Chicago when I studied under him.

WEEKS:

Several times I have heard others mention a group composed of executives of university hospitals who met together and explored common problems. Can you tell me anything about that group?

HARTMAN:

At your invitation I'll just touch on the University Hospital Executives Council. The name is bigger in sound and scope than the actual organization. It really is an informal group, its numbers compact, it never has changed from the date it started. It represents the executives of teaching centers I am identifying: Michigan, Western Reserve, Indiana, Chicago, Wisconsin, Iowa,

and Minnesota. If I am missing any, it's by casualness, not by intent. Its meetings are always closed. Its pattern of communication is informational, analytical, speculative, and acidly inquisitive. Nothing is held back. If somebody has a problem, that problem is circulated in advance of the meeting by letter. If the person circulating the problem wants written responses they are brought to the meeting and coupled with the discussion. More often than not the format goes something like this: one is the host. The most recent was Minnesota. The members come for a day and a half. The book of questions is circulated in advance. Everybody comes truly prepared to respond. Nobody would dare show up and say he hadn't got around to thinking about the questions, or that they were new to him. The members get some data from within their organization or they call people they think can contribute. The late Ray Brown expressed it beautifully when he said once at a national ACHA meeting, "The single most important meeting to me, that I attend twice a year, is the University Hospital Executives Council."

Since it is a small numbered group, as you can guess, it occasionally was plucked at, or pestered, or pumped by others who wanted to get in. I don't mean it in a vulgar way, but Dr. Frank Bradley tried for years. Dr. Don Caseley of Illinois begged, beseeched. The benefits were real, but never were the materials distributed. They were completely private. The entire success of the venture depended on it. The end result is that it's still not only extant but it's flourishing at the same level as before. John Westerman told a friend of mine that my ears should be burning because they had some fun recalling some of the earlier meetings. My role throughout the entire interval, when I wasn't hosting it as chairman, was to serve as its secretary. Succeeding me was Stan Ferguson. I don't know who the present

inhouse officer is. The dues are peanuts. The whole dues covers all of the expenses. If any executive were to bring too many people--let's say too low in the hierarchy--we would then consult with them as to who should come. So by numbers it is a workable group. It wouldn't be unusual for let's say--oh, Rochester, New York is another one I omitted--it wouldn't be unusual for say Dr. Faxon, or Jim Bartlett of Rochester to say, "We have got three questions on finance. I want to bring my hotshot on finance along. I can't say it as well as he can." Or it might be some element of medical organization.

I remember once Ray Amberg said, "Do you mind if I bring Dean Harold Diehl? I think he benefits from what he hears as well as what he would tell you."

I would still categorize the University Hospital Executives Council as the most singly effective, intellectual, advanced thinking body that I know of.

WEEKS:

As I recall, when you were the executive of ACHA you had your office in the AHA quarters at 18 East Division Street in Chicago. At least part of the time, I believe, this was during the tenure of Dr. Bert Caldwell as CEO of the AHA. Would you care to talk about those early days and the people there?

HARTMAN:

As you can guess, Lew, since my offices were adjacent to Rufus Rorem on the third floor of the old Boys' Latin School, the headquarters of the American Hospital Association at 18 East Division. I had an inescapable opportunity to observe the organization and its perambulations. Dr. Caldwell I would characterize as a well-dressed, powerfully competent, singularly devoted, operative executive. Dr. Walsh, who preceded him was a nervous, effervescent, likeable type.

Bert Caldwell, I would say, was solid, physically as well as intellectually, and he was rugged. Perhaps I should make one or two minor asides: It wouldn't be unusual for Bert to have a gargantuan breakfast such as a couple of halves of cantaloupe, eight strips of bacon (he would call it a rasher), four to six eggs, a stack of toast or muffins, and a good quantity of coffee. Traditionally his luncheon was a lime milk shake, at which time he usually read the Wall Street Journal and the racing form.

His evening meal...I was his guest many times. He made me a member of the 400 Club; he got me a gold card for the Drake which meant I had free use of the Drake for all of the College functions. He was very skillful in that field. Back to the evening meal...At the 400 Club, we would sit down and he would say, "Gerry, the chef told me the duck is very good tonight." I would order a half a duck, he would order two whole ducks. He didn't wolf it, he was a gourmand and a gourmet, if you could put the two back to back or side by side. I touch on that not as a point of self-indulgence but as a point of appetite.

Intellectually he was a profound adversary. He didn't cater to Michael Davis because he felt Michael was too much to the left with national health insurance. Even though Bert was a physician of the old school, and I mean the Latin-type old school, he would not buy Morris Fishbein's diatribes, his resistance to prepayment whether it was Ross-Loos or Blue Cross. Morey had great manipulative skill in the use of editorials and articles in the Journal of the American Medical Association, but Bert was fearless in calling the shots as he saw them. Just as Bugbee was beautiful with a blue pencil in editing, Bert was equally competent with a red pencil in editing. I can see them both clearly in my mind in the same positions, in the same offices with

the same windows, doing almost the same thing, and just handing the paper back and saying "I think we had better do it this way."

As Bert became acquainted with Jim Hamilton, with Johnny Mannix, with O. G. Pratt, partly through the College, there was a growing effort to unseat Bert. He was quick to sense it.

Remember, I earlier indicated Dr. Otho Ball of Modern Hospital was the leading power broker. To give you Otho's power, in the interval before the beginning of the AHA convention which begins on Sunday, there is the cocktail interval, which is Modern Hospital's sole display of people they had in their stable. It was just like parading the horses. If you were invited you were among the Buerkis, the Bachmeyers, the MacEacherns, and the rest. I am told McNerney was once given it by Modern Hospital. It was strictly black tie. It was opulent, not just pleasant.

Well, Jim Hamilton and others began to figure out what they could do. The word was always about Bert. They made a good case that he was sufficient unto himself, that he seldom counseled, that his editorials were as surprising to the hospital field as Morey's were to the medical field.

Now I have to tell a minor aside because I think it shows Bert as his best. He was a very cavaliered gentleman. He had absolute self-control of his person and how he wanted to present his person. There was to be an AHA convention at the Royal York Hotel in Toronto. It also was to be my second ACHA convocation.

Bert said, "Gerry, how about getting on the train with me; we'll go up together. I would like to show you how I put the convention together."

We went up about a week before. He took a suite. I took a room. About ten in the morning the next day we had breakfast in Bert's suite. He had his

usual; I had my light one.

He picked up the phone and said to the operator, "I want to see Mr. Sweet."

Like that on the phone, and that was the manager.

The manager comes up and says, "Yes, Dr. Caldwell, what can I do for you?"

Bert was in an elegant silk robe, and silk pajamas, and satin slippers.

Bert asked, "What have you to offer this time around?"

Poor Ray Sweet said, "Well, we'll have to come to that."

Bert said, "Fine, come back when you are ready to come to it."

That went on for about three days. Bert kept him on the prod. When Bert finished, I may be exaggerating, Lew, but my recall is quite vivid. I think he ended up with twenty-four or twenty-six complimentary suites for officers and board. He knocked down the price of the banquet. He got the complete convocation taken care of for me just to be nice.

