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ORAL HISTORY OF MEDICINE**

**Interview with Donald E. Kilgore, Jr., M.D.
November 18 and 25 and
December 9, 1985
Albuquerque, New Mexico**

The following is an interview with Dr. Donald E. Kilgore of the Lovelace Clinic. Dr. Kilgore originally came to the Clinic in 1953 as a family practitioner, then left in the period 1956 to 1958 to secure graduate training in otolaryngology. He has been on the Clinic staff continuously since 1953, and in the early seventies served as Chairman of the Board of Governors at the Clinic and then as President and Chief Executive Officer of the Lovelace Medical Center. This first part of the Kilgore interview was conducted on Monday, November 18, 1985, in Dr. Kilgore's office at the Lovelace Clinic. I, the interviewer, am Professor Jake Spidle of the UNM Department of History.

SPIDLE: One of the things I've done in getting ready for you today is prepare a little workup on Donald Kilgore so that I know that once upon a time, this was you. [showing Dr. Kilgore an old photograph]

KILGORE: Boy, that was a long time ago. (laughter) Where did you find that!

SPIDLE: I know you're a native southerner, also. Asheville, North Carolina, 1922. Do you come from a medical family?

KILGORE: No.

SPIDLE: What kind of socioeconomic background?

KILGORE: My mother was a "Southern Belle." She came from Greenville, South Carolina. My father was a Yankee, and she almost got disowned for marrying a Yankee. He was in the insurance business and we lived in South Carolina, North Carolina and, eventually, Texas during the Depression years. In 1932, '33, my father's business collapsed and he took a job that required him to travel, and that year my brother and I spent in a Baptist boarding school in Coastal North Carolina, which was a pivotal point in my upbringing.

SPIDLE: Reared as a Southern Baptist?

KILGORE: Yes. Southern Baptist military school.

SPIDLE: Which one was that?

KILGORE: Well, it's long gone. It was called Pineland Junior College in Salemburg, North Carolina, and the boys' section was called Edwards Military Institute, EMI. There were about a hundred kids there, and the tuition, board, room, in bucks, was \$300 a year. And the board was mostly grits and biscuits, and it was pretty isolated. And, of course, there was no radio, no TV or anything like that in those days. An occasional newspaper, an occasional letter from my parents, but we were pretty much on our own. My brother was three years younger, and I was 13 at that time. The folks settled in Detroit after that year, and Pete and I came home to Detroit. I was in the ninth grade, and we spent the rest of my high school years in Detroit, with the school there, until the war. I joined the Navy.

SPIDLE: I don't know where you did basic collegiate work.

KILGORE: I took two years at Highland Park Junior College, a municipal college, and then went into the service in '42; had three years of wartime service, then came back and went to the University of Michigan.

SPIDLE: I note you weren't even 20 years old when you went into the service in June of '42.

KILGORE: Yes, nineteen, almost twenty.

SPIDLE: You had two years of basic college.

KILGORE: Two years of basic college work, which made me eligible to be an aviation cadet. So I joined V-5, became a pilot, became a patrol plane commander, had 81 combat missions, and civic, and I thought the Navy was great! I got out as soon as possible, went back to Michigan, went on into medical school, which had been part of the original plan. One time I had -- in the same week -- an acceptance letter to medical school in one hand and an appointment to interview with Capitol Airlines as a pilot in the other. (laughter) I weighed that with difficulty, and finally decided in favor of medical school. I've often wondered what my life would've been like if I'd gone the other route? I'd probably be richer, and retired.

SPIDLE: Down in Miami right now.

KILGORE: Sure. But with not nearly half as many interesting stories to tell.

At the end of medical school, the Korean War was starting, and I thought, "Well, I enjoyed the Navy; I might as well sign up early rather than late." So I signed up again and began another three-year hitch in the Navy. I had 72 months and two wars in the Navy, right to the day.

SPIDLE: I realize that you had been back there in Korea, and I wondered if you had been called back. You just actually had a good taste and enjoyed it.

KILGORE: I wasn't going to get in the middle of a residency and get yanked out, so I just went on in the Navy. And when I got out, the two great loves of my life were flying and medicine, and the only place in the United States where anything important was happening in aviation medicine was at the Lovelace Clinic in Albuquerque.

SPIDLE: How did you know that?

KILGORE: Oh, I don't know, from the magazines, probably. I had not met anybody who was here, didn't know anyone that had been to Albuquerque. A guy I flew with was from Albuquerque; I'd flown with him in World War II, so I knew about the town. So my family was in Newport, Rhode Island, and I got on the airplane, came out here, and talked to Randy and Harold January. They took me to lunch out at the airport, the old building, and we were sitting there eating lunch, and Randy pointed out the window and said, "You see that Aero Commander? That belongs to H.D. Hertz on our Board of Trustees and he leaves it here 8 months out of the year. See that Navion? That's the Clinic airplane." I was sunk. (laughter)

Beyond that point, I couldn't do anything but sign up, so I did, went back and got my family and I came out here as a family physician, and that was a concept that Don Olson and I came up with. He came in May, I think, of that year and I came in August.

And we thought in terms of treating the patient as a member of a sociological unit, the family, and we thought we had originated the idea. Well, here we were two family physicians in a panel of 30 super specialists. We knew what we wanted to do, but we could never adequately explain it to the rest of the guys in the Clinic. They thought of us as partially-trained, really undirected generalists, which is not really what we were trying to sell.

Meantime, we had all these exciting things going on here with Randy's connections. I was going to do more and more aviation medicine, and we got in on the (tape interrupted at Kilgore's request) But the Secretary of the Air Force under -- I can't remember if it was under Eisenhower or not -- but Hal Stuart became one of our trustees, and C.R. Smith, whom you know was Secretary of Commerce under Lyndon, and people like that Randy was attracted to, and they were attracted to him by the dozens. He knew the people who were shaping the history of this nation. And he could identify them and become important to them with great facility.

And that's why many of the things that happened here happened, because people had great confidence in Randy, even though he was probably only an average surgeon and an average doctor, he was devoting most of his attention to things that were light years ahead of what the rest of the country was thinking about. He was organizing and causing things to happen, and people had great confidence in his ability to do that. That's why the first astronauts came here. He was very much a part of the early planning, and when people wanted to know how do we determine if these people are physically able to undertake the rigors of a suborbital shock or an orbit in space, you thought of Randy Lovelace, the work he'd done at Mayo's before the war and during the war. So I guess this place was really the medical department of NASA in the early days before they had Houston. So the first 32 or so astronaut candidates came here

for their initial examinations. I don't know that there was a lot of virtue in that except that the interest in what they were doing was very high in this group of people. We only had about 45 docs at that time.

I think the part of the program that we had a piece of was very well done here, and it was very well done because Randy insisted on it, and he almost always got what he wanted, but he knew what he wanted. More than anybody else, probably. Ulrich Luft is another guy who was light years ahead of the rest of the human race, clearly thinking of what our future was to be and how we were going to get there and so on, and his particular interest in respiratory physiology just fit right in and it was a great coup on Randy's part getting him here.

Before Ulrich was here, we had Dr. Boothby, who was an old-timer from Mayo's, and Randy convinced him to come down here and spend his declining years. But he was one of the world's great respiratory physiologists and I think that paved the way to getting Ulrich here, because, my God, any university in the country would have been delighted to give him an endowed chair. But he came here and worked for peanuts because he, like so many of the rest of us, was excited about what was happening in this funny little building out in the middle of the mesa in New Mexico.

I'm rambling like crazy.

SPIDLE: That's all right. I'm going to spear you and then come back and ask a bunch of questions.

KILGORE: Well, it's been non-directive up to now. (laughter) Just letting the thing roll.

To go back to the early fifties, we had very few people here, as I said; about 30 when I came, but they were all special people, every one of them. Harold January was a tremendous internist, Bob Massey was the man who I mentioned to you already that you have a feeling for, because you've met him and you know what he's accomplished. Bob was just an internist here in those days with a special interest in endocrinology.

There was Don Stewart, who was a pulmonologist with promise, who had just come out of Fitzsimons in Denver, and there was Ollie Cramer, who was a gastroenterologist and one of our Board of Governors. There was Rodger MacQuigg, who trained at the University of Michigan; he was a high-ranking house officer when I was a sophomore medical student at Michigan. Rodger trained with the great Chevalier Jackson, who was the father of modern endoscopy.

What I just couldn't get beyond in my younger days, I could sit in staff meeting and look around and everybody in the room was somebody who could teach me something. And that was tremendous. I would've worked for 25 cents an hour.

SPIDLE: And almost did!

KILGORE: Almost did, yes. (laughter) But it was a tremendous, stimulating exposure. And I wasn't the only one that took that bait. Lots of people did, and lots of people were not fulfilled. They'd come here, look around, and realize someday they'd have kids to send to college, and the wife would like an automobile, and 9, 10 thousand dollars a year at the Lovelace Clinic wasn't going to make it, even in the 1950's. So we had quite a turnover, and one of the cynical comments I've made over the years and heard other people say, too, is that "Lovelace Clinic brought specialty medicine to New Mexico." We brought the good people in and they stayed here for awhile, then moved out into private practice. Half of the otolaryngologists in Albuquerque started out with me. And we're still friends with all of them. But their priorities weren't quite the same, and people that came after the fifties didn't feel the same excitement that we did back in those days.

