FINAL

INTERVIEWEE: PAUL SYPHERD
Professor of Microbiology and Molecular Genetics
Just appointed Graduate Dean and
Vice Chancellor of Research

INTERVIEWER: Samuel C. McCulloch
Emeritus Professor of History
UC Historian

DATE: March 24, 1989

SM: Speak in your normal voice.

PS: Okay. I'm Paul Sypherd. This is March 24, 1989.

SM: Okay. Well, the first question, Paul, is how long have you been at the UCI Medical School?

PS: Well, I came here in July of 1970, which was the second year of the existence of the College of Medicine on this campus. I was recruited here by Harris Moyad, who was the first Chair of the department and three years later I became the Chair, and I was Chair for thirteen years. I stepped down about a year and one-half ago to return to . . . the euphemism we all use is full-time teaching and research. Is that it?

SM: That's it, yes. (laughter) I didn't have the time (inaudible) . . .

PS: There have been a few university committees.

SM: Now, your specialty is microbiology and molecular genetics, of some considerable interest to me, Paul, because I taught at Rutgers for thirteen years, and Selman Waksman won the Nobel Prize for his streptomycin and he then, with the proceeds--the royalties, built this wonderful Institute of

Microbiology and he was the first director. Of course, now he's dead. He was a very cultivated man.

PS: Oh, yes.

SM: (inaudible) music and art. I enjoyed the many very much. So, I got interested in molecular . . . So, now . . . but this doesn't place you in a hospital situation, it places you in just teaching.

PS: That's right. That's right, yes. Medical schools are made up of what we call basic science departments and clinical departments, and I'm in one of those basic science departments that teaches the foundations ~~on which the physicians layer on medicine.~~ of medical practice. You know, it seems as if you're . . .

SM: That's going all right.

PS: . . . as if something's coming out of the speaker at the same time.

SM: It's feedback. I think it's stopped now. I think I stopped it.

PS: Yes, I don't hear it now.

SM: So . . .

PS: So, a department like Microbiology and Molecular Genetics is primarily a graduate department, research department, ~~and then~~ our principle teaching obligation, of course in the College of Medicine, ~~is to medical students,~~ and specifically first-year medical students.

SM: Now, therefore, your office is here in Med Sci I because you teach the first-year students, right?

PS: Yes, yes, the first-year students, right.

SM: And then the next question was . . . you were very helpful to me and I appreciate it, Paul, when I was Chair of the Academic Senate, you served on key committees and so on. Are you still on various committees of the Academic Senate?

PS: Yes, actually I've been very busy. As most UC professors, I've served . . . I'm serving now on the Committee on Committees. I have served as one of the Directors of the University Club. I've been on the Board for the University Center, also known as the Student Union.

SM: Union, I liked that. I had fun.

PS: Yes, it is . . . It was a terrific experience teaching a whole new set of students ~~of~~ every year about self-government. And over the past few years, I've been an editor of a professional journal and I was a founding editor of another professional journal that's become very important in my field. And I've served on several federal panels, one evaluating health manpower training in the United States. And I served on the Test Committee for the National Board of Medical Examiners.

SM: Good.

PS: All medical students, of course, have to take the National Board at some time in their life. So, I've been very busy.

SM: That's very . . .

PS: Currently, I'm Director of the MD/Ph.D. Program in the School of Medicine.

SM: What sort of . . . What does that work entail, that current work on that committee?

PS: Well, the MD/Ph.D. Program is really a dual-track program that seeks out, recruits, and supports students who are pursuing a medical degree and a Ph.D. degree in some science basic to medicine. So, the Ph.D. degree would be in something like Microbiology or Biological Chemistry or Physiology or Cell Biology. They wouldn't get a Ph.D. degree in something like Anesthesiology or Neurology. Those are clinical specialties. If they wanted to specialize later in a clinical specialty, then they would do the usual thing: they'd take a residency.