He said, "This is young Hartman. I want to show him a few things. I want to make sure that this goes all right and that you are going to have flowers here. Don't put the little ones there, put the big chrysanthemums." He was that kind of operator.

Well, when the convention was over he called Mr. Sweet again.

Caldwell said, "Were you pleased?"

Sweet said, "The attendance was excellent and we made out very well."

Bert said, "I know you did. Could I see the steward, please?"

The steward came. (Remember this was Canada and we were going back to Chicago on the train.)

I said to Bert, "I think I'll bug out."

"No, I want you to hear this, Gerhard." So I listened. He said to the steward, "What kind of wine do you have? What is your best Scotch? Are the

ducks in now? The wild ducks, the mallards? How about venison?" He had the perishables shipped to his apartment. He couldn't, of course, ship the booze.

When we got on the train I deferentially gave him the lower berth and I took the upper. When we were going out of the Toronto station he said, "You are longer than I am, why don't you take the lower going back? You have been working hard." It never dawned on me why he wanted the upper.

He said, "Do you see that black case there?"

I said, "Yes. That's a heavy one, isn't it?"

He said, "Open it up."

I took bottles of booze out of the case and put them on each side of him in the bunk.

He said, "I am not smuggling. The purpose of that is to keep me from rolling and falling out of this goddamned upper berth."

There was a knock on the door. A voice called out, "Anything to declare?"

I said, "I know of nothing I have."

Bert muttered, "Huh."

Now what I am alluding to...it is not that I believe in that kind of chicanery. Bert went on the principle that if you did something good for somebody, you were not above asking for a reward. It was sort of like the front man for the circus who comes to town and asks for permission for the parade and the tent show. Then when he leaves he wants the chamber of commerce to give him a couple of letters of endorsement.

When it came to Bert's time, they finally wore him down. You remember that Jim Hamilton had been at Cleveland City Hospital. When Jim left there (Jim had been a controversial figure but a very successful one), he had had George Bugbee in line to succeed him at Cleveland. George and Karin Bugbee

had hosted for me so I knew the setting well. George did his job beautifully in Cleveland. I knew that as Bert was being pulled down, George was being lined up to take his job. I had worked with George on the AHA Council of Government Relations so I was truly torn between my personal affections for Bert and for George. Because I had been in George's apartment often and Karin had prepared hors d'oeuvres and all the rest...I believed it was the best development of the field for George to become head of AHA, but I also believed that there was an avoidable or perhaps unnecessary shaming of Bert in the process. He was nowhere nearly as bad as he was made out to be in order to euchre him out.

I'll admit he had his faults; he was a bit pompous, grossly overpowering. He was a bully if he could get away with it, but I also say he was intellectually honest. You didn't have to worry about where you stood. He was not a knave that he took graft or used commercial people to do anything for him. He just laughed as he went through this hotel ritual. He was so used to doing it that it was just a game to him. I think he was showing off for my benefit, too. He had, let's say, a generous intake for rich food and rich drink, but he had a good palate that was discerning. He wasn't just a greedy individual--never. So, I say with true regard and honest affection, if you were to strike a balance, I have as much love and affection for George and the late Karin and George's elegance as I have for Bert, who was single, and who was equally brilliant in his own way.

WEEKS:

About this time was there a bit of rivalry between the Catholic hospitals and the AHA even though Monsignor Maurice Griffin was very influential in the AHA?

HARTMAN:

As far as the Catholic Hospital Association was concerned, Bert would give Father Alphonse Schwitalla of the CHA fits. Father Schwitalla liked to think of himself as a Washington manipulator extraordinaire.

Bert would call two or three of his associates in Washington (I would be in Bert's office, you know) and say, "What's the good father up to now?"

They would tell him.

Then Bert would call Schwitalla and say, "Schwitalla, I want you to know I don't like the way you are horsing up (this or that) deal. Get off it, and I mean it, get off it!"

Next he talked with Monsignor Griffin. He said, "I have just talked with Father Schwitalla. I may have been a little rough. If I was, apologize for me. Here's what I had to get across. Am I wrong?"

Maurice Griffin would say, "I think you are right. I'll see what I can do."

At that time Father Schwitalla had the Catholic Hospital Association on his hands. He kept all the sisters out of the ACHA because he didn't like Michael Davis, he didn't like Arthur Bachmeyer, he didn't like Fred Carter, and the rest. When he finally took down the bans--I don't know if that's the right word, and I don't mean it in a religious sense but in an organizational sense--when he did there was a flurry of agitation on the sisters' part to achieve an equivalency. In my closing year or two at the College there was a near deluge of sister applicants. Father Schwitalla was absolutely stunned.

I took it upon myself to go to St. Louis to talk with Father Schwitalla twice. I just made peace man to man. It was quite interesting. On my first visit as I came into the office I noticed a black overnight bag packed. I

wasn't above being given to humor. I said, "Well, Father, I presume that bag is what you grab as you take off on the next train to Washington."

He smiled and said, "You are very perceptive. That is precisely correct."

So we got off quite nicely. It never was the close regard that Otho and I had, or Jim and I had, or George and I had, but there wasn't any aloofness either.

What I did next was I found out who the two principal nuns in the United States were who were designated by his Holiness to represent all the sisters of North, Central, and South America. That is how I got to know Mother Genevieve and her provincials in Seattle. So I took that as my point of contact rather than the central office.

WEEKS:

There are other religious hospital groups. Did you have experience with any of the them?

HARTMAN:

I would say on the American Protestant Hospital Association, the ACHA relations were nothing less than elegant because of the late Rev. Alfred Hahn and his wife Grace. Alfred was sightless. He ran Deaconess Hospital in Evansville, Indiana. He ran the Tri-State Hospital Association. He was the real power in the Protestant Hospital Association. He, of course, couldn't see me, but he soon became accustomed to my voice. If I were in a group of ten or twelve and he were passing by and heard my voice he would stop. (He had decided that I had certain rabbinical tone to my voice so I became "Rabbi" to him.) As I said when he walked past, or whenever I would see him, or when I came up to say good morning, he would say, "Rabbi, so good to see you." Everybody would be stunned, and he sort of fussed and flurried.

His son Jack, who was a Chicago graduate, has done beautifully at Methodist Hospital in Indianapolis and in the AHA.

I would say the other reason the Protestant group worked well is that one of the early founding movers of the College was Ernest Ericson from Augustana Hospital of Chicago. He was on the founding committee of the College and an early president. He was one of the inner sanctum group. So on that side of the association track we were always home safe, home free.

WEEKS:

Would you like to reminisce a little about AHA under George Bugbee?

HARTMAN:

I would be glad to.

I would say that under George the AHA really flourished because he had a good organizational mind. George quickly surrounded himself with a coterie of good leaders, not just the Hamiltons, the Mannixs, and the Pratts, but he got Ben Black out of Alameda on his side. He knew how to get our friend down at the Southern California Lutheran system, Ritz Heerman. He knew how to dip into Texas and get our friends down there with him. George had elegance in every respect: intellectually, personally, socially, behaviorally. Elegance, that's the one word I attribute to George. He had an inner nervousness that few people ever saw displayed. It wasn't the nervousness of apprehension. I would say really respectfully and I hope honestly, a nervousness based on his self-awareness that he had to do something extraordinarily well--and would he be fully prepared to do it as well as he expected. So it was literally looking in a mirror in terms of self-expectation, but never of self-rejection, never of self-abasement.

