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**"REALLOCATION" AT THE UNIVERSITY OF KANSAS  
SCHOOL OF MEDICINE:**

*A Pathological Case History*

Fred Whitehead

For most of the history of medicine, its professional education has been proprietary. The apprenticeship engaged a novice in the service of a seasoned veteran physician, for a set term of years, during which he "read medicine," i.e. memorized anatomy and other texts, learned how to suture wounds, deliver babies, and the like.

In addition to this traditional one-on-one method, there developed from time to time what amounted to medical schools, where groups of doctors might practice their art at a temple complex dedicated to healing, as came to be the case in ancient Greece. It is often forgotten now, but during the Middle Ages, medical education and practice in many Islamic countries was far in advance of that in Europe. But eventually, in the Renaissance, medical schools were founded in university towns, such as Padua and Oxford, thus establishing a paradigm for linking medicine to higher learning in general. In other European cities, especially the large metropolitan ones like Paris and London, those who aspired to become doctors went to the charity hospitals, where there were abundant desperately ill poor people.

When the University of Kansas was established just after the Civil War, the old traditional apprenticeship method of medical education still prevailed, though private proprietary schools in cities like Topeka and Kansas City soon attracted students. But there was no publicly-supported Medical School in the State.

By the mid-1890s, KU leaders began to argue that the University and the State needed its own medical school. One problem was that the University was in Lawrence, a small community, which, it was argued, could not support a full-scale clinical enterprise. However, Kansas City was nearby, and like medieval London or Paris, furnished a large supply of "clinical material," i.e. numerous poor people who were sick. Venereal diseases, tuberculosis, and so forth were common there, along with gunshot and knife trauma, and thus students would be able to learn their trade.

Notably, one of Kansas' most eminent and energetic physicians, the Halstead surgeon, Arthur Hertzler, had himself experienced the apprenticeship by "reading medicine" under a rural preceptor, but had gone on to earn a formal M.D. degree at Northwestern University. That was followed by advanced post-graduate education in Berlin, under the famous Virchow. Hertzler became Professor of Surgery at the new University of Kansas School of Medicine after it was founded in 1905. Curiously, Hertzler maintained his growing clinic in Halstead, taking a Pullman car to and from Kansas City, where he taught for nearly forty years.

Other Kansas City physicians, in private practice, became professors at KU, more or less on a volunteer basis. But a small nucleus of full-time faculty was formed as well. The growth of KU's medical school

was given a powerful impetus by the Flexner Report of 1910, which argued that all medical education should become university-based. In part, the argument was that such a basis would ensure that medicine would become firmly scientific. Soon afterwards, in Kansas City as elsewhere around the United States, the small proprietary schools closed up shop. Henceforward, while a few private schools continued to exist, most young doctors got their training at the new university schools.

However, even in the political discussions leading up to the founding of KU's medical school, there was vocal concern in the state legislature that the school's proximity to Kansas City would mean that it would in fact serve and be controlled by Kansas City, Missouri physicians. How, it was demanded, would the need for physicians in the many small towns of Kansas be met? This was an important question, because rural communities were being asked to support the school (always an expensive proposition, then as now), without receiving any clear benefit. That is, the "split" of interests between "Eastern" and "Western" Kansas was operative in those days, just as it is in our own time.

The system that prevailed up into the early 1960s was that the basic sciences such as anatomy, physiology and so forth, would be taught on the main campus in Lawrence, and the clinical years would be in Kansas City. Eventually, under the leadership of Dr. Franklin Murphy, the whole enterprise was consolidated on the Kansas City campus. Perhaps symbolically, that campus was located right on the border with Missouri, on State Line Road; it could not have been more "eastern" in its placement.