Now, the marketplace for these MD/Ph.D.s is a very well-established one and highly competitive because these people are sought out to become faculty members in medical schools. And, of course, NIH is a very large research institute and they like to go after these MD/Ph.D. graduates as well. ~~And it~~ The dual degree meets a national need because training to become a physician does not enable one to gather all of the technical skills one needs to become a scientist in modern biomedicine. As research in biomedicine has turned more to the laboratory and away from the bedside, involving cell culture and immunology and genetics and things like that, ~~t~~The traditionally trained physician finds himself or herself

without the skills necessary to approach those problems; and, so, the Ph.D, you know, a regularized graduate program, gives them those skills and they layered on top of that their training as a human biologist, also called a doctor.

SM: That's very interesting. My brother-in-law, he just retired from UCLA Medical School, he had a . . . He was a brain surgeon but his Ph.D. was in neuro-anatomy, which he took at the same time in Michigan when he was doing his residency.

PS: Right, right.

SM: Now, that's all very useful information. How well is the Senate serving in your area? Meaning, how well is the Senate operating in the Medical School?

PS: Well, you know, the Medical School has had a very active Academic Senate since I've been here for the last nineteen years. It's really been the focal point for faculty participation in the affairs of the Medical School and it's been very important for us. Since our Medical School is geographically divided between Irvine and Orange, it's really been the Academic Senate and its many standing committees that's brought faculty together. So, we have our own Curriculum and Educational Policy Committee to deal with the medical curriculum. We have our own Promotion and Honors Committee, our own Executive Committee, of course, committees on resource development, committees on facilities. Let's see, what else do we have?

SM: I know you have a wide range.

PS: I think there are eleven or twelve standing committees and the faculty participate pretty actively in them.

SM: Yes, well, what I found, Paul, when I was Chair of the Academic Senate, that people like yourself and in departments like yours were very good and understood what the Senate was all about, but I had a real problem with the surgeons. The surgeons are a real nice bunch of guys--I had real good vibes with them--but when it came, for instance, to a very simple matter of appointing a chairman, they didn't know what to do. They didn't . . . I said, "Look, you've got to vote. And just the tenured people can vote. The others are consulted. And then you send it forward to the Dean and you have" . . . your Senate committee, what used to be called the Budget Committee in the . . .

PS: CAP.

SM: CAP. I said, "This is all protected," and so on. They didn't really comprehend it too well.

PS: Yes, yes.

SM: But I was pleased, Paul, when Ed Arquilla was the head of your Executive Committee the two years I was there. I met with him once a month and then we both met with Jim McGaugh once a month.

PS: Right.

SM: And I think we really got through a lot of things. Now, how do you relate now . . . The question I said was, "Are you relatively untouched by all the explosions going on around

the Medical Dean? What I'd like to know back, first, you served under Bostick, then you served under Stanley van den Noort, and then you are now serving under . . . No, you finished serving under whatever his name was who quit a month ago, and now you have a new fellow.

PS: Right, right. Well, medical schools are very unusual places. A medical school is the only academic enterprise that I know of where the professional activities incorporate its own factory. Imagine, for example, if the School of Engineering had a factory so that the engineers could get first-hand training in the factory, or law schools ran the courts. Well, of course, that's absurd to us; but in ~~medical schools,~~ medical schools run their own hospitals. And hospitals, because they are demanding economic units with very large cash flow problems, ~~You know, they~~ generate lots of problems. There is an essential conflict between the academic physician who wants to do all he or she can do for a patient and hospital administration that has to rein in costs. In general, a patient stay in the university hospital is longer by, say, twenty percent than if they stayed in a community hospital. That's because it takes more time to chart everything and have the residents and the graduate students there. They may be kept a little longer to follow up and get a good fix of prognosis and so forth. So, I think mixing in the usual dynamics of life-saving events, along with running a hospital and educating graduate

students and physicians and doing research, makes a medical school very complex. Our longest surviving Dean, of course, was Stanley van den Noort, a man of vision, tremendous energy, a man ~~that . . .~~ whose faculty loved him. His Chairs, well, we'd always argue and carry on with Stanley, but ultimately, when the trumpet blew, ~~why~~, we all lined up with our troops and were ready to march off. It's always saddened me that we spent so much of our energy on the issue of a campus medical center. When I accepted the position here as an associate professor in 1970, the bond issue had just passed, was passed by the voters, I believe in June.