He put the organization together, and set up the councils. He put it on

its feet and really got the membership involved. He created a climate of what I would call participative management in the association sense. Additionally he built beautifully in his new position from strength in Washington. He set up a Washington Service Bureau. Kenny Williamson was truly a whiz there in his day. Subsequently he had Vane Hoge. The Washington relations of the AHA really flourished.

When Bert was in the job at AHA he was able to hold the line and pretty much corral people. For example, he wouldn't hesitate to call up Oscar Ewing, head of the Federal Security Administration, which preceded HEW, and say, "What the hell are you up to now? Where do you get off with this pamphlet I have here now? Do you know about this?"

Oscar would say, "No, I don't."

"Well, you had better find out about it."

George on the other hand would just get on the phone and say, "I am rather disturbed by this. I am sure you know that it isn't correct. I can pick flaws in it. I am not going to attack it, but I think you had better withdraw it." He would get it withdrawn.

Bert would bellow and push it.

When Ed Crosby came in to succeed George, Ed had the qualities that you almost would expect from the son of a mother and dad that were Salvation Army focused. I say it kindly. He was truly, intrinsically sweet. His wife was equally sweet, I don't mean in the saccharin sense, but in the personal sense. With Ed, the AHA didn't nearly keep up the pace that George had generated. Ed surrounded himself more with the M.D. group like Tony Rourke and others. Good in their own right. The Russ Nelsons--I mean it politely.

George used the same people but he didn't give them preeminent position or

supervisibility.

WEEKS:

This may be a good time to ask you another question which has been in my mind. Were you not connected with the establishment of the Council of Teaching Hospitals as a part of AAMC?

HARTMAN:

Ray Brown and I were the initial "movers." I was asked to be the founding chairman for the first two years--the high risk organizational years.

It was during Ed Crosby's time that I had a call from Dr. Ward Darley who was then the executive director of the Association of American Medical Colleges. Ward called me first because I had known him through Arthur Bachmeyer when Darley was president of the University of Colorado. Also I stopped there when we were on our honeymoon. We got to know him and his wife, and Dean Rhodes and others. We liked each other.

Back to the telephone call. Darley said, "Gerry, do you think there is any merit in creating a council of deans organization that represents the leadership of the teaching hospitals. I know what you have been in the University Hospital Executives Council. I know Donald has been trying to get in and you sort of held him back. He is not happy with you. What would you think if we were to get together in Iowa City? Why don't you extend the invitations to five or six university hospital heads who can explore this as a question before we put it out to the deans to get excited about?"

So I called Don Caseley, Ray Brown, Ed Shea, "Tony" Kerlikowske who declined, Ray Amberg, and one or two others. We explored the question: Was there anything that could be done to strengthen medical education, especially graduate and residency education? Was there a popular role for clinical

education to be represented by administration? This question came up, because, as you know, there has always been warfare between the dean of medicine and the hospital executive on everything from preemptive rights to budget, to positions, to split positions, and to who pays the residents. When can they become instructors? Endless problems.

After that first meeting Ray Brown said, "I think we should have a second meeting that we will call the organizational meeting." (Quite unbeknownst to me he had already rigged it up.) And he said, "I would suggest Gerry be the chairman."

They all agreed, so I fell heir to it.

When we met the second time, I'd taken upon myself to compose an organization statement that was short on criteria but long on purpose. I prepared the statement of purpose in language that would be understood and either accepted and appreciated, or rejected by the deans. We got our deans lined up in Iowa. They said they were for it. When it came forth at the deans' meeting in the Rose Room of the Palmer House (Ray Brown and a couple of us were sitting on the outside) the roof came off. Deans got up on their chairs and ranted, "This is our organization. We don't want the administrators. This is pure organization. They don't know anything about education."

When it was finally voted, it carried, but my own dean turned on me at the meeting. He was one of those that got on a chair. It was funnier than hell because all of them said, "We thought you had Norm all lined up. He just gave you fits." Not me personally but the idea.

When it was put together, I had the wisdom of getting the two past presidents, the president, and the president elect of the AAMC to have a couple of luncheons with our organizational group. At the first meeting,

thank goodness, I had the good sense to be audacious. We invited the presidents of sixty-three foundations and funds to attend our first meeting. When the deans saw what came off...Emory Morris from Kellogg showed up. I forget who came from Ford, or who came from Kresge, but we did have a large number. We had endless letters of testimony endorsing our statement of purpose and objectives, how useful, how it would have a certain leavening effect. The deans bought in.

It was about three or four years later that Dean Coggeshall (and G. H.) did an organizational study. Stan Ferguson was chairman that year. He (Coggeshall) received a rather unique type of recognition from the membership. Last year I was inducted into AAMC as an honorary member, which is a distinction that only a few people in the nation have, for a contribution to medical education, not to university administration.

In the process before we got organized, I, of course, was well aware that the AHA had a proper interest, so I had clearance from Ward on behalf of AAMC to call on Ed Crosby privately. I didn't want to make a big agenda item, request a board meeting, or say look at this deal, do you subscribe?

I just said, "Ed, do you think this belongs in AHA? Take time to think it through and let me know. I do need to have something more than a hint in a month."

He called me back a couple of days later and said, "I don't think the AHA should be interested."

I wasn't satisfied with that. I knew what he meant. I was also aware that I was on awfully queasy, shaky ground, because all he had to say was, "I didn't have time to think it through." I went back to see Ed a second time and put the same question with the full knowledge of the university hospital

executives who were creating the potential council of teaching hospitals.

Ed was just pleasant but a little bit peevish. He said, "I have already told you."

I said, "I would like a letter if you don't mind. I need something to show that the AHA has withdrawn from any interest, has issued a statement of nonparticipation and nonalignment. I don't want you to make it negative, that you don't want anything to do with us, quite the opposite, but that it is not a proper area of interest." (You see, I had the notion they would have rural hospitals and university hospitals, and so on. I couldn't say that.)

When Russ Nelson was the president of AHA I went back a third time. I just put the question jointly to Russ and Ed. I think it irked Ed that I insisted that Russ be a part of it.

I just said, "I need it from the elected official as well as the appointed official. I need to know whether Russ is going to take it to the board, and, if he does, I'd like to be there at least to answer questions. I don't care to make a presentation."

All Russ said was, "We...no...no..."

I took that to be a bit nervous and that they didn't want to touch it. I don't know as of that hour, Lew, whether they thought it was going to become a cropper, because I am sure that Russ' dean was dead set against it. I knew the dean at Cornell, who I helped get the job at Cornell, was dead against. (He retired from the military and I put him in touch with people in New York that got him the deanship.) I knew the dean at Penn was against it, but I also knew that other deans like George Aagard, the University of Washington, Harold Diehl at Minnesota, and ostensibly my dean, the dean down at St. Louis University, the dean at Washington U, the dean at Colorado, at Southern

Methodist all either called or wrote saying they were in for it. They saw it not as threatening but as another block that could go to Congress to make the case for research support, applied research, all refinements of the communication process. There was a plus factor that hospitals had stronger boards than universities, boards that were used to picking up the phone and calling a Congressman and saying, "We have got so and so coming in for a hearing. Will you be sure he is heard? We don't want the chairman to say he will accept his written statement for the record and then have our man walk out. We want to be sure it is verbalized and understood and that there are some questions asked."