Well, what remains of that after all these years is the excitement of being with people, who, up to now, the most important thing to them has always been doing the job the best that can be one. That was always number one. And the people that stayed, the people that have been the fiber of our organization, are the people that had that kind of conviction. They felt that being here as part of a team made them more effective professionally than they could ever be on their own, in any other environment. And I'm sure that whatever little I've been able to do as a clinician has been enormously enhanced by the quality of the colleagues I've worked with.

SPIDLE: I've heard that uniformly, really, and I've begun to believe it. (laughter) As I say, I think I first heard it from Lew Overton two or three years ago, and really, as a layman I didn't understand group practice, solo practitioner, but when you hear it so repeatedly, you begin to (?) a little.

KILGORE: You don't hear from downtown much, but we know we did a good job.

SPIDLE: Let me ask you some questions about things that you've already touched on that had already occurred to me. I think you said in passing that after the service you went to medical school, and that was a decision you'd already made. Made when? When did you decide what you wanted to do when you were a big boy?

KILGORE: I think in the first year of college. I was influenced by a biology teacher and he probably wasn't a very good biologist but he was one helluva teacher! His name was Hatcher, and I think most people can relate a similar pivotal experience. I just really enjoyed his course and in fact, when I had taken all the courses that were in the catalog that were taught in that department, I came back and volunteered as a lab assistant, to help teach the freshmen. That was when I was a sophomore.

And Mr. Hatcher had a master's degree; he wasn't a PhD. I kind of thought the best thing in the world would be to be a biology teacher, and I went back to the University of Michigan in 1945 with the thought that I had one year to finish to get a B.S., and then I'd take some education credits and I'd just be a biology teacher. Along the way, some of the guys I was in lab

with, and organic chemistry with, etc., were all applying to medical schools, and I thought, "What the hell? Why not?" So I applied to one medical school. (laughter) And got accepted. Then I got excited about it. But the competition was so keen then, it was like it is now. It was 1600 applicants for 100 places in the University of Michigan in 1945. I just kind of filled it out and forgot about it.

SPIDLE: But when it came in, you felt you were anointed, I mean, the decision had been made for you.

KILGORE: Really. It was too good to pass up. (laughter)

SPIDLE: Well, you apparently never rethought it, medical school. One thing that really interests me about your career is you chose family practice in an age when specialization was absolutely *de rigueur*.

KILGORE: Well, yes. But family practice then was not a real word. The concept that I thought I'd thought of, and Don Olson thought he'd thought of, when we got together and started talking about it, and found out we were both intrigued by it: we weren't going to be GP's, we were going to be family doctors. And we did a pretty good job for a couple of years of building a practice on that basis. And the public understood. God, we were the two busiest guys in the Clinic in 1953 and 1954. But our colleagues never really understood it, and Don stuck with it, but I got discouraged and got more and more excited about aviation medicine, and that led into otolaryngology, which I'd always loved in medical school. So then I left and went off to the University of Minnesota graduate school, where I got board eligible in otolaryngology.

SPIDLE: That was '56 to '58?

KILGORE: Yes.

SPIDLE: Yes, I wondered about that. You apparently didn't self-consciously make a choice of group medicine as opposed to solo practice.

KILGORE: Oh, I think so.

SPIDLE: Oh, you did?

KILGORE: Yes.

SPIDLE: So that was a part of the decision to come to Lovelace?

KILGORE: I made a career commitment when I came. I thought, "I'm just going to stick with this outfit because it really has a tremendous future, and lots of horsepower, it's got good, strong leadership, a very impressive Board of Trustees." After the first six months here, I felt this was what I was going to stick with. And when I went to Minnesota, I made it as a deal with Randy.

Howard Meredith was the otolaryngologist here, and I found out that I could get into Minnesota, so I went around to see Randy one night. He was getting ready to go somewhere, he was in the bathtub (laughter) and he knew I had something important to tell him, so Mary took me on in and while Randy was drying off and getting dressed I gave him my pitch. I said, "You need an otolaryngologist, and you haven't been able to get one. If you could get one with a background in aviation and aviation medicine, you'd really be so on and so on ... here's what I'm gonna do ... for you." (laughter) You lend me \$6,000 a year and I'll get a fellowship at Minnesota for \$3,000 a year, and I can live on nine, with my family." And Randy said, "Okay!" He made judgments like that: "A good deal, okay!"

So, that was fine, but Randy had to take it back to the Board of Governors. And Uncle Doc says, "He's gonna have to sign a note, and I want an insurance policy." (laughter) So they gave me a promissory note for \$12,000 at, I think, 3% interest, and it was to be paid \$500 a month for two years, and I had to take out an insurance policy with Washington National Insurance Company for \$12,000, for the face value of the note, and I had to pay the premiums myself, plus the lousy \$500 a month! But anyhow, that's how I got through graduate school. (laughter) I paid to move my family up there and I had a \$3,000-a-year scholarship, which was tax-free, and in the fifties, we were able to get by on it. We were in good shape.

SPIDLE: I remember seeing that in the Board of Governors' minutes, come to think of it.

KILGORE: Really?

SPIDLE: Yes.

KILGORE: Well, that life insurance policy's still floating around somewhere.

SPIDLE: But when you mentioned it a minute ago, you suggested that you came to Lovelace Clinic because it was aviation medicine, but in addition there was an explicit commitment to group practice.

KILGORE: Oh, yes. No, I was sold on group practice from the very beginning.

SPIDLE: So, it was not a happenstance thing; it was a distinct choice as opposed to something you just stumble into. At first, I thought, this guy just stumbled in here.

KILGORE: Not really, no. I could've gone anywhere in the United States that year, on a salary or a partnership basis in general practice, because the country was crying for people that were in general practice.

SPIDLE: Yes. I have a number of questions relating to your initial connection with Lovelace. Did you present yourself to them? You just walked in one day, or had you written them?

KILGORE: They approached me through a placement agency. I can't remember what the details were, but I'd already known this was kind of on my way. I think most doctors came through Patricia Edgerly in Chicago, a placement agency that's no longer in existence. In their recruiting, they just kind of went to that office in Chicago, and it seems to me I'd heard from Patricia Edgerly when I was still onboard ship in the Navy, and I had about three or four months to go. That's when the wheels started to turn, I think.

SPIDLE: When you got down here, you met Uncle Doc and Randy and Hal January. That was sort of the power structure of the Clinic, really? There was no committee, and you' were not trotted around to meet everybody?

KILGORE: I had one day's exposure. I got here at 4:00 in the morning and checked into the El Fidel Hotel, (came in on the Constellation from Kansas City), and called out here at 7:00 in the morning. January had been the one I'd been corresponding with. Hell, he was in the office. Boy, that's a bad sign! (laughter) Here he is at 7:00 in the morning! But I checked into the El Fidel Hotel. Hell, I couldn't go to sleep; it was all pretty exciting, so I could hardly wait till seven.

He says, "I'll be right down to get you." And about 7:30, there he was in his green leased Lincoln. All the doctors at the Clinic had green leased Lincolns in those days that they leased from Joe Heaston Motor Company.

SPIDLE: See, that's a detail I've never heard! Good!

KILGORE: Yeah. I don't know why Joe Heaston. I guess he was the only Lincoln dealer in New Mexico in those days. Anyhow, he picked me up and he says, "We're going on a housecall." And we went down in the country club area from there. I'd already had breakfast. And we called on a guy named Oxnard. I remember the name because there's an Oxnard, California. Anyhow, this guy was kind of all busted up in the last stages of heart disease, and he lived in a great big beautiful house down by the Albuquerque Country Club. I went in with January and he introduced me and examined the guy and so on.

He says, "Now, we're going out to Sandia Base and make rounds at the hospital out there." He was a medical consultant at the Sandia Base Army Hospital, which is now at Kirtland Air Force Base Hospital. So we went out, went through the gate; I was impressed with the hospital. Then he brought me back and showed me Bataan and we made rounds at Bataan. I was impressed with the fact that, number one, a Governor of the Clinic and Head of the Department of Internal Medicine made housecalls. I liked that. And I was, by 10:00 in the morning, impressed with the variety of what was going on: housecalls, military rounds, hospital rounds, and spent the rest of the day meeting people. Went to lunch with Randy and saw the airplanes, and by that time, I was already hooked.

I guess they thought that they wanted me, because they called a meeting of the Board of Governors at 5:00 that afternoon. And January asked me to wait in his office and Uncle Doc's

office was right across the hall. Rodger MacQuigg and Ollie Cramer, January and McKinnon, Grossman, Lew Overton, Uncle Doc and Randy, I think, were there. After about 15 minutes, they came out and offered me \$9,000 a year. I'd have to move myself out here from Newport, Rhode Island. Well, the Navy was going to do that anyhow, so, I said, "You're on."

SPIDLE: How did that compare with, presumably you'd already looked around in terms of salary levels.

KILGORE: That was average. Bud Kemper had come the year before from Mayo and he was on Philip Hench's Nobel Prize team when they discovered cortisone, and he came for \$8,000.

SPIDLE: Yes.

KILGORE: Board-certified specialists in 1954, non-surgical, were being hired here for \$12,000 a year. Board-certified in general surgery, that would have been the wage. That's what Mel Bivens came for the same year.