SM: That's right.

PS: The Health Sciences Bond Issue. And out of that, Irvine was supposed to get two buildings on the campus: one, Medical Sciences I, which was a research building, and the second building was, I think, a 250-bed, maybe a 350-bed hospital, medical center. And Jerry Brown, who was the governor at that time, blue-penciled the hospital, saying that he was not going to see state money expended to build a tax-supported hospital in wealthy Newport Beach. And that we should continue doing our clinical activities in the Orange County Medical Center.

Well, as you know, ultimately the university bought the Orange County Medical Center from the supervisors and, subsequently, we put millions of dollars into the physical

plant, refurbishing it, building new buildings. Many new buildings, I might add. I don't know what the dollar figure is, probably in excess of $100 million. Stanley van den Noort and most of the faculty still believed all during these years that we needed to bring the faculty together and the site for doing that was the campus, with a campus medical center.

And, so, Stanley and most of those of us who were leaders in the faculty pursued this dream until, as you well remember, we were competing with a community group called The People for an Irvine Community Hospital. And, as we went before the local governing board to get a certificate of need, which was required in those days to build a hospital. At the eleventh hour, ~~why~~, our certificate of need request was withdrawn, and you may remember the history of that. For reasons which have never been entirely clear, Dan Aldrich withdrew our application, saying that continuing this battle with the community was creating an enormous gulf between the university and the community.

SM: Now, it was in 1984, I think it was.

PS: It must have been 1984 or 1985, about then.

SM: Let me check just this one check . . .

PS: The hospital wars and the battles between . . . which ultimately turned out to be between van den Noort and probably the campus administration and maybe even in the President's office, led, within a year or so, to Stanley's

departure from the Deanship. There are various interpretations placed on that: he resigned, he was asked to resign, or he was fired. This led us to two years of an Acting Dean, Jerry Weinstein, who did his darnedest to manage a far-flung operation--two distinct campuses plus many affiliated hospitals: the Veterans' Administration Hospital, the Childrens' Hospital of Orange County, St. Joseph's Hospital, Memorial Hospital in Long Beach, and numerous clinics--a large financial management job, in addition to herding, you know, the faculty--no small job.

SM: Oh, gee, no.

PS: And during that time that Weinstein was Acting Dean, an active search was being carried out, and that search process ultimately identified Ted Quilligan.

SM: Quilligan.

PS: Who had been on our faculty for several years, left here to become Dean of Medicine at Wisconsin, left Wisconsin after two years and moved to Davis, where he had been Chair of Obstetrics and Gynecology, and left Davis then to come here.

SM: How do you account, Paul, for . . . I looked at his record, too, when he was appointed and was surprised that he had moved around so much. Is this familiar as in, for instance, your situation, you were Chair for thirteen years? He went to Wisconsin . . . Do you think he had moved before he came to us over to UCR, if I remember right. But he had a history of moving around.

PS: Yes, and I think maybe the search committee was interested in the explanation for that and I'm sure Ted has an explanation for it.

SM: I guess. I guess so.

PS: But it is unusual in our business, even in medical schools, to find a professor who has moved with such frequency. We tend to stay in one place for a decade at a time.

SM: Yes. I'll make this comment to you on the record, Paul, that as far as our personal situation is concerned, I just retired to Emeritus a year and one-half ago and I do some teaching and do this history and Sally had switched us over to the UCI doctors, because mostly because they will charge only the figure that your insurance pays, and her people at Hoag used to charge so much. Well, Sally had an operation, a hysterectomy, and, boy, she couldn't have been better treated. Dr. Berman was great. The hospital, she was on the third floor of the . . . what's it called? [Added comment: We moved to UCIMC <u>because</u> the doctors were <u>better</u>.]

PS: The Tower.

SM: The Tower. And she had fine nursing, really good nursing.

PS: Oh, yes.

SM: Everything was fine and I switched to Tom Cesario and I'm very happy with him, just for my general medicine. Yes, he's what? Internal medicine?

PS: Internal medicine, yes. Yes, I think, Sam, if you're really ill, you want to be in a university medical center.