Three years later that Council of Teaching Hospitals was a resounding success. Subsequently I heard that Ed was a bit caustic, not nasty. When I met him in meetings he was deferential but a wee bit frosty. Russ Nelson, at that time, was a bit aloof, but since then he has become president of the Council and he is with it. I had lunch with him in Madison about five weeks ago. It was all hallelujah, hallelujah.

What I am alluding to here is that in the organizational field you can program growth and development, but you first have to have a good idea and then have the willingness to work like heck at it. Ray Brown was a genius at that kind of work. Then you have to have a certain degree of knowhow, when to go pacing is what I call it, and, finally, when to lay off after you have got it buttoned up. I look upon the creation of Council of Teaching Hospitals as one of the more worthy things with which I was identified. I say that not in the glory, glory sense but in a very thoughtful sense. I put it in the same league as the doctoral study at Iowa, just about.

WEEKS:

I am glad to know these facts about the Council of Teaching Hospitals.

HARTMAN:

Don't let me burden you with it.

WEEKS:

It is very impressive. Dick Knapp is still there, isn't he?

HARTMAN:

Oh, yes. He is a whiz, and Johnny Cooper is a dear friend.

WEEKS:

I haven't seen Dick in years. I liked him very much when I saw him last.

HARTMAN:

He is first class. He is very genuine, quite self-effacing. Truly brilliant.

WEEKS:

Would you like to say something more about your publications and others?

HARTMAN:

The range of publications and scholarship and international development all blend together, Lew. The first formal publication the College put out was Nellie Gorgas' master's thesis. She was Dr. Bachmeyer's assistant. It was in the area of purchasing, storage, and such issues. You might say that it was academically worthy--her treatment was. I had done my doctoral dissertation and had no wish to publish. Then I found that Dean Spencer and Professor Merlin had submitted it to the editors of the journal of the graduate business school.

WEEKS:

What was the topic?

HARTMAN:

Hospital malpractice insurance. It was essentially a theoretical treatment of risk bearing coupled with data from the American College of Surgeons on malpractice claims. I got into the files of eighteen insurance companies and crossmatched the data with the criteria of the Joint Commission on the Accreditation of Hospitals, and the polarity between the accredited and nonaccredited. After the journal of the business school published it I got a call or a letter from England. The Oxford Press had come across it--it was a three-part article. They wanted to publish it. They also had a branch in India and they wanted to put it out Panpacific. So I had to say yes to that; no cost to me.

Then the College leadership, Bachmeyer taking the initiative, privately said, "Could we make this a separate publication of the College even though Gerry is in executive position and it looks like a conflict of interest?"

The answer was that they would have to protect me and that I would receive nothing for it.

At that earlier time I had dreamed up the idea of compiling a volume of the best articles in the field. I didn't have time to do original writing. I didn't care to paraphrase what others had written and give the usual citations so I put together an elegant collection. It was 90% or more finished. I shared it with Dr. Bachmeyer for a number of weeks.

He said, "Gerry, can I come to Newton and live in with you and Fern? I would like to spend a few days on the book."

I then went down and saw the president of the Commonwealth Fund. He said, "We have never published except within our own organization like Henry Southmayd's Rural Hospitals and a few others.

I said, "Please know that neither Arthur nor I want any royalty. I would never accept it because this is not my original thought."

I had the releases from all the authors and the publishers so we were fully protected. The releases were composed by the dean of the business school, a former Supreme Court justice. I said, "I think it's legally adequate."

They said, "We don't know how well it will sell."

I said, "I am afraid that's the only risk you will have to take."

So they gave the manuscript to the Yale Press people and they put it together. They vendid it. They went through three printings and sold about seven, eight, nine thousand. They then asked for another volume, so we put together another volume from Hospitals, Modern Hospital, and Contemporary Society. Arthur and I split that closer in terms of time. It had more medical content, not practice content but organizational content. Goldwater wrote an original article. Bluestone didn't like the one we picked for him and we had a good deal of playback. Of course, this created an interesting ferment in the field. I am sure many people bought it because they thought that with my position at ACHA this would help them get in, and other economic self-interest.

When I went to Iowa, with my interest in publishing, I asked the dean of the graduate college if it would be acceptable if, instead of setting up an editorial board, we created editorial committees for each of the manuscripts that were potentially worthy of publication. I said that I wished to publish recent student or current efforts coupled with community studies that were sufficiently different from traditional consultant reports. We really went in the field and worked.

WEEKS:

To interrupt a moment in your description of your publishing activities, wasn't there an unusual situation in Saskatchewan shortly after your going to Iowa that led to a study and a published report?

HARTMAN:

There was profound unease among many of the physicians and surgeons in this province. This was due to the health and hospital care insurance initiatives that were coming through in Saskatchewan long before other provinces of Canada moved.

Shortly after that I had a call from the Minister of Health in Saskatchewan (where Fred Mott had been) asking if I could come up. You remember the doctors had struck and the place was shut down, and the battle lines were drawn when the call came.

I said I would like to consider it. When the call came again, I said, "What criteria do you have?"

They said, "First, we want an experienced leader. We prefer someone with a university hospital. We want someone used to working in government. Would you accept it?"

I said, "I would accept on the conditions that I do all my consultancies: that I have the privilege of involving students either in research, in field work, in queries, investigations--any aspect. Also, I want the full opportunity as I do in all of these, to cite each student so that careerwise it's appropriate recognition."

The Saskatchewan study was in three parts on services and medical relationships. To avoid creating a great deal of press fanfare, I insisted before I accepted the commission that the Minister tendered, Lew, that I meet with

the Provincial Council of the College of Physicians and Surgeons, that the marquee at the hotel where the meeting would be held would not display the Council's name, that it would just carry the words "Hartman's Forum." That way we wouldn't have the press there.

I met a number of times with the physicians and they decided that I had my head screwed on right. They decided they could trust me; we went to work. I'll skip the rest except to indicate that at that time, thanks to Fred Mott and the deputy minister, through a gentleman named Dr. Clarkson, who is now on the faculty at Edmonton, we had access to medical data that had never been developed elsewhere. We also made an analysis of the incidence and frequency of procedures like hysterectomy. It resulted in a number of physicians leaving the province under a cloud.

While we were doing the study, I wasn't aware but somebody decided the national medical library should have a copy. The next thing I knew it was on Medlars and Medline. There were hundreds of requests, 600 in no time. What I am alluding to, Lew, is that I never would accept a consultant mission if it were to be private. I would never accept one if I could not engage students and faculty. I would never accept one if I could not reward them directly because I wanted to be held accountable. I never created a corporation because I never wanted to hide my assets from being fiscally accountable.

WEEKS:

Out of this work must have come some of your publications for which you and some of your people at Iowa are known.