SPIDLE: But it wasn't a matter of... everything looked great, and you say you were hooked, and then they say, "Nine thousand dollars a year. God, you know, I could get twelve somewhere else!"

KILGORE: Oh, yes. Easily. But it would have been Detroit or New Haven, someplace like that.

SPIDLE: Had you met in this process... did you sit down and talk with Uncle Doc himself?

KILGORE: Yes, he said, "Howdy do?" and I went into his office. This was before the Board meeting, and he asked me how many kids I had, and he walked to the window and said, "What do you think of those old brown mountains out there?" I said, "I think they're beautiful." He nodded and said, "Well, some people don't like 'em after they've been here awhile." (laughter) That was about the extent of our conversation.

SPIDLE: Well, he was 70 that year, and I was trying to figure out who was really running things. Was he still centrally involved, or was he...?

KILGORE: Everybody deferred, but things were going so fast he just couldn't keep up. They'd say, "Uncle Doc, what do you think of this?" He'd say, "Whatever Randy says." That's the way the meetings went. This was in the '60's before Randy died. Everybody always deferred to him, and I know he used to park his big green Lincoln down here in back and one week he backed out and backed right into somebody because he couldn't turn his head all the way around. And the next week, he did it again, and Homer Reid, who was the administrator, said, "Uncle Doc, we're going to get one of the boys to drive you home every afternoon." He was driven home every afternoon from then on. But I told you, he ought to have two things

engraved on his headstone. One is, "Doctors are a dime a dozen," which I heard him say a lot of times, and "Where you going to get the money?"

SPIDLE: Yes!

KILGORE: "Don't ask me, I'm not going to give you any more!" (laughter)

SPIDLE: Well, I suspect that his name and character are going to drip in and out of this discussion until we get past '68, at least.

KILGORE: Sure.

SPIDLE: I, of course, am impressed with Randy Lovelace, no question, but the old man really intrigues me, too, and I don't feel yet that I understand him at all, even though I've begun to collect all kinds of information about him. I'm especially curious about a guy who walks in in 1953, and Randy is here and Randy is pushing, and I was interested in the distribution of authority that early. You say that by the sixties, of course, it was clear whose show it was, but even in '53.

KILGORE: Even in '53. Uncle Doc thought he owned the place, but he didn't own it any more. It never really came home to him that Randy had talked him into giving it all up and donating the goodwill and assets to the Foundation. It was Uncle Doc's Clinic 100% in October of 1947. Then it began to erode a little bit, only he never knew it. As far as he was concerned, his word was law and the people around him let him keep thinking that and feeling that as long as he lived. But there was no problem in getting him to agree to things that the Board of Governors thought ought to be done.

[End Side 1; begin Side 2]

SPIDLE: Let me read you something from the Board of Governors minutes that's related to what we were just talking about. This is 20 November 1956. In the Board of Governors they were discussing a bank loan to purchase xray equipment. Dr. January was to sign the loan as formal agent for the Clinic but, "Dr. Lovelace stated that he had assured Dr. January that he would cover any losses which might accrue by his signing such an agreement." (laughs) So as late as '56 he was putting his money where his mouth was as far as *his* clinic was concerned.

KILGORE: And I don't think he ever got burned on any of those. If he did, I never knew about it.

SPIDLE: Let me ask you a couple of other things about recruiting. When I asked, "What was attractive about the Lovelace Clinic?", I sensed a number of different answers. Aviation

medicine; group practice; the fact that this was a very lively, growing enterprise; the diversity of the things they were doing...

KILGORE: Intellectually aggressive.

SPIDLE: Did anybody here then actually use the phrase, "Mayo's of the Southwest?"

KILGORE: That's one of the most offensive things that attaches to the history of this institution. Sam White used to be very fond of quoting that. I don't know where it came from. I know that it was current when I first arrived, and there was a lot about the place in those days that reflected the influence of the way things were done in Rochester. Our clinic charts were exactly the same, line by line. Our management was the same: we had a Board of Governors; we had a Foundation that owned the real estate and the equipment; and we had a group of doctors that contracted under the Board of Governors to provide service to the Foundation, and so on. All of that was set up under the blueprint that the Mayo organization had made. And almost all of the key people in the organization in the early 1950's were Mayo-trained: _____, Randy, Bud Kemper, Angus, -- that's four of nine -- and Uncle Doc always regarded himself as an honorary Mayo brother. So the influence was very strong and, "Mayo's of the Southwest" -- where that term came from, I don't know, but I think it used to make Randy turn green when he heard it, when Sam White used to parrot it all the time.

SPIDLE: Yes, it's there in the literature; I've seen it in the literature.

KILGORE: Really!?! In the literature? Sickening.

SPIDLE: You can see it in very obvious ways. I remember one note card I took from the Board of Governors' Minutes, 1954 or '55, Leroy Plank wanted a new building, a new Urology Department, and he wanted money to go up to Mayo and see how their Urology service was organized. And, as you say, forms, everything: "How do they do it at Mayo?" But I asked the question because I wondered if there was any real sense that, "What we're trying to do here is establish a magnet clinic like Mayo's," as opposed to a community group practice?

KILGORE: This was never conceived, in the early '50's, as a community group practice. This was conceived as a regional center of excellence, and it was Randy's intent that this should be a referral center. It should be the target for all the tertiary problems other people couldn't deal with in this area, and, to a degree, it was, because we had unique expertise in those years. Albuquerque was a general practice town. There were very few board-certified people downtown in the early '50's, and the hospitals were junk. This was a modern hospital, and St. Joe and Pres were drying up. But the town began to be stimulated and explode in the '50's, and so the downtown medical community, with the help of our recruiting, prospered, and the hospitals prospered too. Randy's thought until the day he died was that this would be like Mayo's, and that it would be a regional center. I can remember talking to General Schifani about building a hotel here, alongside, so that our out-of-state patients would have a convenient place to stay. And this was positioned where it is, number one, because Uncle Doc owned the

land and, number two, it was close to the airport. Proximity to the airport was important. And Randy used to eat lunch at the airport, almost every day. Whenever he had visitors in town he would take them to the Kachina Room at the old airport building, which was one of the only reliable places to eat in Albuquerque!

This was the original concept, and those of us that were here felt a part of it and we felt our destiny was to be a referral center that would grow and grow. But the earliest part of the '60's it was thought that with a referral center we needed an affiliated medical school like Mayo had, only Mayo's medical school was in Minneapolis, or it was then. So Randy and a few other people, including Bob Massey, began to work for the establishment of a medical school here. The key people from this staff who had to do with the formation of the medical school were Randy and Bob Massey. Art Fischer, who eventually joined us, was a member of the committee from Las Cruces; he was practicing down there in those days.

We established BCMC as a first step towards getting a medical school. Randy was hell-bent to get a medical school and to control it. He thought he could control it. Never even came close. That's a tough league. I sometimes wonder what might have happened if Randy hadn't died. It don't think the history of the medical school would have been much different, except it might have been more disruptive, with his aggressiveness around the periphery.

SPIDLE: In the book, *Doctors of Medicine in New Mexico, A Century of Service*, I have a long section on the birth of the medical school, and I cite Tom Popejoy as the father of the medical school. I don't think there's any question about it. But he became sensitized to the need for more doctors in the state, then and in the future, through a WICHE committee, and what really interested me was, that the three members from New Mexico were Tom Popejoy, Randy Lovelace, and Bob Massey. They served on the committee studying medical manpower needs in the West. I'll return to this later. Right now, let me ask another question about your arrival here in the mid-'50's.

Did anyone sit you down and clue you in that, "This is the way we do things around here?" I'm especially interested in, "The patient comes first." Supposedly Uncle Doc's great ethos was, "The patient is absolutely first on the agenda here." Was that sort of subconscious, or did someone directly tell you?

KILGORE: That was the atmosphere of the place, and from day one you began to get the idea that this place was here to serve the patient. That came before any financial consideration or anything else. Uncle Doc had a direct line from his bedside to the switchboard, which I'm sure you've heard about, and we had an ogre named Lilly Belle Gleason who ran the switchboard during the hours of darkness, from about six o'clock at night 'til about eight o'clock next morning. Most telephone calls from her were prefaced by, "Dr. Lovelace says..." "Dr. Lovelace says you're to go to the Alvarado and see the man in room 410." If you grumbled a little, she'd say, "I'll connect you with Dr. Lovelace." (both laugh) After a while, you developed a feeling about those things. Lots of times these were old friends of Uncle Doc's that had come in to have a wet weekend, and they'd be drunk and half dead and whine and puke and,

oh, jeez. You'd stop at the desk and pick up your fee before you went to the room. (Spidle laughing) You'd get there at 2:00 in the morning, spent an hour and a half or two hours, and get paid a fee of ten dollars, which you turned in! In those days, all income accruing to professional activity, no matter what it was, was turned in. There were no gray areas; it was black or white. It was the Clinic's or it was yours. Anything to do with professional activity, Uncle Doc believed belonged to the firm. Nobody argued about that.

That, plus the administrator -- Homer Reid was the one I had the most contact with -- I'd call him about a problem and he'd say, "Doctor, don't worry about the cost. You take care of the patient, we'll take care of the rest of it." Boy, there were a lot of poor people in Albuquerque in those days. I made lots of housecalls in the South Valley, and some of those people hadn't seen a dollar in months. If I wanted them in the hospital, I'd get them in the hospital. Sometimes had a little trouble getting an ambulance. I took a lot of people in my car.