SM: Yes, and how. I really . . . I'm wasting a little time but I don't think it matters. What interested me on that third floor, it happened to be the cancer floor, and, of course, who knows what Sally might have had. She didn't have anything.

She's just fine, but they were next door. They were really kind and kept things quiet for the guy. He must have been pretty bad when he came out of his operation. So, when the relatives came by they all cautioned these people, I'm sure, and then a couple of nurses sort of slipped back into Sally's room, they thought she was asleep, and said, "Boy, they don't know how badly off this patient is." But it was just the nicest spirit and the people downstairs in the cafeteria just cleaning up the dishes and all were all very nice. Very nice.

PS: Yes. There's a certain culture that goes on in a hospital. I worked in a hospital for a few years when I was a student. I worked in a bacteriology laboratory. And it's a special sub-culture and, on the surface, the people are a little flinty and perhaps accepting of sickness and suffering and death, but scratch that surface just a little bit and you'll find people who deeply care and are moved by their patients' plight and . . .

SM: Yes, there's no question about it. Tell me, this question of this other hospital in Orange County, I understand it's being built or has been built in the . . . what's called "The Golden Triangle" up there where the Santa Ana and San Diego Freeways meet.

PS: Yes, yes.

SM: Has it been built?

PS: It is . . . I drive by it every day and I judge it's ninety percent complete in its external structure, and it looks like they are beginning now the work inside, finishing up the inside.

SM: I'll drive by and look at that.

PS: It's called Irvine Medical Center, IMC, and then just adjacent to it is a very large, maybe twelve-story professional building, just next to the hospital.

SM: Well, tell me, Paul, that is located right next to the runway of El Toro where the big planes take off, which are not governed . . . The sound and vibration are not governed by the civilian codes, such as John Wayne Airport.

PS: Right.

SM: How are the instruments and those sort of sensitive instruments going to handle that?

PS: I don't have a guess. I don't have a guess. I think the main runway that is used under normal conditions flies a bit north of where the hospital is; but, when the wind is, you

know, coming from a certain direction, then the runway that they would use goes right over that hospital, right over it.

SM: Oh, gee. Oh, dear. Well, continue on now. Quilligan was your Dean and then about a month or so ago or two months ago he resigned. I .... whether he resigned or was fired or whatever, I don't know. And you now have a new one.

PS: Yes.

SM: And the Academic Senate apparently were satisfied with the consultation, because normally you have a big search committee.

PS: Right, right.

SM: And Peltason wanted something to go right away.

PS: I think most of the leaders of the faculty were communicating with the Chancellor that we could not, in many people's views, sustain another eighteen months or two years of an acting dean and another national search, that we needed to fix our leadership problems from the inside and move on. Because the period of an acting dean, as you can well appreciate, often means that you're more or less sitting still, just bailing the water out.

SM: Lame duck.

PS: And it's very difficult to initiate new programs or to seize opportunities that come along, a natural tendency not to get too far out in front of the activities. And I think it was a correct decision and I actually applaud the

Chancellor and the Executive Vice Chancellor for moving swiftly with an extremely capable man.

SM: Well, I'm glad you're happy, Paul. I hear you went before the Executive Committee, Peltason did, the Executive Committee of the whole Academic Senate; he had special conferences with Howard Lenhoff, who, of course, knows something about medicine because he's in Bio Sci, and they all seemed to be satisfied.

Now, let's move ahead to the future. I have a little bet with certain people and I say we'll have a university hospital eventually and I just don't know when.

PS: Well, the faculty of the College of Medicine voted on a policy statement about three weeks ago, passed a resolution with no dissenting votes, as I recall, asking, once more, asking the administration to pursue plans for an on-campus hospital of about 400 or 450 beds. Now, that's nearly the size of UCIMC.

And again there are several reasons for it, the most important one being academic reasons. And the problems of UCIMC come from its being heavily impacted with indigent medical care. Its location at the crossroads of two major freeways in Orange County result in a high volume of ambulance deliveries and also foot traffic, people coming in for emergency medical care. And, under those conditions, it's very hard to control the admissions into the hospital. And, indeed, we shouldn't be controlling the admissions.