HARTMAN:

I would say perhaps a third of our publications were in that light, two-thirds were doctoral dissertations. All of them carried prefaces and

interpretive statements and forewords by the most elegant authority the field had. In this way, the foreword provides a validation, not by a committee but by an informed, competent reader who gives an assessment on what kind of a contribution this is for the field. Kellogg Foundation liked our publications plan well enough that they allowed a generous distribution. Subsequently, as the Kellogg funds dried up, we engaged in direct sales. I never took a cent. I have no need for it; I never wanted to. I would say that it has been notably self-sufficient and yet it has never been publicized. We have never gone the Aspen approach on promotion; we have never done anything to lay it on.

It has had many, many benefits. For example, Hedgebeck wanted to get into Southern Illinois University down in Springfield. He just took his publication and attached it to his CV. Odin Anderson was a member of the committee. He and a couple of the others just looked it over--there was credibility. I set up the publication program in part to render service to the field, in part to augment my individual professional ability to make contributions, more importantly to get the students into the action, and, finally, to give image impact to the University of Iowa and the entire health sector.

I would mention that Ward Darley wrote one of the elegant publications on medical education. When that went to the deans that helped see the entire, let's say, Hartman leadership of the council of deans. Then we sent it to all their faculty, forty to fifty copies at a time.

The publications are not all as well written as they might be. We didn't do nearly the quality finished job that you and others have done for Michigan. Please know that we didn't take the time to make them the elegant prose of quality expression. I could take you through in blue pencil but I felt that the little that would be qualitatively altered would not signifi-

cantly alter the effect we were working toward. But we never just rushed them through; we never just banged them out. We wanted to do it to set the pace in the field.

WEEKS:

I was always very impressed with them.

HARTMAN:

You are most kind.

When I was ready to go straight doctoral, Phil Lee and I coupled together with the Institute of Social Medicine. From that I had a special publication on heart with Dr. French who heads internal medicine at the Palo Alto Clinic. What I am alluding to is that I was ready to use that publication device to really break open--and not to build up Iowa--and to intrigue and develop the field. That's all I had in mind.

I have never played the solo enhancement game; I have never had to. In my whole life I have had to be careful of one major dimension. I have never worried about it, but when you are an early starter and early recognized nationally and then internationally, the chance of depletion--they call it burnout now--is all too easily present. Of course, I did three things simultaneously at Iowa: I ran the medical center, and I ran it very well; I ran the graduate hospital administration program, I think I ran it pretty well; I had my consultant interest, which never took more than twenty percent of my time, I would never permit it.

The university allowed the consulting work, in fact, encouraged it as a community service so it wasn't anything I had to do on the side. It was a formal agreement. The publications of results of consulting gave the whole faculty of the university notice of what I was doing. By not taking a lot of

money, Lew, nobody could say he is doing this to pile up the dough. Never.

WEEKS:

I think when we started thinking about publications at Michigan back in the early seventies, outside of you at Iowa and what the University of Chicago was doing there really wasn't much publication about health care administration from the universities themselves--university-sponsored, you might say. So you made a very valuable contribution there.

HARTMAN:

I think it is going to pick up again, not necessarily at Iowa, but it does have potential there.

WEEKS:

There is no question about that, it should be done.

Will you tell me something about your foreign activities?

HARTMAN:

Sure, be glad to.

I had been to Germany about seven times. The German trips were always first to Southampton by ship then train to London, then Scotland, Ireland, Norway, Sweden. We touched in at Hamburg or Bremerhaven and then to Berlin, or we came by Cherbourg to Vienna, and usually Switzerland. Among the people I knew in the pre-Hitler era was Dr. Alter who was, perhaps, in my book the most thoughtful, the most philosophical hospital person in the world. He was as good as Michael Davis, and I think Michael would agree. I met him through Dr. Gertrude Kroeger who was my associate in the Rosenwald Fund. From that a number of Europeans (later) came to the University of Iowa. We always had a guest house. We always had a manor to take them to, low cost but easy diversion.

Then, the Kellogg Foundation asked if I would be willing to accept a mission to go to Australia. I went once, then I went a second time. My mission there was to open the door for the consideration of graduate education in our field and to render service in the area of medical education. The unstated agenda was that Australia medicine was more nearly locked into British medicine than even Canada. Also there was some unrest that Sidney University dominated and that there was need for other influence. I accepted a mission on behalf of Kelloggs to work with the leadership of the University of South Wales which at that time, and for about ten years thereafter, was the most rapidly growing university in the world. It started with a race track that they inherited after the war and that the government didn't want to release. The vice chancellor then, John Phillip Baxter, who was since knighted, expressed that he wanted to prepare a university with a first-class school of medicine that would not be beholden to the traditional British honorary system. You know, the honorary always have a block of beds. It's hierarchical, it's frigidly rigid. He wanted more impact with research, technical innovation and so forth. Well, Sir Phillip, as he is known now, and Lady Baxter came a number of times to Iowa City. They always would say they would come for two or three days; they would stay for two or three weeks. I never minded it and Fern didn't either.

They would send over ministers of health from Australia to the states. They would stay two or three weeks with their secretaries.

I got the vice chancellor in with the president of the University of Iowa. My president at that time was a former Rhodes Scholar, Virgil Hampshire, a former very successful corporate executive. He helped close down the

Van Sweringen railroad empire. He was Carson, Pirie, Scott's primary counsel from his firm. Then I got the vice chancellor into the medical faculty orbit--had him to faculty meetings and the rest, not as a spokesperson but just so everyone knew him and liked him, so he was in. I would say truly that, not in graduate hospital administration but in medical education and medical research, thanks to Kellogg, I have had a massive impact on New South Wales, a significant impact on Melbourne, Perth, and Brisbane.

Part of the reason for this impact is that I always went with Fern so there always was family entertainment. There was nothing they disliked more on the foreign side than to have a loner. For bridge they have got to find a partner, for dinner they have got to find a partner. In fact, the first time we went to Australia, Sir Herbert Schlink, the chairman of the board of the Royal Prince Alfred, which is the largest, most prestigious hospital, had a guest apartment for us with all the amenities and deluxe food service. He was a very elegant, Churchillian type. I remember when we went in and he was showing us around he said, "I'll open this door, and don't fall down." He opened it. He had cases of wine and liquor for the four of us there. He said, "When you entertain as a foreigner, you can't do well at the liquor store. We wouldn't think of asking you to have to ask our friends."

The end result was we moved in circles of people like the Woolworth people, not the franchises but the real thing. Fern, of course, was truly delightful, effervescent, and elegant. When the Dewars' distillery people had their annual ball, we were the international guests of honor, the prime guests. Not because we drank like fish, but at that occasion Fern, again in her sparkling way (of course they never used ice) said, "I like my Scotch on the rocks." They didn't know what rocks were so Fern remembered that when

they put ice in the drinks at restaurants they call it on the chips, so she said, "Scotch on the chips."

All through the whole ball people were saying, "We must have Scotch on the chips. The Hartmans are having Scotch on the chips."

It was just lovely. They gave her a man-sized replica of Dewar's Scotsman. Hundreds of people signed the front and back of it. They had it hand-carried to our apartment and we didn't even know about it until we found it. This was just as a pleasant testament. So that was the kind of thing we were able to do socially.