Murphy is regarded as a legendary leader of the University of Kansas, first as Dean of the Medical School, and then as Chancellor. Certainly he was one of the rare persons who served in either position whose credentials as an intellectual were not in doubt. Murphy strongly supported the growth of the KU libraries on both campuses, and was himself something of a bibliophile and art connoisseur. Coinciding with his own expansive vision for the University and its medical school were two trends. First, the G.I. Bill enabled hundreds of young people in Kansas who had served in World War II to secure advanced education. During the War, many older physicians in rural communities had been prevailed upon to remain in practice. When the War ended, there was a wave of retirements, and the "Murphy Plan" aimed to meet the needs of these small towns by introducing young doctors to opportunities there. The second trend was the huge flow of federal money into hospitals for clinical education and for research. The funding rationale was that basic scientific research and education of young people, especially for underserved rural communities, justified the commitment. There were also significantly increased State expenditures as well.

One of the unusual features of the KU Medical School was its Clendening Library, which focused on the History of Medicine. Before joining the KU faculty, Logan Clendening had been a Kansas City, Missouri physician, with a successful private practice in Internal Medicine. He was also a Freethinker (so defining himself in *Who's Who*), a friend of the iconoclastic novelist Sinclair Lewis (who did the "research" for *Elmer Gantry* from his suite in the Ambassador Hotel on Broadway in Kansas City, Missouri), and a popular author of newspaper medical advice columns. An enthusiastic bibliophile, he began amassing a substantial collection, which included first editions of Vesalius, Harvey, and other great pioneers of medicine. Today the Clendening Library is among the top ten Medical History libraries in the United States. Clendening published numerous books, both popular clinical "guides," and medical history. His successors, Drs. Ralph Major and Robert Hudson, insured that through their own teaching and through invited lectures by distinguished scholars, KU's medical education would be strongly founded in the classic medical humanities.

During Hudson's decades of leadership, every freshman medical student attended a required course, which was called The Clinical Process. This course aimed to introduce students to social and ethical issues, such as sexual identity, abortion, health care economics, death and dying, etc. In addition, Hudson annually gave a popular elective course on the History of Medicine. I served as a discussion leader for The Clinical Process, and because of my additional reputation as a humanities scholar, I received a joint

appointment as a faculty member in that Department.

The University of Kansas has a long and perhaps rather romanticized connection to New England and its tradition of distinguished colleges. KU's Crimson and Blue colors are those of Harvard, and indeed, KU is colloquially known as "Harvard on the Kaw." But institutions like the Clendenen Library and its affiliated History and Philosophy of Medicine Department in part justified the comparison.

My own connection to the University of Kansas began when I enrolled as a freshman in 1962, just in time for the Cuban Missile Crisis. Every visitor to the Lawrence campus is impressed by its dramatic natural setting. Situated along the crest of Mount Oread, KU has a panoramic view of the Kansas River valley. Coming as I and many others did from provincial Kansas towns, the University provided both an Enlightenment and a Liberation. By 1978, after I completed my Ph.D. at Columbia University, more or less by accident I was informed of a position at the Medical School, as Assistant Director of the Preceptorship Program, which sent senior students to work with physicians in rural Kansas. The Director was Dr. Ralph Reed, like Murphy, a well-read physician and humanist, who volunteered as an instructor in KU's Western Civilization course. Reed was active in Republican party politics, but was a civilized man, i.e. he did not automatically recoil at radical ideas, though he rarely found them believable. While we were very different in temperament, he and I enjoyed our work for the Preceptorship, especially the long expeditions through Kansas to meet doctors and their students. I think he hired me because he wanted to have someone he could talk with about books and ideas on these trips.

Not all KU administrators were as enlightened as Reed. For some years in the 1980s, the Preceptorship was in the Department of Family Medicine, under the Chairmanship of James Price. I had gotten interested in writing a book about Mad Scientists, and therefore had my office shelves filled with books on science fiction, Nazi history, medical experiments gone wrong, and the like. Price had a habit of abusing his staff, and one day he called me into his office and demanded: "Why do you have all those books in your office?!" Amazed, I could only reply: "Jim, I'm writing a book; I thought universities liked people who had books, and write books." Price later became Dean of the Medical School.

