

HOSPITAL
ADMINISTRATION
ORAL HISTORY
COLLECTION

Matthew F. McNulty, Jr.

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MATTHEW F. McNULTY, JR.

In First Person: An Oral History

**Interviewed by Duncan Neuhauser, Ph.D.
1994**

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Chicago, Illinois 60606



Matthew F. McNulty, Jr.

CHRONOLOGY

- 1914 Born November 26, Elizabeth, NJ
- 1933 St. Benedict's Preparatory School
- 1938 St. Peter's College, BS (Physical Science and Philosophy)
- 1938-1946 Prudential Life Insurance Company, Newark, NJ
Management Trainee, Actuarial Division
- 1939-1941 Rutgers University, School of Law, New Brunswick, NJ
- 1941-1946 United States Air Force
Enlisted and Officer, Line and Medical Departments, 1941-1944
Executive Officer, Air Force Regional Hospital, Maxwell Air Force Base, Alabama, 1944-1945
Assistant Chief, Standards Branch, Office of the Air Force Surgeon General, Pentagon, 1945-1946
- 1946-1949 Veterans Administration Department of Medicine and Surgery, Washington, DC
Director, Medical Administration
- 1949 Northwestern University, MHA
- 1949-1950 Veterans Administration Hospital, Little Rock, AR
Assistant Manager
- 1950-1953 Veterans Administration Hospital, Birmingham, AL
Assistant Manager
- 1952 University of North Carolina, MPH
- 1952-1954 Northwestern University
Lecturer, Hospital Administration
- 1952-1958 Northwestern University
Preceptor, Hospital Administration
- 1953-1954 Veterans Administration Research Hospital, Chicago, IL
Assistant Manager

CHRONOLOGY (continued)

1954-1963	University of Alabama Hospitals and Clinics Administrator
1954-1970	University of Alabama Professor, Health Services Administration
1956-1966	University of Iowa Preceptor, Hospital Administration
1956-1966	University of Minnesota Preceptor, Hospital Administration
1963-1966	University of Alabama Hospitals and Clinics General Director
1963-1970	University of Alabama Professor, Epidemiology and Preventive Medicine
1964-1966	University of Alabama Director, Graduate Program in Hospital Administration
1966-1968	University of Alabama Dean, School of Health Services Administration
1966-1969	Association of American Medical Colleges Associate Director
1966-1969	Association of American Medical Colleges, Council on Teaching Hospitals Director
1967	Republic of Venezuela, Central University of Venezuela, Caracas, Venezuela, School of Public Health, Faculty of Medicine W. K. Kellogg Foundation Visiting Professor
1967-1969	Republic of Venezuela, Central University of Venezuela, Caracas, Venezuela, and Ministry of Health and Social Welfare Visiting Lecturer and Consultant
1969-1972	Georgetown University Medical Center Vice President, Medical Center Affairs

CHRONOLOGY (Continued)

- 1970- University of Alabama
Visiting Professor, Health Services Administration
- 1972-1974 Georgetown University Medical Center
Executive Vice President, Medical Center Affairs
- 1972-1980 Georgetown University Community Health Plan, Inc.
Chairman, Board of Trustees
- 1974-1979 University Affiliated Health Plan Inc. of George Washington and
Georgetown Universities
Chairman, Board of Trustees
- 1974-1986 Georgetown University Medical Center
Chancellor
- 1986- Matthew F. McNulty, Jr., and Associates
President

MEMBERSHIPS AND AFFILIATIONS

Alabama Blue Cross-Blue Shield
Board of Directors
Past Member

Alabama Hospital Association
Past President, 1958

Alabama League of Nursing
Board of Directors
Past Member

Alabama Public Health Association, Medical Care Section,
Past Chairman

American Academy of Political and Social Science
Member

American Association for the Advancement of Science
Member

American Association of Hospital Consultants
Member, 1974-

American College of Hospital Administrators
(now the American College of Healthcare Executives)
Board of Regents, 1950-
Council of Regents, 1961-1967
Fellow

American Hospital Association
Councils, Committees, and Liaison Committees, Member, 1945-
Life Member, 1975-

American Public Health Association
Fellow
Southern Branch, Medical Care Section, Past Chairman

American Red Cross, Jefferson County Chapter, Board of Directors
Member, 1956-1966

Association for Academic Health Centers
Member

MEMBERSHIPS AND AFFILIATIONS (continued)

Association of American Medical Colleges

Council on Teaching Hospitals, 1958-

Chairman, 1964-1969

Distinguished Member

Association of American Universities

Committee on Health Policy, Member, 1975-

Association of University Programs in Health Administration

Member

Bashkir Curly Association

Member

Birmingham, Alabama Regional Hospital Council

Past President

Birmingham Metropolitan Area Manpower Committee

Past Chairman, 1962-1966

City Tavern Club, Washington, DC

Member

Cosmos Club, Washington, DC

Member

Council on Medical Administration

Member

District of Columbia General Hospital

Board of Directors, Member, 1970-197?

District of Columbia League for Nursing

Board of Directors, Member, 1967-1968

Georgia Institute of Technology

National Advisory Committee, Member, 1973-

Governor of Alabama Advisory Committee on Regional Medical Programs

Member, 1965-1968

Greater Birmingham United Appeal

Member, 1960-1966

MEMBERSHIPS AND AFFILIATIONS (continued)

Group Hospitalization, Inc. (Blue Cross Plan, Washington, DC)
Board of Trustees and Executive Committee, Member, 1973-

Health Planning Advisory Council, Montgomery County, MD
Member, 1954-

Health Services and Mental Health Administration
Health Services Demonstration Grants Study Section, Member, 1971-1975

Hospital Research and Educational Trust
Board of Directors, Member, 1959-1963

International Hospital Federation
Member

Jefferson County (Alabama) Tuberculosis Sanatorium
Board of Trustees
Past Member

Mayor's Task Force on Public Health Goals for Washington, DC
Subcommittee on Analysis of Purveyors of Health Services,
Chairman, 1969-1970

National Commission on Delivery of Mental Health Services
Member, 1969-1971

National Conference on Costs of Health Care Facilities
Member, 1967

National Conference on Group Practice
Member, 1967

National Conference on Health Care Cost
Member, 1967

National Council for International Health
Board of Trustees, Member, 1975-

National Institutes of Health
Health Services Research Study Section, Member, 1963-1967

MEMBERSHIPS AND AFFILIATIONS (continued)

National League for Nursing

Board of Accreditation Appeals, Member, 1967-1975

Executive Committee, Member, 1972

Board of Directors, Member, 1973-

Second Vice President and Assistant Treasurer, 1975-

Vice Chairman, Committee on Finance and Subcommittee on Investments, 1975-

President-elect, 1977-1979

President, 1979-1981

National Press Club, Washington, DC

Member

Northwestern University

Alumni Association in Hospital Administration, Past President

Robert Wood Johnson Foundation

Teaching Hospital General Medicine Group Practice Program, Member, 1979-

Royal Society of Health

Member

Santa Gertrudis Breeders International

Member

Secretary of Labor National Conference on Health Manpower

Member, 1966

Southeastern Hospital Council

Board Member, 1960-1962

State of Alabama Hospital Construction Advisory Committee

Member, 1958-1966

State of Arizona Medical School Feasibility Study

Member, 1961-1962

Tri-State Hospital Association

Board Member, 1952-1954

University of Pittsburgh

Health Research Projects, Advisory Committee, Member, 1956-1960

MEMBERSHIPS AND AFFILIATIONS (continued)

Visiting Nursing Association of Birmingham, Alabama
Past President

White House Conference on Health
Member, 1965

White House Conference on Medicare Implementation
Member, 1966

W. K. Kellogg Foundation
Advisory Committee, Member, 1960-1965

AWARDS AND HONORS

American College of Hospital Administrators
(now the American College of Healthcare Executives)
Silver Medal Award, 1976

American Men and Women of Science, listing

American Systems Management Society
Distinguished Award, 1965

Association of American Medical Colleges
Special Recognition Award, 1995

Association of University Programs in Hospital Administration
Merit Award, 1970

City of Birmingham, Alabama
Birmingham Area Chamber of Commerce Distinguished Award, 1971
Distinguished Award for Community Service, 1963

Dictionary of International Biography, listing

District of Columbia Office of the Mayor and the District of Columbia Council
Matthew F. McNulty Recognition Award, 1986

Georgetown University
Patrick Healy Distinguished Service Award, 1985

Georgetown University Alumni Association
Centennial Award, 1982

Georgetown University Medical Bulletin, Volume 25, Number 3,
Dedicatory Issue, February 1972

Health Council of Birmingham and Jefferson County, Alabama
Meritorious Award for Distinguished Service, 1966

Healthcare Council of the National Capital Area
Trustee Emeritus, 1997
Establishment of The Matthew F. McNulty, Jr., Award, 1997

Leaders in Education, listing

Library of Alabama Lives, listing

AWARDS AND HONORS (continued)

Medical Society of the District of Columbia
John Benjamin Nichol Award, 1982

Mistry, P. *Rationalizing Acute Care Services*. Oxford, England: Radcliffe Medical Press, 1997.
Dedicated to Matthew F. McNulty, Jr.

Northwestern University Alumni Association
Distinguished Award, 1973

Omicron Kappa Upsilon National Dental Honor Society
Honorary Membership, 1971

Royal Society of Health
Distinguished Service Member

St. Peter's College
DHL (honorary), 1975

University of Alabama
ScD (honorary), 1969

Visiting Nursing Association of Greater Birmingham
Distinguished Award, 1962

Who's Who in America, listing

Who's Who in American Nursing, listing

Who's Who in Finance and Industry, listing

Who's Who in Medicine and Healthcare, listing

Who's Who in Science and Engineering, listing

Who's Who in the South and Southwest, listing

Who's Who in the World, listing

PUBLISHED WORKS

McNulty, M. F., Jr. Alabama's hospital of last resort: University Hospital and Hillman Clinic. *Southern Hospitals*. 28(11):31-36, Nov. 1960.

McNulty, M. F., Jr. Minimum wage—the time is yesterday. *Southern Hospitals*. 29(4):19, Apr. 1961.

McNulty, M. F., Jr. Methods improvement: annual administrative review. *Hospitals*. 35(8):121-24, Apr. 16, 1961.

McNulty, M. F., Jr. Clinician-administrator relationships: the need for understanding. *Resident Physician*. 9(7):56-60, July 1963.

McNulty, M. F., Jr. Health manpower/annual administrative review. *Hospitals*. 40(7):83-86, 88, Apr. 1, 1966.

McNulty, M. F., Jr., and others. How much are hospital administrators paid? Alabama survey results. *Southern Hospitals*. 35(1):22-23, Jan. 1967.

McNulty, M. F., Jr., and others. Role of the teaching hospital in community service. *Journal of Medical Education*. 45(6):403-10, June 1970.

McNulty, M. F., Jr., and Mistry, P. Dentistry and current health legislation. *Journal of the American Academy of Gold Foil Operations*. 18(1):5-13, Spring 1975.

McNulty, M. F., Jr. Research activities in primary care: improving the quality of delivery. *Health Care Management Review*. 3(2):85-92, Spring 1978.

McNulty, M. F., Jr. How change is achieved—hospitals as a model. *Hospital Formulary*. 14(4):443, 446-47, 451-52, Apr. 1979.

McNULTY:

As my resumé indicates, I was born in Elizabeth, New Jersey, in 1914. One of my distinctions is that when I was born, perhaps one mother in a hundred went to a hospital to have her baby. Both my parents were somewhat scientifically oriented, so I was born in a hospital. Through the years, there are those who have said that's what's wrong with me. The theory was if I had had a wholesome birth in the home, I would now be better off.

We lived in several different communities in and around the Elizabeth and Newark areas, as my dad would be transferred from one location to another by the telephone company. At that time, the engineering job title was wire chief. He was wire chief of different exchanges. Exchanges had names then, so that when you called, you would give the exchange name to the operator. An operator with a big hello made for a popular exchange.

There were lots of exchanges. As I recall, as you progressed in the telephone business you were made a wire chief of a larger branch office. Finally, New York and Bell Telephone Company disenfranchised a portion of their activity in New Jersey. They then set up New Jersey Bell Telephone Company. My dad ran the headquarters, which was in Newark, so we moved to Hillside, a suburb, and lived there until the rest of our active schooling was completed.

I had one brother and one sister. My brother was killed in the 29th Infantry Division in France during World War II on the Allied drive to move the Germans out of France. My brother was a junior at Seton Hall College when the war came. There was no draft; you would just go. My sister is a graduate of St. Elizabeth College in New Jersey.

She is married now, no children. That was my immediate family. We went to elementary school at Hillside. It was run by the Dominican nuns. I then went to St. Benedict's Preparatory School. At that time, prep schools in New England and New Jersey were quite prominent in athletics. St. Benedict's was a football powerhouse. I was not a football player, but at St. Benedict's we had the national prep school cross-country championship for one year when I was there. Our team went to the Penn relays every year in the prep school division. I continued to play baseball and run cross-country in college. I was a pitcher on the college baseball team.

NEUHAUSER:

When you were growing up, I assume that your early recollections must have been in the 1920s.

McNULTY:

Yes.

NEUHAUSER:

Did you live in an apartment or a house?

McNULTY:

My recollections are of living in a house. I never recall living in an apartment, but I do remember visiting relatives who lived in an apartment. I recall thinking how stifling that must be. That wasn't my term at that time. There wasn't much room to play. In our part of the country, there was always a basement to the house.

NEUHAUSER:

With a coal cellar?

McNULTY:

A coal cellar, right. We had a window where the coal came through.

NEUHAUSER:

Were you allowed to play in the coal cellar?

McNULTY:

Yes. It was walled off. Part of the wall was brick and the other part was wooden, so the rest of the cellar was fair game where we could skate. I remember learning how to skate on the concrete floor of the cellar. It was also the washeteria, so you had soapstone tubs and washboards, yes, and a washing machine. As early as I can remember, we had a washing machine with a wringer mounted on the side of it. The clothes went in it. It was like a round tub with an agitator. Then you took the clothes out and put them through the wringer. Then you took them outside to hang on the line. Even when I was going to prep school, Monday morning was wash day, and it always started a little earlier. I remember my parents going out to string the line in the yard.

NEUHAUSER:

Did you walk to school?

McNULTY:

Yes, to elementary school, but not to prep school. It was a mile. We walked there and back and thought nothing of it. It was a lot of fun. In the good weather, you could roller-skate to school. You took your skates off when you got there. The sidewalks were a challenge and a problem because they were big slabs of slate mounted together, and over a period of time they would settle one way or the other, and you had the job of being sure to get the proper jump. It was not a big jump, but you had to be good at it. All three

of us walked. My sister walked with my younger brother after I started at prep school. She finished next, and then my brother finished at the elementary school. He used to complain that he had to walk all by himself.

NEUHAUSER:

Do you have any recollection of the worldwide influenza epidemic of 1918 to 1919? It was estimated that in the United States over one-half million deaths were associated with it.

McNULTY:

No, I would have been about four or five years old then. I do have memories of the various communicable diseases that were quarantinable. Quarantine signs had to be posted.

NEUHAUSER:

Did you get chicken pox?

McNULTY:

Yes.

NEUHAUSER:

Did you have to stay home?

McNULTY:

Yes, I think I did. I don't recall the relationship to school, but I do recall having to sit on the porch. Our house then had a large front porch, and there was a little red sign to keep the rest of the kids away.

NEUHAUSER:

You had to sit there while the children played?

McNULTY:

The street in front of us was paved, and that is where the girls would jump rope and hopscotch. The boys would also play games. One of these games I don't see any more. You would bounce a piece of wood with sharp ends up in the air and then swat it. The contest was to see who could hit it the farthest. I watched that from the porch. This happened twice. Once was measles. I remember that. Maybe the other was chicken pox. We were most fortunate and didn't get the third one, which was scarlet fever. Those were the three. The health department came around to make sure that you were observing the quarantine. I don't know whether there was a system of some type. My recollection was that it wasn't the doctor.

NEUHAUSER:

Did your family acquire a radio?

McNULTY:

Oh yes, three things. We had a piano because my mother could play the piano a little bit. I never was very successful at it. My sister could and still does play piano. There were two other entertainment items. One was a Victrola. It had a platform and a cabinet, and you kept the records in the bottom, and you lifted the lid on the top. There was the turntable and the arm with the needle inside to play the record.

NEUHAUSER:

Was this electric, or did you crank it?

McNULTY:

You cranked it on the side.

NEUHAUSER:

These were 78 rpm records?

McNULTY:

I guess they were. They were the current records of the 1920s. Maybe that's the way to put it. The other item was an early novelty, the radio. A lot of people didn't have radios. For things like the heavyweight championship with Jack Dempsey, my dad would open the window, put the radio on the windowsill, and the neighbors would collect outside and listen. There were some chairs in the yard, and there were steps going down to the street, so they would sit on the concrete steps. Whether they brought chairs or not, I don't know. I don't mean to overstate it. It wasn't that large of a congregation. Each of the houses on our block had a 100- to 200-foot frontage, so there would be five or six houses and about half of them would come to listen.

I don't have any distinct memory of the first car that I was acquainted with, except that it was a Stanley Steamer. You went out to the Stanley Steamer, and, if you were good and careful, you could light whatever it was that heated the water. There was a little wick as I remember. I don't remember anything else about it. Our second automobile was a 1925 Dodge sedan. I remember that because we kept it for many years. I inherited it and drove it to prep school and to college. It was a novelty. I had little idea of the value of keeping it forever, and it apparently could have run forever. Interesting piece. It had a heater in the back that was activated by pulling on the chain, and what that chain did was divert the exhaust to a little imbedded floor-flush radiator that would heat the car. The fumes would come in one entrance and go out the other, and thereby heat the interior. I thought that was a novel idea. And it did an effective job, as I recall.

This car had a solid roof. It had four doors. It's not pertinent, but I don't know what was the reason for changing the way doors are hinged in cars today. I thought the old ones were much easier to open. I don't know why they were changed, but they were easier to get in and out of. Those cars had emergency wheel brakes. You pushed down as far as you could on the pedal. Then you cranked it. My dad had a starter installed in the car, which was a blessing, because you didn't crank it. A prevalent injury at that time was a broken arm from cranking the car. It would fire back and wound you. Four cylinders looked simplistic when you lifted the hood. The hood lifted on both sides at one time and anchored in the middle. When you got a flat, you had to take the tire off and take the tube out of the tire and repair the tube and put it back into the tire.

There was a drugstore near our house with a soda fountain. You could get a sundae, or whatever the liquid, with a plunk of ice cream in it. That is where you went with the prescription to get your medicine. The responsible kids would go and get the medicine filled and bring it back home. Then, there was the grocery store. If you were lucky, you could work in the grocery store, and I think you worked Fridays and Saturdays. If you worked on Fridays when you got out of school and Saturdays, I think you made 50 cents. Maybe 50 cents was high. Maybe it was a quarter. I remember one got paid with a single coin. You had to develop a certain expertise because of the way you packed someone's purchases together. I don't recall there being any bags. There was wrapping paper. It came on big wide rolls. The roller had an arm that flapped over and that's what you pulled to cut the paper. Mounted above was the cord, which you used to wrap up the groceries. You would learn how to wrap them up, put the ends together, wrap the string around, and you always put a handle on it, a wooden handle with hooks at each end.

I've always said I had the pleasure of working in the first large grocery store, which they called a supermarket. When the Depression came, someone got the idea of putting under one roof all household needs—food, utensils, and ingredients for keeping a house, powders, soap, and such.

One of the earlier automobile manufacturers by the name of Durant had a plant in Elizabeth, New Jersey. I don't know how they got there instead of wherever the other auto companies collected, but it didn't last there very long.

Another memory is that once a month I got 10 cents and three utility bill envelopes. My sister could go with me. I got on a bus for 10 cents—a nickel there and a nickel back. My sister's name was Patricia. She also got 10 cents. We would go into the commercial part of Elizabeth, and we would pay the water bill, the power bill, and one other. We paid three bills.

I recall that more vividly than some other things, because, being kids, we didn't care what was in an envelope we received, and the person at the counter was terribly busy.

NEUHAUSER:

They would take the wrong one?

McNULTY:

We would put it there. In that age, everyone was much more cooperative than today. I remember the waterworks office had to send someone to the electric place and say, "No, here's yours. Do you have mine?" I didn't look.

NEUHAUSER:

In the 1920s, you must have had ice chests and men who delivered the ice. Did you have a card that was put in the window that would indicate that ice was requested?

McNULTY:

There was not that service, no. There was an icehouse about eight blocks away in a shopping area, and it was our responsibility to take the four-wheel wagon, the children's wagon, and go get the block of ice. I remember when my brother was a little one, we would sit him in the wagon, and my sister would either sit in or somehow steer it, and I'd push, and we'd go get the ice. We thought that was fun. As I remember, the ice was something like 5 or 10 cents for a block.

NEUHAUSER:

Was it covered with sawdust?

McNULTY:

No. They would put a piece of canvas over it. The icehouse, I remember, had a big thick door. I don't recall there being any sawdust, but there may have been. Inside, the house was cold. The proprietor or worker, whatever, occasionally would let the kids go in. That was a biggie—to see the ice and see how cold it was. That is how we got our ice. We did have Duggan's Bakery. They came around with a horse and cart, and that was the way the bread was delivered.

NEUHAUSER:

And milk, too?

McNULTY:

And milk. The milkman came around early in a horse and cart. The milk people had an automobile earlier than the bakery people did. Duggan's was whole wheat bread. They were famous for whole wheat bread, which we kids didn't favor very much, but that's what our parents liked. The driver of the Duggan's wagon on our route was an amateur boxer. I was interested in boxing. I guess today it's like perfecting the martial arts. Then, I was just interested in learning how to defend myself a little better, though I was tall, maybe taller than lots of my contemporaries, and therefore a little bigger. I was very skinny, and so I found out that I wasn't a threat to anybody, and occasionally they would threaten me. Duggan's driver would come back to our house at the end of his run about once or twice a week, and we'd go to the garage and, if the cars were there, push them out in the driveway. Car, there was only one car. The garage is a whole other story. He would teach me how to box. It was real fun.

The garage didn't come with the house. My dad built the garage. There were two of us kids when it was being built—me and my sister. We said our dad supervised it, and we built it. We went around and found all the bricks that he was going to put down under the flooring and before he poured the concrete. Then we helped unload the cinder blocks—the ones with the two holes in them—that were going to be the base of the side walls. Then we went with the same wagon to the lumberyard where he had ordered the lumber. My only recollection was that we had to load it on the cart, and the man told us we couldn't do it that way. We could take some of it. We said, we'll have to come back, and he said, you'll have to come back twice. There were a lot of homes that predated the automobile that didn't have garages. If they were large enough, sitting on an acre or so,

they had what we called a livery stable behind them where you kept your horses. We built the garage, and the garage was where I worked out with the Duggan Bakery driver, who taught me a little more effectiveness in how to box and how to defend myself.

NEUHAUSER:

In the 1920s, were there typical activities on the weekend?

McNULTY:

Generally, I don't recall the weekends as a youngster. In late elementary school, from the fifth to the eighth grade, I started having memories. We would get into the car on weekends and go to see something or to have a picnic somewhere. Not all weekends, but many weekends, even in the winter, we would get into the car, hope the road was clear, and go someplace. We would pile the sleds on top of the car or, when we got a little older, skis and go sledding or skiing. That was a big weekend. You looked forward to it. When we boys got older, we played. There seemed to be a lot more games then than now.