In our first tour, fortuitously but delightfully, Sir Arnold and Lady Toynbee had the same itinerary a day or two apart so we always had our meals together. We had adjacent suites so we dined together. We met the people they met and they met the people we met. When Fern was with me on a trip, the minute we would come in, the room would almost be cascaded with flowers from the different families just to say welcome and so on. What I am alluding to is that in the international scene it is quite, quite different from the American scene.

Of course, we bragged of Dr. Emory Morris of the Kellogg Foundation, described his elegance when he went down to India. Then they kept asking when Andrew Pattullo was coming, when is Andrew coming. When Andrew and Jean came, I am sure they laid it on.

Their willingness to change is one of studied reticence more than studied review, more "we'll try a little bit of it."

Now that was where John Griffith of the U.K. did beautifully. He had the good sense to stay for about nine months, take an apartment on the beach, take his family, literally move in. So he gained ground beautifully.

I had students at Iowa who came from Melbourne, subsidized by the hospital commission, then went back and took positions as finance commissioners, planning commissioners, and at the university. I would say John is the one that really opened the door in terms of partially vacating their structured examination system, almost clerical in its nature, with twenty-one volumes of material to study. You had to know precisely everything from transferring a patient from a bed in the inner room to an outer room. It was something.

More recently I have had students from Nigeria. Oh, and Gunnar Hogberg came from Sweden. I think the record will show that Gunnar was invited by Kelloggs. He was third generation, excellent name.

I am sure it was George Bugbee who called me and said, "I have a gentleman here from Sweden. From what he tells me I think he would do best to study with you, Gerry. Would you accept him? I am in Battle Creek right now at the Kellogg Foundation. I know they would be willing to meet whatever the cost might be, but could you say yes?"

I said, "The answer is yes." Just like that. I didn't say that I would call him back. I told the other faculty members.

They just said, "What is he like?"

I said, "We'll find out." Of course, he was delightful.

I had him do his master's thesis in Morristown, New Jersey where I had one of my longest consultancies because I knew I could open all the doors. His English was excellent. He drew a comparative analysis of an American medium-sized community hospital and a Swedish medium-sized community hospital--organizationally, medically, governmentally, support-wise, and scope of service. It was a good study. When Gunnar was ready to leave, he brought his wife over. That was one of times I was sick in Atlantic City so I

couldn't entertain them. We didn't get together. Odin Anderson and the others all told me he was as elegant as ever.

My most recent international venture was one which I intentionally collapsed. I was invited less than two months ago to be senior consultant of the government of Nigeria. The man who helped develop it was a brilliant Nigerian scholar who spoke better French than English when he came. He was named Johnny Abajao Salomi. He brought his wife and left four children behind, so you know the cycle. He happens to be the son of one of the emirs so that you know he has all the facial markings as well as the status markings. He did his dissertation in the area of health education. Would you believe he called on the Governor, he called on the Director of Health Education and put together a very acceptable dissertation. Then out of thoughtfulness--thank goodness, I occasionally think ahead--I thought it would look better for him going back to have his degree jointly from the college of education and graduate college, as well as from our graduate program. So his degree is a joint degree between the faculties in those schools and in ours.

He came back a couple of months ago, as I was about to say, Lew, and said, "We need a senior consultant. There is not a lot of work, but we need the kind of counsel you can give."

Well, Fern has a heart condition that fibrillates quite frequently. Additionally she has had ten major surgicals and many other problems. I just wouldn't leave her, or expose her to that equatorial climate.

When we went to Australia, we always went by surface except for the first time. It was twenty-one days down and back, but that was just part lark and part work.

I would say there was my other adventure in the international field that

may be worthy of note. Early in my career, I developed an acquaintanceship with a very distinguished Australian architect, Sir Arthur Cunningham. Sir Arthur was even better than the late Tom Ellerby, Senior, or Junior, in terms of acquiring new knowledge and of being contemporary.

Perhaps I can identify or substantiate that statement best, Lew, by saying that he was head of a firm. He had John Moriarity as his right hand. (The right hand men were called "Mules" down there, but it's respectfully stated.)

Sir Arthur took six months out of every two years, uninterruptedly, to go around the world and study medical and educational, and hospital developments, to study buildings, to draw sketches of buildings, to lay out his own ideas. I worked with him and his firm on four or five major projects including Perth, Southern Adelaide and so on. I would say that, without having to reach out, there was a reciprocal relationship; it worked beautifully.

In the days I was at the University of Iowa there were other things I was able to do with the Australian connection. You perhaps know that in the bureaucracies there and in the universities, every sixth year can be a sabbatical year. Ordinarily it is completely subsidized for the person and a secretary. Usually the secretary is male unless your wife is willing to learn to type, then she could be your designated secretary. Many of the ministers came to Iowa with male secretaries. Many of the younger fellows brought their wives, left their children behind with nannies.

The beauty is that in those systems and in the European systems, when you have such a sabbatical, you are obligated to present formally and deposit what is called a Trip Report. This isn't just a simple log saying the writer saw a certain person at a certain time. It said that when the two persons were together, this was what was done, this is what had meaning, this is what is

worth recalling, this is an observation that may have benefit to others.

To give you an example of a case in point. Dr. Ian Cunningham Dax was a brilliant psychiatrist in Australia, originally British. He writes in Lancet but very few people here read what he writes. I got to know him on the third or fourth trip there, got to know him well. He had done some studies on suicides by mental patients. He observed that about 80% of them were in bathrooms--either drownings, slashings, electrical, etc. So he decided, as an experiment in two of the mental hospitals, to cut the wall of the bathroom at the 4 1/2 foot level. To look in you would have to go up and look down. Walking by you couldn't see in. The doctor felt that the fact that when they were in a fully enclosed area with great privacy that would give the sense that now they could do the act. When the bathroom walls were cut down, he cut the rate down to three percent.

He also decided that too many of the alcoholics, of which there are many in every nation, were ending up in mental institutions. So he provided what he called second story retreats. The police couldn't put you in, but if you knew that you were more inebriated than you wanted to be to face your family or to go back to the job, you would simply be helped up that flight of stairs. You would take a shower, you would be given clean night clothes, you would be given medication if you needed it. You would be cleaned up with clothes laundered and pressed the next day or the day after. It worked beautifully.

What I am alluding to is that it was the people like Dr. Dax who had that exploratory kind of mind, the willingness to try out ideas. These were to me, the enriching aspects of Sir Arthur and others.

I could go on...to Switzerland...just keep rambling. I have given you a cross-section of what has had great meaning. I thank Kellogg Foundation in

good part for both providing the initiative and the justification for the leave of absence. When Kellogg said, "Would you do it?", the University of Iowa couldn't say, "You had better not."

WEEKS:

Would you care to talk a little more about Kellogg's role at Iowa?

HARTMAN:

As to the role of Kellogg, as you know, the Foundation was always more than generous to the University of Iowa. I can honestly say that I cannot remember any time that a request was made by the University that the Foundation declined. I will also say there was never a request made that was a test for size, or there never was an amount asked for that was in excess of what was really justified or needed.

WEEKS:

A few years back did you not serve on an advisory committee to the W. K. Kellogg Foundation?

HARTMAN:

Yes, with Ray Brown, Walt McNerney, George Bugbee and George Silver.