Not long after that, with a small but enthusiastic group of professors and community physicians, I co-founded the da Vinci Society, which provided a monthly forum for topics combining themes in science, medicine, and the humanities. This was outside the formal curriculum, but again, was in the spirit of advanced Higher Education. At places like Harvard, Berkeley or Stanford, such a Society would be supported and encouraged. At KU it was tolerated at best.

By 1991, the Preceptorship Program was under the leadership of Dr. Jane Murray, a newly appointed Chair of Family Medicine. Murray was a graduate of the UCLA Medical School, where she had earlier majored in the History of Science. She strongly believed that medicine should not be reductive, that it had to become personal, emotional, and spiritual. She readily agreed to a proposal I made, to commence a monthly Humanities Conference, based in our Department, but open to all faculty, students and staff at the Medical Center. In the course of the next several years, I organized some 80 of these sessions, which took the form of lunch-time seminars. Topics ranged widely, from the history of various diseases, to the lives and works of graphic artists, and poetry readings. According to Murray, KU's Department of Family Medicine was unique in the United States for its sponsorship of a regular Humanities event.

Under Murray's leadership, KU obtained a \$15 million grant from the Kansas Health Foundation, to support Primary Care Physician Education. Awarded in 1995, the grant was for a term of five years, and at the time was one of the largest ever given to an American medical school. This project was intended to support revision of the curriculum and expansion of medical education into the "real world" community outside the walls of the campus on State Line. Like Franklin Murphy before her, Murray was a young, optimistic and progressive physician who believed that the University should serve the State and its people. The goal was that KU's medical school should become the top national model for producing

primary care doctors.

Beginning in 1995 the University itself had new leadership in the person of Chancellor Robert Hemenway, who had a scholarly record of achievement, especially in the field of African- American literature. Also soon coming on board was Dr. Donald Hagen, who had recently retired after a long career in the Navy, where he had become Surgeon General. While not an academic, Hagen quickly sized up KU Medical Center as a hotbed of conflicting fiefdoms. With weekly messages via e-mail, Hagen proclaimed a day of renewal was at hand for KU. He even put his top leadership through a course of Covey training, which aims at developing cooperative ways of functioning in large organizations.

For a variety of reasons, these efforts at renewal failed. One reason was the arrival of a new Dean of the Medical School, Dr. Deborah Powell. A graduate of Radcliffe and of Tufts, she had the requisite New England pedigree traditionally esteemed at KU. However, because she was a Pathologist, there was some concern whether she understood or supported the Primary Care Physician Education project and its ambitious goals. We were all assured that, though she was not in a "people-oriented" specialty, she did support P.C.P.E. As it turned out, Powell was urged by none other than Hagen himself to begin cutting the budget of the Family Medicine Department, which was supposed to be the linchpin of the whole Primary Care project. In frustration Murray resigned as Chair, though she continued to teach residents in Family Medicine on a part-time basis. Dr. Cynda Johnson, who then became Interim Chair, supported the continuation of the Humanities Conferences, and otherwise was a dedicated and progressive educator.

By the Summer of 1999, various candidates for permanent Chair of Family Medicine had been interviewed, and the consensus of the faculty was that Johnson should be appointed to the post. Powell, however, refused to do so, saying "the chemistry is not right." Exasperated, Johnson announced she was leaving KU, where she had spent twenty years, to take the position of Chair of Family Medicine at the University of Iowa Medical School. The Dean was developing an alarming penchant for authoritative but mysterious statements such as her judgment about "the chemistry."

On October 6, 1999 I was summoned to Dr. Powell's office and given a letter stating that my contract would not be renewed after June 30, 2000. In a brief discussion, she stated: (1) "Your Department is in a budget deficit, and I have to make cuts," and (2) "Your research does not fit the mission of the Medical School." The latter statement was especially amazing, since I had just recently earned promotion, via rigorous peer review, to Associate Professor, a senior faculty rank, effective July 1, 1999. Subsequently, I learned that Powell told the new Interim Co-Chairs of Family Medicine: "I cannot justify having an English major in a Family Medicine Department." Powell's statement about my research dismissed in one sentence my record of 80 scholarly publications, plus 100 lectures and seminars I had given all around the United States and in Europe, on topics of medical, intellectual and cultural history.