There were community baseball teams. I think they called them semi-pros. You didn't get paid anything, but they were supposed to be the best from that particular community. They usually played on Saturday. You would have a two-game series with teams from adjacent towns. You would rotate around, and you would play a game on Saturday afternoon and then another game on Sunday. The Sunday was indefinite because you couldn't play baseball in some communities on Sunday. In other communities you would start to play. I remember being chased away by the police and the local clergy. It was the Lord's Day, and you should not be out running around and

using profanity. My recollection was that profanity was “heck” and occasionally “damn,” and that was pretty severe profanity.

NEUHAUSER:

You just touched on the Depression. Did you have any recollection of the Depression?

McNULTY:

Oh, yes, very vivid. I graduated from elementary school in 1929 and from prep school in 1933. To get to prep school, we rode a trolley car that had a very long run. It started west of Elizabeth and ran through a number of communities. I mention that because by the time I got aboard in Hillside, there were already a number of students aboard. I remember riding to prep school in October or November, and one of the conversations was how would your parents, your dad, pay the tuition. There was some concern because that was when there was a tremendous drop in the stock market. The other memory was that any time you got a chance to go to work, you went to work concurrent with schooling. Maybe a year later, as a sophomore or junior, I reached 18, and this was an acceptable age to work.

NEUHAUSER:

After finishing preparatory school?

McNULTY:

No, this was during preparatory school. I don't think any of the students had anticipated that one day they would be forced to drop out, and some did. I had some school friends who were on the trolley car ride. We would be on the run every school

day, and certainly no one had anticipated going to work. Not that it was objectionable; it just wasn't in our thoughts.

As soon as I was an acceptable age, I got a job in the post office during Christmas holidays and during any other peak period when they would hire temporary help. I carried mail with a mailbag on the shoulder, but mostly the prep school and college students who worked part-time were put to work as primary sorters. You sat with a little stool behind you. You didn't sit on it. You leaned against it. You got stacks of mail, and you would pick them up and find out where to put them according to community. If you were a secondary sorter, the mail would be sorted within the communities by the mail routes. They were divided by mail route, so you had to know your community. You would put aside the streets you'd never heard of. Then the mail carriers would come in. There was a see-through type of sorting bin. The delivery men would pick up all of their mail from the other side of the bin. If they had a long walk, someone would pick it up and bundle it. Sometimes there might be four or five bundles for the mailman.

That's how the Depression impacted. Certainly it impacted on the prep schools, too. I was trying to remember the names of the two prep schools in New England that we played baseball against. They don't come to me immediately. We would have a home series. We would go there, and they would come here. About my sophomore year, which would be about 1931 or so, they stopped the annual home and away-from-home series. We would go there one year, and one year they would come to Elizabeth. That cut down on transportation and traffic.

I assume one sold one's books to the next incoming students. I remember a comment about thick, heavy shoes. Don't go out and play with your good shoes, because

that might be the only pair you might get for a year or two, unless your feet continued to grow. The other aspect that was quite visible, at least to us, was that my dad went to work four days a week instead of five. At that point in time, at any rate, we would think how fortunate we were. There were people around us, not in droves, but enough to make it noticeable, who couldn't keep their mortgages up and lost their homes because they lost their jobs. I remember the impression, don't go into law. A couple of good ballplayers, two brothers, moved away from our community because their dad was a lawyer and there was no more business for him. He was, as I recall, a solo practitioner. The impact was more emotional. Being young and impressionable, you wondered if dad would be working three days and then two. People were having the telephones taken out for nonpayment of their monthly charge. Those who didn't have phones weren't putting them in. It was a period that left impressions in different ways.

Now, Mrs. McNulty tells me I always think I'm in the Depression because of my frugality. One gets to be like that as a representative of those who lived through the Depression and were fortunate. Apparently, some of the good fortune of my parents was due to the fact that they guarded their resources. At four days a week, I remember my dad taking on one or two consulting jobs. The power companies were extending some of their power lines. I think he sized the generators and things of that type. Yet, it left an impression. I don't want to say I'm overly frugal because I'm not, but I would be more concerned about spending a dollar. It's interesting how early experiences shape one's continuing life. I don't think I could ever be a spender. You just didn't. It had plus factors. As a student, when social events took place, there might be a beer or two, but you never got intoxicated because that cost money, and you didn't have the money.

NEUHAUSER:

How's your Latin?

McNULTY:

Latin was a requirement in prep school and in college. Two years of Latin were required, at least at the Jesuit college that I went to. Two years of Greek were not if you were a BS student. BA students had two years of Greek and two years of Latin; BS students had two years of Latin and two years of a foreign language. BA students then had three languages, Greek, Latin, and whatever, usually French, but some took German, due to the German communities in the area. My recollection is that there was no Spanish offered because there was not as much of a Spanish influence then as there is now. New Jersey was close enough to Canada for many people to vacation there, so French was a popular subject. I must say that after two years of Greek in prep school I couldn't read it today. I recognize some Greek things, but I would be hard-pressed to do any translation whatsoever. To start with, I never was very good at vocalization. But, one did have to take Latin and Greek in prep school. The idea was not that you were going to be fluent, but that many of the English words and words of other languages are derivatives of Latin and Greek, which were the early languages. As I understood it then, and I think now, the objective was that I learned the basis of the languages of the European communities.

NEUHAUSER:

I see that you spent a year working between high school and starting college.

McNULTY:

Yes. By the time I was ready to go to college, having graduated, my sister was in a prep school for girls, and my younger brother would be shortly starting in his high

school. We thought if you went to prep school you got the best possible education, so the family decision was that they couldn't take on the college tuition and transportation and other related necessities. I wasn't particularly noble. It was just the mores of the time. My brother and sister had to get their educations, and I had finished three quarters of mine, so I could go to work, put away some money, and get started. Maybe it would only produce enough for one college year. Then I would have to take off and work another year before going back for another college year. At that time, it was nothing unique. You just did that.

NEUHAUSER:

Where did you work that year?

McNULTY:

I maintained my post office job because it was one of the better paying jobs. I would get a call from the post office when there was a big rush, usually about income tax time, which was earlier then. It was sometime in March.

The Public Service Coordinated Transport was the name of the public transportation company that ran the trolley cars and the buses in almost all of north New Jersey. When one got south, into Camden and other places, it was run by a company located in Pennsylvania. They were always in need of spot drivers, but more important, they had an engineering department in which they employed checkers. You would get out on the street and check off the buses as they came by, and I did that. They plotted the numbers on big charts and read them, I guess. I never did that part of it, so I never did understand it. They were transportation engineers who did that. I worked at the post office, and I worked driving a bus.

NEUHAUSER:

Were they checking to see if the trolleys were on time?

McNULTY:

Yes. I think it was more to schedule the various vehicles or trolley cars. You did the same with trolleys, only you boarded the trolleys. You counted the passengers, like giving points. Sometimes there would be transfer points. It was a considerable challenge for the company to decide how many vehicles to run per hour, how many to run per two hours, etc. The buses from the Newark terminal, which was headquarters of this public service company, to the downtown terminal in New York City went through the Holland Tunnel. So, many times you would be assigned to the Holland Tunnel, and that is where you would count the loads. They charted these loads to see if the passenger volume was heavy. If so, they had better increase the number of vehicles, the number of runs, they would call it, per hour. If it was a light load, they could reduce the number of runs and furlough some of the drivers, which was an economy measure, or transfer those buses someplace else where they were needed. You couldn't transfer trolley cars, but you could put them in the trolley barn and not run them. I think that was the purpose.

Then there were other odd jobs. There were a couple of us kids who got together and cut lawns and trimmed, and we shoveled snow in the winter. As I mentioned, we did bag groceries. I think generally there were no full-time jobs available. People worked as I think the phrase then was "catch-as-catch-can," and to the more enterprising there were job opportunities.

NEUHAUSER:

It sounds as if it took some enterprise to go knock on doors at various places to let them know you were available to work.

McNULTY:

Yes, and you had to make the rounds, too. The final place I worked was in men's furnishings for a department store called Bamberger's that eventually was purchased by Macy's, so it was a Macy's outlet in Newark, New Jersey. You could get part-time work more frequently, because you got it around Father's Day. For two weeks or so, they would need an extra salesperson to come in and sell shirts. They called them clerks at that time. You stood behind the counter, and people would come up and you would try to persuade them that this was the shirt and necktie that they needed.

NEUHAUSER:

These diverse work experiences—did they have some value to you in your later career?

McNULTY:

Well, I thought so and still think so. Many of these activities, like mail carrying, clerking in a department store, and driving a bus, subconsciously taught you how to deal with people, or it honed your people-relating skills. It taught you the value of promptness and attentiveness, too. I don't want to make it sound noble, but attentiveness to the job at hand. It taught you the value of a dollar. You learned very quickly when you got that 25 cents or 50-cent piece, gee, that isn't very much. I can't do much with this. You could do much more with it then than now, but still, you wouldn't retire on it. Those are three lessons that I believe helped me. I hope it helped my children because, when they were

young, we set up criteria. They carried newspapers, not that they had to, but the neighborhood needed a newspaper boy and girl. When our daughter got old enough, being the assertive 12-year-old, she wanted a piece of the reward. She would get up with her brother at 5:00, and they would deliver papers together on a bicycle or walk, depending on the weather. I never queried them as to if it taught them any lessons, but after this interview, I think I will. I thought it helped me, and I thought they liked it in the sense that anyone likes what they have to do, as opposed to what else might be available to do. I think that was another dimension. Our grandchildren, the dad and boy, have already been talking about when does he get a paper route. He wants to buy a Nintendo. Is that what you call those games?

NEUHAUSER:

Skipping a little, being an actuary is a mathematical activity, and I see for you that was a specialty in college. You must have been comfortable with numbers.

McNULTY:

Yes. I enjoyed them as much as one enjoys schooling as a young kid or a young man. My dad was mathematically oriented and for whatever reason I didn't aspire to engineering, but I wouldn't want to overstate it. Actually, at the Prudential in the actuary department, you did a number of other things before you really got to be a calculator of risks and rates and so on.

NEUHAUSER:

Being an actuary is a long drawn-out process.

McNULTY:

Yes, it was. Now it takes 11 examinations. It was 10 when I was at Prudential. It was usually a minimum of five to seven years, which was desirable also, because they would put you on job training and different assignments. My time was very short with them. It was late 1938 to 1941, so it was roughly two years plus. I only had one assignment and that was in the clause-writing part of the actuary department. At that time in the late 1930s, an important part of insurance contracts of sufficient amount was settlement options. Prudential developed a series of options and ways of combining them. This required an addendum to the basic contract. This was the work of the settlement options division of the actuary department, which is where I spent time. At the same time, it became possible to draw down money against life insurance policies, and so there were subsections working on this. There were groups that wrote the various settlement options, groups that wrote the contracts for so much money. A whole group of college graduates worked on this.

NEUHAUSER:

That sounds like it fits more with your legal career. In the evening, you were going to law school. That sounds like contract writing.

McNULTY:

This section of the actuary department was headed up by an actuary. There was an assistant who also was an actuary, but there were group leaders who were attorneys. There weren't that many. There were two as I recall. This was a section of the actuary department that had about 50 people in it. There was a lot of supervision needed for 50 people. Someone had to review every clause that was written before it was given to the

underwriters to recommend or transmit. So that's what prompted me to think of law. How to continue to develop oneself was the question, as I remember. My dad thought I ought to take more mathematics, which would have been possible. There was and still is a very distinguished, but not too well recognized nationally, engineering school in Jersey City called Stevens Institute. One could pursue math there. The other choice was to go to law school. Some students, some of the clause writers I guess is the way to put it, took English at the Newark college. That wasn't the name of it, but there was a local college, which today might be equivalent to a community college. Those were the three avenues if one wanted to pursue more education.

The actuary division of that insurance company, and I'm told of all insurance companies, actually set an atmosphere that encouraged learning. There were no criteria. Educationally though, you might be asked how you're doing. You'd get an interview twice a year because you were supposed to be a student in insurance. You were kept intellectually challenged. They wanted to know what are you doing to prosper yourself and for this company?

Of the three paths to further education, I thought the law would be the most interesting. There was a local extension of Rutgers University that had started out in the early 1910s as a law school, six or eight blocks away, just a short walk. In good weather, that is where I would go. You could take a bus to get there. Yes, that is what prompted me to go into law. I liked it because I thought it offered other opportunities. It was a broader field than just mathematics, a broader field than just English, and, if I recall correctly, I had been most comfortable with Prudential and could see it as a lifelong

employment. But if I didn't like it, I wanted some flexibility so I could do something else.

NEUHAUSER:

Did you tell me it was your liking of Prudential that got you into the Army?

It was part of the progression of a career there. Prudential expected a tour of duty in the Army.

McNULTY:

I don't know whether that was the tone of the department. I had no recollection of that because some of my colleagues divided the students, so to speak, into classes, and they hired six or eight at any one time in any one year. My class was the class of 1938. Not all those seven or eight necessarily went to clause writing. Three or four of us were assigned there. Of those three or four, my number came up. They said, "You don't want a deferment?" I said no. I wanted to do it and get it over with. Some of the others took a deferment, so I don't think there was any particular pressure to go and do it. I don't mean to imply a great deal of self-credit, but I thought I would go ahead and get it done. One was always competing with other classmates. How to get one up? One way was to follow the example of the founder of this great insurance company. It was at that time, and maybe still is, the second largest insurance company. Lloyd's of London, Metropolitan, and Prudential—the three largest insurance companies in the English-speaking world. I think the founder was in the cavalry. I couldn't get in there. All this had a little to do with my getting into the military service.

The military service was initially for the purpose of complementing my work. Not only did one get a leave of absence, one also got paid a small percentage of what one

made as a salary. Nevertheless, it was a token of support for military service. I think Prudential thought of it that way and that was the generous part. There was also a selfish part, because there was an incentive feature so that when you finished, you wouldn't go join Metropolitan. You'd go back to Prudential.

NEUHAUSER:

Was Prudential where you learned about writing health insurance?

McNULTY:

Only very small policies. At least at Prudential and maybe some more during the war. I was away, so I don't know. I would say 98 percent of the business then was life insurance business. In fact, it was various types of life insurance that no longer exist. Prudential was the largest insurance company in the world with industrial insurance. Industrial insurance, I don't quite recall or maybe never did know how it got its name, but that insurance policy was paid on a weekly basis. An agent went around house to house to collect the payment.

NEUHAUSER:

Ten cents a week, or whatever it used to be.

McNULTY:

A small amount. My recollection is of two agents who came to our house. My parents had this insurance. This was a respectable job. They did sell insurance; they tried to get you to take more, but the primary task was to collect the money on the industrial policy. That might have paid out for \$500 or \$1,000 at that time. As I recall, it was a lot of money, a lot of insurance money. Today, insurance salesmen have a certain aura that is not disgraceful, but they are viewed as hustlers. At that time, they were good, solid

members of the community, and they went around every week, I think, and collected the money. And, if you had an extra child in the family, of course, they were there to suggest that you needed \$200 more of coverage for little Sally, little Susie, or little Johnny.

Prudential was the largest company selling this product. Metropolitan sold some, but not very much. In that way, these agents made a contribution. There was a folklore that John Dryden, a gentleman who had been with Theodore Roosevelt's Rough Riders, had a feel for people who needed insurance and couldn't afford it any other way than to pay in small amounts on a regular collection basis. Then they would buy it, and they did. His theory was that they wouldn't miss it. Of course, they missed it, but they did set up a routine that made it possible for people to have this insurance.

NEUHAUSER:

I understand that wages were frozen during World War II and only fringe benefits were allowed to expand. War-related industries like Kaiser added on employee benefits, such as paying for life and health insurance. This would end the era of the agent knocking on the door. The company would have done the equivalent of collecting the dime every week.

McNULTY:

Knocking on the door reminds me of the change in the values. If the family was going to be away, the home manager, who in my time was always the mother, would put the money in the mailbox. In our neighborhood, the mailbox was attached to the house. It wasn't one that sits out in front. It was metal and the top lifted up. They would put a little note and the money in the mailbox. People all around didn't think anything of it.

Nobody would think about going up and taking the money out of the mailbox except the insurance man.

NEUHAUSER:

You were inducted, went to Fort Dix, and then to a training center for 90 days in Fort Lee, and then Turner Field, Albany, Georgia. Then the war started. Because you went into the Army before the start of the war, this gave you seniority when the millions of other soldiers came later.

McNULTY:

Yes. Plus, the needs were entirely different at that time. Everything was just—the phrase is gearing up—and there was a lot of opportunity. One got Wednesday afternoon off, and you could go into the local community. The Prudential Life Insurance Company was a great mother to her employees. She paid her peacetime draftees. You didn't get your full salary, but you got something—I forget what it was. It was a very nominal amount, but yet it was a very thoughtful gesture.

One got into the draft by picking a number—or I think you didn't pick it, it was assigned to you by random assignment of all eligible males ages 18 to maybe 50. Then, the list was reduced due to marriage, family, the priesthood, being a rabbi, or whatever. They were all deferred. Individuals who were not married and going to law school at night didn't count. Being in the actuary department would have counted, but I decided not to exercise it because I was going to be out in a year, and then I was going to be ahead a year of all those bums who were exercising their deferment. I'd like to pretend that it was really patriotic, but I had other motives. But, on the other hand, I did look forward to the Army. I thought it would be interesting and different. It's a different experience.

NEUHAUSER:

You went in in 1941 before Pearl Harbor, December 7, 1941?

McNULTY:

Right. If I recall correctly, on December 7, I was still at Fort Lee, Virginia. No, I take that back. I don't know where I was.

NEUHAUSER:

And in Albany, Georgia, your activities were helping manage the hospital?

McNULTY:

Well, during the enlisted period, all I did was whatever the administration wanted. I worked in the company commander's office for awhile. I worked in the registrar's office for a while taking in new patients and so on. That is when I applied to Officer Candidate School (OCS). Well, with good humor, I applied to all of the important OCSs and got assigned to the medical administration OCS in Texas. There were two of those. I mention this in passing, only because the one in Pennsylvania was quite historic: Carlisle Barracks. No reason you should know it, but if you've been in the military, that's quite an historic location for medicine. Not necessarily for medical administration currently. But they were turning out classes so large that they set up another site in Texas. And there you spent another 90 days learning how to be an officer.

NEUHAUSER:

And those people were known as 90-day wonders?

McNULTY:

Ninety-day wonders, yes. It was an apt term. For whatever reason, I got shipped to Maxwell Field, Montgomery, Alabama. I went there from the OCS. And there I was

the registrar of the hospital, then the commanding officer of the medical battalion—that's enlisted men—company commander, I guess you'd call it, then adjutant of the hospital, and then executive officer of the hospital. And it was from there that I got called to Washington. One never applied for anything. Suddenly in the mail you received orders. In 10 days you were due to be at Bowling Field, Washington, DC. That was the base that housed many of the officers who worked in the Pentagon, at least the Army Air Corps officers. Others got housed at Walter Reed, or housed at the National Naval Medical Center.

I was debating what to do, in terms of a career. I had been in the actuary department of the Prudential Life Insurance Company before World War II. In fact, actuaries were exempt from the draft, along with essential categories, such as some physicians and some lawyers. However, the founder of the Prudential, a man by the name of Dryden, had gone up San Juan Hill with Teddy Roosevelt, but I understand that's historically not the name of it. So there was somewhat of a military ambience, I guess you'd say, in the Prudential. I thought I'd go in and get my military service finished, and, at that time you went in, you put in a year, and you came out. And then that would put me one or two up on some of my competitors who were trying to be the next generation's chief actuary for Prudential and/or any other insurance company, because Prudential's department used to get raided quite a bit by the other companies when they needed new actuaries. But, in any event, I was debating about going back there.

Before World War II, I had completed two years of law school, going nights. Should I go into law? I had been fortunate to be the commander of medical troops, so I was wondering should I go into management? Or thinking of the experience as the

executive officer at Maxwell, should I go into hospital administration? Well, for better or for worse—for better as it turns out—I decided to go into hospital administration, if I could get advice that it was a worthwhile field. When I was in the South, I heard about the American Hospital Association and was told that periodically the director of the AHA came to Washington, and he would be pleased to meet with me if I could pick a convenient location. So I met with George Bugbee on Pennsylvania Avenue, in what right now is the heart of George Washington University. That's where the AHA's rented quarters were at that time. I met with George, and he gave me the minuses and the pluses. I always remember him as a remarkable gentleman. He didn't try to tell me it was the worst profession or it was the best profession. He told me what I might be able to expect and that I ought to get some tickets. The fact that I was fairly proficient in mathematics wasn't going to convince many boards that I knew a hospital.

When I decided to go into that field, I started to look around. Where could I go to school? Northwestern, at that time, was the only evening and night program. I went there in late 1946 or early 1947—too late to start. I had a little struggle getting out of the Army, but finally we got someone trained to succeed me who was going to stay on and apply for the regular Army. At that time, the Air Force was the Army Air Corps. It wasn't until 1948 or 1949, I think, that it got to be a separate service.

Then I had the opportunity of joining the Veterans Administration (VA). It was with the agreement that I'd spend a little time in Washington, but I wanted to get sent out because, at that time, the VA was establishing—or Hawley and General Bradley were establishing—regional offices. They were anticipating an influx of great

demand—correctly, as it turned out—for all of the services that the VA offered, of which health was perhaps the major one, but they offered many other services, too.

And so they decided to divide the country into 13 regions, and they called them 13 branches, and there was one branch set up in Chicago. So I exercised my persuasion with Dr. Hawley and said that's where I want to go. In each of these branch offices, they had a medical director—a director of medical administration. And so I was able to go to Chicago as assistant, not director. A long-time VA employee was made director of medical administration, which is as it should have been. But I got the slot as assistant, and so I went there and then enrolled in Northwestern.

That was my break. The other break was getting into the military hospital field: I enjoyed Maxwell Field, Montgomery, and prior to that I had been at several locations as an enlisted person, as a clerk. The way I got into the medical department in the military service was as follows: I applied for everything else and then they posted the names on the board, and I was sent to a medical replacement training center. It wasn't until I cooled down some years later that I discovered that I was sent there with no malice aforethought. They needed 30 people to go there. The fact that I said I'd like to get into the intelligence or the adjutant general's office, or I could ride a horse and get into the cavalry, didn't make a bit of difference. They put it all down on a piece of paper and asked themselves now where is the call for? How many do we have here? How many are in this induction center? Oh, there's 30 of them here. McNulty is one of them. That's it.

NEUHAUSER:

The Army has a reputation of working in just that way.

McNULTY:

As the Army was building up its forces, masses of inductees were coming in. They had enough people for the infantry, and they had enough for their other needs. They didn't have enough for health care. I was sent to a medical replacement training center. It was fun. I learned more about the human body than I wanted to know. It was useful, and I didn't want to be just a corpsman.

NEUHAUSER:

Medical replacement. Does that mean you were replacing a physician?

McNULTY:

No, I think it means that you were sent there to be trained as a replacement, because that's what happened. The medical replacement training center was in Fort Lee, Virginia.

NEUHAUSER:

Maxwell must have been one of the larger hospitals within the whole military.

McNULTY:

Maxwell? It was the largest Army Air Corps hospital. The old line, regular Army hospitals were 1,000 or more beds by the time World War II started to peak out. Maxwell was part of the Southeastern Training Command. There were about eight states covered by that training command. There were a number of smaller airfields in South Carolina, Georgia, Florida, Mississippi, and Alabama. They had what were called station hospitals. They were usually 70 beds, which seemed to be the model. These hospitals could be put up in a hurry; some had up to 100 beds with tent extensions. Serious injuries were sent to Maxwell Field.