There used to be an old den of iniquity down on First Street right across from the railroad, called the Sturges Hotel. It was a flop house. I got a call to go down there one night, and they had a broad stairway going up to the second floor, with all these stinking rooms, and a guy in an undershirt behind the desk; no air-conditioning. I walked into this foul room, and the guy was lying in a filthy bed with bloody puke all over the place, and he looked like he was going to die. I was pretty sure he was going to die. He was throwing up blood and was in shock, and it didn't take me long to figure that we had to get him in quick or he wasn't going to go much farther. I said I was going to call an ambulance, and he said, "Please don't call an ambulance. I can't afford it." I said, "Well, maybe we can work out some way." "No, I don't want a bill for an ambulance." This kind of stupid conversation went on for a number of minutes. Finally the desk clerk agreed to help me carry the guy down to my car. So we lugged him down, filth and all, put him in my car, drove him out to Bataan, and got him hooked up to transfusions. Turned out he had a bleeding ulcer; he had a hemoglobin of about six. The guy had a son, we found somewhere. I sent him a telegram, then talked to him on the telephone, and the son came right out. The point of this story is, the son went down to this terrible hotel room and found forty thousand dollars in cash in a cardboard box under the bed. That's what this guy was so worried about, why he didn't want to leave the room, and he didn't want to tell me about the money. Somehow it was still there. Maybe it was hidden, I don't know. The son found it. Anyhow, he paid for everything in cash, but a room in Bataan Hospital in those days was fourteen dollars a day, so it wasn't too bad.

That aspect, I felt, was one of the most important luxuries I've ever enjoyed, being able to call the administrator and say, "I've got a guy with no end of problems who's got to be in the hospital," and Homer saying, "Doctor, you take care of the patient, we'll take care of the rest of it." Nowadays...(laughs)...not even close. But that's the world!

SPIDLE: But your assumption, and I'm sure you're right, is that that attitude didn't originate with Homer Reid, but came through him from Uncle Doc.

KILGORE: Oh, yes! Homer Reid was speaking with Dr. Lovelace's mouth. And the other part was the quality of the staff meetings we used to have once a month. You'd get in there and here were twenty-five or thirty guys that were really isolated in this community, 'cause nobody downtown would hardly talk to us. Every month somebody would deliver a paper on something, and it was always a good paper, scholarly, first-rate. Guys were doing research and if they had some laboratory work they wanted to do, Randy and Joe Fulcher would work out some way to get them space and a little grant to do it. It was an atmosphere that was purely professional; it was wonderful.

SPIDLE: And the world was much simpler then.

KILGORE: Oh, yes! Boy, was it simpler!

[**SPIDLE:** Here ends the first part of the Kilgore interview. The interview is to be continued next week.]

SPIDLE: This morning I was listening to the tape of our last meeting because I wanted to pinpoint a number of things that struck me at the time and that I didn't ask about. One thing was your telling me about first time you came and had lunch at the old airport with Randy and Hal January, and they were pointing out to you, "That's Hertz' airplane" and I think you said "That Navion is the Clinic airplane." What did that mean?

KILGORE: It was owned by the Lovelace Foundation, actually, but Randy called it the Clinic airplane. It had been purchased and was mainly used by Randy. As I recall, he was the only member of the Clinic staff who was really flying very much at that time. Roy Plank, who joined that year, 1953, was also a pilot. That's the one that Randy put in at the 66 Drive-In out of gas.

SPIDLE: What did he use it for? Just to bounce around?

KILGORE: Bounce around, visit friends, take his trips. Randy Lovelace, I expect you know, could rarely stand to be here more than three days at a time, then he was off somewhere.

SPIDLE: Was he a restless person?

KILGORE: Very restless. He always had so many things going, so many things he wanted to find out about, so many projects he wanted to get started, so many people he wanted to get interested in the effort here. Floyd Odum, I think, was the source of many of his contacts, and Floyd and Randy were very close to each other. Floyd was very fond of Randy and looked on him, I think, as a kind of son. Floyd was very interested and wrapped up in the progress here and he, of course, was our first Chairman of the Trustees. Many of the contacts Randy made much of were made through Floyd. Floyd at one time had a controlling interest in Paramount

Pictures, and was the head of Atlas Corporation. I think he had a large interest in North American Aviation. With all these things going on, Randy did a lot of traveling back when it wasn't so easy. You'd get in a small plane and spend twelve hours flying from here to Washington. Or you could get in a TWA Constellation and it would take almost as much time. Non-stop from Los Angeles to New York in those days was probably seven or eight hours.

SPIDLE: I'm going to turn this off a minute... OK, it was a function of his closeness to Randy. Which came first, the Jackie Cochran connection to Randy or the Floyd Odlum, or was that simultaneous?

KILGORE: I don't know, but I think it was probably through Jackie Cochran that Randy met Floyd. That was an extraordinary relationship between those two. Jackie was probably the most profound overachiever I ever met in my life. There was a legend that she was illiterate, that she couldn't read but had a photographic memory, so that you could tell her something and she'd never forget it. Yet she flew all these complicated airplanes. It was said she would have someone read the manuals to her, and she'd remember every page. And she really flew hot airplanes. During the last ten years of her life I saw her quite frequently, and always tried to figure out a way to find out and I never could. I wrote to her a number of times, and can't remember that she ever wrote back. Her secretary always called, but she never wrote.

The relationship evident between Jackie and Floyd in their home was very moving. In the later years when he was so crippled that he could hardly move they used to carry him into the living room and put him in his wheelchair, and he had a hot tub, maybe the first one I ever saw. They'd lower him into that and he'd spent hours in the hot tub. The affection between the two of them was very evident and very genuine, yet they both had extraordinary careers. They were absolutely divergent. You wondered how they could have remained so dependent on each other. He was physically dependent on her and she was dependent on him in every other way: intellectually and financially and everything else. She had her own business, you know. She had Jackie Cochran Cosmetics, which I expect Floyd set up for her, but she was the head of that company. It was quite successful while she was alive; I think she had quite a tidy income from it. It was part of her story that she was a foundling and that she'd chosen her own name, since she didn't know another. She was supposedly a foundling from Florida, and everything she had and learned she'd done on her own. Somehow these two extraordinary people came together and made a life together, a marriage the like of which I've rarely seen. In the later years, when Jackie was getting a little dotty and he was a terrible physical wreck, they were still two halves of a whole. It was marvelous to see.

SPIDLE: One thing that struck me in that correspondence and in the various interviews I've conducted, I was impressed with the sincerity of his commitment to this place. Something I ran across indicated the Grossmans had gone out to spend the Christmas holidays with the Odlums, which suggested a personal relationship I hadn't been aware of.

KILGORE: Yes, that was also a very real friendship. They were very close. Jackie, I think, depended on Jack for judgments on things when she was in Albuquerque. If she wanted to

know where to take her motorhome to get it fixed, he'd tell her, and things like that. His family did spend a lot of time at the ranch in Indio.

SPIDLE: Presumably that connection developed here, as opposed to their knowing one another previously.

KILGORE: Yes.

SPIDLE: Also, and we may talk about this later, in the confusion and uncertainty that surrounded Randy's death, it was Jack Grossman who tried to get a handle on things. I wondered if the Odlum connection helped him with that, or if it was a part of that.

KILGORE: No. As the computer manuals say, Jack came up by default. When it was evident that we were without a leader and it was real, the first presumption was that Sam White would be the leader. Sam obviously didn't want it, and the next presumption was that Bob Massey would be. And Bob Massey obviously didn't want it. And Jack didn't want it either, but he didn't back away from it, which says something about the kind of person he is. Jack was the kind of guy who came as close to being selfless as any physician I've ever known. There was nothing that a patient or his profession could ask him to do that he didn't feel was an obligation. Jack was always of the opinion that there was no problem you couldn't solve by coming to work an hour sooner and working through lunch and staying until you got through at night. And I think he still feels that way. Any problem you've got, if you buckle down and really bear on it, you'll get it fixed. I told you Uncle Doc's epitaph should be, "Doctors are a dime a dozen." Jack's should be, "Watch the pennies." Those were his last words to me when he put on his hat and walked out the door.

SPIDLE: I'll want to talk about that more when we get to it in the structured order of things, but I was struck by that friendship between the Grossmans and the Odlums. It couldn't've hurt!

KILGORE: Jack was elected to the Chairmanship of the Board, by the Board, and he was acceptable to Odlum.

SPIDLE: In the first interview session, you made a reference -- and I should be quick to say you're not the first to suggest -- that Randy Lovelace was no great shakes as a doctor. You said he was probably only an average surgeon or doctor, technically speaking. I don't have a good sense of how much hands-on surgery and the like he was doing in the '50's and '60's. He couldn't have been doing much, traveling as much as he did.

KILGORE: He did a lot, and the only reason he wasn't great shakes is because it occupied only a fraction of his attention. He had so many other things he was on fire about. He'd been a fellow at Mayo Clinic and become staff and become head of a section at Mayo, so he'd come about as far as you can come in that limited direction of activity. So his burning interest in medicine was pretty well cooled by the time he got into this new project, which was the Lovelace Foundation and the Lovelace Clinic. He would see any patient that walked in through

the doors of this hospital. Nobody came in without an appointment didn't get taken care of. If Randy wasn't here to see him, Uncle Doc would take care of him if one of the others of us didn't. Randy would see anybody at any time, appointed or not, no matter what their problem was. He'd sit down with his fountain pen and start to fill out the two-page history and physical that we'd have on every new patient coming in through the door. Usually within about fifteen minutes he'd have a reasonable feel for the problem and he'd pick up the phone and call Martin Halverson in Psychiatry or me in ENT or Bob Massey in Medicine, and shunt.