Naive people customarily take such things personally. Some even come to agree with those who dismiss them, that their work is insignificant. However, I resolved at once to contest this dismissal. Some 400 letters and messages from around the United States and from several other nations went to Dr. Hagen. The American Association of University Professors conducted an investigation of my case and of others on the main campus in Lawrence. Their investigating committee prepared a report, which however, had no effect on the administration. After a perfunctory exchange of letters with a KU attorney, Robert Kreiser of the AAUP's national office said there was nothing more they could do. Proceeding to a formal censure of KU would not be possible, Kreiser said, for reasons that remain obscure.

A bizarre atmosphere began to develop on the State Line campus. In August 1999, a majority of the Kansas State Board of Education voted to remove key concepts of the theory of evolution from tests given to high school students in the state. This prompted intense international publicity, projecting an image of Kansas in 1999 as backward as Tennessee in 1925. In response, I personally agreed to sponsor a scholarly conference, "Monkey Business in Kansas," to be held at the Medical Center November 5-6,

1999. Two days before the conference, Linda Davies, Director of Academic Support, telephoned me and directly charged me with falsely representing that the Department of Family Medicine had sponsored the event. I replied that I was personally sponsoring it as a faculty member. The next day, Ed Phillips, Vice Chancellor for Administration, telephoned and similarly berated me: "You have been," he charged, "less than forthcoming about the sponsorship of this event." He added: "The University cannot support events like this." When I demanded that he put his objections in writing, Phillips perhaps realized that his bullying tactics would not prevail with me and refused to do so. The conference took place as planned. Phillips, recently hired by Hagen, was a pal from Navy days, and obviously knew nothing of the concept of academic freedom. Phillips' next move was to proclaim a new policy at the Medical Center, that faculty had to obtain the approval of their Department Chairs before scheduling any space for "outside events." I protested this to Dr. Robert Trueworthy, chair of the Faculty Council, but he never replied, nor did the AAUP take any action on this clear abrogation of traditional faculty rights and privileges.

I filed a formal complaint against Dr. Powell, for violating my academic freedom when she made the statement dismissing me because of my research. On June 27, 2000, four days before my dismissal took effect, the mandated hearing finally was held. The faculty member I originally wanted to represent me was not allowed to serve on the committee. Dr. Mark Fey, a professor of hearing and speech, chaired the hearing, and among other irregularities, attempted to prevent my son from making a tape-recording of the hearing. Fey even attempted to prevent my citation of Sir William Osler, the distinguished Professor at Hopkins, concerning the importance of the humanities in medical education and practice. I persisted, and got into the record Osler's denunciation of those whose only standard of value was "the tape-measure of utility." At the hearing, Dean Powell testified she could not remember making the statement about my research. Dr. Dolores Furtado, a long-time AAUP officer at KU Medical School and the head of the AAUP's Task Force on Medical Schools, "represented" me on the Committee, but as I learned only much later, did not support me in the decision that was made in favor of the Dean. The Committee made no finding of facts, nor did it issue any kind of explanation for its decision, nor did it actually have a formal vote. In short, the whole hearing took on the character of a Star Chamber proceeding such as occurred in 17th Century England. To this day, Furtado has never explained to me her strange role in this proceeding.

My dismissal occurred as the Dean ordered, on June 30, 2000. The University refused to pay me several thousands of dollars for unused sick leave accrued, on the grounds that I had been terminated, and had not retired. I did not even receive any formal written notice of the Committee's adverse decision until the middle of July.