NEUHAUSER:

And in those days the requirement for discharge from the hospital was to be fit to return to active duty.

McNULTY:

Oh, yes. I don't believe we ever discharged anyone who could not stand up.

NEUHAUSER:

It was said patients stayed a little longer in a military hospital.

McNULTY:

At that time, there were very few malingerers. Everybody wanted to get out and get back to their outfit. The patients enjoyed the presence of the nurses. They were fun to kid with, but the nurses went to the nurses' residence at night.

NEUHAUSER:

It strikes me as a different style of care, compared to a hospital of the 1980s and 1990s, when there is such a rush to get people in and out quickly.

McNULTY:

Well, I don't recall any sense of patients getting out in a hurry. I recall a sense of: we're going to do what we can with you, and we think we can cure your broken bones, and when that happens you'll be discharged back to your duty, or to wherever your jacket—your enlisted jacket—happens to be sent. Of course, your outfit could have gone overseas. At that time, a number of the smaller airbases were combining some of their squadrons with others, and they were sent over to Scotland. They were doing some of their flight training in Scotland, and a little later in the war, they were sent over to Italy and to the 12th Air Force replacements there. You knew you were going back to duty,

hopefully with your outfit—90 percent of the cases returned to their outfit. Patients were usually sent back with orders indicating that they were fit for duty, but often they were not supposed to lift heavy equipment for fear of reinjuring themselves. In retrospect, it was a very effective system. It worked.

Maxwell had been a station hospital. It was not small by the standards of that time. It had had about 200 beds. There had always been a cadet training center on the base, so the barracks were very sturdy. They just cleared troops out of all the adjacent barracks, built up the walkways adjoining them, and that's how the hospital expanded into 1,000 and more beds.

Maxwell was an old World War I base. It had stucco Spanish architecture. It was really nice. You could make walkways of stucco, plaster it up, and do it pretty quickly. That's the way they connected the barracks to the main building. The main building was reserved for surgery and some orthopaedics. The prison ward was in the basement of that building. The laboratory was in the main building. Radiology, physical therapy (such as it existed at that time), and medicine were in the other buildings. It was a long walk to inspect the hospital, but it worked out very well.

NEUHAUSER:

I suppose men with tuberculosis didn't get into the Army.

McNULTY:

Usually they didn't. They all were x-rayed, of course, in their induction centers. There was great concern about malaria, given that we were in the South. Malaria was endemic. It was in the mosquito population.

You could tell who were the malaria patients; they looked pale and yellow. They put up mosquito bars and nets on all the bunks. It was a great precaution because we never had a malaria epidemic. There were isolated cases transmitted by the mosquitos. Florida was a bad location, particularly the northern part. In Louisiana, camps were located near the swamps. Times have changed. Today in Mississippi, I don't experience any more mosquito difficulty than I did in New Jersey where I was born and raised. When you went to the shore in New Jersey, you always took the stuff you plastered all over yourself to try to keep the mosquitos away. Then it was only because they were pests, not because they were disease carriers.

NEUHAUSER:

How did you get from there to your Pentagon position?

McNULTY:

The military service came first. I was inducted in a place called Fort Dix in New Jersey. You were processed there. You got some more physicals, you got your uniform, you got your shoes, and you got all the things you were supposed to keep as your personal things for as long as they lasted. Then you got sent to some training center. There was at least one training center, if not more, for each branch of the service. I got assigned, as I mentioned earlier, to a medical replacement training center at Fort Lee, Virginia. Usually, to my recollection, you spent about 90 days there, then you got an assignment to a base, to a camp, or to a fort.

NEUHAUSER:

What did you do at the Pentagon?

McNULTY:

At the Pentagon, I started off with a lesser assignment, but eventually I was in the division of the Air Force Surgeon General's office that processed all types of retirements—retirements generally for medical reasons. I guess you'd say I was in the administrative arm of the Air Force Surgeon General's office. At that time, we were very active in the retirement business. The war was over, and there were a number of individuals with disabilities that did not preclude them from active duty in a modified way, but did prevent them staying on for the rest of their life in the military.

I only sat in on two meetings with General Omar Bradley, but I remember his style, which was to start the meeting, "Would you please proceed?" And only once do I remember his suggesting that this was not the place to espouse (no, it was some word similar to that) your disagreement. He said it like this: "Duncan, this is not the place to espouse your disagreement with McNulty. Please do that elsewhere. Now, do you have a contribution to make?"

NEUHAUSER:

He spoke in that mild, even tone?

McNULTY:

That's right. I learned early that shouting may be more rationalization than it is contribution. Certainly General Bradley spoke in this measured, calm tone. Then you paused a little, thought about his background, and thought, well, I better obey or he's going to take me out and shoot me.

NEUHAUSER:

Well, I have this naive belief from the long distance that someone very senior in the Army like that would be accustomed to command tens of thousands.

McNULTY:

Well, you have got it, and I tried to cultivate it in various chairmanships that I was privileged to exercise. He projected command. He would say, "I appreciate your contribution, but this is not the place to contribute it." In relation to a disagreement between two physicians, he said, "Dr. X, I suggest that you do it elsewhere."

NEUHAUSER:

It sounds to me from the little I know of Eisenhower's style that it, too, was a very quiet one, and I would guess that Marshall's was also.

McNULTY:

Yes. Yes.

NEUHAUSER:

I wonder whether this group of people had a similar style?

McNULTY:

I speculated about it after hearing General Bradley in the Pentagon. I attended only as an aide to the Air Force Surgeon General on one occasion—a meeting at which General Marshall—George Catlett Marshall—presided. And I didn't speculate then, but he had somewhat the same quiet, but very authoritative, style.

NEUHAUSER:

The Pentagon has five sections?

McNULTY:

The Air Force was in Section V. You went there and sat and waited for 10 or 11 of them to come out and say, “We’re ready. Let’s go to the meeting.” If the head had a bundle of papers, I’d have the aide carry the papers, and we would go to the meeting.

NEUHAUSER:

Would you sit in a chair behind the person you were assisting?

McNULTY:

You stood a distance behind.

NEUHAUSER:

You stood?

McNULTY:

Stood, yes, stood.

NEUHAUSER:

And then the senior was sitting at the table?

McNULTY:

That’s right. At least at this one meeting, I stood. The meetings weren’t that long. They gain a folklore with time. I’m told that General Marshall had a policy that if the meeting was more than an hour, it was a waste of time. And the closer it was to a half hour, the better a meeting it was. Everybody should come prepared, know the subject matter, know what they were supposed to address on the subject matter, and do it succinctly in one paragraph, preferably one sentence. It was the aide to General Marshall who explained all these things to you. He was a very fine gentleman—he was in the

regular Army—and, if you were a new aide, he would take you aside and tell you these things. The aides never talked.

NEUHAUSER:

Probably that style spread to people like Bradley and then to others.

McNULTY:

I wanted to come back to that because I often wondered if there was a curriculum at West Point on how to preside at meetings and address staff. I don't know. I just often wondered because there was Marshall and there was Eisenhower. At Maxwell Field Southeastern Training Command, there was a Colonel Hasdro, who had been a regular Army West Point graduate who'd gone on to medicine, and he had the same approach to a meeting. Oh, I met with him many times as a representative of the surgeon (the commanding officer of the hospital), but at Maxwell you got to sit in the chair. He had the same approach—very, very measured, very dispassionate, and objective.

NEUHAUSER:

Knowing nothing about them other than just a little bit of reading, it's hard for me to imagine someone like General Patton, or Stilwell in China, having a similar style. I can imagine that they'd be rather different people.

McNULTY:

Yes, I would think so. I don't know about—what was he called—Vinegar Joe Stilwell. But Patton, by folklore, enjoyed a reputation established as a cadet. He was an oddball. He was always in trouble, but so exceedingly capable that the trouble was tolerated—I was going to say dismissed. It wasn't dismissed, but it was tolerated, and I

understand that he and General Eisenhower had great communication with each other. General Eisenhower, and certainly General Marshall, had a high regard for him.

At the Pentagon, there were always people preparing to come in and preparing to depart. It was over a three-year period. There was an annual reception that Marshall would go to for field grade officers, and another annual reception for noncommissioned officers that his office would schedule and hold. I never attended one of those—I'm told that he would be the only officer present. All the others would be noncommissioned officers. This was unusual in my limited military experience. At the reception, he would shake everyone's hand. He would wear a formal uniform, but he didn't wear white gloves.

NEUHAUSER:

There must have been a lot of people at these receptions.

McNULTY:

And how he got time to do all of those things I don't know. He was coordinating military action on two fronts—I mean in the European front and the Asiatic front. On one of the fronts, the coordination was a little difficult. This is all scuttlebutt. I don't know, Douglas MacArthur was his own boss, so to speak. You talk of management style, one of my great learning experiences was to just listen to the folklore with regard to General Marshall, to watch General Bradley in operation, and to speculate what sort of educational background produced individuals who could rise in this time of need. General Patton, in whatever way he did it, rose to the need. And the system seems to continue to produce leaders. The present chief of staff, General Powell, and Norman Schwartzkoff.

Schwartzkoff, who was exceedingly capable, is more on the Patton style than on the Eisenhower/Bradley style. It's the problem of the chicken and the egg. Do the armed services academies attract these types of people, or do they educate them to be this way? These unusual individuals apply to West Point. The Navy has done the same thing. So one could say that this country is blessed in that regard.

Being blessed doesn't relate to management style, but you asked about my management style. I do not have any set of principles tabulated on paper, carved in wood or stone. But I do have a set of beliefs. One of them I've already indicated, emulating individuals. I tried to absorb some of the style and practice some of the style that I learned in the Veterans Administration and learned earlier in the military. By that, I don't mean the style of military discipline. I mean the ability to capture the attention of individuals.

In the military, I was a commanding officer of a large detachment for a while. I captured the attention of the soldiers in that detachment. I captured the loyalty of the first sergeant who was more closely related to the troops, much more intimately than I was. I have tried to recognize in any setting—military or otherwise: What are the surroundings? What is the climate? What is the culture? I would repeat the need to determine the culture when you start to sit on a committee or on a board, or become an officer. I've been privileged to be an officer of half a dozen organizations. Their cultures varied. I was the president of the National League for Nursing. That culture was entirely different than being the Regent for the College [American College of Healthcare Executives] in the southeastern region of the country. The culture of the Forum for Health Care Planning was also much different. When I refer to culture, I am talking

about interests, practices, and precedents. I'm not talking about the broad sociological culture. Certainly, learning the culture of Birmingham, Alabama, was a necessity if I was to be accepted and be successful as a leader of a hospital that badly needed leadership. That didn't mean that I would succeed because it badly needed leadership.

My predecessor there, I'm sure, was as smart as I was in terms of knowing that it needed something. He had an inability to deliver it, and I would always, as a management practice, try to study the predecessor in the office. At Georgetown, my predecessor as the executive vice president for the medical center (before the chancellor title was bestowed on me) was a Jesuit priest who was a superb biologist and had many publications. He was within the history and culture of that organization and that religious order. He's now dead, but he was a delightful gentleman. He said, "I didn't know anything about this position." He said, "In the Jesuit order, what you do is pick up your extra habit so you have a change of clothes, and then you report to wherever you're supposed to report." He said this when I took over the medical center. He was a grand gentleman.

So what are management practices? What is management style? In my opinion, it is a set of beliefs. It is the ability to exercise those beliefs, an ability to recognize the climate in which they will be exercised, and an ability to convince others that they are important in terms of the organization, be it a large medical center or a large detachment of troops.

I'm a workaholic, maybe to the extreme. Therefore, I need to have a style that modifies my extreme and recognizes that not everybody's going to work that hard, but that also tries to instill a sense of hard work at whatever pace you want to do it. There's a

minimum pace in the commercial world. You're paid for eight hours; eight hours with an hour off for lunch. I always used to try to instill the criteria by saying eight hours, an hour off for lunch, and during the lunch hour think some about the job and what you're going to do after you get back after lunch. Workaholic—it's probably a management style.

I inherited my style from both my parents. My father's life was as an electrical engineer for the telephone companies—AT&T, and then New Jersey. I didn't mention that my mother had some of the same characteristics. She was either the first, or among the first—I've never documented it—women chief operators in the Bell Telephone System. I've mentioned it once or twice to people who are knowledgeable, and they've said yes. Others have said no, that there was somebody else. In any event, up until that time the chief operator was male. This was in the early 1910s.

NEUHAUSER:

The telephone companies had big rooms with switchboards and phones and lots of operators. She presided over one of these rooms full of people?

McNULTY:

It was a responsible job. Now it's all mechanized, of course, and computerized. From parents and then from schooling, I found that if you worked and studied, you didn't have much free time, so you worked hard—at least if you wanted some reasonable grades. And so hard work was one of the criteria I would have as part of my management style.

Another was organization. Organization, first of one's own life. In talking to students, I used to try to simplify it by saying you ought to give some thought to organizing and then routine; develop the habit pattern of how to get to work. Where are

you going to work if you walk? If you ride, how are you going to ride? Is it public transportation? If you drive, where are you going to put the car? These seem to be silly applications of organization, but they're the simplistic ones. If you can do the simplistic ones, you can usually do the more complicated ones. That is practicing thoroughness of organization. I don't just say I'm going to grab the bus to get there. What bus are you going to grab? Be thorough about it. Where are you going to get that bus if it's snowing in Washington, DC, or if it's raining in Birmingham?

One overriding management principle I always try to practice myself, and preach, is integrity. Certainly, integrity related to financial responsibilities, but also the integrity of simply keeping one's word. If one were to give an overly simplistic example, in a hospital, on occasion, you run into a colleague. "Oh, I haven't seen you in a while." "No, my mother died, or my father died, or my wife died. We buried him or her in such a location." "Oh, too bad." The only thing I knew to say beyond that is, "I'll say a prayer for them." In this example, for me, integrity means that I have to say the prayer. If I said to someone I was going to say a prayer, I have to say a prayer. This is not to say that occasionally I wouldn't enlarge on some facts for a purpose of either illustration or fun. I would try, and I think I succeeded, not to enlarge on the facts for the purpose of gain, for the purpose of envy—either personal gain or institutional gain. Integrity was very important.

As a management style, I tried to set high standards of integrity, performance, and consideration for others, at least starting with colleagues. I never used the approach of General Bradley that this is not the time or place and would you please either now or later work out your problem with your colleague outside.

In the VA, pressure was applied by saying that there's an opening in Minot, North Dakota, the famous place. There was a VA station in Minot—it used to be an Air Force airbase. It was like being threatened to be sent to the salt mines. In the VA, it was Minot, North Dakota. The message was transmitted that surely you can start to get along because you don't have enough winter underwear. The novice would say what do you mean? It's cold in Minot, North Dakota. But as I say, I insisted on a high degree of integrity. I don't say that in any sense of Puritan philosophy. If one is going to accomplish change (the continued development of the activity), one first has to set a confidence level so that colleagues have confidence in what he says he'll do, and in what he asks to be done.

I have always been, as a style, long on explanations. In terms of this interview, you've probably gained that knowledge pretty quickly, and at this point of our conversation, it's probably ad nauseam.

NEUHAUSER:

Not at all.

McNULTY:

I believe in outlining what we would like to do or are planning to do. Am I a stickler? No, that's too strong a term. I'm an advocate of planning in any setting that I've been in. That was true at the National League for Nursing. I took over. When I was president-elect, I tried to meet with the staff officials and tried to determine what they thought were the priorities. What should I set as my priorities, and how will we go about planning to accomplish those priorities? As I mentioned to you, at that point in time, collegiate nursing education was a crying issue for the National League and for the

American Nurses Association. We developed a plan and revised it on a periodic basis. By that I don't mean that we all sat down in a formal coat-and-tie or dress meeting; we reviewed pretty quickly how were we doing. It might even be a corridor conversation in terms of one of our objectives. My approach is to establish a plan, then set the objectives as a result of the plan, then outline in more detail how those objectives would be realized, and then create a report card to show how we are doing on a periodic basis.

I do like a formalized set of standards of what we're going to do, why we're going to do it, how we're going to do it, and who's going to do it. More important than reviewing the plan is a constant reappraisal of who is doing it and are they doing it. I always felt that in many cases it is important to be a chief executive who walks about. By this I do not mean racing up and down the corridors. It is important to be seen outside the inner sanctum of one's office or the conference room. You may not say anything, and no one may say anything to you or to me, but the staff do see that you have enough interest in their activity that you come around to see. You find out many strange things at times when you walk around. I think of the early days at Alabama when I saw paint peeling off the wall and other things of that type that were not reported to me. Why are you going to report to the administrator that the paint is peeling off the wall? But if you walk, you can see it. You start to ask questions. You then want to ask the housekeeping person on that floor, "Why is the paint peeling off the wall?" You usually get a very prompt answer. "I don't know. I'm not the painter." But then you'd progress either laterally or up and down to the next level in the hierarchy. You go to the nursing station. Why? They didn't know.

So that is the walking around management style. It's been dramatized in the film where the fellow from Australia [Crocodile Dundee] comes to America. The doorman of the hotel asks him what is he going to do. I'm going to do "a walkabout."

NEUHAUSER:

That is an Australian phrase?

McNULTY:

Yes. At times, just by asking the question, you accomplish a lot. I use the peeling paint as an example because it's a factual one. In that instance, walking around identified a problem and contributed a solution. It got people working on the problem.

Just walking around, visibility is what I used to call it, is most desirable because it is so easy for someone who does a job every day to become isolated intellectually. Not isolated—they're mixing with people all the time—but isolated intellectually. "Gee, is what I'm doing important?" Or, "No one pays any attention to me." In doing so, you have to be fair. This is also true for parents and their children. I used to preach that if you're going to play with your son, you'd better be sure to then stop and play with your daughter, because if you don't, at that young age, it gets translated into "Daddy doesn't love me." At an older age, it gets translated into "He pays more attention to my brother and doesn't pay any attention to me."

And so, visibility, in my book, is an important element of management. Lots of times you can't be touring the floors every day. You have other things to do.

Let's get back to the element of organization. You can organize your time, or time can be organized for you. I would always tell my secretary where I was going and report in when I came back. I charged her with keeping a schedule for me. Particularly in

a large building complex like University Hospitals of Alabama, Birmingham, it was her job, and I would tell her so. She was to tell me where I had not yet been.

I think a number of people thought I was crazy. One group of people who did not was the medical staff. Here's somebody who thinks it's important to visit the place where we work, and more important, the place where we put our patients. We want a tone of excellence from the associated or ancillary staff, and an administrator who is going to insist that it be there. From that day, they were very much in favor of walking about this way.

Shall I close this discussion? You may have questions. Those would be a few aspects of my management style. They are not written, not documented on paper or in steel, but principles developed over a period of time that I would apply in different settings, at any voluntary office or any commission or any extramural committee. This style got to be a habit. By the time I reached Georgetown—I will close on this note—I was fortunate in applying those principles and getting a lot of recognition from various disciplines. As a result, I picked up an accolade from those few who thought highly of me, not from the thousands who did not. It was printed in the medical school bulletin. "McNulty is a renaissance individual. He's at ease in dentistry, he's at ease in nursing, he's at ease in. . ." I didn't know anything about dentistry, but I did get elected to their honorary national fraternity because I paid attention to them. "He's at ease at the Chamber of Commerce; he's at ease at community activities." I didn't participate in other disciplines for the sake of participating. I participated because I enjoyed it, because when given a charge, I was able to execute the charge by using my ingrown standards of management that have a broad generic application.

NEUHAUSER:

That's very much reflected in your career. You were involved in many different organizations and professions.

McNULTY:

I found it stimulating to participate in different things. One gets elected president or an officer of various activities somewhat in relation to the interest and the time one puts in on it. I would be selective. I didn't have all the time in the world. Let me use the National League for Nursing as an example. It was a strange place for a nonnurse, a male, and certainly an oddity in the sense of being the only such person who had been president of it. I did it because I found it interesting, I found it challenging, and I apparently contributed, using administrative principles that, as I say, were second nature for me, not written down, but developed over time—developed from parents, developed from educational experiences.

Dr. Malcolm MacEachern presided over our Saturday morning sessions at Northwestern University. One could take away certain principles from these sessions. He'd walk up and down. He was an elderly gentleman then, by my standards. He would walk up and down constantly and walk around. He didn't sit there, and you could not hide behind someone that was in the front. We weren't at desks; we were in chairs set around—but he'd walk around. "What do you think about that? What do you think about this?" Pretty soon, you knew that you'd better come prepared because he might ask you. But again, that's organization, and preparation, and application, and interchange. These are skills needed to talk to nurses, to dentists, to physicians, to world-renowned

physicians, to someone who's just an assistant chief resident, to someone who's a first-year resident, to all the technologists.

So, I'll stop talking for a minute.

NEUHAUSER:

You were involved in a key era in the transformation of the Veterans Administration with General Bradley immediately after World War II.

McNULTY:

I didn't think so when I was there in the middle of it, but as one looks back, it was, as you say, a fundamental change.

In retrospect, the Veterans Administration was a third learning opportunity, just as it had been an opportunity to contribute in World War II, and an opportunity to make a contribution during the Depression years, prep school, and college. The VA did an effective job with two segments of veterans at the time I became associated with it. They were the Spanish American War veterans who were still living—not many, but some—and World War I veterans. By 1946, they were older citizens as one would now describe them, so that the Veterans Administration included some hospitals, but lots of homes, and that's the name they gave them, the homes. The best as I was able to judge it—I wasn't a judge but I heard from people around me—the medical care was largely provided by physicians who may have retired and then went to work for the civil service in the VA. I call attention to civil service because that was the method of employment and reimbursement for physicians and all others working in the Veterans Administration.

I'm not familiar with your area, Cleveland, but in Chicago, there was Hines Hospital, which is an old hospital, but most of the surrounding activity were homes. It

was health care, but it was long-term care. I did not recognize this at the time, but we were part of a movement to change the VA system that was really geared for one purpose: to take care of the aging and dying veterans. Most of the Spanish American War veterans were at the end point of their lives, and the World War I veterans were rapidly aging.

NEUHAUSER:

I suppose the average World War I veteran would have been born about 1890, and they would have been about 55 or so. So they were still a little early for their over-65 years.

McNULTY:

At that time the administrator was a man by the name of Hines.

NEUHAUSER:

For the whole VA system?

McNULTY:

For the whole VA system, and I don't recall any other portion of his name, like his first name or middle initial, but he is the individual whom Mr. Truman, President Truman, I thought retrospectively, handled nicely. He was not in any way psychologically or intellectually prepared to lead an organization that had to change itself totally. He had been committed to the status quo, so to speak. Mr. Truman made him ambassador, I think to Mexico, and brought in General Bradley and General Hawley.

At that time, as I say, I wasn't conscious that I was part of a movement, maybe because there were a number of others who were a part of it. I wasn't a Hawley or Bradley, and I had another purpose. I wanted to get some tickets in the hospital management profession. The whole VA activity, as an organizational entity, had to be

quickly rearranged. It's interesting retrospectively. We would meet about how to rearrange it. How to get the steamroller going, so to speak, and then keep it going for a period of time to absorb this tremendous World War II discharged military population. We would meet in what was called the Central Office.

NEUHAUSER:

The same Central Office that today is right across from the White House?

McNULTY:

Away from the White House, right across from a bank. Then later it moved down on Pennsylvania Avenue as the VA bureaucracy grew. The approach that was finally decided upon couldn't be done from Washington. It was going to be too large. A system of decentralized management would be organized, and there would be 13 decentralized components, which, it was decided, would be called branches, and they would be set up at strategic places.