It must have been in the mid-sixties Andrew and Dr. Morris called. They said, "We are convening a few people for a couple of days. We want to look at the Kellogg programs. We want to look at the trends and developments of the field. We want people to think out loud and be honest about it. Would you be willing to come?"

I said, "Of course."

Then Andrew would say, "How are you coming?"

I never went by air. I always came with Fern. I always went by car. I'll listen to symphony music on FM all the way through.

At the meeting, I think, as I said, were Walt McNerney, George Silver, Ray Brown, one or two others, and myself. Emory Morris would come in for part time, Andrew would come in for part, Phil Blackerby for part. There were really exchanges. I recall that early in the action I put forth that there would be a major press in the future reflecting the concern of mounting cost. This was long before it broke out. I suggested that perhaps Kellogg should begin to look at the ways in which costs could be ameliorated, not just reduced. I remember that McNerney took issue with me and used some pretty strong language, that it was pure nonsense, with third party payment there was an equilibrium that was already established. He said that if people identified costs, they would begin to be nervous that they weren't going to get service.

Ray Brown, on the other hand, said, "I think Gerry is absolutely right. I am getting it from the president of my university already, and from the board. I know it is going to be of even greater concern. Ours will never be a high volume university center. We are bound to have high costs with all the research programs and the radiation center and all the rest."

George Silver came in and said, "In the researches I have been privy to (he was in Washington at the time) and what I hear from the Senate Finance Committee, it's not going to break just yet, but I can tell you it's going to hit, and, when it does, it's going to lay in hard."

What I am alluding to here in just this one instance is that these persons were, in the fullest sense of the word, brainstorming. There wasn't a sheet of paper that Kellogg put out. There was just the question: What do you think is happening in the field that represents areas in which Kellogg should

be interested? Andrew and the others would just dictate a summation for their internal usage at the Foundation.

There usually would be a group picture in the next issue of the Kellogg annual report with pleasant acknowledgement. I found those meetings both as an opportunity to say thank you to Kelloggs by contributing something that I thought might be intellectually worthwhile, and also I found them remarkably useful in generating areas for doctoral investigations by the students. I'll give you just a clue. The war was over and there was still the residue of all the people coming out of service. There was the first interest of health manpower being identified. I held forth: Why couldn't we look at the dischargees from the military service who had surgical technical ability. If we could break out their data from the surgeon general and analyze the pool of those who were entering the civilian side but who had no way to know what rung of the ladder they were properly qualified to grab--couldn't we work with the right people in Washington that were doing all of those occupational listings, determine the equivalency of the medical terminology with the civilian health occupational equivalency?

For better or worse, at that time I happened to be on the Federal Health Manpower Council, which was just beginning. Fred Gibbs was its number one man then and I have forgotten who was its number two. So I got a hold of a certain general, because I had been consulting the Army and the Air Force all the years I had been coming down there to Fort Sam. I said, "Don't you owe me something?" The way I put it was, "Don't you trust me?"

They said, "We don't like to release this occupational data."

I said, "Before we use the data we will break down your basic tables and you can see them, and see if we have camouflaged them."

The end result was that a Colonel James Young prepared a doctoral dissertation and I then proposed to Eli Ginzberg and the rest of the top boys in health manpower--I proposed that there be a presentation of the doctoral research prior to the submission of the dissertation to the council.

I asked for an hour. Remember there were fifty-six federal sycophants around this council--social service, labor, agriculture--all of them taking notes like mad. Then there was this bright young colonel standing up, quite military, starting out, "Professor Hartman, I would like to..." He carried on from there.

That damned meeting, which was supposed to last about twenty minutes went on for three hours. That colonel is now a full general, partly as a result of that exposure.

What I am alluding to is that in a career sense you can engage in what I call a Multiplier Factor. You can pick up what you generate in a meeting at Kellogg, you can address it to a promising scholar, you can relate it to a federal council, you can assist the bright ones coming out of the military who don't want a military career, you can short-cut the investment for creating new people in the health field by using the prior training of truly elegant, qualified tested people from the military, and you can bring those into the civilian sector without in any way dislocating the market, and going into phony credits and all the rest. So I touch on this in rounding out the Kellogg experience to indicate what I'll just call the Multiplier Factor.

WEEKS:

Would you talk about your thinking on national health insurance and your possible exposure to the forces pro and con?

HARTMAN:

In the area of national health insurance, Lew, and some of the deliberating, as you can guess, I was exposed to our good friend I. S. Falk and to Michael Davis when he was alive. (This was the pro side.) I was equally exposed and intrigued on the more negative side of the Bert Caldwell and the acidly negative of the Morrie Fishbeins. I would say if I had an analytical position, and I were to draw an honest parallel, it would approximate Bob Cunningham as an essayist in the field. I do not mean to suggest that I skirted it, but I was always aware that first I represented a state obligation. I fulfilled this statutory commitment. I spent state money. I had the first truly geographical full-time medical faculty in the United States. I went to Iowa when the AMA had black-listed it for its geographical full-time staff that Ellen Gregg and Henry Holton had recommended. Accordingly, I would say that I recognized that just speaking to national health insurance was almost posturing until there was the formal commitment to engage in voting.

Further, I came from a state that was super-Republican. If I were ever as a state employee to become politically identified, I would lose not myself, this I could protect, but the capacity to generate the income the medical center needed. I put that income up at least 2,000% from what it was when I came--at least.

To give you a further clue of my wish to avoid apparent partisanship on issues even though I was intellectually capable of analyzing a number of sides and so taught these, you will have to laugh when you hear I was strictly apolitical. One year I would register Republican, the next I would register Democrat. I made no bones about it. When I came up against a tough, reactionary governor like Bill Beardsley, he knew I wasn't a Democrat. When I

came up against an arch Democrat like the former governor and late senator, Harold Hughes, he just said, his exact words, "God damn it, don't you ever run for governor." That's the way he said it, just to be polite and pass a compliment.

So I would say that intellectually I would favor optimal support. I see now the effectiveness of the Blues that Rorem and MacLean generated, that McNerney nurtured. I see the increasing emphasis on prevention in the McNerney arena and I see the wisdom of supporting the private sector.

Much of the casualness, I won't say abuse, but casualness, I witnessed in my endless Washington trips was not just military but also bureaucratic. I'll give you just one example. I would go to the meetings of the health manpower council every month. I always took it upon myself never to eat at the hotel. I'd go to the cafeteria in Block Three, Medical Center. There would be a table of eight or twelve of the subdivisional bureaucrat cats. I would take a chair about as close to them as you are to me now. Their conversation interminably was: What are you going to do this time? What are you going to say? What are you not going to say? What are you not going to do? It was strictly negotiated at the level of adjustment, side movement, up and down. What I mean by that is there is a type of structured compatibility, a type of power pact that really by the bureaucrats creates a rigidity to change. I am not saying that in a snarling or disrespectful way. I just know that to be a norm.

WEEKS:

You wore several hats at the University of Iowa, as I observed.

HARTMAN:

Truly one of the major gains I had at the University of Iowa was that I was not a pure executive. The fact that I was academically acceptable, that I

published, that I rendered community services, that they knew that I went to small hospitals, that they knew I understood the small hospitals of the state--not in a condescending way but literally moved among them, and that I helped replace and build some, gave me a credibility I could never earn by just staying in one chair as the president's right hand man running the medical center.