And people thought that was great, and it was great, because they had the attention of the MAN. And everybody called him Randy; the paperboy called him Randy. That was another part of his charm and it's also, I think, part of the Mayo mystique: the great always are addressed by their first names. But it was genuine with Randy; Randy and Mary. That's the way those who remember them, remember them as Randy and Mary, not as Doctor and Mrs. Lovelace. I don't remember ever hearing them referred to as Dr. & Mrs. Lovelace. And that's a charming aside on their personalities. I have people come in to see me, even yet today and they say, you know, "I was Randy's patient." And they may have seen him once in in 1949 or something for 15 minutes, but they're Randy's patient.

SPIDLE: You may be interested, then, in one paragraph cut out of the *Postgraduate Medicine* article in the editing process. I said, "The character, dynamic and basic structure of the Lovelace Clinic underwent fundamental change in 1946 with the addition of a third partner to the Lovelace-Lassiter duo. This was a nephew of the founders, the charismatic Dr. William Randolph Lovelace II, or Randy. (Young Dr. Lovelace's personality and approachability were such that people comfortably called him 'Randy.' The elder Dr. Lovelace was called 'Uncle Doc,' not always out of affection or familiarity, for he was a somewhat austere and forbidding figure, except to his patients, but rather, as a label of convenience.)

KILGORE: The other label you may have run into was that they called them "L One" and "L-Two."

SPIDLE: Yes! I've never been able to tell what his friends, to the degree he had any, (Uncle Doc, I mean), called him. Some of the letters address him as "Dear William," some "Dear Bill," some "Dear Randolph.

KILGORE: The only friends of his I've had contact with who didn't call him Uncle Doc called him "Bill."

SPIDLE: Can you give me a crude quantification of how much time he was actually spending as a surgeon here in the '50's?

KILGORE: Oh, he was aboard probably two weeks of every month, in three- or four-day stints. And many's the day Randy would do a couple of gall bladders in the morning and have a plane to catch at 12:30 and be on it! The other surgeons just automatically took over when

Randy had to leave. It was Angus McKinnon and Joe Riley the first days I was here, and then later on it was John Whitcomb and Jack McCarthy who did that.

[End Side 2; begin Side 3]

KILGORE (continuing) Whitcomb and McCarthy were hired in the early '60's to open up his horizons, because that meant he could operate right up 'til ten minutes before plane time and then be gone. He'd take off for two weeks around the polar flight. I remember that particular game. And he'd come back into town on Sunday night and be operating on Monday morning and his patients would already be worked up and in the house, and he had a secretary to take care of one end of that and Whitcomb and McCarthy kept him out of trouble medically. And because of this kind of scattered attention, Randy, I think, was a little bit behind the times in terms of understanding fluid balance and whatever, but he was still a physician in the grand style.

SPIDLE: He was a general surgeon doing ...

KILGORE: A general surgeon. But when he trained general surgeons, they did just about everything: urology, fractures, cosmetic surgery, and the whole bit.

SPIDLE: I think Sam White said he was something of a head and neck specialist.

KILGORE: That was his area of interest. And I told you that I had some things that related to a book that he was planning to write, and what I have, it turns out, are just boxes and boxes of photographs or illustrations from articles written by other surgeons. And Randy used this to illustrate, in part, the book he was writing. Now, the written text I've never been able to find. I don't know where that might be. This was the raw material, and I'm not sure it was anything other than an outline in his head, but he told me, and it was generally understood, that he was planning to write a book on head and neck surgery. He particularly liked to do thyroids and things like that, and that's also Jack McCarthy's area of interest. Jack McCarthy has been billed as an endocrine surgeon, one who works with ductless glands with a particularly well-implemented understanding, so he fit right in with Randy's area of interest. I don't think anybody ever had second-rate care with anything Randy had to do with. He would never tolerate anything second-rate. If he didn't feel that what he was doing was absolutely all the patient needed, he would bring in as many people as he wanted and take a consensus, and that's kind of what group practice is all about. That's the way he grew up and that's the way this place grew up. One of the great things about it that I've always appreciated was the ease of competent consultation. You almost never had to bear a terrible problem all by yourself. You could always get plenty of help to take care of every little corner of the thing.

SPIDLE: One of the things that interests me about that observation is, I talked, two or three years ago, with Derbyshire, a Lovelace refugee who apparently, I gather, has said harsh things on occasion, in the past, about the Lovelace Clinic. He did not, at least for the record, but rather was moderate, and generally positive in his judgment, including the observation he made to me

about Uncle Doc as a surgeon: that there were certain procedures which he knew well, did competently, and knew where his limits were. He said when he reached his limits, he had no compunction at all about turning to Angus McKinnon or to Derbyshire and asking their help, which represents the same thing, I think, that you are talking about.

KILGORE: Well, that's interesting. I'd never heard that particular little sidelight, but I have understood, and I don't know this for a fact, that Derbyshire always felt that something that was his was taken away from him in 1947-48 when the Foundation was formed.

SPIDLE: He said for the record that Uncle Doc had always told him, "Boys, one day this will be yours," and then it wasn't. (laughter)

KILGORE: Well, that confirms it. Derbyshire is a gentleman, and a scholarly physician, and on his own part did great things for the state, no question, cleaning up a real mess in terms of credentialing of physicians.

SPIDLE: You said a moment ago that Randy was a restless person, always on the go, and that sort of clashes with my impression of Uncle Doc as a solid, stolid, impassive personality, and yet these two apparently got along very well.

KILGORE: Oh, yes. Randy rarely failed to get his way, but he never, ever neglected to defer to Uncle Doc when a big decision came up, even if Uncle Doc was in New York or somewhere. 'We'll wait until we can talk it over with Uncle Doc; let's see what Uncle Doc has to say about that.' And what Uncle Doc had to say about a question, or his position on it, would be pretty well obtained by some kind of osmosis from Randy. So Randy kept the old man happy, and he had real respect for him.

SPIDLE: Yes, I was going to say, it wasn't just formalism.

KILGORE: No, no. He had real affection for the old guy. He may have been the only person who ever really liked him. (both laugh)

SPIDLE: I interviewed George Savage a year or so ago, and he is 80 or 85 now, and helped Uncle Doc with a lot of his real estate work. When I asked George Savage, "Who were his friends?" (laughter) there was sort of an awkward situation. He apparently did not open up much to people and didn't get close to people.

KILGORE: No, Uncle Doc was always above the rest of the human race. He was kind of the father of all of us, as well as the uncle.

SPIDLE: But the two of them were distinctly close, personally.

KILGORE: No question about it.

SPIDLE: Did they spend a lot of time with each other?

KILGORE: No, I don't think they spent a lot of time with each other, but every important event in the life of each one was fully shared with the other, and they were "co-chairmen" of the Board of Governors. Uncle Doc always sat back and once every three weeks would say, "Where you gonna get the money?" but his title was co-chairman of the Board of Governors.

SPIDLE: That leads to something else that occurred to me in going back over that tape. I've got Board of Governor's minutes that go back to 1953 -- not that first six-year period; I don't know what might have happened to those -- but that led me to the question of, how was the operation governed? Was the Board of Governors a central component of the whole operation, or was it more or less *pro forma*, to ratify things that Uncle Doc and Randy had already talked out?

KILGORE: The Board of Governors ran every aspect of the Lovelace Clinic, which was the private profit-making group that rented the assets and premises in which they worked from the Lovelace Foundation. The Board of Governors was appointive in the first years that I came here; way up until the late fifties there was no term. You were appointed and you stayed there until you were voted off by the Board. It was self-perpetuating. They considered every question of the operation of this institution, from how many stamps does the cashier keep in her drawer to issue to doctors who want to write a letter, to the salary of Uncle Doc. The last salary I heard of Uncle Doc's was \$18,000 a year. I can't remember when this was, but it was in the sixties; that was what he was drawing. But they decided what furniture would be placed where, what color the walls were going to be and what the doctors' salaries were going to be. It was a real cottage industry attitude, and that's what it was until 1970.

SPIDLE: You said a moment ago that Randy and Uncle Doc were the co-chairmen. It was your impression that it wasn't a matter of, they decided and told everybody, but there was a good deal of give-and-take in that Board of Governors.

KILGORE: There was genuine discussion and, in fact, I can remember one instance in which Randy was disciplined by the Board. It wasn't all that bad, but he just committed some funds without authorization and they required that he make it up, which he did. It was \$700 as I remember. The people who were on the Board at that time were people whose wisdom and counsel one had to respect. We talked about it last time. There was Ollie Cramer, Angus McKinnon, Jan January, Uncle Doc, Jack Grossman, and those were the people, number one, whose loyalty had been proven -- Rodger MacQuigg was on there, too -- and number two, each was an individual who was highly respected, professionally, in medicine, and each had made a career commitment to this group. We weren't very big then, about 30 people, and the privilege of electing someone to the Board of Governors was not extended to the staff until almost 1960, -- '59 or '60, I think. I don't remember who the first elected board member was. It might have been me, but I don't think so. I think it was Bud Kemper, but I'm not sure.