Someone was commissioned to look at the demographics and where veterans were likely to be living. This information was used to group the decentralized collection of veterans' services and to decide where facilities could be quickly converted to more acute care institutions. It was decided that the homes would have to continue to be maintained in order to keep the commitment to the World War I and the Spanish American War veterans. The decisions were made. As one would assume, there was a large veterans' population center in Chicago. The Chicago branch included Indiana, Illinois, and Wisconsin. Atlanta took in four states, and so on across the country. The next step was how to get the branches started. It was finally agreed upon that we would

select 14 branch directors, which was done. Of these, 13 were Veterans Administration employees. They came out of the system as it existed.

NEUHAUSER:

I always felt there was a military flavor in the VA carried over from the Army itself. The military style had a reflection in the style of the VA.

McNULTY:

Well, it could be that of all of those selected to fill the branch director positions; a number of them had served in World War I, but not all. The director in Chicago, for example, had been what was then called the manager of Downy VA Hospital, just north of Chicago along the Great Lakes area, across from the Great Lakes Naval Station. The VA had bought some property and built a home there. That was a psychiatric institution, and he was a psychiatrist. Then they decided that they would decentralize employment decisions. The medical director would be responsible for putting together his own staff. They then did create a manpower table to define the staffing, and it was divided into administration, and then into disciplines. There would be someone for tuberculosis because that was still a problem. There would be someone for internal medicine. There would be someone for surgery. That is the extent of my memory as to how Chicago was divided. I think every other branch was divided about the same way.

NEUHAUSER:

How easy or hard was it for the VA to attract new physicians and new nurses, for example, at that time? Later, in the 1960s and the 1970s, an era of great prosperity for medicine, the VA had a tougher time recruiting people when medicine was in its golden era, as you will. Was it easier then as people were coming out of the military?

McNULTY:

Yes. It was easier for two reasons. One, there were available to the VA system nurses who were coming out of the military. The other ability to attract staff arose from the fact that there was a fervor for taking care of our boys, the same kind of fervor that we have seen recently with the Desert Storm experience, but much stronger because it took four years to build it up. Also, the VA was a comparatively rewarding employment opportunity. That was an era when the rural hospitals were not as well developed. Hill-Burton had not yet been enacted, and rural hospitals were not nearly as prevalent as they are today. Many physicians were attracted to the VA.

I mentioned Chicago. The surgeon was a man by the name of Ralph Fouser. The name is not important. He was about 55 at the time, I would guess. He decided not to go back into surgery. He certainly lost some of the skill that comes from the practice of standing at the operating table, because he hadn't been doing that in the military. He was taking care of the sick and the wounded brought in on an emergency basis. He would have made an excellent emergency physician, which was a specialty not then in existence. But he did know surgery, he did know how it ought to be practiced, and he could recruit young surgeons. The internist was the same. He was a little older, about 60, and he wanted to work a little while longer. He was board-certified, even then. He knew an internist who had specialized in tuberculosis, and that's how they recruited the chief of the tuberculosis section.

Early on, I thought I was going to need some tickets to run a hospital. So I was sent to Chicago where there was a night program at Northwestern.

There was a gentleman in the VA named Bob Adkins. I don't think there is any reason for you to know it or even for it to be part of this history, but, like any large organization in a time of need, it's interesting who rises to the top. He rose to the top. He was an assistant manager of the VA hospitals. I don't recall where, but they spotted him, and so they brought him to Washington as the executive officer for the Department of Medicine and Surgery.

It was decided to create a Department of Medicine and Surgery and a special medical corps, so to speak. The details were worked up and sent to the VA legislative branch. It was sent there and sent back several times, I remember, before it was honed to what they thought was excellent, and then it was presented to Congress. I don't know quite how. I moved to Chicago at that time, but it was presented to the House and the Senate. It was enacted, and it created the Department of Medicine and Surgery.

So when you became a VA physician, or became a nurse, when you became anything—a podiatrist—you became a member of the Department of Medicine and Surgery. You were not a member of the civil service. It finally got through. The civil service didn't enjoy it very much, but one could have foreseen that. I think that was one of the landmark pieces of legislation insofar as the VA is concerned. A salary structure was created with it, which was quite rewarding as compared to the civil service, and enabled the VA to go out and get young physicians. Then, every hospital in existence was changed.

I was not part of it, but the subsequent step was the building program that the VA initiated. It was again under the same leadership in Washington with the same decentralization. Where should new hospitals be located? One, you must need them.

Number two, demonstrate how and why you need them. Why do you want a new hospital on the west side of Chicago, which was the initial hospital? Subsequently, the VA research hospital on the north side of Chicago associated with Northwestern was built.

NEUHAUSER:

Is the VA research hospital the one that is part of the Northwestern complex on the near north side? The Hines hospital is near Cook County Hospital and associated with the University of Illinois, is it not?

McNULTY:

That was the early one, of World War I origin.

NEUHAUSER:

Then there is the one way up on the north shore of Chicago near the Navy base.

McNULTY:

Yes, that was a World War I hospital, too. The VA West Side was out near the University of Chicago. And then there are two downtown 500-bed hospitals, one built immediately after World War II and the other a little later. The VA West Side was opened while the branch office was still in existence, and it was 500 beds.

NEUHAUSER:

That's the one near Cook County Hospital?

McNULTY:

Yes. Subsequently, the VA worked out an arrangement with medical schools. This was part of the transition and, retrospectively, part of the excitement. It was just part of the organizational and management changes related to recruiting young physicians and how to get into links with medical schools around the country. They decided there was

the need for a new individual who would be the touchstone for this effort. Dr. Middleton from Northwestern was chosen. I don't think he was a World War II veteran, but, in any event, he accepted the assignment. His purpose was to create a network of VA hospitals associated with medical schools.

From that, I think, came another piece of legislation that helped create the deans' committees, which became an organizational feature of the VA, with a deans' committee at every affiliated hospital and a central deans' committee to help establish criteria and objectives at the Washington level. That was how the VA West Side got associated with the University of Chicago. Subsequently, as a reward to Dr. Middleton's contribution (it wasn't named for him), the VA hospital was created on the Northwestern downtown campus. He had hoped it would be a research hospital, that it would be named a research hospital. He came back to Northwestern, and I don't know how long his life was beyond that.

I helped open that hospital, and we did bring in some of the research from the Northwestern campus. That's where I first became acquainted with John Cooper. John, who was then a Northwestern faculty member with a number of faculty grants, was enticed into putting part of them into the VA hospital. I don't know whether that precipitated his interest or whether it precipitated the Association of American Medical College's interest in him, but at least he was known as a researcher at the VA hospital at Northwestern University, with some of his laboratory activities in VA research. All of that period was very exciting.

NEUHAUSER:

I have to ask you; it is said there is a VA hospital in every other congressional district. Did the politics play a role in the location of VA hospitals? You described the VA as run by managerial principles. There is a political side to the VA.

McNULTY:

Oh, yes. I think it would be a disservice to say no. Yes, there was the legislative branch of the Veterans Administration. I don't remember much contest of Republican versus Democrat, but I do remember contests about my constituents rather than his constituents. I must say that my memory is that these concerns were listened to and were possibly paid attention to, but I don't know any VA hospital that was put in a location that was not of potentially maximum service to the veterans.

For instance, there is a VA hospital at Beckley, West Virginia. There was much demand for it. The branches closed about 1949. As I indicated, that was a planned closing. I went to Chicago to be of whatever assistance I could be and at the same time get a degree. We were not going to keep 13 branch offices because, one, it's not warranted and, two, the practical side is the appropriation. At the start, we were in what would be called the bride-and-groom stage. Everybody wanted us. There was similar enthusiastic support if one looks at history from 1918 to 1922.

I think it was quoted to me that the VA was the darling of the appropriations committees. It was believed that the VA should have solved all the problems, cured all the people, and stockpiled the institutions that would be needed again. I mentioned Bob Adkins because he lived through that and was a very bright individual and knew history. He pointed out, "So get your degree in a hurry." In 1949, they did indeed say, "We don't

need the 13 we have now, nor your participation,” meaning the 13 medical directors and directors of administration.

I was director of administration for the Chicago area. Later, these 13 bureaus were replaced by seven areas, and they called them area offices. They closed down the branch offices and reassigned the personnel largely to go out and manage hospitals. Some of the directors of administration wanted to go out and be what was then called the executive officer of the hospital. Assistant manager was the title. The tuberculosis physician at Chicago decided he wanted to go out to private practice, so he made a connection with some group in Illinois. Goesl—Andy was his first name.

They decided to set up three of the area offices in Washington. They didn't have to be in the locality. It would be less expensive. I don't know quite how that worked out. One would have to go to the area that one was supposed to be supervising. The Chicago office became the Washington area office, and I finished my degree and moved back there. That was another milestone in the development of that organization. That system still is in existence.

There wasn't much enthusiasm for moving back to Washington. The director of that office—a physician, a psychiatrist, as I mentioned—had been in Washington as chief of psychiatry for the VA during the pre-World War II era, knew Washington, and wasn't enamored with it, but he accepted this assignment. The assistant, the layperson, was a man by the name of Wales Finnegan. He, too, was not that enthusiastic about Washington, but they went, and they provided a service, and, as soon as they could, they got transferred. The psychiatrist, Delmar Goode, was a native of Arkansas, and there was a new hospital just finishing out there, and he got assigned as manager. He went, and that

is where he retired eventually some years later. I served as assistant manager of this hospital for one year. The system had not produced enough assistant managers, so the homes could have a lay manager. The assistant at Chicago, Wales Finnegan, went to West Virginia. There was a home in West Virginia; it is now a hospital—Martinsburg, West Virginia.

NEUHAUSER:

Do you think someone in the Army noticed that you were an actuary and that got you into working on pensions in the Pentagon?

McNULTY:

No, Uncle Sam took care of all of that. I never heard about it. I don't know whether they still set any funds aside, but at that time they didn't. I did some administrative detail work related to air evacuation. That's how I would get to know someone like General Hawley in London.

NEUHAUSER:

Was it later when you came across Hawley?

McNULTY:

Yes. Roosevelt died and Truman became president. I don't know who his advisers were, but whoever the advisers to President Truman were, they recommended strongly, and he acted upon it, that they revitalize the Veterans Administration. Revitalization generally means, even today, you change managers. I don't know quite how, but that's the common theme.

NEUHAUSER:

Part of that was bringing in Hawley.

McNULTY:

So that's why, see? They relieved the incumbent administrator and made him ambassador to Mexico, I think, in recognition that he'd been doing a good job. But the job suddenly had changed. There were going to be 10 million veterans soon turned loose on society, some in good health, some bad; therefore, it was desirable to beef up all of the services for veterans.

NEUHAUSER:

This was the landmark change that began linking VA hospitals with medical schools.

McNULTY:

Yes, that's right. Middleton was the person's name that Hawley brought in from Northwestern. I can't think of his first name. The charge to him and the charge he was enthusiastic about was to connect the VA and some existing medical schools around the country. I think there were 112 or 115 of them at the time.

NEUHAUSER:

He was the leading person.

McNULTY:

Yes, he was the catalyst who related to the Association of American Medical Colleges [AAMC]. He related to the American Hospital Association since many of its members were university hospitals. He knew dentistry. I must say he did a superb job from Northwestern. I had nothing to do with it, but just learned from watching. Each of these regional officers had a list like Moses, the 10 musts given out by Hawley. One of them was to establish or cement (I don't recall the word offhand) the relationships

between the Veterans Administration's hospitals and the medical schools. Concurrently, the AAMC was sending out letters to all of the deans and to all the presidents of the universities saying that this was being encouraged on behalf of the veterans of the country. Eventually, it turned out to have even greater benefit for the schools. It gave them teaching material; it gave them research, space, and ideas.

NEUHAUSER:

Was it during this era that the deans' committee structure evolved?

McNULTY:

Yes. Each of the branches had a deans' committee, and there was a national deans' committee. I don't know how they were selected. I do remember attending these meetings. The branch in Chicago was a three-state branch: Illinois, Indiana, and Wisconsin. They would have a deans' committee, which would be all the deans of the schools in those three states, which would meet once or twice a year. I don't recall the time interval of the meetings, but they would meet with the manager, as he was called, of the branch office.

The one I'm speaking of would be the one for the branch office in Chicago. The overall committee would have representatives from each of these 13 branch office deans' committees that would meet in Washington. The branch offices didn't last. They were designed as an emergency measure and staffed with full-time VA people and newcomers. From early on in 1946, or I guess late 1946, they were established. It was thought that eventually we wouldn't need 13 of these around the country. In 1949, the need had passed, and they combined them into fewer branch offices.

NEUHAUSER:

I think the number of branches or regions kept changing over the years.

McNULTY:

But for this area, I think there's still a branch office for the VA in Atlanta. I'm not sure. Some of the branch offices located themselves in Washington, right in the VA building, and that way maintained the contact a little better. Whether they maintained contact a little better out in the field I don't know. I haven't been active on the VA committee since 1988. I've just been reappointed to a gerontology committee that they have, but I haven't been to a meeting, so I don't know the structure very well.

NEUHAUSER:

I thought there was a committee that included the medical school dean and the director of the associated VA hospital, which sorted out their own local affairs.

McNULTY:

Oh, yes. You're right. I reacted only from the standpoint of a branch officer. The branch did have a deans' committee. Yes, there was also a deans' committee for every medical school and hospital, which included the medical director of the hospital, the administrator of the hospital, the dean of the medical school, and the chairmen of one or two of the departments depending on their seniorities. And yes, that may still be in existence.

NEUHAUSER:

I believe so. I suppose before then the VA also had relatively little role in clinical research activities, and I suppose it was through this linkage that it developed research and research funding?

McNULTY:

Funding—there was and still is some VA funding. Employees would apply for grants, employees being researchers, physicians, other scientists, PhDs, doctors of science, dentists. It was a modest amount, but there it was and still is. I think there is some dental research. Research was funded in part through VA appropriations. Where it wasn't sufficiently funded or where there wasn't anything because it all had been disbursed, VA staff early on were given permission to apply for grants the same as any other grant-seeking agency—a medical school, or a research center, or whatever.

NEUHAUSER:

How was Hawley as an individual?

McNULTY:

I thought he was very effective. He didn't stay long. He went on to be the director—if that is what it's called—of the American College of Surgeons, which was really a distinguished post at that time. I assume it still is, but as other disciplines have come along, it's sort of been overshadowed. MacEachern held most of his classes at the College of Surgeons, in particular a Saturday morning conference was always held in the boardroom there.

NEUHAUSER:

Well, that's where he was for a long time when he was leading the precursor of the accreditation program of the Joint Commission, which was run by the College of Surgeons.

McNULTY:

That's right. Hospital accreditation came out of their standards for surgery, but then became the standards for hospitals. About 1945 or so.

I do know when we went there. I started in 1947 at Northwestern, and would take one or two courses. I was trying to space it over a couple of years and was fortunate in doing that. I just completed it when the VA decided to close the Chicago branch office.

NEUHAUSER:

I understood, particularly in the 1930s, that MacEachern visited every hospital in the country in the course of his accreditation efforts, and he knew everyone.

McNULTY:

He did. He was always there.

NEUHAUSER:

And everybody knew him.

McNULTY:

Yes, they did indeed. The tales he would recount to the students were interesting, about the places he had visited, the wonderful people he had met. I never heard Dr. MacEachern criticize anyone. His strongest terms were the strange people he met. I don't know how many stories you're getting of MacEachern, but there's one for which he was so well known. He was always on the podium whenever there was a large gathering such as AHA meetings or regional meetings, and he'd invariably fall asleep. Or let's put it that he insisted he wasn't sleeping, he was just resting. His eyes would be closed and his head would be nodding, whatever it was. He had an amazing ability of recovery and grace in recovering. What triggered me is that he knew most everyone. Someone would

say, “Dr. MacEachern?” “Yes, yes.” “Joe or Pete just said thus and so.” “Oh, yes, very cogent remark. I remember the time three years ago when old Joe couldn’t do that.” Or something like that. He’d break everybody up. The meeting would go back to routine again, and Dr. Mac would fall asleep.

NEUHAUSER:

I’d heard similar comments from John Mannix, who remembered stories about him. Very much the same thing.

McNULTY:

Is that right? It was interesting, because he was a very vigorous teacher. He stalked the classroom. He didn’t have a blackboard in that boardroom as I remember, but he’d walk around. But put him in a chair on the podium with a dull program, or one that he’d heard five times before, and he’d fall asleep.

NEUHAUSER:

Did you read his textbook?

McNULTY:

Oh, yes. From cover to cover. He’s certainly got a devoted following amongst his students. He was such a forceful, creative, yet gentle person. He was an amazing individual. To me, he was an inspiration for the rest of my life. Inspiration that you don’t find today much in the medical fraternity. It may not be the medical fraternity’s fault. It may be that we’re living in an age that’s entirely different. The values are all fame, the laboratory, making lots of money, or whatever.

NEUHAUSER:

I think one sometimes sees this in medical education. The famous physicians at Johns Hopkins at the turn of the century, like Osler for example, they had very devoted followings of students. And I see a glimmering of that with Gerhard Hartman of Iowa and James Hamilton of Minnesota.

McNULTY:

And Minnesota, he left there and where'd he go? To Yale? And then came back there. He may be still living.

NEUHAUSER:

I think he had quite a following.

McNULTY:

The one I'm thinking about was not a physician. Although, Agnew, in that area, was a distinguished physician and much admired. But I thought MacEachern had an extra ingredient, so to speak. He was a contemporary of Bachmeyer's, but much more admired than Bachmeyer. I didn't know Dr. Bachmeyer that well, so he may have been a little more reserved or something. I don't think he was a severe individual, though he built a good hospital.

NEUHAUSER:

I think there may have been some rivalry between the two.

McNULTY:

Oh, I would think so, yes. They both had a graduate program in hospital administration, and I don't know which one came first, whether Chicago may have preceded Northwestern. I'm not sure.

NEUHAUSER:

I believe Chicago was the first one, started by a man named Michael Davis who was connected with the Julius Rosenwald Foundation. I believe for a while Gerhard Hartman was an instructor there.

McNULTY:

I think Gary Hartman graduated from there and then stayed on for a while. He was with the AHA for a while.

NEUHAUSER:

I think that's right.

McNULTY:

And then he subsequently went to Iowa and stayed the rest of his career in Iowa, and now is one state north of Iowa.

NEUHAUSER:

South Dakota? I came across him at a meeting in Washington after he had retired. I imagine people retiring to the Gulf Coast or to Florida, but not South Dakota.

McNULTY:

He owned some land up there, even when he was in Iowa. I don't know whether it was a family inheritance or whether he purchased it. I never knew his wife, so I didn't know much about that part. But I did know what he was doing up until a few years ago because he used to get in touch with me regularly. He was going around the country, scouting out physicians to enlist their interest in remote parts of the country. And he got in touch with me relative to Alabama. A lot of students at Alabama, maybe not more so than several other states of like type, come from rather conservative backgrounds,

meaning not much money. Therefore, they take the federal tuition, or state tuition, which requires reimbursement. Gary would offer them locations that he thought would be interesting, and they could put in a couple of years there. He was doing this for some foundation. That's how I knew him. He hasn't called me in recent years, so I've lost track of him, but I understood he was still living in the same location. Have you visited there?

NEUHAUSER:

No. There are important parts of this country that I have missed.

McNULTY:

You now can say you have visited Mississippi.

NEUHAUSER:

Absolutely. One of the other things that strikes me about MacEachern is that it's the one book that everybody who had a copy kept. It's almost impossible to find in secondhand book stores. You just can't find them. I have never seen his textbook for sale.

McNULTY:

I wish I had my textbook here now. I kept mine. I kept it for the inscription on it. When I left Chicago, I asked to have that. He always had a nice sense of humor. What was it he said when he inscribed it? Do you want me to inscribe what I think or should I inscribe what's better for you? I said to Mac, "What's better for me. Please."

NEUHAUSER:

That's it. People have just kept these books even if they weren't students of his.

McNULTY:

Well, in addition to touring all those hospitals, he also would attend all these regional meetings and educational sessions—even in my time. Back in post-World War II, the AHA was divided into different parts of the country. This part of the country was in the Southeastern Hospital Conference, which was an independent conference. It was not unlike the British Commonwealth. It was related to the parent AHA in Chicago.

NEUHAUSER:

The New England Hospital Assembly I think still exists.

McNULTY:

Yes, and that may have been one of the first. I remember him coming. The annual meeting would be rotated around the principal cities. I remember seeing Dr. Mac once in Miami, several times in Atlanta, and in Nashville. He would put on these sessions, and I don't know quite how he did it, but I think he passed out books at these sessions.

NEUHAUSER:

It is said that he never really lived in Chicago. It is said that he always kept his home in Montreal where he was originally from. Do you know anything about that?

McNULTY:

Only the folklore. And I never knew if there was a Mrs. MacEachern or not.

NEUHAUSER:

There was a woman who worked with him—I think her name was Stuart—who then went on to become a professor of health administration in Toronto. Upon her retirement, she had slowly been working on a biography of Dr. MacEachern, and I had

talked with her on the telephone wishing to cheer her on in this activity. She had several boxes of material and just had never quite gotten around to writing it.

McNULTY:

Well, she must be quite on in years. Stuart was her last name. Is that right?

NEUHAUSER:

Yes, right.

McNULTY:

I'm trying to think of her first name. When these sessions were held Saturday morning, she would greet us every time with some tea or some coffee. This would be on the table at the entrance to the conference room. She always knew each one's name—it was a small class. Half of it were physicians.

NEUHAUSER:

Do you remember any of your classmates?

McNULTY:

No. I don't remember. None come to mind immediately. I guess, yes, the one who went down to Indiana and eventually became president of the AHA was a classmate.

NEUHAUSER:

Oh, we might as well get on to nursing. How did you get so drawn into nursing affairs?

McNULTY:

First, I'd have to reflect. No one's ever asked me that question.

NEUHAUSER:

You've had quite a role to play in the National League for Nursing.

McNULTY:

Yes, I've always admired nursing and its incumbents. During World War II, I had my first collegial association with the nurses that I encountered in the Army Air Corps hospitals. They were always very effective, very considerate, 200 percent patient-care oriented, and had the nobility of practice—professional practice. I observed the same when I was with the Veterans Administration, and I would assume that somewhere along the line of opening three new VA hospitals, I was asked to join a local National League for Nursing chapter. I say that because my recollection puts my acquaintance with the nursing organizations fairly early, in the late 1940s and the 1950s.

But I would say that by the time I accepted the assignment to the University of Alabama at Birmingham, I was generally active in several local organizations in the community. One was the nursing association. Another, of course, would be the medical association. I would try to be active in some type of civic activity—Chamber of Commerce or something of that type. I did do three things on leaving the Veterans Administration and joining UAB, as it is called. (It wasn't called that in those years—1954, I think it was.) One, I joined the local nursing association; number two, I developed an appreciation for the director of nursing at what was then called the Jefferson Hillman Hospital, a lady by the name of Kathryn Crossland; and third, with her encouragement, I would periodically lecture on general management principles to the Jefferson Hillman Diploma School of Nursing. Compared to the age of the Crimean War and Florence Nightingale, that school was not very old, but it was old by regional standards. The old Hillman Hospital had established a Diploma School of Nursing in the

early 1900s. I hope I brought something to the students. It was an interesting experience to teach them.