There are other aspects of this case too complicated to enter into here. It must, however, be said, that other faculty were told the same thing, that their research did not fit the mission of the School, and were dismissed. In the summer of 2000, after I had been forced out, Dr. Jane Murray, my former Chair and supporter of the Humanities Conferences, learned that her part-time appointment as a Professor of Family Medicine had been terminated when her paychecks simply stopped coming. Justifiably infuriated at this treatment, Murray reported these attacks on Family Medicine to the press, resulting in several articles.

Difficult as it is to retain one's perspective during such disturbing events, it is important to try to grasp trends which underly what might otherwise be considered personality disputes. I had often remarked to Murray that KU's departments resembled the atavistic combatants of the Balkans, who glare out from their battlements, prepared to pour boiling tar on all who approach. These are people, I said, who are not educated or civilized, but are content to remain mercantilists of the provincial sort.

The reason Family Medicine found itself in "deficits" was that the other "rich" departments starved it for resources. Faculty salaries in Surgery or Anesthesiology, for example, were often several multiples of those for Family doctors on the faculty. Similarly, administrative expenses grew out of control. Powell herself made a salary of \$270,000 the year she dismissed me (while I made \$37,000). Her husband, also

a pathologist, made a salary almost as much as the Dean: hence, these two exacted a sum in the neighborhood of Half a Million a year. For the sake of comparison, we may note that United States Senators make \$140,000 per year, and United States Supreme Court Justices make \$170,000. Furthermore, through the Kansas Open Records Act, I obtained records that showed the Dean's office spent \$190,000 in one year for "social activities," such as receptions and dinners. Almost \$300,000 was spent for consultants on a project to collect information on the kinds of work done by the faculty, at the same time faculty with a proven record of scholarly research and publication were being harassed, driven out, and dismissed.

Aside from this gross waste of money, which alone gives the lie to "deficit" claims of any kind, the entire context became clearer in the summer of 2000, when suddenly a Life Sciences Initiative was announced in the Kansas City media. An ambitious and complex project, this scheme joined the University of Kansas, the University of Missouri-Kansas City, and the newly established Stowers Institute in Kansas City, Missouri in a plan to make Kansas City one of the largest national centers for basic biomedical research. Hundreds of millions of dollars were to be sought from a combination of public and private sources, for an initiative which proclaimed as its goal "an aggressive and comprehensive commercialization system." In his annual Convocation address in September 2000, Chancellor Hemenway, a member of the Board of Directors of the Life Sciences Initiative, supported this effort, saying almost incidentally that "reallocations" at the Medical Center would have to be made. Thus, without any faculty advice or consent, it was revealed exactly how "the mission" had changed. If you did not bring in big federal or private dollars, you were dispensable.

At KU Medical Center, the Department of Family Medicine was dislodged from its easily accessible position at the entrance to the Hospital, to make room for a large group of cardiologists from St. Luke's Hospital in Kansas City, Missouri. Just as legislators a hundred years ago had feared, Kansas City, Missouri interests were taking over the KU Medical School. This transition was facilitated by the newly privatized KU Hospital Authority, created by act of the State Legislature. For the first year or two, a community and legislative-based oversight committee was required by law, but that was soon quietly eliminated. Food and custodial services were privatized, with more long-term employees terminated. The administration's "reallocation" became the workers' unemployment.

One thing that is common to Powell, Hagen and Hemenway is that none of them are native Kansans. Conversely, many of those they have attacked and fired were either born in Kansas or have long years of service to the state and to the university. The approach of this troika is quite clearly to support outsiders whose objective is to make as much money as possible from us. They also support high rollers within Kansas who have the same objective.

One might have expected Chancellor Hemenway to make a stand in defense of the humanities in medical education, such as he did on November 14, 1997, when he gave a seminar in our Family Medicine Humanities Conference series, and publicly stated: "I'm really glad that Fred Whitehead is drawing together the humanities and medicine." By 1999, he and others had determined that mere English majors were an impediment to the Life Sciences. KU would go backward in time, to become a proprietary trade school like those which vanished ninety years before. As Osler foresaw, its standard of value would be, indeed, "the tape-measure of utility."

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