But, yes, nobody, I don't think, ever turned Randy around when he really took a strong direction; nobody could. He was like a horse going downhill. But he was subject to the counsel of those people. The instance that I suggested where they brought him up short, he was traveling in Sweden and he saw a Zeitz microscope that looked like it would be just great for the dermatologists to look at pimples with. It was a magnificent instrument, and he'd never seen anything like it, so, "I'll take one." Pretty soon, the instrument arrived here from Sweden in crates, from Germany, and so did the bill. I guess Uncle Doc was the one that brought it up at the Board. I wasn't on the Board at that time, but I heard about it, and we've still got the microscope. (laughter) So that's how we got the first otologic operating microscope, maybe, West of the Mississippi, here, and we've still got it and we still use it every day. And it costs like \$19,000 now, and I think Randy paid \$700 for it.

SPIDLE: And Randy wound up paying for it himself.

KILGORE: Yes, he paid for it himself. (laughter) I'm sure he got it back in another way.

SPIDLE: What about the Board of Governors viewed from the trenches? You were just one of the soldiers at that time. Did you feel that you had some input, the other members of the Board of Governors, or was it a "them" and "us" relationship?

KILGORE: I had the certainty when I joined this place that I wasn't joining a democracy. I was joining a very tight, disciplined, professional organization, and I would have to give up certain rights and privileges to work here with these people who I thought were just great. And I think most of the other people at my level felt pretty much the same way. And we had our monthly staff meetings, but they weren't brag sessions. Nobody challenged authority. A few times when it was evident that Randy was being challenged in his judgment on something, God almighty, if you've ever seen an explosive thunderstorm, he would really come apart.

He didn't become inarticulate, but he would become enraged if someone challenged his judgment on a political matter or direction of the Clinic. And people didn't want to face that. He didn't carry a grudge, he wasn't that kind of guy. Uncle Doc would nurse a grudge for generations, but Randy wouldn't. When he could blow his stack at you, just get madder than hell, then, the next morning, everything's fine. But he'd get it all out of his system. It would blow away as quickly as it blew up. But he was a hard man to challenge, and every once in a while somebody would think they had a real reason for questioning some judgment, and it was always a very interesting spectacle when it happened.

SPIDLE: That interests me because I'd featured him as utterly self confident and poised.

KILGORE: Well, he was.

SPIDLE: But might get, not rattled, but excited on occasion.

KILGORE: Well, just impatient beyond realms of it being contained. He would just be beside himself, because any time he was challenged it was always on some area where he was already thinking months ahead, and he was thinking of the timetable, and of where we had to get from here to there and so on. He was usually right.

SPIDLE: Yes. (laughter) And didn't just want to spend the time to explain all the steps, maybe, to someone else.

KILGORE: Well, as I think back on it, when he had these little episodes, it was usually because he interpreted the questioning individual's posture as being one of disloyalty or something lacking in the quality of dedication to the common direction of all of us. Well, you've got to think hard to remember aspects of his personality like that, other aspects so overshadowed it.

SPIDLE: You said a minute ago, and I like the phrase, "He was like a horse heading downhill." In listening to that tape of the first interview, I thought you made a very interesting suggestion, or observation, about the medical school. We talked a bit about Randy's and Bob Massey's involvement in all that, and you said that Randy intended to control it. "He never even came close. That's a tough league." I'm not sure I understand what's between the lines there.

KILGORE: Well, you know about Reg Fitz, the first dean?

SPIDLE: Yes.

KILGORE: Poor Reg Fitz was like a feather in a whirlwind, with all these terrible forces converging on him from downtown and from uptown. There was just no way he could in any way adopt a posture of showing dependence on one or the other without getting into terrible trouble. He did a very admirable job of walking the fence top for many, many months in getting that place started. But poor Randy couldn't get a lever in there and I think that if he'd lived, he would have managed to control it by one means or another, because, boy, his determination was awesome to behold when he set his mind on a goal. He was a goal-oriented individual if ever I've known one, but he died too soon.

SPIDLE: Yes, you said that you'd wondered if the history of the medical school would have been much different if he had lived. You thought that it would not have been much different if he had lived except it may have been more disruptive with his aggressiveness.

KILGORE: Yes, I guess that's so. But he would never have surrendered. He would have tried as long as he lived to exercise a powerful influence over there. How could he do it? Well, one way he could have done it was through Washington. In those days, all medical schools were highly dependent on federal subsidy, and Randy had a lot of years in Washington, boy, a lot of them.

SPIDLE: What would be the advantage, other than ego satisfaction?

KILGORE: Well, again, it was the Mayo die that he was working from, and Mayo, by virtue of heavy financial contribution, got a lot out of the University of Minnesota medical school: professorships and everything for all their staff and so on, and Randy kind of had that in mind. And Mayo, you know, eventually started its own medical school, which I haven't heard anything about in years, but I'm sure it's still going. I know that cost them a bundle to get that thing going, and it's costing them a bundle to run it. I'm sure Randy had something like that in mind, and Sam White -- I don't know whether he remembers it or not -- pictured this place, back in the early fifties, as being a part of a medical school in time.

SPIDLE: Let me ask you about Donald Kilgore showing up here in 1953 again. One of the questions I didn't ask in our first session was: As you looked around here, it was attractive in so many different respects. Did anybody warn you about the tension, the friction, between this place and the downtown docs?

KILGORE: No, not before I came aboard. I found out about it very quickly, because in those days we all practiced in all three hospitals. Not just Bataan, -- Bataan Memorial Methodist Hospital it was in those days -- but also St. Joe's and Pres. And you'd meet people at the county medical society, "Oh, you're new in town! Where do you work?"

"The Clinic."

"Oh."

That kind of thing. (laughter) It was very evident early on what the feelings were, and shortly after I came, Bill Kridelbaugh hauled Randy before either the Ethics Committee or the Grievance Committee of the county medical society because he was quoted in a news release from Los Angeles. I don't to this day understand how Kridelbaugh could, number one, be upset by that, and number two, how he could find grounds in that for making Randy stand up before the panel, but he did. Maybe you've heard about that one before. I can't even remember what that news release was about, but anyhow, it was dateline Los Angeles or something like that, and was a wire service release. 'Dr. William Randolph Lovelace, II, said thus and so,' and so on.

SPIDLE: And this was advertising, self promotion.

KILGORE: Yes, self aggrandizement. And Bob Kridelbaugh, bless his pea-picking heart -- he's still working -- was just beside himself about that.

SPIDLE: I wonder how he reacts to TV commercials and the like now?

KILGORE: Well, probably just like I do, (laughter) just this terrible feeling in the gut.

SPIDLE: I heard Albert Simms on that subject at some length. I was looking through my notes here, because now that you mention it, I'm pretty sure I ran across a reference in the Board of Governor's minutes of Randy being hailed down to the Grievance committee or whatever. Is there any sort of ebb and flow in that over the years? Did you see a significant reduction of that tension at any point?

KILGORE: Well, as the medical population grew, I think it became diluted. I think there are still people downtown who feel, strongly and irrationally, opposed to what we do, this form of practicing medicine. Most of the younger guys couldn't care less. They really wonder what it was all about. But I think our presence in the early fifties and the sixties was, number one, a large economic threat to the guys downtown, and they felt it very strongly when we opened up new areas of activity. We were able to do things that they couldn't do because they were working one at a time and we were working together.

SPIDLE: Yes. When I first realized this tension between downtown doctors and Lovelace Clinic people, I was all excited. I thought, "Wow," and then reading in Clinic histories and about group practice generally, I recognized that most of it just comes with the territory.

KILGORE: Yes.

SPIDLE: But I wonder how much of it was related to Uncle Doc's personality, because it was clear that he could be tough and abrasive.

KILGORE: Well, I'm sure that a lot of it was, but you couldn't lay it all at that door. Uncle Doc made real enemies. There were people that just hated his guts. And he could be absolutely uncompromising from his own point of view in an altercation. And that's not how you win friends and influence people. He was the absolute antithesis of Randy. Randy, as long as he kept his cool, was as charming as any individual you'd ever meet. Even with the guys downtown who were openly sarcastic and making unpleasant asides during county medical society meetings, Randy just took it all in stride, and never let it get to him. Uncle Doc, I can't remember that he ever did it, but if anybody was trying to get under his skin, he'd either let him have it both barrels or walk out.

SPIDLE: Yes, and I wondered about this quite charming, skilled diplomat. Wasn't he able to defuse some of that friction?

KILGORE: You mean Randy?

SPIDLE: Yes.

KILGORE: Randy never felt it was terribly important. If it had occupied his full attention, I expect he could've defused it, but he felt that there were many more important things to do than to mend local fences that weren't really in his way anyhow. Because what he was going to do, he was going to get done no matter what was going on downtown.

SPIDLE: Yes, he wasn't thinking of this as a community group practice which needed to have good relations with the other doctors around.

KILGORE: It wasn't a community group practice, really. We had our local practice but we saw patients from all over. One year we saw patients from 49 of the 50 states and something like 40 foreign countries. We used to get people in from airline pilots from Argentina and Sweden, on a regular, ongoing basis.