From there, someone said, why don't you join the national organization? You belong to the American Hospital Association, and you belong to the other things nationally. Don't you like nurses? And I remember someone asking me that question. I don't know whether that was the total motivation or not, but I joined the National League for Nursing. When they asked me to, I became a member of their board. Then they asked me, I think, to be treasurer, which I agreed to do. Then they approached me and said they were going to nominate me for president. I indicated how flattered I was. I was generally the only male at their board meetings. Certainly, I could find no record of their ever having a male president, and if they did, it would probably be a nurse, and I wasn't that either. But they went ahead and nominated me. I was pleased with that. I thought that was a nice gesture, and surely someone would beat me at the polls hands down. Lo and behold, I got elected. And so I served three terms—president-elect, president, and immediate past president. And continued after that to be active, because I believed what they were doing was a benefit to the nursing profession.

During my tenure, and I hope still, they worked closely with what I would call the union of nurses, and I don't mean that disparagingly, but physicians have their union—the American Medical Association—and lawyers have their union, and the nurses have the American Nurses Association. But we worked closely. We would go to their headquarters. Is it St. Louis or Chicago? Well, in any event, we would meet during the two-year term as president. One time we'd have a coordinating meeting at the ANA headquarters, another time the ANA would come to the NLN. Generally, they dealt with

how to maintain the standards they had, how to improve and embark upon enlarged standards. Certainly, I found much satisfaction in it, because I thought the diploma school of nursing was a significant contribution in its time when opportunity for women to get to college was limited. There was not an absolute barrier. There were women physicians in the late 1800s, but they were a rarity, and it took a special type of woman with lots of drive and a fairly thick skin. The diploma nursing schools had to meet the health needs of this country, certainly in England, and maybe around the world. I wasn't familiar with other parts of the world. But the time was at hand, if not past, when getting an undergraduate degree would provide a societal level of education for every woman. Adding the nursing dimension to it would give them a vocational or professional identity, so it was possible during my tenure that that was one of the preoccupations of the profession, and one in which I was and continue to be an enthusiastic supporter.

Now I'm nowhere nearly as active. In fact, I've become an inactive member, but I do keep in contact. The role of president has changed, as it has in almost all organizations. The chief executive, meaning the paid staffer, is now called the president. The position I occupied is now chairman of the board. The incumbent president, a young lady by the name of Pam Maraldo, is a very able person, and we stay in sporadic contact. I assume every organization has about 20 or 30 past presidents or past chairmen of the board. Through the National League for Nursing and from several other presidents, I learned that the best thing one can do when departing is to say, "I'm available. Call me, but I'm not going to call you." I say that because when we were striving for conversion of diploma schools to collegiate education there were the nonbelievers.

NEUHAUSER:

There were a number of hospital administrators opposed to this change?

McNULTY:

Oh, indeed. Indeed. There were a number of nurses and hospital administrators, and I don't know who was the chicken and the egg. I don't know which one motivated the others, but they were very clamorous and sincere voices. They felt that something was being lost. As one looks back, it was those diploma schools. Their initiation was really a significant educational and professional contribution to society. But I think one could also identify that regardless of how much support they had, they weren't going to continue at the same level.

There are diploma schools still in existence, and the seat of most of them is Pennsylvania. There are a number of diploma schools still there, and I would urge that they be retained if they can draw students of good quality, and there's a placement for their graduates. Then I think that they served a purpose. I think over time, time being several generations, they're going to gradually diminish. They're not in great numbers now, but the diploma school was a seedbed for collegiate education of nursing. Through the years after that, I was always interested in nursing. This was relevant to my role as chancellor at Georgetown.

NEUHAUSER:

Is there a nursing school at Georgetown?

McNULTY:

Yes. The nursing school was started in 1903. I was instrumental in recruiting the dean for that school. That particular school went from being headed by a nun to a

layperson. I think that the incumbent dean, Alma Wooley, is about to retire in June and become a teacher—a remarkable young lady, mother of four children, four boys.

Husband is a minister. She had occupied a named chair, the Deaconal Chair at Indiana, I think it was. We were able to recruit her to come to Washington. She has sustained the school through a significant decline in nursing enrollment around the country, and I think will leave it in good fettle.

NEUHAUSER:

Tell me about your South American travels.

McNULTY:

I've been to São Paulo several times, and to the hilly country that has the Andes. I don't see how they can find the people there in order to inoculate them.

NEUHAUSER:

I saw that you were also a professor in Venezuela. Is that right?

McNULTY:

Yes. In Caracas. There was a gentleman who went to the Northwestern graduate program, Pedro—I have to search for his last name—and Blanca, his wife. They came to the United States a year or two before they went to the Northwestern program. He finished the program, stayed a year or two, and went back home. Caracas was their home. He was the director of administration (I am not sure of the title) in the School of Public Health at Caracas. We became casual friends at Northwestern. Subsequently, he invited me down to talk and to meet with classes. That worked out well, so he then set up a two-year period when I actually had a formal class, which was a great deal of fun. The

students were almost all physicians. I want to say all, but I think it was close. A delightful group.

NEUHAUSER:

Well, you've had such a rich and varied career that there's a lot that could be touched on.

McNULTY:

Yes. Yes. I was only going to conclude my VA experience. The then chief medical director was a gentleman known as Boone—Admiral Joel T. Boone. The only physician and maybe one of only a few individuals who was given a Congressional Medal of Honor in two wars. He got it as a very young man in pulling people out of a fire—I think it was in World War I—and he got it serving at the front at a desk in World War II.

He was a real interesting gentleman. He wore a moustachio that was waxed and he was in parade uniform. Usually in the inspection in the hospital, he carried his swagger stick, which I'm told was unusual for the Navy. The Naval officers didn't carry swagger sticks, but he did. And he had a routine that one couldn't break. I remember I broke it. He and his entourage got off the hospital elevator and started at the right side. We went all around and came back at the left side. Well, there were intersecting corridors one time, and there was something at the end of it I wanted to see. I remember distinctly, "Sailor McNulty, where are you going? Sailor McNulty!" I said, "I'm. . ." "We'll get to that when we come to it." He wasn't nearly as severe as his appearance and comments would indicate.

That's when I started participating in the opening of new VA hospitals. We did it at Little Rock, Arkansas. That's with the gentleman who had been manager of the Chicago branch office, and who took a leave of absence to get an MPH, in order, I thought, to get a little more respectability with the medical profession. For myself, I figured it would take just too long to get an MD with the residency. A practicing MD would take at least six years of education. When I finished the University of North Carolina degree in public health administration, I was assigned to the Atlanta branch office and participated in touring several new VA hospitals that that branch was responsible for opening, or activating, as they called it, and operating. Particularly at that time, personnel was a problem. There were no proven managers—as they still call them—or assistant managers who were nonphysician laymen. Although they were coming out of graduate programs by that time, they were still very young in age, and the VA wasn't enthusiastic about employing someone at that age and putting them in as assistant manager. So I said, "Well, look, I've had the experience of opening one VA hospital in Little Rock, Arkansas, and I've got a little more education, so I'd like to go back to opening new hospitals. I guess that's what I'm going to do to make a life's profession." They agreed, and they assigned me to Birmingham, which was again most fortuitous. That assignment was in 1952. The medical center there had just recently been established. It was only six years old, having been founded post-World War II, in 1946. And so it was young enough that one could become involved immediately.

I should say retrospectively that Little Rock was the same way. The medical school in Little Rock was an extension of Fayetteville. So it was a new program. I think it was earlier, though, than 1946. It was also possible to get involved there. I got

involved in Northwestern only because I was a Northwestern graduate. Northwestern, and Chicago, and a number of the older places were hard to break into because the VA had always been viewed as the place for hacks in the medical profession, and it took a little time to overcome that vision of the physician as a civil servant looking for a place to retire. But Birmingham was a good location. My VA experience was concluded by participating in the opening of the VA research hospital in Chicago.

NEUHAUSER:

From the VA you went to Alabama?

McNULTY:

I went back to Alabama.

NEUHAUSER:

Presumably then, you knew people and people knew who you were.

McNULTY:

I got to know them, and they were having problems. We had been fortunate in opening a VA hospital there. In fact, I looked up the three locations where we opened VA hospitals. It had all been smooth going, as opposed to my role in Atlanta, which was to go around and try to find out why the management was having problems.

We got the Birmingham VA going very effectively. We, meaning other partners who maybe contributed more than I did, but in any event, we got it going. This impressed the informal leadership of the Alabama medical center—the Tinsley Harrison type, the Champ Lyons type, the Nick Jones type. These were individuals of stature, and they wanted things done. They didn't care who did them, but when they didn't get done, they were disturbed.

That was a hospital that wasn't functioning at all. The private tower had low occupancy, and two wings of the Hillman for charity patients were only partly occupied. It was important for the teaching of medical students to increase occupancy and provide an adequate mix of clinical problems.

That's how I got back to Birmingham. In 1952 to 1953, we opened the VA in Birmingham, and 1953 to the first half of 1954, we opened the VA research hospital in Chicago Northwestern campus, and late 1954, I accepted the assignment and came back as what was then called administrator of the Jefferson Hillman Hospital. I guess six years later, we were able to convert that hospital to a university hospital, not only in name, but in function. We expanded the clinical laboratory and radiology. We introduced physical therapy and started our own program of physical therapy in order to get physical therapists. We started our own program in occupational therapy, started our own program in radiology technology, started our own program in clinical laboratory technology, all in order to get these professionals. Those programs generally, at that time, were run by hospitals. But there were none of them at Alabama, and so we started all of those. Then, with more talent, more leadership, much more interest, and some space that we could convert to laboratories, we were able to satisfy ourselves. There were no criteria in existence that said a university hospital must have A, B, C, D, E, and F, but there was a common consensus in that period of time.

As a result, in 1960, we decided to petition the university and, through the university, the legislature, to enact a law to change the name to University Hospital. I don't know whether we had to do that, but at least we did it. We changed the name, having driven the standards considerably higher in terms of function.

Then the job title was just an interesting byproduct. The dean who had started the school of dentistry was a very distinguished individual named Joseph Volker, who had come from Tufts. He had been duly impressed that Massachusetts General had evolved the most descriptive terms for the leadership of that hospital. There was a medical director and a general director. Some institutions had copied that and changed it around from general director to director general. We thought that sounded too much like the military. We arrived at the title, general director, so I became general director of the University of Alabama Hospital.

At that time, there was some unrest by the descendants of the women managers of Hillman Hospital.

NEUHAUSER:

Who had a nursing background?

McNULTY:

No, just wives of distinguished citizens. Mostly from U.S. Steel. There were several iron and steel companies in Birmingham. In addition to U.S. Steel, there was Iron Foundry Company.

NEUHAUSER:

Were these women native Alabamians, or were their husbands assigned there by U.S. Steel and came from Pittsburgh?

McNULTY:

I don't know that I ever made any assessment of that. Recalling it now, I would say a number of them probably were not local. They would have come from Pittsburgh and U.S. Steel, or from other northern cities with iron foundries. The ladies who were

protesting were the daughters of the women managers of the late 1800s. Now, I don't think they really did any managing. I think they contributed their husbands' funds to operating an indigent care hospital. They assisted in the operation of the hospital. The city put some money into it, and the county put some money into it.

NEUHAUSER:

It sounds as if Birmingham was a place that would welcome leadership from outside because of its national connections with industry. Perhaps a director of the U.S. Steel subsidiary may well have come from Pittsburgh or elsewhere. This would be different from some of the other cities in the South that were much more self-contained, where the leadership has been in the same families for well over a century. Maybe there was more of an open view that leadership didn't have to have five generations of Alabamian background.

McNULTY:

As you comment, I was reflecting. I would say that Birmingham as an area had much more of a disposition toward flexibility or broad opinion; however, one would want to categorize it. On the other hand, even the severest of critics of "outsiders" was softened by the fact that what this industry is doing to us is helping us survive. In Birmingham, there was little iron ore work during the Civil War. It was not a Savannah, Georgia. It was not a Montgomery, Alabama, which was the capitol of the Confederacy before it moved to Richmond. In fact, that's where President Davis was inaugurated. It was not similar to Vicksburg or Natchez. Therefore, it didn't have those old scars that passed on through the generations because your brother was killed, or your father was killed there.

So there were two elements of social activity. There were more, if one may use the term, “Yankees” per capita there because of the iron and steel works, and some of their allied businesses like forms manufacturers. They had a predisposition toward change, and it had an economic impact. There weren’t the scars that prevent healing by being a place where “Johnny” fought.

NEUHAUSER:

Well, I don’t think it was limited to the South. For example, Boston had a ruling elite for several centuries that only really came to an end with the growth after World War II of all of the new technology firms and a new flow of money, a new industry, and a new leadership. And I think up until then there was really a close-knit, intermarried group of families that had been there for a long time, and with only great reluctance gave up control first of politics, and later on lost their industrial influence.

McNULTY:

It is interesting. Yes, indeed.

NEUHAUSER:

So that recently one of the philanthropic leaders in Boston has been Chu An Wang of Wang Computer Company, an individual who would have been inconceivable in Boston 50 years ago. I don’t think it’s a peculiarity of the South, but maybe a peculiarity of cities that have not changed their industry.

I remember a comment by a man named Leonard Cronkheit, who used to be manager of the Children’s Hospital in Boston, and became dean of the medical school in Milwaukee. His comment was about the important role of the community to a medical

school. He said Milwaukee had some large, powerful, wealthy businesses that were willing and able to contribute support to the institution. It sounds like there was something in Birmingham that encouraged changes.

McNULTY:

Yes. One could start with the Hillman Hospitals. Hillman was a U.S. Steel executive and gave his support, monetarily and influentially. Other leaders were collected within the United Charities. Hillman Hospital was founded to take care of the poor—from U.S. Steel in Birmingham, a branch of U.S. Steel, and/or other members of the community who were indigent or couldn't afford care.

Subsequently, the children's hospital was built, and that was called the Cooper Green Children's Hospital. Cooper Green had been mayor of the city of Birmingham and had donated some funds to the Jefferson Hillman. He had then retired as mayor and joined U.S. Steel as their legislative community representative, and had been instrumental in establishing the goal of having a children's hospital, aided and assisted by a number of the pediatric staff of the medical center as well as practicing pediatricians in the community.

NEUHAUSER:

Starting with one Hillman Hospital, it was reorganized to become a university hospital, then the creation of the pediatric hospital, and then the link with the VA hospital. That sounds like there was quite a change in the resources available to a medical center.

McNULTY:

We were most fortunate in the transition from segregation to integration. It was a dramatic change for the community. We subsequently were credited with all sorts of praise by the federal establishment. It was a dramatic change in the way of life of this country.

NEUHAUSER:

Was George Wallace governor in Alabama at the time?

McNULTY:

No, he wasn't. He subsequently became governor. I don't recall who was governor. I should, because the governor came to look at the hospital, largely driven by his constituents who insisted that he know what was going on. Maybe it was just before George Wallace became governor. During these times, Frank Anthony Rose, a native southerner, born in Mississippi, had become president of the University of Alabama. He had been president of an old, but small college, Transylvania. He liked medical centers. He liked centralized management. He liked responsibility for what you did, go ahead and do it, but you'd better be sure, and he was most acceptable.

NEUHAUSER:

Were there state appropriations for the state university?

McNULTY:

At that time, for Hillman, no. There was just the county and the city appropriations. For the rest of the medical center, there was a state appropriation for the school of medicine, for the school of dentistry, and when they started a public health

department. Subsequently, on making it a university hospital, we argued for state funding and succeeded. I don't think we had to be any great heroes to obtain a state appropriation. I left Birmingham in 1966 on leave to the Association of American Medical Colleges in Washington, DC, to set up the Council of Teaching Hospitals, but essentially I left the hospital in 1965 to 1966 when I moved over to work on the educational or academic side to start the graduate program in health administration, and the school of what is now the health-related professions. We started the move, my successors accomplished it, and did exceedingly well.

The gentleman who succeeded me as dean of that school is a man by the name of Keith Blayney, who is now leaving. He's been dean all these years and is now leaving to be president of a college in Iowa. But in any event, Blayney was the one who enlarged the school. Before leaving, I moved all of the allied health sciences, as they were then called, from the hospital to the school. I believed that they would prosper more in an educational setting, whereas in the hospital, they were a utilitarian service. We started programs that now are well established. In fact, there was every evidence that they were going to move to undergraduate degrees instead of the diplomas, much like nursing.

NEUHAUSER:

One of the things that struck me was the change in the hospital management literature from the 1940s to the 1960s. MacEachern's textbook assumed it was essential for the manager to know how to do all of everything. That's why there were forms in there, and there were detailed descriptions of departments. It seemed to me that somewhere along the line came the development of all these technically skilled people, so it was the change from knowing the forms that were required in the radiology department

to hiring radiology technicians and people who would supervise these activities. The role of the manager then was to preside over an increased number of technically skilled people who knew how to run the medical record and other departments—who knew how to run the clinical laboratory, who knew how to run the admissions office, and who knew how to run the dietary services. It seems to me that was a very important change in what managers did. Is that an accurate statement?

McNULTY:

I think that's a very accurate and very cogent statement. I would describe MacEachern's book as a tremendous contribution. Of course, the fact that it was so widely used is evidence. It was essentially a description of what is in a hospital and how it ought to be administered. How it ought to be administered was in great part accomplished by description and forms. As the allied health professions developed and expanded, the how to do it was no longer done by the administrator.

In the 1930s and the 1920s, a number of administrators were nurses—either nurses in the lay sense or nurses in the sense of nuns. They knew how to do the work of the hospital. They knew what was an X ray, they knew what went on in a laboratory. Most of them had been nurses, and a very few had been dietitians, but the ladies had graduated into management. I don't mean to minimize its importance, but it was management largely of detail. Here's how you help the radiologist get a film so he can read it. How you determine whether there really is the bacterial infection in the specimen brought to you. How you ought to be feeding the patients.

NEUHAUSER:

Folding the bed sheets. Wasn't there just one exact way the bed sheets had to be tucked in?

McNULTY:

I'm told that had its origin in post-Crimean War times. I don't know how factual that is, but certainly it was prevalent in the military. That was a period of transition, at least at Alabama, and I'm sure elsewhere, maybe even more creative elsewhere. Alabama was a hospital with an enlarging scope of technology.

After these allied health professions' education programs were together in the hospital, we decided to put them together and call it a school. I don't know how we arrived at that decision, but since I was there, I said, "All right, I'll accept the deanship." It was emphasized I ought to because I've got the only graduate program, other than for physicians. It was in the health administration field, so they called it the school of health administration. We moved those other disciplines into it, in addition to the graduate program that we had started.

NEUHAUSER:

A dean of health administration. It wouldn't have been the same word today. It would have been the dean of a school of allied health sciences.

McNULTY:

It's gone through several iterations, and the latest one is the school of allied health sciences. As I said, my successor built it. He has built a part of the medical center's reputation. That school now has connections in China, in Japan, in Europe, and, right now, they're concentrating on the islands of Bermuda and Puerto Rico. So it's become

international. It now awards master's degrees in most of those disciplines, and in some of the disciplines, like laboratory, it awards doctorate degrees. Interestingly enough, it puts physical therapy with the athletic program of the university and awards a doctorate degree.

NEUHAUSER:

As a result of your experiences before and during World War II, you said it was one of your talents to relate to people in various jobs. It seems to me that in the 1950s and 1960s, there was a growing central importance of the hospital manager needing to relate to people. I don't believe MacEachern's textbook had a section on how to relate to people. I was also struck with the short courses that were put on by the American College of Hospital Administrators at about that time on human behavior, or human relations.

McNULTY:

The board of regents of the College was made up of effective leaders of hospitals; I was a regent for the southeastern area. Dean Conley, a sensitive individual who had been educator, was the staff head of the College. Dean recognized that things were in transition. It was agreed to get more education programs going. Conley was the administrative detailist who put the programs on and chose the instructors for the seminars.

NEUHAUSER:

I think many of the seminars began in the late 1940s. Perhaps quite a few of the people who attended were your counterparts coming out of military. They didn't go to a full educational course, but decided they wanted to be hospital administrators and were looking for one, two, or three weeks of education.

McNULTY:

That is a very significant comment, and very true. Early on at these short courses—two- or three-day seminars—a large number of the attendees were Veterans Administration employees who recognized the need for additional education and had no hope of going to night schools, such as had been my good fortune. There weren't any such programs. Other than MacEachern's, I don't know of any night school program at that time that offered a graduate degree.

NEUHAUSER:

That's true. Even after that, the new programs were all full-time programs.

McNULTY:

Yes, right. Joe Volker and I were contemporaries at the University of Alabama in Birmingham. Joe Volker was a dentist who went on and got his PhD. He was recruited from Tufts to Alabama, post-1946, when the medical school first started in Birmingham. He did start a school of dentistry, I think about 1948 or 1949. He went on subsequently to become vice president of the health science center. Then, when the university at Birmingham was granted a separate campus status, he became president of it.

I came to Birmingham in 1952 to open a VA hospital, and then returned in 1954 when the medical center and the university were on hard times. They employed a gentleman by the name of Oliver Carmichael, a generation before either of us, but he lived to a ripe old age. He'd been chancellor at Vanderbilt. He'd been president of the Carnegie Foundation and retired from that position. He was a native Alabamian in the way of the Old South, meaning he was maybe the fifth generation that was born and reared there. That's a little exaggeration, but I guess three generations anyway. So they

persuaded him to come back. I had known Dr. Carmichael through the Carnegie Foundation. He tells the story that he took one walk through the hospital and decided they needed somebody.

In any event, he and the then vice president for health affairs—medical affairs, as they call them—a fellow by the name of Robert Pierson recruited me to be what they called administrator of the Jefferson Hillman Hospital. That was an old 1888 charity hospital known as Hillman, which Jefferson County had built. It was known in the vernacular as that community skyscraper. It was the tallest building in that area. That was the private part of the Jefferson Hillman, but very little occupied because not many private patients would come to a place where all the charity patients were.

I took a leave of absence from Alabama in 1966 and joined the Association of American Medical Colleges as an associate director. I think that was the title at that time. I joined them to do two things. One was to start a Council of Teaching Hospitals, from zero hospitals. At the time I left the AAMC, we had 400 some hospitals. Now I didn't visit 400, but I visited a great number, particularly those that were reluctant to do anything.

There was a delightful gentleman in Boston named Johnny Knowles. Johnny's now dead. He wanted to know why did the Massachusetts General Hospital [MGH] need to join anything? Why didn't we join him? There were other not quite so distinguished institutions and individuals around the country that had the same—what shall I say? Independence is a complimentary way of saying it. I would get to know many of them by being in Washington. I got to know most of that generation from 1966 to the 1980 generation by having visited them at their institutions to persuade them, or visited a

number, like Johnny Knowles, to get him to persuade the other hospitals in Boston to come join. Whatever MGH did, that would not necessarily convince them, but it would be a lead. The first meetings of the Council of Teaching Hospitals [COTH] we held in Washington. I think that 200 or 300 would show up, and I got to know them rather well.

NEUHAUSER:

What did you tell the hospitals to convince them that they should join COTH?

McNULTY:

This almost has to be off the record—if they didn't join, the deans were going to take over the hospital world, so they had to get into the same arena. Seriously, that was my most telling argument. Get into the same arena with the deans of medicine.

NEUHAUSER:

Beforehand, the AAMC was really the deans' organization?

McNULTY:

It was the deans' club. Yes. My second reason for going to the AAMC was to join others in moving the AAMC from Chicago to Washington.

NEUHAUSER:

Which was where it was.

McNULTY:

It was in Chicago on the Northwestern campus. It was a cozy club. They should be complimented, those deans! Early on, they don't have the exact date in focus any more, but in the 1800s, they started a deans' association, the deans of medicine, as a place to meet to exchange ideas, to join together in joint ventures, and to do other things of use to society through the medical education process. We got it moved to Washington. That

was more difficult than starting the Council of Teaching Hospitals. There was lots of vested interest in having it maintained in Chicago—well, in Evanston, I guess one would say.