You know, we are after all a public hospital and a hospital of last resort. But this kind of patient mix severely impacts the teaching program. You know, there needs to be a high level of tertiary medical care, referral patients and elective surgeries and procedures which are being carried out, that many of the medically indigent have much more acute problems--often they're injuries, childbirth, and so on.

So, for academic reasons, we really need a hospital that we can . . . whose admissions we can regulate a bit easier than UCIMC. Now, I'm aware of the fact that our new Vice Chancellor of Health Sciences, and I think our administration, wants to change what's called "the patient mix." That's the ratio of medically indigent to those who pay their hospital bills.

SM: I read about that.

PS: But that's extremely hard to do, once again. I know they're going to make a stab at it but it's politically. It has a political liability built into it. And ultimately we're going to be in the position of denying medical care to those in need. And I think it's antithetical to the Hippocratic oath and everything that people in academic medicine subscribe to. And my personal belief is we cannot manage ourselves out of that problem at Orange. So, for academic reasons, we need a hospital removed from that setting.

Also for financial reasons, because if we can now begin . . . If we can now control our patient mix a little bit better, if we have a hospital whose admissions are regulated primarily to people who have insurance or who pay their hospital bills. And if both of these hospitals are feeding into the same cash register, then it's going to be a lot easier to balance the books between the two hospitals. So, I think for financial reasons it also makes sense to build a medical center on the campus.

For research purposes, I think it's essential that we get our physicians and our basic scientists back together again, because we have been a house divided for many, many years and there is virtually no collaborative research between the active basic scientists and the clinicians. And it's an unusual event for a medical school not to have that kind of research going on.

SM: Well, Paul, what do you think the timing will be on this?

PS: Well, I don't really know, but I would guess that if we move ahead from this, within five years we could have a hospital on the campus. I sense that the state is now amenable. I sense that the powers in the community that were opposed to us at one time now see the . . .

SM: Logic of it.

PS: . . . the logic of it. And I believe there's even a little bit of self-interest in that, because, as we look to develop

the surrounding area as a high tech park or a bio tech park, having a hospital there would be a very good anchor tenant.

SM: Right, right. Yes, right. Well, I hadn't thought of that, but, of course, that's right. Well, is there anything more you want to say? You touched a bit on "Could you explain to me the problems the Dean has?" I think you've pretty well done that.

PS: Yes, I think so.

SM: You've explained . . . I mean, I hadn't realized that . . . I know we have the Long Beach . . . we have Memorial Hospital, we have Long Beach . . . what's that?

PS: VA.

SM: Veterans.

PS: Yes, Veterans Hospital.

SM: And we have UCIMC and that's . . . There is a manager, it's a woman now, of UCIMC. First there was Gonzalez and then Leon Schwartz went over to sort of straighten things out and try to get it organized, and now we have a woman over there. Now, is there also one up at Memorial?

PS: Oh, yes. Each hospital has its own director. And the only hospital that we, meaning UCI, has direct authority over is the UCI Medical Center.

SM: I see.

PS: Everything else is done by what's called an affiliation agreement, so that we agree to provide certain services with our residents and clinicians at Childrens' Hospital, St.

Joseph's, Memorial, and about a dozen others. Even the Naval Hospital in Long Beach ha some of our residents there.

SM: Some of our surgeons are on the staff of St. Joseph's, for example?

PS: Yes, yes.

SM: Well, I think we've covered this, Paul, pretty well. Now, what's the future of the Medical School? Surely you'll be past this crisis pretty soon. I'm talking about the crisis that the present Dean is trying to wrestle with.

PS: Well, I think we're in a highly vulnerable and susceptible state right now. But I do believe as an agency of the State of California we're going to survive it and I think there's going to be a lot of political activity to sort of fix our financial problems with the medically indigent. I certainly hope the politicians will respond in a humanistic way to that.