SPIDLE: What about farming the countryside? Uncle Doc, at least, according to legend, was very skillful in doing that. I'm talking about referrals from Fort Sumner or wherever.

KILGORE: He did keep good post office relations with people out of state, and called people on the telephone and he did a good job of promoting referrals from local counties.

SPIDLE: Yes, I mentioned to somebody, maybe Sam White, that I thought I could plot on a map, the further I got from Albuquerque, the higher the esteem and repute of the Lovelace Clinic became. (laughter)

KILGORE: Oh, yes, God, yes. That's very astute. It's true.

SPIDLE: Let me ask a couple of other questions: It struck me when you talked about the Clinic's old guard, you mentioned Uncle Doc and January, and then leaped right to the group of "41: Grossman, Cramer, McKinnon, Fishback.

KILGORE: McKinnon was here before, either '40 or '41.

SPIDLE: Yes. But that ignored the real old guard. I'm talking about old Dr. Miles and Thearle.

KILGORE: Harold I met, but that's all I can say, I met him. He was practicing a couple, three hours a week here.

SPIDLE: They both died in '56, which is not long after you got here.

KILGORE: Dr. Miles I remember very well because his office was right across the hall from mine and he was a crusty old rascal. One afternoon we were walking down the hall together and he says, "Doctor, would you step into my office for a moment?" And I did, and he went behind his desk and sat down, and I was standing respectfully. He said, "I just want you to know that I don't think that a general practitioner has any place in a group of specialists like this." (Spidle laughs)

I said, "Well, Doctor, I hope we can change your mind on that." I was getting under his skin at that time, because I was going to deliver babies and I had some pregnant ladies who were

coming on, and boy, he didn't want me in his delivery room. If he could see the place now, wow! Family doctors all over and they're delivering babies and taking good care of people.

SPIDLE: They have triumphed after all, yes. I think he was the first Board-certified OB/Gyn man in New Mexico.

KILGORE: I don't know, but I wouldn't be surprised.

SPIDLE: I've tried to track that down, and he was either the first or among the first two or three. But he was still doing a full practice in '53 when you arrived?

KILGORE: Oh, yeah.

SPIDLE: And resentful of any encroachment on his territory.

KILGORE: Yes, because he, along with Uncle Doc and Randy, envisioned this as a tertiary care ivory tower of super specialists, and all at once there were an uncredentialed couple of general practitioners, he thought. We thought we were family physicians, but to him we were general practitioners underfoot, delivering babies.

SPIDLE: But he wasn't specially active or interested in the politics and the like?

KILGORE: No. I don't even remember if he was on the Board of Governors. He must've been, but I don't remember.

SPIDLE: I'll have to check to see.

KILGORE: Do you know what his last words were?

SPIDLE: No.

KILGORE: "I want a complete post." (laughter)

SPIDLE: Tell me that story for the record. You told me that story. He was a heavy smoker, apparently.

KILGORE: Terribly heavy smoker, and I mentioned to you before, he kept a carton of cigarettes in his desk and one in his car, one at home, and he always had 3 or 4 packs on his person. Rarely did you see him without a cigarette. He went out one Saturday afternoon, picked up his paper and opened it, and he couldn't read it! He couldn't read. He said, "I've had a stroke. Take me to the hospital."

They took him to the hospital and he proceeded to extend from that point, and the legend is that his last words before he finally lapsed into coma was, "I want a complete post."

So he had a complete post and his lungs were as clean as a baby's. (laughter) Which nobody could understand.

Tom Chiffelle did the post on Mary and Randy, you know.

SPIDLE: Yes. He talked to me about that. I was interested in that question that had been left unresolved in the newspaper reports I had read, whether or not they survived the crash itself, and he suggested, as I recall, that he was sure Randy did not. There were massive chest injuries, and he was sure Randy had died almost instantaneously. Less sure about Mary. Mary apparently may have lived a little while, as I recall.

KILGORE: Well, remember, there were supposed to have been footprints around the airplane.

SPIDLE: Yes, well that was Brown, that was the pilot. They think the pilot maybe was blind.

[This constitutes the end of the second segment of the interview with Dr. Kilgore, an interview which will be continued later on the other side.]

[End Side 3; begin Side 4]

SPIDLE: I spent my morning in the office of Horace McKay. This is my first meeting with him, and I thoroughly enjoyed it. He was very forthcoming. I hadn't known he was an old lunger -- spent two and a half years in the Presbyterian Sanatorium in the late '40's.

KILGORE: He lay there and figured it all out and came out and became a millionaire.

SPIDLE: He thinks it was streptomycin that turned him around. He said he wasn't making progress and the suggestion was he was headed the other direction. Then here comes streptomycin and he bounds out of bed and does wonders.

KILGORE: He's probably right.

SPIDLE: Meeting with him this morning reminded me: last time we talked about C.R. Smith, and we've already talked about Floyd Odlum. Maybe we should discuss some of the other trustees you would identify as having been especially close, interested and important in the history of this institution. We've talked about Odlum and C.R. Smith to some degree, and you mentioned Earl Johnson a bit.

KILGORE: Albert Mitchell, of course.

SPIDLE: I know who he was, but how did he get linked into Lovelace?

KILGORE: I would guess it was through friendship with Uncle Doc. Albert was an old-timer, and one thing that makes me immediately question that is the fact that Albert was a staunch Republican, a member of the Republican National Committee, but the times I observed them together there seemed to be quite a bond of friendship and obvious respect between the two. Albert's ranch at Tecolote, New Mexico is I don't know how many miles from a paved highway, and Albert became interested in aviation early on and flew his airplane when he had to come to town. The whole family were pilots. Albert flew until he was almost 80, as far as I can remember. He was an absolute, thoroughgoing gentleman. I can't imagine him in a bathrobe and slippers. He probably slept in his necktie. (Spidle laughs)

His second wife, who was the headmistress of a New England girls school, seemed to me the perfect foil for Albert. She was the female counterpart of what he was. Always impeccable in manner and dress and a lovely lady, both to be with and to listen to, talk to. Her attachment to this place was largely through Albert's interest; probably her interest in anything west of the Mississippi depended on Albert. She influenced Albert to spend three months a year in his later years in Connecticut, which was rather extraordinary, because his life was really in the ranch. His son, who was called 'Little Albert' around here -- I don't know why, 'cause it was a rather offensive nickname -- I guess was pretty much in charge by the mid-'60's, and he was a rancher of considerable ability too.

SPIDLE: What happened to 'Little Albert' incidentally? I've never heard a reference to him.

KILGORE: Little Albert was estranged from this institution for some reason, and I've never understood why. At one point Albert Mitchell was vice-chairman of the Board of Trustees. I don't remember just when, but about 1972 or '73. The Board of Trustees was meeting in Colorado Springs at the Broadmoor Hotel, and Thayer Tuck, who was still head of the Broadmoor was a trustee at the time and invited the trustees to hold their meeting there, which we did -- a lovely spot. Bob Anderson asked me to join him and Albert for breakfast before the annual meeting and I joined them. I forget how it was broached, but the essence of the meeting was that it was Bob's position that Albert had worked long enough and hard enough and his responsibilities on the Board really didn't need to weigh so heavily on him, and it was his feeling that I should be vice chairman. Albert, being the gentleman he was, obviously was surprised; at least it seemed to me he was surprised. I certainly was surprised, because Bob hadn't said anything to me about it ahead of time. The two of us kind of sat there with our mouths open. Bob completed the breakfast and the meeting in his usual businesslike manner and we convened and it was pointed out in the course of the meeting that Albert's resignation had been accepted and I was nominated to be vice-chairman. I have no talents as a politician and I wasn't even following what was happening, but it was after that that it became evident there was there was a certain coolness from the direction of the Mitchell family. It was not too long after that that Albert decided he wanted his art collection back, which he had donated to this institution. Albert said they were on loan, but several million dollars worth of absolutely extraordinary art he wanted moved to the Cowboy Hall of Fame, which really is a more suitable repository than this place. But we sure loved it while it was here.

I think maybe the brusqueness with which Bob accomplished this move was never fully understood by Albert, and I'm not sure it's fully understood by me at this point. The way I've analyzed it, the place was in grim shape at that point. I think it was Horace who mentioned to me that Bob had indicated to him that maybe he was going to pull out and leave me with the whole ball of wax. Maybe it was a move on Bob's part to spare Albert possible embarrassment, because we didn't know where we were going or whether we could hold the place together. This is a part of the story we haven't gotten to yet, but our future didn't look too good at that point and we'd had some bad jolts in the preceding year. Bob Anderson, for all of his enormous and extraordinary qualities, is not the world's most diplomatic person, and I would choose to analyze that situation the way I've just explained it to you.

When Albert became increasingly ill, he was still dependent on this institution and the people here for their primary medical support, and when he became too ill to leave the ranch, I think Little Albert or Mrs. Mitchell called me, and they desperately wanted somebody to come to the ranch to help care for Albert. One of the girls who worked here in the department was unmarried and a very compassionate sort, and I just asked her if she would like to go up to the ranch and take care of Albert in his declining hours. She went right along and stayed up there a couple months, nursed him and was the only one with him when he died. Her name was Janine Minefee. She no longer works here. That was an interesting aspect, that to the last moments he still felt that the only medical care he could depend on would come from representatives of Lovelace. Albert's guidance was very valuable. He was a very wise man. I've often wondered how on earth somebody who grew up and spent his lifetime really in the 'boonies' could be so in tune with the times, so wise in tax matters, and so widely acquainted. He could go into any major city in the United States and talk to the movers and shakers, because he knew them, and he was elected to the Republican National Committee. That makes me wonder about what I said in the beginning of this conversation. Maybe his primary friendship was with Randy, rather than Uncle Doc. But there was, as I said, obvious affection and respect between Albert and Uncle Doc.