NEUHAUSER:

So it was the Evanston area of Northwestern University.

McNULTY:

Not the downtown campus, no. It wasn't precisely on the Evanston campus. It was a separately owned building on a separate piece of land, but abutting Northwestern University on two sides. Two sides and across a large street, whatever that main thoroughfare is going up from Chicago through Evanston. There was great suspicion about Washington. This was the prefederal generosity period. And so why did they need to go to Washington? There were several far-sighted individuals who carried the day. One of them was from Chicago—the dean and vice president of the University of Chicago—I don't know whether I can recall his name or not—he of all people—surprising. I guess not completely surprising. In retirement, he selected Fair Hope, Alabama—down to the tip of Alabama, a very beautiful part of the country, but not very well known.

NEUHAUSER:

Was that when Ray Brown was the manager of the University of Chicago Hospitals?

McNULTY:

Well, Ray and Mary were supposed to have bought a piece of land down there. I don't know if they ever did or not. Ray died, and I think Mary moved back to North

Carolina. I've lost track after that. This gentleman, if I could think of his name, was a senior statesman in medical education at that time. Well, it'll come to me.

NEUHAUSER:

Same here. I should remember.

McNULTY:

He was a contemporary. A little younger than Bachmayer, but who was the hospital director at the University of Chicago?

NEUHAUSER:

It was Bachmayer, and then later it was Ray Brown.

McNULTY:

Yes, Dr. Bachmayer had a son who's still living who went into hospital administration. I lost track of him, too.

NEUHAUSER:

Who would you name as hospital leaders at the time?

McNULTY:

Well, if you started early enough, I would say Bachmayer and MacEachern, of course. Let's see. There was someone from New York City who was a physician—very able. . .

NEUHAUSER:

Was that after Goldwater retired?

McNULTY:

Yes. Dr. Goldwater was still living, I think, at that time, but I never had any contact with him. I don't mean to imply that I did with Bachmayer and MacEachern. I

knew Dr. MacEachern as a teacher. I knew Dr. Bachmayer because he was influential in hospital administration after the time I joined the Veterans Administration. My relationship with him was similar for some people I knew in military service. I'd like to say Omar Bradley, but no one ever called him Omar. It was General Bradley. He was not an austere gentleman, but a very distinguished individual. Well, I don't know how structured our conversation is supposed to be.

NEUHAUSER:

I'm perfectly happy moving back and forth, and I will keep notes of the questions that I want to come back to. I also have your CV here. For example, Jan Blanpain has told me about his being a member of the Knights of Malta. He is very active in that organization, and he has wonderful stories to tell.

McNULTY:

He would know more about it than I would or many of the members in this country. Where is he now?

NEUHAUSER:

He continues, I believe, to be the professor of health management at the University of Leuven in Belgium. I think he's been there all along.

Blanpain is very busy advising throughout Europe. He became an advisor to the Italian government on health affairs. He was officially *consigliere* to the Italian government. To me, that's a word that comes out of those godfather movies. We were both amused by this.

McNULTY:

Is George Bugbee still teaching for the VA?

NEUHAUSER:

He kept an apartment in Chicago until a few years ago.

McNULTY:

Until 8 or 10 years ago, he taught at the VA Research Hospital at the Northwestern University Medical Center downtown campus. It's now named something else. I opened that hospital. That's why I'm so familiar with it. In any event, that VA hospital was picked as a central site to which other VA hospitals would send their senior executives for what they called the officers' training school. George was in charge of it. But there were two categories. They sent in the long-established executives, and they sent in the young ones. They did their training there.

NEUHAUSER:

I think that's it. He came down and stayed in his apartment. He also has a house in Genesee Depot, Wisconsin.

McNULTY:

Is it still Genesee Depot? If I recall correctly, that's the only address I have in my little book that I use for Christmas cards. George was sort of a private individual. I think that's why one would never know whether he had a brother unless one asked directly. George would never spontaneously say, oh that reminds me of my brother or my sister, like other people would in casual conversation.

NEUHAUSER:

When I was in Ann Arbor, I looked up the archival material related to the time when he was assistant administrator there.

McNULTY:

Excellent. Did you discover any?

NEUHAUSER:

Oh, I found a wonderful picture of him at about age 20 to 30, when he had all his hair. I rushed to make a Xerox copy. It was in a newsletter of the hospital, which said he was a junior administrator who was going on to become full administrator of the county hospital in Cleveland, and they wished him well.

McNULTY:

Oh, excellent. Did you give him a copy?

NEUHAUSER:

Oh, yes.

McNULTY:

I was in the Pentagon toward the end of World War II—1945 and 1946. When the war was over we still couldn't get out. There were certain so-called critical, or essential, work for which you needed a special dispensation to be discharged.

NEUHAUSER:

Was your role as a hospital manager such critical work?

McNULTY:

No. I had gone to the Pentagon from executive officer of the Air Force Regional Hospital at Maxwell Field, Montgomery, Alabama. At that time—and I think still, although I haven't kept up with the military services—one had to be a physician to be commander of a hospital. I think that is still a fact. The VA changed. At that time, the highest position a non-MD could attain was a medical administrative officer, which is

what I was. The executive officer was usually reserved for physicians, so that the acting commanding officer in the absence of the CEO, or CO as they used to call them then, would be a physician. But I had been executive officer at Maxwell Field, and so I was transferred to the Pentagon in 1945.

NEUHAUSER:

A couple of other things come to my mind. I sort of imagined there was a time when Birmingham was very much of the steel industry; I imagined billows of clouds and smoke from the steel plants of Birmingham. I imagine that's changed over time.

McNULTY:

Essentially, it was a single-industry town. This is another transformation. There's still a small industry there. Both by reputation and by sight, it was very smoky. Fortuitously for the medical center, the wind never blew in that direction, and that's, I think, a factual statement. The Appalachian chain ends just a little south of Birmingham. Most people say, "What do you mean? It ends in Tennessee." At the end of the Appalachians, near Birmingham, were discovered the three ingredients that go into steel-making: iron ore, coal, and limestone.

There is a mountain, which is a little hill—a mountain in a flat country. It's about 500 feet or so high, just south of Birmingham. It's called Red Mountain. It got its name from the red clay and the iron ore. There was a coal mine right there, right within sight of the medical center. Having those three ingredients, the city went gung-ho into the production of steel and iron and their by-products. During World War II, it was enlarged and expanded. It became a tremendous contributor to the war effort, along with Pittsburgh. Those were the two steel-producing parts of our world: the United States.

NEUHAUSER:

I remember Gary, Indiana, with its clouds of smoke. It was a place you'd like to drive through quickly.

McNULTY:

Oh, yes. One of the earlier contributions of the medical center was to set up a department of public health linked with the state public health department. About that time, insofar as it was coming to the attention of Birmingham, were the various screening devices for smoke control. The health department imposed them, then had a three-year court battle, but finally won.

NEUHAUSER:

Well, I suppose there are things like that that make a difference in attracting professional people.

McNULTY:

Oh, yes. Oh, yes.

NEUHAUSER:

Another thought related to the transformation of the South is the development of air conditioning, which could make life more comfortable there. Did that make a difference?

McNULTY:

I don't know. One sees pictures and hears tales of the South during the pre-air-conditioning period. Apparently, there was a lot of outside living as a solution. I mentioned my birth in New Jersey, and you mentioned going to Maine—we used to go to Maine every summer for vacation because it was too hot in New Jersey. We weren't the

Rockefellers. We didn't move the house up there. We went to a place called Peak's Island. Nobody ever heard of it. You had to get there by steamer at that time, from Boston, I think.

NEUHAUSER:

It must have been off of the Portland area.

McNULTY:

Portland, right. Apparently people survived in the pre-Civil War South. Certain parts of the South, certainly along the Mississippi, were probably the richest parts of the country in terms of economy. There were more millionaires per mile on the Mississippi than there were in any other part of the United States, I think that's a factual statement, because they had those giant plantations. There was no Egyptian cotton then. I don't know how we would survive. We think it's pretty difficult if there is no air conditioning. But that's just personal survival. One produced places like Birmingham to survive in the smoke and soot. The air conditioning was internal control. The external control came secondly.

NEUHAUSER:

Was some of your time in Birmingham overlapping of the civil rights legislation?

McNULTY:

Yes, which is another, shall I say, kudo for the medical center, which helped it keep going forward and forward. In the hospital first, but in every part of the medical center where patient care was rendered, we never had one bit of trouble internally. There were lots of newspapers, of editorials, of stories, etc., but as soon as the civil rights law was passed, we changed.

NEUHAUSER:

Let's look at the list of people who have been interviewed in the AHA oral history series.

McNULTY:

I am trying to think of the gentleman who went to Yale and from Yale back to Minnesota. Jim Hamilton. Is he here? Yes, he is.

NEUHAUSER:

I was just going to ask if you knew any of these people.

McNULTY:

Surely. Faye Abdellah, Odin Anderson, Sy Axelrod, Madison Brown, George Bugbee, Bob Cathcart, Monty Cobb, Wilbur Cohen. I was interested in finding Wilbur Cohen's name here. I have always thought of him as a consummate politician. It was under his term in office during Johnson's presidency that a number of innovative programs were started, particularly with relation to funding for medical centers. Ed Connors, yes. John A. D. Cooper, yes. I didn't know George Crile. He bears a famous name. His father was a distinguished surgeon.

NEUHAUSER:

His father was a founder of the Cleveland Clinic.

McNULTY:

Yes. Incidentally, we were talking about group practice. That's the type of program I would hope eventually would evolve around the country, but I guess it won't, at least not in my time. That was another model I had in mind for Georgetown that didn't succeed. We recruited John Kirkland for Alabama, which gave me the idea. When I was

at Georgetown their well-distinguished surgeon retired. I proposed, and they agreed that we try to recruit the retiring surgeon at the Mayo Clinic, which we succeeded in doing. He was Bob Wallace, and since then we got two other like-minded faculty. Wallace said he would support the idea. By that time, he was doing quite well in terms of influence, but even with his support plus the other numbers, we weren't able to get them to incorporate.

Of course I knew Bob Cunningham. I knew Cruickshank by sight. I knew him from his publication days. Leon Davis. I guess Leon was put in there for the same reason that Wilbur Cohen was.

NEUHAUSER:

Am I right in thinking he was a spokesperson for the labor unions involved in the Council of One Hundred, which advocated a national health program?

McNULTY:

Yes. Yes. That's the one I know. I knew Donabedian. I didn't know Eisele. I knew of the name. Iggy Falk. Gary Hartman, of course, is contemporary. Evelyn Flook. Thomas Frist. Tommy was chief of medicine at Maxwell Field at Montgomery during my time.

Sidney Garfield. That's one I didn't know whom I would have liked to have known. Apparently, he enjoyed a great reputation. Al Gavazzi at the Veterans Administration. Sy Gottlieb, Merwyn Greenlick, Frank Groner.

Frank has a brother named Pat—Frank had two brothers. Frank's the oldest, I think. The next oldest was called Iggy, and he was head of the Blue Cross in New Orleans—an interesting family. And the third is Pat, Pat Groner. Pat was a pilot for the

New England Airways right after World War II. He'd been a flyer in World War II. He got me involved in the Florida Foundation for Active Aging, which is a Florida foundation as the name says, and so we meet periodically in Tallahassee. Pat will fly his airplane over here to pick me up, and we'll fly to that location. That keeps the expense down, he says.

I don't know Joan Guy. Jim Hague. Is Jim Hague still living?

NEUHAUSER:

I don't know.

McNULTY:

Jim Hamilton we've mentioned. Stu Hamilton. I see Stu. He comes to maybe all of the Council of Teaching Hospital meetings of the AAMC. I don't attend them all now, so it's been two years, I think, since I've seen him. Stu, from Connecticut, a very capable individual, and one of the real fine gentlemen of the AHA.

NEUHAUSER:

I think he managed a very good hospital.

McNULTY:

Yes. Miles Hardie.

NEUHAUSER:

Miles Hardie was from London and was either with the King's Fund or the Nuffield Foundation.

McNULTY:

He headed up the Nuffield Foundation for many, many years. We had him visit Birmingham. In fact, I have a picture of him some place. Gary Hartman, John Horthy,

Lloyd Johnson—I remember a Johnson, but I don't recall that I knew anyone by the first name of Lloyd. Karl Klicka, Sister Irene Kraus. I saw Sister Kraus in the Washington National Airport, I guess the middle of last year. She still looks like she's going just as hard as ever, a very gracious lady. Ben Latimer I did not know. John Mannix, Billy McCall, Foster McGaw—there's an old one and a contributor. The Foster McGaw Foundation is still in existence. Alex McMahon, Walt McNerney, John Millis, Wilbur Mills, James Neely, Russ Nelson. I've lost track of Russ Nelson. Russ was just succeeding to Johns Hopkins.

NEUHAUSER:

Was Robert Heyssel after him?

McNULTY:

I think there was someone in between, but not for very long is my memory of it. Are you the one who told me Bob is retiring again?

NEUHAUSER:

Yes. Heyssel is to be replaced by Jim Block from University Hospitals of Cleveland.

McNULTY:

I don't know Block.

NEUHAUSER:

You probably read that there was an airplane accident at LaGuardia Airport three or four days ago. There was ice on the wings.

McNULTY:

Flushing Bay?

NEUHAUSER:

Yes. He was on that plane, and he survived it without harm. He was in the hospital overnight and interviewed by the *Plain Dealer* about his experience.

McNULTY:

And Stan Nelson, Maurice Norby, Jack Owen, Andy Pattullo. Is Andy still in the Chicago-Evanston area?

NEUHAUSER:

No, I think he lives in Battle Creek.

McNULTY:

He didn't move?

NEUHAUSER:

I don't think so.

McNULTY:

Everett Johnson. Perloff I knew just by name. Pettengill I knew only by name. Haynes Rice, he was the director of the Howard University Hospital. Incidentally, his predecessor, I think, was really more responsible for the development of that hospital. Haynes was a very likeable and a very creative fellow. But the individual who translated the Howard Hospital to a university hospital was Bill Burbridge. Bill is a PhD out of either Iowa or Chicago. I don't know which. I don't know why he departed so early from the administratorship.

NEUHAUSER:

Yes. I think he was actually the first person to get a PhD degree in hospital administration.

McNULTY:

He was. That's right. And I was going to say he departed so long ago that it may be forgotten that he was key—the latchkey, so to speak—to the transition of Howard Hospital to Howard University Hospital, to a well-respected institution in the community and the region. He is still alive and still lives in Washington, DC. He has a place down to the west of us here. As you go west, you hit a series of towns in this span of Pascagoula—the town immediately to the east of us—Biloxi, Gulfport, and then beyond that to the Louisiana border. Along the shore are some beautiful small towns. Some of them have interesting French or Spanish names like Pass Christian. Well, Bill owns something in Diamond Head

Milt Roemer, Rufus Rorem, yes. I didn't know a William Rothman. Jim Sammons I knew just casually. Oh, Paul Sanazaro. Paul was with the Association of American Medical Colleges at the same time as Bob Berson, under whose aegis they were moved to Washington. Paul was perhaps in Evanston with them at that time. I have lost track of him. Ernie Seward, however he pronounced it. I didn't know Sister Maurita. I've heard of her, but I didn't know her. Sam Shapiro, Gene Sibery, Bob Sigmond, Vergil Slee, Al Snoke. I used to know Al and Parnie Snoke very well. I saw someone who knew Anne Somers very well, and I wanted to find out how is Red doing?

NEUHAUSER:

Anne is alive, but Red died.

McNULTY:

Did he? Which may have been a blessing. Oh, yes. I think one of their first books was about workmen's compensation. More in the social services field than in the

health. John Stagl, David Stewart, Dick Stull. Now is Dick living? Bob Toomey. Oh, Mr. Blue Cross, Bernie Tresnowski. Myron Wegman, Donald Welch—no, I don't know that one. Stu Wesbury, Kerr White, Kenny Williamson. Kenny Williamson is still in Pennsylvania? It is quite a list of names. Brings back lots of memories. Some of those I knew; some I knew better than others. I had lots of contact with Dick Stull and Bob Toomey, for different reasons. Bernie Tresnowski, for Blue Cross reasons. Mr. Wesbury I've already mentioned. Kerr White is older than Stu, but I knew him in the medical line. He's a physician. Of course, Kenny Williamson was in Washington for many years.

NEUHAUSER:

He was the AHA representative to Washington?

McNULTY:

Yes. He thought he was going to be the president/chief executive and was very disappointed when he wasn't. I don't recall having any contact with the political process at that time. I don't know if that was a good choice, or a bad choice—you never know, really. You'd think the young lady from Pennsylvania would be an excellent choice, but . . .

NEUHAUSER:

Oh, yes. Carol McCarthy.

McNULTY:

I think she didn't seem to have the charismatic leadership to inspire people, and she didn't seem to have enough creativity to bring about change, although she'd done a splendid job, apparently, in Pennsylvania. I was disappointed that she didn't succeed. She was the first woman selected, to my knowledge, and I would have liked to see her

succeed. I guess there's no avoiding it, be it the 1990s or be it 2020. There's always going to be a chauvinistic element in the male. I would have liked to have seen her succeed, just to say, hey, anybody can do it. What we want is the ability.

NEUHAUSER:

Who was head of the AHA before her?

McNULTY:

Ed Crosby. Yes. He helped build the building, starting with a hole in the ground. Madison Brown. Madison was acting for about a year and a half, I think. It may have been when Ed Crosby was there, because Ed and Madison were very compatible. Madison was a very fine gentleman. Good organizer, administrator, manager, and, as I said of Stu Hamilton, Madison also was a very, very distinguished gentleman. I don't mean that as a put-down to any other people. I don't think I'd qualify. Well, what is a gentleman? The traditional definition is one who never gives offense to another. But Madison was a gentleman. Some seem to have a little more effusiveness in terms of understanding and empathy. My golly, is this CV mine or yours?

NEUHAUSER:

I have one, so that must be yours. Can we talk about Georgetown?

McNULTY:

I would categorize the economics of Georgetown as typical of private, long-established universities. Not as long established as the Harvards or the Yales, which I'd call the mother institutions. Medicine started at Georgetown in the early part of the 19th century, dentistry and nursing in the early part of the 20th century, 1903 and 1905, and were funded by donor funds. One of the challenges to officialdom of the institution was

fund raising, which was the courting of potential donors. The objective was the upfront courting of individuals who could be identified as possibly having some interest. One would look to the universe of the significantly wealthy of the country, and ways in which they might be contacted.

Donor investment, in terms of endowment, was partly indentured to certain activities. Another challenge was internal, careful management so that the activities that were being supported by donor funds—by endowment—didn't bleed off other resources. That was always somewhat a curtailment type of management. If an endeavor had been endowed with whatever amount, shall we say it produces within two or three million a year, the budget had to be somewhere within two or three million a year, or there had to be other identified sources that were going to supplement it. There always had to be a cushion, because it's difficult to budget research that precisely.

Then there was grant funding. I would put it in its own category. The federal government, in these recent years, meaning post-World War II, has become a heavy contributor of grant funds. The number of foundations was never different. Industry, particularly the pharmaceutical, laboratory, and radiology industries, would be interested in financing investigative activities. All of those provided an indirect cost allocation that helped finance the institution. We joked about the need to control indirect costs. I believe I commented then and I want to comment now, retrospectively, I'm not sure that I, for one, paid as much attention to it as I should have. It wasn't that sensitive at that time. Directors of science centers and university presidents are now paying much more attention to it based on the syndrome of Stanford. Even private institutions do get some local and regional government funds for things that interest them.

Tuition is an important source of stable funds, if you can call them that. In private institutions, tuition is comparatively much more significant in its importance and more severe in terms of the costs for both undergraduate and professional schools. In that way, private institutions differ from the public institutions. That's the financing in Georgetown.

As to the mission of the university, the basic education of undergraduate and graduate students was similar to basic education in public institutions, the exception being that there can be undertaken in private education a number of activities that might be called sensitive that public institutions might not want to get involved in. I don't mean cloak-and-dagger types of things. I do mean, for example, looking into the use of animals in research. That has been examined at Georgetown. It was determined there that if it's not going to eliminate a species of animals, the higher importance is the protection of human beings.

Private institutions can do some things of that type. Private institutions picked up on the hazards of tobacco and were much more vigorous in their publications regarding it. I don't think public or private institutions were dependent on tobacco money, but public ones were much more sensitive to the pressures that tobacco industrialists—in particular their lobbyists—could bring to bear. The private institutions are more at liberty in terms of their faculty giving expression to what they want to say and saying it on a variety of subjects that may or may not be sensitive with alumni, but they are somewhat immune to alumni action. Public institution alumni have a direct access through the legislature so that there is that difference.

The Georgetown problem that brought me there, motivated their recruiting me, was related to their medical center, not unlike the problems of health science centers around the country. They were having some problems with their hospital and its organization and management.

NEUHAUSER:

Is the hospital a separate corporate organization?

McNULTY:

No. Directly owned and operated by the university and directly responsible, at that time, to the chancellor. More so with my second title, which was director of the medical center. It is still directly responsible. The school of medicine the same way. The school of dentistry the same way. The school of nursing the same way.

NEUHAUSER:

I think I remember the example of Temple University in Philadelphia where they owned a hospital. The hospital finances got completely out of control, leading to a major deficit that threatened the entire university.

McNULTY:

Yes.

NEUHAUSER:

Am I right in thinking of that example and wondering if you have a large hospital with growing expense, that you have to pay attention to it?

McNULTY:

Oh, it is. Yes, indeed. I would say more so than any other division, including the school of medicine, the school of dentistry, the school of nursing, and the several

institutes or somewhat independent divisions, such as the Lombardi Cancer Research Center, which was independent, although it was mostly staffed by physicians who were on the faculty of medicine. Some research of dental cancer was by dentists who were on the school of dentistry faculty. Any one of them, largely in the area of research, could overrun the budget. Indirect costs included the operation of the housekeeping, the building, the plant, automobiles and transportation, things of that type. There was some set aside as a reserve because the research was an expenditure that could escape control.

But of all of those, the hospital was at greatest risk. Some of it was not mismanagement, but lack of attention. Boom! You could be a couple of million dollars in the hole. Georgetown, fortuitously, at least in my experience and as I recall conversations dating back to maybe the 1900s, never had that experience. The problem they were having when I was recruited was not unlike Alabama where the leadership was just poor. The leadership at Alabama was poor, with the result that they were in debt, and, to put it in the vernacular, couldn't get the county to pick up the tab. Georgetown didn't have that problem, but they were not exercising any vigorous aggressiveness. One of the needs was to change the leadership of the hospital. There was more to it than would be possible to do without internal trauma.

The schools of medicine and dentistry were well led; I have indicated earlier that the dean at the medical school was a very able individual by the name of John Rose. Dean Rose and the dean of the dental school, Pat Murto, were not long-standing incumbents, but they had been incumbents for enough years to test their capability, and they were doing an excellent job. The school of nursing was led by a nun, Sister Rita Marie Bergeron. All operating within their budget. Research was lagging on a

comparative basis. It was large, but not of the size of Harvard, Yale, Cornell, New York Medical Center, or Columbia. It was lagging behind those institutions in the dollar amount of funded research. The funding dollars were indicative of how much of a research climate there was at the institution and how much new knowledge was being pursued. That was a problem, and getting management for the hospital was a problem. Then there were several major difficulties during the early years. Medical education just kept galloping away in terms of cost. We tried enlarging the classes, increasing the economy of scale. That worked for a year or two, but it was evident that keeping pace with the escalation was going to require a constant increase in the class and that was going to produce a decline in the excellence of the education.