So going back to your previous question about national health insurance, as an example, I would say that if I have been remiss in not declaring by publication the pro position or con position, it isn't because I lack the intelligence. I would say, hopefully, I have the wisdom to recognize that the little that would be gained by my so identifying would mean nothing. On the other hand I took a strong position against the host of rural hospitals that the AMA and Hill-Burton and the rest were generating because I could see, as vice chairman of the Hill-Burton planning agency, a couple of politicians and the governor just go in and say, "We need this at Mount Ayr. There is a prestigious surgeon down there. He needs a place to operate." They would have another hospital.

It didn't disgust me, it dismayed me. There is a difference. I didn't get vehement or silly. I just felt: Look at the waste! The ratio I generated early in my life, kept all my life, was that whenever you spend \$1,000 of somebody else's money in the health field, how much care does that money buy? I have been patient focused in depth all my life.

When I go to Mayo's, with my friend Charlie and the rest, I always go to the Kahler Hotel. I will always go in the lobby or the coffee shop. I'll sit down with somebody who looks a little concerned. I won't ask who he is or say what I am. I'll look just a little bit apprehensive and ask, "What's it like

to have surgery here? I have never had it." That's a statement of truth.

They open up and tell you everything you want to know. You couldn't get a more fulsome commentary.

I don't just use that phrase. I can relate it to the present situation today here in Minneapolis. Why do I stay at the Curtis Hotel? I could stay at the Sheraton, I could stay at the Marquette Inn, I could go first class by air. I'd much rather be here at this hotel and see the kids who are here for the state athletic meet. I like to talk with the waitress about her physical exercise at the Nautilus Club, and about her grandchild. I feel much more honest, much more honest, much cleaner, and more wholesome--and I don't mean that in a condescending way--by mingling. I mean it, mingling, very truly. My family brought me up that way. They never, never, would have accepted me as their son, if I had ever been snooty or superior. I can assure you there would have been a point of almost rejection.

WEEKS:

You have had a position where you have had frequent contacts with legislators. Would you care to talk about that experience?

HARTMAN:

When you look at the role of the administrator, the teacher or the researcher in relation to the legislature, I think you have to differentiate among legislatures. There is a world of difference between the Illinois legislature and the Iowa legislature, climate-wise. I think your first step is to look at the legislators' roots economically, occupationally, and at their motivations, without being silly. An Iowa legislature would be half lawyers, the rest mostly farmers, agriculture, county extension, land managers. Then you look at the time element: Are they new or are they fairly

well established? Most legislatures every two or four years turn over a third. When you are addressing a committee, depending on the prestigiousness of the committee--if it is the appropriations committee, for example, you can be sure that there are mostly senior legislators on it. These are legislators you have seen here before who have a historical perspective and may be just a little tired because they feel they are going to hear what they have already heard.

The guidelines or criteria I have established for myself, Lew, would be essentially these: I recognize first and foremost that legislators are essentially human, and really people. Accordingly, I never label them as if I were making a predetermination of some slot or pocket they fit into. Next, I recognize that almost all of them are family people. I don't mean to play this up because I never have stated it in terms of legislator relationships, but I see each and every one of them as a potential patient in a simple ratio in so many years they are going to be in a hospital bed, so many months they are going to be in a doctor's office. Accordingly, in a field like ours you command a unique interest, or if you will, a self-interest. You carry that up to the legislators, not to the point where you make them nervous, but where you make them aware both as individuals, and hence by extension, of the aggregate of the sector of society they represent, that they have an obligation not just to the family but also to whatever their constituency may be. You don't say it that way because it looks as if you are laying on what they have already taken the oath to do. You play it in a way that they understand it.

I would say next, in working with legislators you appreciate the fact that they want to come up with the best possible answer within the resources at hand. You never engage in gimmicks, you never oversell because once you are caught in an oversell you have lost credibility for the future. By the same token, you never go in unprepared. I don't mean by that you should know all the answers. You know what you are expected to know. When you are asked something that is beyond the normal pale of what you should respond to, you say, "I really don't know, but I can find out. Would you like me to get back to you by letter, in person, or before the committee, or before the legislature?"

In that way they see you the same as they see themselves. They are harrassed with everything they are expected to know when their name comes up for a vote. They have a sense then that you are regardful for them without being condescending.

Next, I find legislators like to be shown rather than be told. I make a big thing out of telling the legislators that anytime they walk into the University Hospital when I am not there to ask others what they want to know. If you just want to drive up and walk in the door and tell the people at information desk that you are the state representative from such and such and that Hartman said I could have lunch here any time I wanted it.

I would add to that, "Walk in and have lunch, but pay for the lunch. Everyone else is paying for lunch."

Finally, when it comes to hospitality you are in a sensitive area. I never had a legislator as an official guest of the University Hospitals because he would see the appropriations used for a personal benefit. I never have him as my personal guest because that then makes him feel that he owes

Fern and me, but I have always said the Foundation pays for this or we have a fund for this purpose that is not a part of the hospital, and doesn't come from hospital income. I think by doing it that way that you protect the legislator's sense of identity. You never have to worry between those who might be willing to accept a good deal of goodies and those who would look askance at your being so disposed.

There is a good-natured story about myself that I don't think I have even recalled for Fern's benefit. The newest federal senator from Iowa is Charles Grassley who is an ex-mechanic, ex-farmer, and Waterloo industrially based. When Charlie was in the state legislature, he would like to come to football games, usually at the last minute when he happened to have business in Davenport, at Moline and International Harvester. He would just call. Of course, Fern with her heart condition frequently could not go. I would just be glad to go because I would have two seats and I could spread out. Whenever Charlie came I would give him Fern's ticket, and take him.

To show you his sense of humor, the president came up one day at the game and said, "Senator Grassley (he was a state senator then), I am so glad to see you here."

Grassley then went into mock horror and said, "I beg your pardon, I am Mrs. Hartman."

What I am alluding to here is if you occasionally intermingle, you do it in a way that he can accept, in what I am indicating is a protective ploy. He just loved saying that to the president. He wanted people to know that he was not there just on the take, that he was a personal guest of Hartman, he was just an alternate for my wife. Of course Fern knew it, and she loved it too.

I haven't seen Charles for ten years, but I'll give two to one up to

twenty bucks that if I walked up to Senator Grassley's office without an advance appointment, without a name, he would look up and say, "Gerry!" The next thing he would say would be, "What can I do for you?" He would mean it. It wouldn't be just rhetorical.

He was extra conservative. What I am alluding to is that I could work with the toughest and the softest. It wasn't a point of vanity. It wasn't that they liked me as a person it wasn't that they liked me because I was clean and wholesome, but essentially they liked me because they knew if I made a statement, that was a promise, it was unyielding. If I had to alter what I promised, I got the word back. If I needed more money any time, I never came in at the last minute. I would always tell them three months ahead--this last quarter was rough, the next one may be bad. If it is, we are going to have to go to the interim committee for some supplemental funds or else cut back the volume of service. We found a way to work together.

This has been great, but I think it is time for you to go to the airport.

Interview in Minneapolis

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