And I'm extremely optimistic that we'll come out of these problems and we'll get stronger as a result of it. We have extremely good basic science departments in the College of Medicine. We have several units in the clinical departments that are very strong academically and do very good medicine. And what we have to do now in the future is focus on the development of stronger research activities in clinical departments, in the various areas of surgery and medicine. Neurology continues to build and is getting stronger as an academic . . . as a research (inaudible).

SM: Is Stanley van den Noort still there?

PS: Yes, Stanley is back as the Chair of that department. Cardiology, which is a unit built by our now Vice Chancellor for Health Sciences, is an excellent academic research-oriented unit. But ~~this is~~ what we've been lacking for the last ~~nearly~~ twenty years is the full range of highly developed research activities in the clinical departments. Understandably, our clinicians have been overwhelmed with providing medical services to a large number of people in substandard facilities for a long time. And we somehow have got to build ourselves out of that difficulty and move on to refining our commitment to research, not only in the basic sciences where we're already strong, but in the clinical sciences as well.

SM: That's a very fine statement, a very fine statement, Paul. I've been going over this interview that we've had. Are there any things that we haven't . . . It says "unreceived important event"--she typed it wrong--it's unrecorded important event. Have we left anything out in the various points that we've touched that you can think of?

PS: Let's see. I don't think so.

SM: I'm very happy, Paul, to have your . . . I have a very high opinion of your statesmanship which I used, I know, when I was Chair. I, too, am excited about the future of not only your Medical School but UCI. I just think, from my own Department of History, people are excited. We're getting

some new people--not many--but we're getting enough to make a difference.

PS: Oh, yes. There's tremendous excitement all over the campus.

SM: And those . . . Housing, faculty housing, which I, as the first Dean of Humanities, pled with the administration to get buildings built right away. We just had to have them because we just were certain way back then we couldn't get certain people because of the cost of housing. And now we've got this place here and it's just really made a great difference.

PS: Oh, yes. Oh, yes. I think it's one of the most important things we've done in the nineteen years that I've been here.

SM: Yes. Well, I can remember as Chair of the Academic Senate we had meetings with the Regents and they were moving around to giving us some help and doing something for us, but one guy--I've forgotten his name now--he was the specialist in mortgages, and the only thing he could think of was how to improve the mortgages. And we were thinking, well, we want new buildings on campus. And I think the building of the Bren Center and the building . . . tripling the size of the University Center . . . There's the picture I have here. Did they give you one for serving on that committee?

PS: Oh, yes.

SM: Isn't that nice. Right over here. I really like that.

PS: Yes, that's nice. Oh, yes, I agree. The building of the University Center, or the Student Union, was a very

important step for us; and I remember Dan saying if he'd known what an important step it was, he'd have done it twenty years earlier.

SM: He couldn't. You know why, Paul? They had a constitution. The constitution called for a two-thirds vote. And the number of times I was on a committee, and I was Dean of Humanities way back in 1965 when we started, and we plotted out a good plan, but the students shot it down. The constitution had to be changed and they didn't change it. They finally got a two-thirds vote and they (inaudible) to build this and they taxed themselves, and so on.

PS: Yes.

SM: But it was the students' fault. And then the other important thing, Paul, is that the University Club made a lot of difference to the faculty.

PS: Oh, yes.

SM: The faculty have this. The university students have that.

PS: Yes, yes. It's too bad the faculty don't support the University Club a bit better.

SM: You're right. I talked to one or two people when I was President way back or Chairman, whatever they call it, back in 1970-71, 1972, but . . .

PS: Well, I believe the staff membership far outnumbers the faculty membership. Far out numbers it.

SM: No question. Oh, no question.

PS: By a couple hundred people.

SM: No question.

PS: Our membership is just under 1,000 and it has fallen off from a high of about 1,200.

SM: Is that right? A thousand to twelve hundred.

PS: Yes, yes. That's a pity because that's a fine asset to the campus and to campus life and I wish our colleagues would see what a fine asset is and reach in their pockets and support it to the tune of $11 a month.

SM: That's not (inaudible) and they all say, "Well, I've got a mortgage," or "I've got two young children."

PS: Well, and faculty tend not to be joiners anyway. You know, we're all a very independent . . .

SM: This is a very good interview.

END OF INTERVIEW