One of the challenges was fund-raising in a different way. We approached Congress and pointed out that living in the District of Columbia, one did not have the advantage of going to a state government. Almost all of the private universities in some way got state appropriations. It might be for different causes. I remember the joke being that one of them in the northeast got state funds to shovel snow. Apparently, that was really a purpose up there. It was quite an exorbitant amount to shovel that snow. As they say in Washington, that resulted from some “little ole rider” on a bill, and apparently, snow was an acceptable “little ole rider” on the bill.

NEUHAUSER:

Georgetown has government money to clear the snow out?

McNULTY:

No. The way we accomplished it, we got the three universities together. The Howard gentleman, Carlton Alexis, who’s now retired, was the vice president of the

Howard University Medical Center. We met in his conference room. We discussed the purpose and agreed how we would go ahead and approach Congress. We based our case on expanded appropriations nationally for medical education. We would approach them for an appropriation for the three medical schools. It was the Medical and Dental Manpower Act of the District of Columbia that we got enacted. It supported dentistry at Howard and at Georgetown. George Washington, in the early part of the 1900s, had discontinued its school of dentistry. The formula basis related to the number of students. From the start, Dan Flood was the promoter in the House of Representatives.

NEUHAUSER:

The congressman from Pennsylvania. A notable man.

McNULTY:

Yes. Yes. It was a significant accomplishment and a praiseworthy endeavor.

NEUHAUSER:

There was a lot of publicity later. Was he the one who had the wax moustache?

McNULTY:

Yes. I thought he was the congressman replica of Admiral Boone. The only two men I've ever known who waxed their mustachios. We did pick our representatives (lobbyists). We picked a Jesuit priest who had been going to Congress and was pretty well known there. He had been going for special purposes like appropriations for the poor. T. Byron Collins was his name. Still living.

NEUHAUSER:

You mean someone who would speak for your cause.

McNULTY:

Yes, and he would be the leader, but Howard would have someone, and George Washington would have someone. That was agreed to after a series of meetings.

We did go on, and we got an appropriation. It was clearly a limited appropriation. Some of the not-so-supportive congressmen said we had to put our houses in order. It was some struggle for passage in the House. No trouble at all in the Senate. Senator Hill said, "This is needed. Where I come from we appropriate millions to the medical school in Birmingham." He said we only wanted a few paltry millions. They appropriated it. I think it lasted for four years, and in that period of time, we had to determine how George Washington and Georgetown were going to operate without it when it expired.

Howard's funding was enlarged, and they, to this day I think, are financed ably by Congress. Howard University had been financed by the federal government even prior to this. This was an additional appropriation for their medical education complex. They had a large hospital too. Another major challenge was that if we were going to do this intensification of research, where were we going to house it? We did initiate some building programs funded through donations and through overhead funds from the grant-funded activities that would occupy it.

NEUHAUSER:

How about the building of a patient base through the development of a health maintenance organization?

McNULTY:

Oh, yes. I hadn't mentioned that.

NEUHAUSER:

I guess Washington, DC, had one of the very earliest health maintenance organizations.

McNULTY:

Yes, we did.

NEUHAUSER:

Group health?

McNULTY:

That's right. It was in Washington before I went there. I don't know the date of origin.

NEUHAUSER:

Before the 1940s?

McNULTY:

Oh, yes, it's quite old. Very contained. I don't know which, but it either didn't attempt to or didn't succeed in enlarging its scope. We recruited Bob Huntley from Chapel Hill, North Carolina, to be our chairman of community medicine. While I was active and led the HMO movement, Bob was the idea person. He was the one that instigated it, he was the one who said let's go ahead and do it, and he was the one who started it.

NEUHAUSER:

It was started by Georgetown, so this was a newly formed enterprise.

McNULTY:

Yes. Three clinics were quickly created, financed, and operated. About the time of its creation, George Washington wanted to do the same.

NEUHAUSER:

Was it about this time or was it later that federal government employees had the option of which plan to choose? That must have been important when federal employees in the area were given the choice of plans.

McNULTY:

That was subsequent to getting our plan started.

NEUHAUSER:

So you started before the federal choice plan.

McNULTY:

Yes. But that was an important part of enrollment. George Washington and Georgetown combined, and I was chairman of the combination. I always used to call it the commonwealth theory. We did combine and had a joint operation in terms of seeking District legislation that was necessary for the practice of medicine as separate and different under the medical practice act of the District. We did some other things of that type and some joint advertising. It worked well for several years. Then—I don't know, and Bob Huntley said he didn't know, and he still doesn't know why—George Washington felt they were the lesser partner, and they wanted to be the major partner. Perhaps it was related to their faculty. Faculties at George Washington and at 127 other medical schools around the country are pretty notorious for their viewpoint on independence. I don't say that unkindly. They're a collection of individual

entrepreneurs, and even if you put them together, they're competing against each other and against the world in terms of recruitment of patients. At any rate, the HMO lasted for two or three years, and then George Washington said they wanted to go their own way. That was all right with us. We said we wanted to go our own way.

NEUHAUSER:

Do you remember roughly what the enrollment was?

McNULTY:

I would want to say combined, it may have been about 50,000, because when we went separate, we soon reached 50,000, and I think our peak when we turned the operation over to the Kaiser Permanente people was about 60,000 or 70,000 enrollees. We'd done a pretty effective job, I think. I was a novice in the field. I was told that 30,000 was a break-even enrollment. If you can have a staff to administer the 30,000 mixed population, meaning children, young adults, middle-aged adults, and old adults, it can be a money-making opportunity. We utilized the gentleman at Harvard who started the Harvard plan.

NEUHAUSER:

Jerry Pollack.

McNULTY:

Pollack.

NEUHAUSER:

Pollack started off in Detroit with the labor union HMO there. He helped start the labor union HMO in Cleveland. Robert Ebert, when he was in Cleveland, remembered that experience when he went to Boston and created the Harvard Community Health Plan.

McNULTY:

Was Ebert dean in Cleveland?

NEUHAUSER:

He was chairman of the department of medicine. He went on to become chairman of the department of medicine at the Massachusetts General Hospital and was there for about nine months when he became dean of the medical school. He brought in Jerry Pollack, who they thought was a very good thinker/conceptualizer, but not such a good manager.

McNULTY:

No, he didn't manage it. I was trying to think of the individual who has stayed with it up until recent years.

NEUHAUSER:

Tom Pyle?

McNULTY:

It was my impression from Bob Ebert that the Harvard medical school and the HMO were separate. We got to know Bob Ebert fairly well because he gave us a lot of good advice. It was my impression that their corporate parting was quite amicable, but was desirable in terms of protecting the university and protecting the plan. It enabled the plan to do some things that it might not be able to do as just another department in the medical school or in the university.

NEUHAUSER:

I think it also fit very well with the Harvard style. Their hospitals are completely separate corporations that live and die on their own.

McNULTY:

Certainly the early medical schools related well to their hospitals. Mayo didn't start its own hospital, it went to a separate corporation and worked out an arrangement. Harvard went to Brigham and Massachusetts General. Yale did start its own medical—no, it did not, but it took over a hospital and became part of the corporation. Dartmouth, I guess to this day, is like Harvard. It doesn't own its own hospital.

NEUHAUSER:

One of the things that Ebert changed when he went from Cleveland to Boston was built into the Harvard Community Health Plan: 1 or 1.5 percent of the gross revenue would be set aside, and half of it would be for doing good for the community and then half would be dedicated to research and teaching. Therefore, as health care costs went up and the plan got bigger, this tiny amount of money at the beginning turned out to be a whole lot of money. I was wondering whether that approach was carried out in your HMO.

McNULTY:

No, we did not do that, and, in fact, I was not aware of that until now. If Bob Huntley, who was really our architect, was aware of it, he didn't vocalize it. I don't mean he concealed it; he didn't discuss it. We were doing very well with the HMO until we ran into problems that are probably peculiar to a religious institution. The plan paid for abortions because the individuals were paying insurance premiums and that procedure was covered, even for women who were not ill in the context of conception or gestation. That became a severe sore point with the far-to-the-right Catholics.

NEUHAUSER:

Well, that's a clear need for separation.

McNULTY:

Well, we tried to weather it for a time, and the then president of the Kaiser Permanente Foundation headquartered in Oakland . . .

NEUHAUSER:

Is that Jim Vohs?

McNULTY:

Jim Vohs. Somehow Jim got word of it, and he became a pursuer of our plan based on the fact that you have problems, you're going to continue to have problems, and you're caught between a rock and a hard place. We might have to say, join this plan and you never will have an abortion because we don't pay for them. We finally convinced some of the church authorities, like the local archbishop who became somewhat of a supporter in a modest way. He brought in the cardinal from Boston. He brought in the cardinal from San Francisco, or maybe Los Angeles. We had several sessions on the difference between paying a premium and getting a benefit. The organization that gives the benefit doesn't render it, so that one cannot say you're stealing money or you're committing abortions. I was impressed with the three gentlemen in the sense that they could make the intellectual distinction, but they couldn't bring themselves to say we'll support you because you're talking of perceptions, and the perceptions are this is what you're doing. Unless you come out flatly and say join our plan, and if you do you're not entitled to an abortion. This could probably be marketed to individuals, but it couldn't be

marketed to companies and to small businesses, which was our market in the Washington, DC, area.

At the same time, Jim Vohs was making about his fourth pitch to us. One of the things that I mentioned earlier—your life consists of lots of successes and the wisdom of knowing what your failures are. I was in the doldrums because this was going to be something that we should have been doing, could do, but weren't able to do. On the other hand, we could still do it, but the doing of it would endanger the rest of the university. It wasn't going to collapse, but it was clear that it was going to continue to attain a growing reputation. The far to the right would say: Don't send your son and daughter to Georgetown, don't you know you're sending them to a place that sets a bad example. All they do is abortions. Half the hospital is . . . Oh, it got to be ridiculous. Some of this was put in writing.

NEUHAUSER:

If anything, the climate has not subsided since then.

McNULTY:

Yes.

NEUHAUSER:

I suppose that's also the nature of Georgetown, not just being a Catholic institution, but being the intellectual flagship for all of the United States.

McNULTY:

Historically, it was the first Catholic university in the United States. Well, several of us, including Bob Huntley, finally realized that if we were going to continue, we ought to get the HMO incorporated and get it outside the university—change its name to

something other than Georgetown. Dr. Huntley was prepared to do it. I told him, you don't have as much invested in Georgetown as I do. Not in money, but I said I've been here some 12 years. Eventually, I was at Georgetown some 17 years as chancellor, and have a record parenthetically I'm quite proud of. Surviving 17 years in an academic setting, it may have been luck, or call it what you will, it's an accomplishment. So he said, if you're not going to, I will. What'll we do? I said we ought to protect all of the employees. I said we have waiting in the wings someone who is ready, willing, and able to protect them. Bob Huntley knew Jim Vohs better than I did.

Through that experience, we got to know Gene Trefethen. The Trefethen Vineyards in California are extensive, not the biggest, but they're quite noted for their quality. Gene Trefethen was the moderator between the physicians and the management at the Kaiser Permanente in the early years. The upshot of it was that we did the deed. There was no exchange of money. It became Kaiser Permanente Washington, DC, and has since expanded considerably into Maryland and Delaware.

NEUHAUSER:

What's Kaiser's Washington, DC, enrollment most recently?

McNULTY:

Oh, now I think it must be about 300,000 to 400,000. Yes, it's grown considerably. In that sense, it's a success. In the sense that I wish it could have been part of Georgetown, it's a failure.

NEUHAUSER:

Does Kaiser ever use Georgetown University Hospital?

McNULTY:

Oh yes. Yes.

NEUHAUSER:

So that is a referral base for patients.

McNULTY:

Oh, yes, and a benefit. I think Chuck O'Brien, who is now the administrator, gets up at the AHA and other places and says he doesn't understand the 60 percent occupancy of hospitals countrywide. You don't run a successful hospital unless you're at 80 percent occupancy. And he returns a profit each year, which, if he's fast enough, he plows back into the enterprise. If he's not quite fast enough, it gets distributed through some of the places in the medical center, and if the medical center and the hospital aren't really running fast, the president finds out about the surplus.

NEUHAUSER:

But it's a source of keeping the beds full and, in the long run, a beneficial arrangement.

McNULTY:

Yes. I would like to think it was a benefit to people in Washington who wanted some form of health care that enabled them to get it under one roof, under one billing, and to prepay that billing by an annual premium. I still think that you can build excellence into that. Excellence of care is the best way to deliver health care, an opinion not shared by hundreds of my colleagues.

NEUHAUSER:

The steady growth of health maintenance organizations over the last decade shows that more and more people are making that choice.

McNULTY:

To go back to when we got the appropriation, I was the one who made the technical appeal to Congress. Our lobbyists from each of the institutions made the political appeal. I would be present at all the hearings, and I got to know a number of legislators that way. Through some consulting work with the Public Health Service, I would appear on behalf of them for appropriations for research and for other things. So I knew a number of legislators. I still know a few of them, and whenever I'm in conversation with them, either when in Washington or some other place, I still say the solution to the problem of health care in the country is going to be managed care. That's it. Surgeons are going to make so much money. There's going to be a package of laws that are going to make malpractice litigation a difficult enterprise. There is going to be a certain number of open wounds regardless of all the sulphur and everything you throw into them and all the other precautions taken. I'm convinced that everyone looks at me and thinks it's an oversimplification, and that may be. It may be unrealistic in regard to how people are willing to adjust their habit patterns about receiving the care.

NEUHAUSER:

I absolutely agree with you. I'm told in California that there's almost no unmanaged care anymore.

McNULTY:

Well, I think we see evidence of it coming. If you don't mind my attempted humor, I don't think I'll be living beyond 110. But we see it. Cleveland Clinic is now in Florida. Mayo is now in Florida and Arizona. Ochsner is in

NEUHAUSER:

Baton Rouge.

McNULTY:

Well, I think there are four locations in Louisiana—Baton Rouge was the first.

I would hope to conclude with comments about five things that I had been, by good fortune, exposed to. These have been stimulating and rewarding to my learning. One is the Georgetown HMO experience, that even if a failure in my expectation of what it could do, it did accomplish some collateral things. The experience is a source of satisfaction. You mentioned keeping the hospital full. The plan moved into Maryland. Bob Hyssel, bless him, does the same thing I would do if I were there. He wants to know why all these patients are going to Georgetown. They're not going to Hopkins, and apparently some of them go into the University of Maryland. Chuck O'Brien is the consummate actor. He cries about it in hospital circles. A smart colleague hears it and says he's just whistling *Dixie*. He couldn't take any more patients.

[Break, then we looked at books in his library, which are grouped by topic.]

McNULTY:

By my coding, this book about Church canon law is a management book. I'm not sure how the canon law authorities of the Church would view my, what shall I say, less than spiritual treatment of it. This is a recent purchase. I have an older one that got pretty

well manhandled. I used to pass this out to the health administration students, not to read, but to become familiar with the fact that every organization has some fundamental “charters.” This is the expression I used to use. Of course, Catholics and nonCatholics would recognize that churches have a set of guidelines, so to speak. Also, it is a very practical guide to what you did with property, how finances were organized, and how they understood the corporate world and utilized it.

NEUHAUSER:

I don’t imagine it’s a best-seller.

McNULTY:

No. And so the first issue of it got pretty frayed and dog-eared, and I bought a new copy. And I didn’t know the Reverend Leonard, His Excellency, the Bishop of Pittsburgh, but he must have had a more than average ability at organization to be named on the dedication page. But I want to go on. I want to talk about Kaiser.

NEUHAUSER:

We left off at the transition of Kaiser taking over the Georgetown health maintenance organization, and that it expanded since then. When did you get on the national board of Kaiser?

McNULTY:

About that same time. I served on the national board for about six or eight years. I found it very interesting, because during that time and ever since, the Kaiser Permanente Health Plan—I believe that is the official title of it—was in transition. If expansion and development is transition, it’s still in transition. They allocated board members to certain committees. They had a mandatory retirement age that applied to all members, except to

Gene Trefethen, in deference to the contribution that Gene had made to the resolution of conflict between management and physician members. He was a member for life, so to speak.

NEUHAUSER:

Was the debate between the Permanente physicians and the Kaiser plan still an issue in the early 1980s?

McNULTY:

Not during my tenure. There was the occasional rumble related largely, I would say, to professional stature, professional prerogatives, professional seeking of recognition and status, and professional expectations as to economic gain. Those four elements, I think, were the basis of the disagreement. I would say it must have taken place some time in the 1970s. It wasn't a history that was constantly repeated. I never remember any board member saying, "Mr. Chairman, would you please tell us what you were fighting about in 1970?" And even in the receptions and social settings when Gene Trefethen was president, I never recall anyone asking.

I recall there being a congressman who was a member of the board because he had evidenced interest and attempted to have some law enacted that would have benefited their tax structure. I don't remember the details of it, but in any event, he was on the board and had to go off after just two years. He indicated in a meeting that he was sorry that this was his last meeting and was sorry to have to depart. He didn't know why he couldn't stay a little longer because he enjoyed it. It was at that time that the president indicated that they had a hard and fast rule of 70 retirement, except for Mr. Trefethen.

And that was to recognize the contribution he had made as a peacemaker and negotiator. That's how I picked up this knowledge.

As I mentioned, there were committees for various functions. I was on the committee of new developments. We visited every new building and structure. Most of them, at that time, except for the Washington area, were in California. We visited all the way from south to north California, and it was very interesting. We visited Washington, too. Someone from the staff would go with the committee to each of these locations we visited, and the regional director would be there. So one got to meet a number of the staff. This would always include the chief medical director—whoever was going to head up the professional delivery side of the organization at the local level. We viewed sites before they were purchased. The regular board meeting, I recall, was every other month. I don't know whether I came the farthest, but I was one of those who had to always get in the night before. It was a regular trip from Washington to San Francisco.

You were put up in a hotel at the top of Nob Hill. Toward the end of my tenure, they would meet us at the San Francisco airport, and take us by limo to Oakland because there had been new hotels built there. I think it was a Hyatt.

Occasionally, I'd go into Los Angeles for a site visit. They would meet and take me and whoever else was coming. We also flew into Spokane. We looked at some sites there for purchase, and we looked at one new clinic there, as I recall.

Aside from that, my role on the board was one of contributing to the general discussion, which was organization and financing. They would occasionally go into the money market and borrow funds. I would make a trip occasionally to meet and have discussions with the medical directors of some of the plans, particularly where they

weren't doing so well in relating to the local universities and health science centers. I made several visits with them for that purpose, and I must credit them. They were determined to get along with medical education, and it wasn't easy. Medical education wasn't totally receptive, in some instances, to their method of delivery of health care. On several occasions, the Kaiser Permanente chief physician in a given area wanted to get along, but he wanted to lay down the rules of how they would get along. I found that challenging. Can we work out an arrangement whereby they get comfortable with each other?

NEUHAUSER:

Was that an era when Kaiser was making an effort to expand? To Atlanta? To Hartford?

McNULTY:

I would want to express admiration for the planning process that Kaiser had. They generally wanted to expand. That objective was driven by the fact that they believed that it was the most effective method to deliver health care in an economic and scientific way. I don't have any recollection of Atlanta being discussed. I was saying, it is an excellent organization. They did planning some years in advance. If and when they got to Hartford or Washington, there would be several natural opportunities from that base. Should they go to Richmond? Should they go to Connecticut? Should they go to New York? I think I remember the discussion on New York.

The method Kaiser used was to make known their availability, and then to contact businesses in the area in a low-key marketing sense. They were not selling shoes, but trying to see if various businesses in the area wanted to combine and join in recruiting

their employees as members. The results in New York recognized that there was a large volume of potential business. The cost of real estate in any place in New York City was high. New York was—I wouldn't want to say abandoned, at least not during my tenure—it was considered not to be an ideal location. There were other ideal locations, and Connecticut was one of them. I don't remember a discussion of Atlanta, but they did eventually go to Atlanta.

NEUHAUSER:

I can't remember, was there any activity in Dallas, Texas?

McNULTY:

Yes. There was a discussion in Dallas. There was a longtime colleague, acquaintance, a man by the name of Charlie Sprague, who was the president of the Dallas Medical School campus, so to speak. I remember discussing with Charlie the Kaiser Permanente philosophy. I don't know whether the discussion was related to an ongoing program they had there, or whether it was related to a possibility of establishing a Kaiser program. I don't know. A quick answer to were they in Dallas, or were they about to get into Dallas, or had they been in Dallas and not succeeded, I don't know.

NEUHAUSER:

Another thing that seems to have developed in Kaiser at that time was the idea of Kaiser's genetic code. The core Kaiser concepts they talked about were group practice, full-time salaried physicians, their own hospitals, and of course prepayment. I was wondering, was there a discussion about change in Kaiser's philosophy during that time?

McNULTY:

I don't know. By the time I got on the board, there was a general agreement—I don't think I'd ever seen it written down—a general expectation that at new Kaiser locations, they would negotiate for hospital privileges in the community for Kaiser physicians. Prepayment, that was an inviolate criterion. Full-time group practice was expected, even to the extent of no moonlighting, unless the moonlighting was in the interest of professional need. In California and in the Washington area, some of the full-time physicians had a certain competency—the pathologists, particularly. They'd be called upon to participate outside Kaiser, and some of that was permissible if it advanced the excellence of the physician.

I never remember the criteria being cited that we must build, own, and operate our own hospitals. To the contrary, I think some of the discussions, as I remember them at the board level, particularly among the California trustees, included a debate as to whether Kaiser would link with hospital A or hospital B. I concluded this from those discussions and from the few times when we would do a site visit, where it was arranged that we drop by and see the director and chairman of the board of a hospital that they hoped they were going to use. It seemed to me that the voluntary hospitals were: one, at ease with Kaiser Permanente, and I'll come back to that because it wasn't easy to be at ease with them, and two, were interested in getting the business. To come back to "at ease," an administrator could find himself, or herself, in the middle—meaning that they had arrangements with Catholic hospitals and the administrator would be a nun. The administrators could, apparently, find themselves in the middle of a conflict between a

full-time group practice on one hand and a voluntary staff on the other side who were less than interested and didn't want them in the hospital.

I didn't encounter a rejection by all hospitals in any of my site visits. Most of these places we visited were in reasonably large communities, and there'd be more than one hospital. Apparently, they found no difficulty in getting a hospital. But they did report that some administrators had found themselves in the middle of a conflict. No, we don't want a group practice in here; they'll be proselytizing our patients and so forth. The reassurance that all Kaiser wanted to do was hospitalize their own patients who were members of the plan was not a persuasive argument.

NEUHAUSER:

It strikes me that Kaiser is highly decentralized in many ways. Many of the decisions are made locally, and there's a lot of flexibility at the local level. Was that issue talked about?

McNULTY:

No. One, it is fact. I think of a very vocal and capable individual who was the regional director for Colorado. All the regions' directors would come together periodically as a method of coordinating what was going on, what was being planned, and what was being executed for the future. I believe from those sessions they would select two or three members of the board from that group of regional leaders. The individual from Colorado was a member of the board when I first came aboard. They had terms limits. Alain Enthoven sat with the board. It is now unclear to me whether he sat as a consultant or sat as a member. I suspect he sat as a consultant.

The regional directors would then have representatives, and there would generally be two from the largest regions in California. The representative was almost perpetually the same person. The regions did operate under a set of criteria that had the elements you mentioned: full-time staff and prepayment. They had a standardized accounting system, so that was centralized. The criteria for financial operation were given to each region. Each region had to have an annual fiscal audit, and that fiscal audit had to be given to the central office. But operation was pretty decentralized on the theory that you can't run every community from Oakland, and if you attempt to do it, you're going to stifle development. By being decentralized, periodically you may be getting in trouble, not so much fiscal trouble, but trouble with a vigorous leader who doesn't quite know how to negotiate with the medical profession or the local constabulary, if you will. I mean the local public health departments and things of that type. In my experience, all the regional directors, which may or may not have been their title, were very competent individuals, and competent individuals get into difficulty at times. We all have. But they didn't give the impression of being bulls in a china shop. You understood it to be a decentralized operation, and, yes, it was.

NEUHAUSER:

I'll give another example. McDonald's fast food restaurants are both very similar and different. McDonald's has some variation. You can get catfish in McDonald's here, and you can get lobster in McDonald's in Maine. There are other parts of their business that are absolutely the same everywhere that you go. McDonald's has a centralized research and development program to find out what makes the best french fry, how to cook it, and how to build the equipment so that a minimum-wage high school student can

cook exactly the same hamburger from one end of the country to the other. There also is an expectation that the manager or local owner would be dedicated to being part of the community and supporting community activities.

Once I visited with Mark Blumberg in the Oakland Kaiser office. He had an extraordinary understanding of market for Kaiser. Who is likely to enroll with Kaiser? At the time, there was a lot of very interesting thought that had gone into answering this question. That information didn't necessarily reach the local regions. I was involved a decade ago in a short educational course for some of the physician managers of Kaiser Permanente in Cleveland. I thought it was rather odd that I needed to be there telling them what I was hearing from Mark Blumberg in Oakland about their own marketing strategies. They had never heard of this. Any comments on this?

McNULTY:

One comment comes to mind immediately. There was the marketing study before a community was selected to have a clinic. Was a potential for enrollment there? Mark and his colleagues developed a set of criteria by which they measured communities as to the potential membership. If the potential was below a certain level, where it looked like only 10 percent of the population met the standardized enrollment possibility, they wouldn't locate there. That analysis was done beforehand. It turned out in the five some years I was on the board, that for every place they selected, the enrollees were there when they started. Some would be transfers. They always looked at that. How many were likely to come from the nearest plan? There would be some that would transfer from the nearest plan to the new place, because they either lived, or their business, or something was much closer to the new location.

I'm not sure that the physician staff, including the medical director of each clinic, would necessarily know much about these population criteria. The clinic director, in most cases, would be a layperson, but in some cases was a physician who chose to take on the administrative and management duties different from daily delivering patient care. I would hope and think that they would know, because they would go to the central office for those periodic meetings that I mentioned to you earlier. What if I asked some of the physicians in the Washington area clinic about marketing? How effective are they on marketing, and what principles are they using to select their market targets? How are they working on those targets? I think I'd get a blank stare. They'd become pretty concentrated, in my experience, on their delivery of care responsibility. Some may have an idle interest in how we get a member from the public library system of Washington, DC, which happens to be one of the targets for marketing. If anything, the physicians might be focused here on allergies for these employees. If your problem is being surrounded by dusty books and, of course, you can't change your location, we'll give you some medication that we hope will combat it. Your being present at an educational program would not be an unusual step for Kaiser, which in my experience is very creative in utilizing talent not necessarily of its own to bring and create an objective vision.

NEUHAUSER:

I suspect that you were at Kaiser Permanente while it was continuing to grow.

McNULTY:

Oh, yes, constantly. I have no data before my tenure on the board, nor after my tenure on the board, but my perception was that it was a period of accelerated growth. As I say, I don't know how it has prospered since.

NEUHAUSER:

You described Kaiser Permanente in the Washington, DC, area as growing from 50,000 in 1980, to half a million enrollees. That is extraordinary growth.

McNULTY:

Yes. Each regional manager is preoccupied with where the next group of enrollees is coming from, and where do I set up my next satellite? The central office is doing analysis, promotion, and development for the regions. You have the regional manager asking where is my next satellite? You have the satellite managers saying we're overburdened here, let's build another one down the road. It's a replicating system, and it works very well.

I don't know who had the idea of going into Maryland, but they're into Maryland. I don't know. The central office had the thought of Connecticut and New England as a growth area. The Washington office had the responsibility of sending out the scouts, to use the imagery of our frontier days. Those scouts being marketers, being population surveyors, not to count noses, but to count certain types of noses and see if there are enough of them there. This was a growth pattern. In my opinion, it was exciting and interesting to see how it was done.

I would hope it is continuing. I have a strong belief in group practice under one roof or adjacent roofs, all dedicated to the same purpose. It provides quality health care

for enrollees or for the public at large, if you can expand it far enough at a modest cost. This is compared with solo practice costs for a patient who has to go from the physician's office to the laboratory, and from the laboratory back. I should expand on that.

Most clinics have immediate access to their in-built laboratory. They all have a couple of laboratory technologists. They all have a pathologist, either full-time or as a consultant, to help them. If it's a complicated study, you have to go outside, but many of the clinics have these, too. They may have X ray there, but for an MRI or surgery, you have to go to the medical center. This is a new concept that seems to be the American way. Now you don't call it practice; you call it managed care.

However you describe it, I think it's an excellent method of delivery, and I think, given the opportunity to know about it, it's a type of care that 80 percent of the population would endorse and utilize. My figure of 80 percent is in no way a scientific evaluation, but as a long-time operator in the health field, one does develop a knowledge that there is an element of the population who want their personal physician, so that when they go to see the physician, it's good old Joe, or it's good old Dr. X—and that's fine. The group practice attempts to do that, but many times you may see someone other than the one you're seeing regularly, for whatever reason. Certainly, it may be the surgeon who is doing your surgery. It would be the same if it was your private surgeon, but most people don't have a private surgeon. They have a private physician who has a relationship with a private surgeon. So I would say this is for 80 percent of the population. It may be higher, but I think that's a safe bottom bet as to how people would react. Particularly the clinics in larger locations that operate on a 24-hour telephone system, seven days a week. If you

have a calamity at 11:00 at night, you can't go to the clinic, but you can pick up the phone, and someone will meet you there at the clinic.

NEUHAUSER:

I suppose there's also a different category of people with a relatively rare complicated disease. Maybe one example would be multiple sclerosis. This person would like a link with a specialist in this area because so much of one's health would be related to this problem. It's sufficiently rare that a primary care physician is unlikely to keep track of it.

McNULTY:

One of the discussions I remember fits the category you just mentioned. It wasn't multiple sclerosis. It was an orthopedic problem. It was a report by one of the regional directors on how they had worked out an affiliation with what I would call the XYZ Orthopedic Clinic, a group of private practitioners who were specialists in some subspecialty. I think I remember the regional director citing for the whole region where there might be 200,000 to 300,000 enrollees, there were only about two to five individuals who needed this type of care. They worked out an arrangement so they would go there and be seen. They provided care, and the charge would come to the regional office. They worked out the fiscal arrangement.

In some subspecialties where there was a need and a sufficient population, they would work out contracts that seemed to work to the mutual advantage of each. The regional directors seemed to take delight in it, because it meant that they really could exist in the community in a compatible way and utilize skills that would be neither financially nor professionally viable to have in-house. An example that comes to my mind (too

many come to my mind) was a pulmonary disease resulting from—what’s the building material?

NEUHAUSER:

Asbestos?

McNULTY:

Yes. And seen, as I recall, infrequently. This was somewhere around the shipbuilding industry. It’s seen infrequently enough, but when seen, it needs unusually careful attention. An arrangement was worked out with some pulmonary specialist who would handle those patients.

I thought the Kaiser Permanente board was one of the best boards I sat on. I haven’t sat on all the world-famous boards, but they were attentive to duty, intelligent, and capable individuals. Many of the board members were entrepreneurs in their own right, and were significantly successful in their own particular field, be it the professions, commerce, or in building. There were several contractors. It was a very rewarding experience.

NEUHAUSER:

I’m struck with how different boards can be. No two are quite alike.

McNULTY:

I developed a rule early on, after putting my foot in my mouth as a new board appointee. For the first or second board meeting I’d say hello to everybody, and if called upon would try to say something intelligent, but not volunteer anything until about the second or third meeting. That was learned the hard way, from my one experience in younger years of trying to be the big shot on the board on appointee day. It’s much better

to be seen and not heard until you know how the environment works. The boards all practiced *Robert's Rules*; everyone knows and memorizes those, but beyond that there are the peculiarities of every board. There are the peculiarities of the subject matter and personalities. There's a history to every board, for that matter. I remember that distinctly because I had a great idea that I kept espousing. It wasn't until after the board adjourned that somebody took me aside and said they tried that three or four times four years ago and it failed. So don't be offended if no one is paying any attention to you.

NEUHAUSER:

It is rare to find a person who can chair a committee or board very well. Do you have any such people in mind who did this particularly well?

McNULTY:

Jim Vohs set us a very excellent example. Earlier in my career, Oliver Carmichael—Dr. Carmichael—at Alabama did an excellent job. In fact, if I had learned any such skills it would be from him.

NEUHAUSER:

When you taught in Venezuela, how did you overcome the language barrier?

McNULTY:

The students would bring their Spanish-to-English dictionaries, and I'd bring the English-to-Spanish dictionary, and we had great fun. In the class, there were generally half of the students who could speak fluent English. A quarter could make themselves understood, or we could point or use sign language. The other fourth did not know any English. They would occasionally revert to French or something just to tease me. Of course we relied to some extent on interpreters.

Teaching there took for me a fair amount of preparation. It meant that I'd be gone for a month to a month and a half. I did not continue it. Pedro Garcia subsequently died, and I think his wife has, too. He had a boy and a girl, and occasionally the boy comes to the States. Each time he would call Alabama. Now he calls Georgetown.

NEUHAUSER:

What got you to São Paulo, Brazil?

McNULTY:

There was an international meeting on education. I think it was not health administration, but about university governance. It was bilingual, and earphones were used for translation. It worked out very nicely. We went there one other time just to visit. All of the time that I was at the University of Alabama at Birmingham, we bred some Santa Gertrudis cattle. We decided that this new breed of cattle would be interesting. We got a bull, then a few heifers, and started a very modest herd of Santa Gertrudis. Santa Gertrudis have big humps. Not as big as a Brahman. It was a cross between a Brahman and a Shorthorn, developed by the King Ranch in Texas.

NEUHAUSER:

Developed particularly for that warm climate.

McNULTY:

That's right. A great forager and big boned, meaty, and, for the female, lots of milk. The King Ranch has been, and I guess still is, a tremendously entrepreneurial company. They own thousands of acres in Texas.

NEUHAUSER:

How long did you have the cattle?

McNULTY:

Ten years. We sold them off when we were leaving Birmingham to go to Washington. In fact, the leave of absence I took to start the AAMC convinced us that absentee ownership was just a burden.

NEUHAUSER:

So you gave up the inland cattle and moved on to a power boat?

McNULTY:

We did, yes. It was more temperamental, less reliable, and more likely to court disaster.

NEUHAUSER:

And probably cost more to keep going?

McNULTY:

Oh, yes. Just the mooring fee was more than was desirable. We were looking for a place to retire to, and we decided that Annapolis was not the location. Well, maybe we can find a location, and we can go back to raising Santa Gertrudis. I'd kept the membership in the association all these years, and kept some contact with people who'd come by to see us in Washington. We would see other cattle people sporadically in other locations. So that was dictating the desirability of getting some land. We decided we did not want to stay in Washington.

We were looking for a little land. We liked the outer banks of North Carolina, but we couldn't afford to make such an investment just to put the land to use as a pasture. But we did find the location where we are now. Then we decided not to go into the Santa Gertrudis business. It would have entailed a lot of investment and a lot of care. The

Santa Gertrudis cow or bull is big, and they have only a modest regard for fences. So we could visualize we'd be rescuing them out of somebody's backyard. I'll tell you frankly, they're beautiful animals, but they're very imposing. They're frightening. They've got those big shoulders and that hump. Even the little calves look like they could knock you over.

So at that time, we came across a breed of horses known as Bashkir. Bashkir Curly. There are only about 2,000 of them on the registry; they're a registered breed now. Their registry is in Ely, Nevada. They have little ringlet curls 10 months out of the year. They usually lose them in July and August over the whole body. We'll take you down to show you some.

NEUHAUSER:

Yes. I'd like to see them.

McNULTY:

We're in the process of recognizing that we are getting too old for chasing horses around a pasture. Seriously, we're in the process of diminishing. We've had up to 25 horses, and that's quite a lot of work. This weekend, for example, the gentleman who takes care of them, Clarence, had a problem in his family and had to leave. We had to climb the stairs to the barn to throw down the hay. We had to muck out the stalls. All legitimate, good jobs, but a little ambitious to do as the years go by.

But in any event, we did come across this Bashkir Curly. There's lots of folklore with regard to them. They're supposed to have come across the land bridge from Russia. The horses are used in that province for their prolific milk. They use it for human consumption. Instead of cow milk, you get horse milk. They make coats and hats out of

their hair. They're an interesting breed. They're gentle, they're easy to manage, and they're good mothers. We didn't know all of that; we were told some of that. I don't know whether we're supposed to take all this time on your tape.

NEUHAUSER:

I have lots and lots of tape.

McNULTY:

Okay. It's folklorish. The documented facts with regard to when the first horse came to North America are very scarce. There are those who say the Spaniards brought the first horse, and those who say the Indians had horses before the Spanish came. Fact or fiction? I don't know. The curly horse came down from Alaska to Canada, to the U.S., where they roamed the prairies of the West. They were shot when herders started to round up horses in the early 1800s. They would shoot the curly horse because they thought there was something wrong with it—a genetic mistake. In the late 1800s, there was a rancher named Damele, in Nevada, who captured a couple of them and started to break and ride them. He found that they were so friendly and so quick and easy to teach that he started a breed. And so there's now about 2,000 of these horses in the country, and they're registered. So that's what we did with the land instead of putting Santa Gertrudis cattle on it.

NEUHAUSER:

Can I ask how many acres of land you have here?

McNULTY:

We have eighty acres. Enough for us.

NEUHAUSER:

And enough for a few horses.

McNULTY:

Oh, yes. Plenty. We have acreage that we haven't committed to pasture. I think I list on the CV that I'm also a member of the Bashkir Curly Association.

NEUHAUSER:

What is the meaning of the name of your property here—*Teoc Pentref*?

McNULTY:

Teoc Pentref. The Choctaws were one of the so-called civilized tribes. I think there were eight American Indian tribes that have been called civilized. Civilization related to the fact that they have a language. And the Choctaws have a language. *Teoc* in the Choctaw language meant place of the tall pines. There are three little dwellings on it, so you might call it a little village. *Pentref* is Celtic for village. Thus, place of the tall pines village.

NEUHAUSER:

Mixing two different languages and the cultures and traditions. It's a combination of letters that just didn't ring a bell for me when I saw it.

Eloise Foster manages the Resource Center activities of the American Hospital Association.

McNULTY:

She is the center director.

NEUHAUSER:

They've changed it from the library to a resource center. It's now a center for information services. I think it's the best library there is in the area of hospital administration.

McNULTY:

Well, she certainly has a distinguished advisory committee—Andy Pattullo, George Bugbee, Dave Everhart, and a fellow named Duncan Neuhauser, John Newkirk, Rosemary Stevens. I don't know Lewis Weeks.

NEUHAUSER:

Lewis Weeks was a long-time editor of a journal, *Inquiry*. He was on the faculty of the University of Michigan, I think, for a while. He was the one who started this whole oral history enterprise. He interviewed the first 79 people on the list, but he's recently had a stroke and has stopped.

McNULTY:

[Looking for the list of interviewees.] That's why it's called the Lewis E. Weeks Series. This then would represent those that he interviewed?

NEUHAUSER:

There was a feeling that this series ought to be continued. I volunteered to do an interview, and here I am.

McNULTY:

Did Stu Wesbury's election to the U.S. House of Representatives take place?

NEUHAUSER:

No, I think he's running for office.

McNULTY:

He's fund-raised several times.

There are other long-time individuals in the health administration field. There are the two brothers Johnson. Let's see. One of them is in Georgia.

NEUHAUSER:

Everett.

McNULTY:

Ev is in Georgia. I know him less well. He is heading up the graduate program, or was—I don't know.

NEUHAUSER:

Yes, and Dick Johnson.

McNULTY:

I've known Dick since the years when he was director of a hospital in Kansas or Missouri—or some place. Yes. He is managing the [Wesbury] campaign.

NEUHAUSER:

I was rather intrigued that Stu has proceeded to do this. Maybe he felt that he had done what he could at the college and was just looking for new fields and a new venture.

McNULTY:

It could be. My impression was similar, but not the same. My impression was that for a number of years he had been speculating as to whether he should resign or retire and enter politics, because he would periodically comment that some of the politicians were just so ineffective in serving the country. I would make a wild guess that he'd been speculating on the potential for some time and then decided to take the opportunity.

NEUHAUSER:

I imagine you must have come across Lister Hill.

MCNULTY:

Senator Hill was a great exponent of health legislation. He utilized, I assume, many friends and/or acquaintances for ideas and information, seeking information or appraisal. He would send material to several of us in Birmingham—to Dr. Lyons, to me, and to Dr. Harrison. He was an admirer of Tinsley Harrison. We would respond however we thought. You became a part of something that eventually was going to be legislation. This was very interesting. I would say my association with him was not intimate. It was distant, it was rewarding, it was stimulating, and I got both intellectual and emotional satisfaction from the association.

NEUHAUSER:

Well, I think it was one of the highlights of George Bugbee's career that he worked on the Hill-Burton legislation.

McNULTY:

Yes. George was intimately involved in that. When I would send comments to Senator Hill, I always had the impression I was one of at least 10 or maybe more correspondents. I could identify three in Birmingham. We'd compare notes, and on Senator Hill's behalf, we would debate. Well, why are you going to say that? Tinsley Harrison, who I indicated was a great human being, but short on tolerance for ineptness, was also in on these discussions.

The two of them were a great pair, Dr. Lyons and Dr. Harrison. I might consider myself in the group. Their repartee would be, "Why are you going to include that?"

That's a lot. They'll never fly. The electorate doesn't need that. The country doesn't need that." And Champ, who had an acerbic tongue, would come back, "Oh, well, Tinsley, let him do it. It'll make him feel better, and you know administrators just don't understand health care." He said we ought to get the senator to write a bill about counting money, and McNulty could be the expert. We had fun. And we'd all arrive early. These were informal get-togethers. We'd arrive early at the cafeteria, complaining that we had to keep surgeon's time. We had to be here at 7:00 in the morning when we could be home still sleeping. Tinsley would say, "I don't see how anybody would be stupid enough to be a surgeon. They have to get up at 5:00 in the morning. They have to brush their hands and nails for an hour before they come down."

NEUHAUSER:

That must have been quite a group of people.

McNULTY:

One who is still living is the ob/gyn man, Nicholas Jones. Everyone would call him Nick. They always did. He would occasionally join us. That group of three physicians was delightful. Nick was not nearly as critical as his two colleagues, but on his own appraisal, he said he couldn't afford to be. There was just too much criticism in the world already wrapped up in Lyons and Harrison.

NEUHAUSER:

The University of Alabama Medical Center has grown rather rapidly.

McNULTY:

Yes, it has. As one looks back—hindsight is always 20/20—I could have predicted it. It was first a recruitment and then a coalescing of several great and near-

great individuals. If you judge greatness by national reputation, which might be one measure, clearly Lyons and Harrison were of national stature. They sparked each other. They competed with each other in an affirmative way, and not in a cutting down way, not in a deprecating way. “If surgery can’t do this, we’ll do it in medicine.” There was one-upmanship leading to improvement. They used to compete vigorously in that way for residents first and then chief residents. The way to create a good medical center was to get individuals who knew how to take care of patients, teach, and do research. And both Harrison and Lyons were outstanding in their research contributions and publications.

I’ve already mentioned ob/gyn. Also, there was a local orthopaedic surgeon, John Churchill, who enjoyed a regional reputation.

And so, if one looks back at it, one can see it was going to take off. It was brought about by a president who wanted excellence. He recruited a dean of the school of dentistry who was an outstanding young Turk from Tufts, and who had the courage to go out of state recruiting.

My last contribution was collaborating in the recruitment of John Kirkland from the Mayo Clinic as chairman of surgery. I was able to pledge all the hospital resources to get him to come. Champ Lyons, in the meantime, had died of a brain tumor, so Dr. Kirkland came and helped us expand even further.

I think it’s one of the most—what shall I say—scientific, educational medical centers in the country. If I look back, I think I could identify three that have achieved, in that short period of time, that reputation. The other two are Washington University in Seattle and Southwestern at Dallas, Texas. As you know (you’re more historically oriented than I am), that’s a significant accomplishment when you look at the great

medical centers in this country. They're all 100 or more years old, and you're talking of a center that was started in 1946 with a charity hospital that was in modest fiscal condition, but was completely run down in every other aspect—in terms of its *esprit*, in terms of its personnel, in terms of its function. Its mission was to take care of charity patients. That fact produced one restriction on how you could teach clinical medical education to junior and senior medical students. You had only one class of patients who at that point in time would have a narrow range of diseases. It is, I think, just amazing to see its progress. It's a true story. You look at Birmingham now, and it's making constant progress.

NEUHAUSER:

Tell me something about Mother Teresa.

McNULTY:

The setting in which I could comment on Mother Teresa is a very limited one. Georgetown University decided to bestow on her an honorary degree. It was a decision made by the president, but in consultation with the medical center because her work was in large measure health-related. She was not engaged in the practice of medicine and not engaged in employing physicians or dentists or others, but her work was for the downtrodden and the poor who needed sustenance. So we agreed that if we could capture some of her time, it would be an honor for Georgetown.

The overriding impression I took away from the meeting was the great catholicity of this lady. I would use it in twofold. First, a catholicity in the sense that she had a wide range of subject matters and a wide range of knowledge. I didn't try this, but I noticed that she was able to converse with anyone who sat down beside her because she was

interested in so many things. Her deepest interest, of course, and intense interest, was her program of trying to help a number of the downtrodden in this world.

The second impression was a catholicity in the sense of the spiritual. One quickly got the impression that here was a woman of tremendous spiritual depth. I mean that in the way she addressed subject matter. She didn't sit and finger her beads. She had none of the practices that many times are sincere, but many times are just rote. For example, you go in and say the Our Father, the Hail Mary. Why? Because that's the thing to do. You don't dwell on the words when you enter a church and make a visit.

I wasn't with her on a one-to-one basis. I sat next to her at the presentation of the honorary degree. I was responsible for handing her degree to the president, the president handed it to her, she handed it back to me. She had to go to some place of importance, so I was responsible for getting her to the automobile. Even in saying goodbye, one got the impression that she was—I don't want to overstate it—was somewhat Christlike. If one meets great religious leaders—the only one I've met in an audience, not one-to-one, is the Pope—both the incumbent Pope and his predecessor seem to exude a certain amount of inner sanctity, and Mother Teresa did, too.

We walked to the car, and got ready to take off. One had the impressions of great sanctity and of great knowledge of many subjects. She's traveled all over the world. This has given her an exposure, and she has the type of mind that would absorb it.

A vitality and a humanity—she's at home with most everyone—and a very acute sense of social awareness. If someone walks up behind her, she will turn around and greet them. She would do this for the president of the university, the provincial of all of

the Jesuits in that part of the country, or if the janitor walked up. It would be the same thing. It was a very rewarding experience to just observe her.

NEUHAUSER:

That's a fine note to end on. Thank you.

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