And Albert, I think, was fairly close to Floyd Odum for reasons I don't know; it goes way back before my time. Maybe they knew each other well because of their trusteeship for this institution. And I think this institution is vastly different and probably was given the strength that allowed it to survive the tough times by Albert, among a lot of other people. His generosity is incredible too. I don't know if you ever saw this art collection, but I'd never seen anything quite like it in a private collection. We had no place to hang it except over there in the lobby where people make appointments for their xrays. Back in the '60's we had one anxious weekend when there was a demonstration to be carried out at the Kirtland gate, so we realized on a Friday afternoon that we were going to have maybe some thousands of unruly, unguided people milling around the neighborhood, and wondered how we were going to protect the pictures in case they broke into the building. There wasn't really any way to do it. We could take them off the wall and take them down to the basement.

Maybe you knew, too, there was a Remington bronze that belonged to the Lovelace daughters.

I don't know if he contributed it or if it came to them through their parents' will. We had that bronze insured for \$18,000 and it was in the lobby of the xray building. And one morning it wasn't there! We found out at that time that it had a probable value of \$125,000. At least, several copies of that piece had sold for around that figure at auction in New York. Somehow, the ownership of that was determined to be the Lovelace girls, and they got the \$18,000 insurance. Some years later it was found in the possession of an Albuquerque policeman, who'd stolen it. We paid the \$18,000 to the insurance company and got the bronze back, but I don't know what happened to it.

I'm sure the value of that art collection was in the millions, and I hated to lose it because people made pilgrimages; they came from all over the world to Albuquerque to look at those pictures. And rightfully, 'cause they were that quality. I hated to lose it, but I have to admit that Albert's wisdom was correct and it should be in a better repository than we could provide. About two years before he took them back I had Wilson Hurley come out and look at them, and he was kind of upset at what was happening to them. They were deteriorating. We weren't able to provide, nor did we have any means of providing, adequate repair and whatever they do to paintings to keep them from drying up and rotting. Wilson told us what to do and how to hire it done, and we were in the process of taking care of that when they were moved. Well, that was Albert. Who else can I think of?

SPIDLE: Let me ask one other question about Albert. It's very clear that he was more than just window-dressing on the Board of Trustees, that he was very keenly and intensively involved. As a counselor, as financial support, I gather, and as a sort of intermediary or liaison to get things done for you.

KILGORE: And as a person who could put Randy in contact with people who were important to the progress of this institution. He was a heavyweight on the national political scene.

SPIDLE: I don't know the relation ship between the Mitchells and Les Davis.

KILGORE: Linda Davis is the daughter of Albert and his first wife.

SPIDLE: Then, presumably, the Les Davis membership on the Board of Trustees is a continuation of that...

KILGORE: Well, that and Fatty Springer.

SPIDLE: Fatty Springer! I just know him from the documents as Ed Springer.

KILGORE: He was a round little man who wore hightop shoes and his pants were always that much shorter than his shoes. The flagpole in front of this building was donated by him and I think he donated that monument that nobody ever looks at, that monument to the family doctor that he gave to Uncle Doc. He's related to Les Davis; I don't know whether he's his

grandfather or what. Les and Linda have been very supportive of the Board, but that's about as far as I could describe it. They come to the annual meetings. Les has never been on the Executive Committee. Until recent years, the Executive Committee was the action core of the Board of Trustees. Now it's several trustees and the Board of Governors elected from the Clinic side who make up the Executive Committee, which is a more facile arrangement. In the old days the Executive Committee was Angus McKinnon, Sam White and Bob Anderson before he employed Odlum, and Anderson.

SPIDLE: What about a couple of other local people? Korber, I think, in the early days, and Cale Carson?

KILGORE: Jack Korber, too, yes.

SPIDLE: And Cale Carson was earlier?

KILGORE: Way back, yes.

SPIDLE: And Oscar Love, also.

KILGORE: Oh, yes! Oscar Love! My god! Next to Bob Anderson, I think Oscar Love was probably the most important member of the Executive Committee and of the Board of Trustees in the late '60's and early '70's, at the time we lost Randy and our basic direction. Oscar was, in many ways, like Albert Mitchell: a thoroughgoing gentleman, very wise in financial matters, and did things for many organization other than this. His influence in this town was very deep and very broad. How could I have forgotten him! Jeez! A man of enormous patience. He could go along with just about any situation and, by gentle nudging here and there, gradually get it patted back into conformity and proper direction -- including me. A great, great man.

SPIDLE: What a gift!

KILGORE: Yes, really. How in the world could we, in this desert community and benighted circumstance be entitled to such leadership? It was there, and I'm sure it was there in large measure because of Randy and Uncle Doc, who could attract people like that. He caught them up in his enthusiasms the way he got the rest of us.

SPIDLE: I've been through old city directories, tracking the Lovelace family, all of its branches, where they were living, who was living with whom, and it interested me that the first year that Uncle Doc was here in Albuquerque, 1913, I think was also the first year Oscar Love was here. I think he came as a lunger, I'm not sure, but he was listed in the city directory as a clerk and living at the YMCA.

KILGORE: Oh, really? I've heard that he lived at the YMCA.

SPIDLE: He lived there a couple of years and then became the manager there for a couple of years, and moved on up in the world.

KILGORE: Clinton Anderson was a lunger, too. And his association was through Uncle Doc, who was his doctor in the old days.

Who else do we want to talk about?

SPIDLE: Since you've mentioned Robert O. Anderson, let's talk about him. You may know that I had the chance to spend an hour with him four or five months ago, and I was interested in how he became connected with Lovelace. He came through Randy. He met Randy independently.

KILGORE: He was there when I began to engage in Board activities. The first Board meeting I ever went to, Floyd Odlum was still there, and the Foundation and the Clinic were so separate that at one point the members of the Board of Governors of the Clinic were invited into the Board room to meet the Board of Trustees. We walked in and there were no chairs. They were all seated around the table, and we walked in Indian file. We stopped and looked around and I realized we were all lined up like school children, and the Board of Trustees were all looking at us like so...

SPIDLE: (laughing) And you wondered whose ring you were supposed to kiss?

KILGORE: Yes! Floyd proceeded to ask questions of each of us, and I don't know what agenda item was on the table at the time, but it was obvious he was validating something that had been presented to him by talking to us. It was a very strange interface. When he finished his interrogation of each of us, we were excused and filed out the door! How different that is!

But Bob is a great doer, and a man of vast impatience, interested only in productive things, in himself and in others. He tends to get what he intends to have with very few words. When he's on the other end of the seesaw, you go up. Bob has an incredible ability to glance at a situation and immediately pick out the essence of it, no matter what it is. The only time he's ever wrong is with people, and I think he was wrong in picking me to head this institution in the beginning. I didn't want it, told him I didn't want it. Told him I wasn't equipped to do it, and that my true interests were in other directions. He said, "Try it for a while. We'll give you lots of help." I think the reason he laid that on me was 'cause he didn't have anywhere else to go. There wasn't anybody else, immediately around, that had credentials in the institution. But, again, that surprised the hell out of me when it happened. I wasn't expecting it and thought I could back out of it if it came my way, but all at once he'd just done it to me, you know. He manipulates people that way, and he doesn't always read people correctly. He reads situations, he reads factors, and he reads financial potential, and he does it so incredibly quickly that no one can keep up with him. When you're trying to discuss a situation, he's light years ahead of you. Not only me, but virtually anybody else. That's his genius, and without any question, he's a genius.

His driving forces are beautiful and unique, because when you think about Bob Anderson, in everything he does the underlying, common denominator is enhancement of the human condition. Whether it's the Aspen Institute or how things are done in Arco, or this little place or the University of Chicago, or whatever. And he's very responsible in his philanthropy. He seems to be very aware of the damage you can do with unqualified giving. At the University of Chicago, he gave them a \$10 million challenge grant: if they'd raise \$10 million, he'd give them \$10 million. Great! Marvelous! That got the University of Chicago in gear, and they raised the \$10 million and he came up with his \$10 million. He gave this institution \$1.6 million in cold, hard cash without any strings attached except that we should get certain things done for our own benefit. This was 1968 when we purchased the hospital from the Methodist Church. Bob pledged \$400,000 a year for four years, and nothing was ever said about it before or after, but on a certain date each year we would get a call from E.F. Hutton or somebody saying that Atlantic Richfield stock to the approximate market value of \$100,000 had been registered in our name as of this date. "What do you want us to do with it?" Bob never allowed any recognition of that at any public gathering I attended. It may have been in the Board of Trustees minutes before I joined, but never after I joined.

SPIDLE: It's in the minutes, but no specific sum.

KILGORE: Well, the sum was four hundred grand a year for four years, which is a million six.

SPIDLE: Is this what was called the 'Halloween present' or something like that?

KILGORE: I think that was a creation of Mike Kelly.

SPIDLE: I haven't talked with Mike Kelly yet, but that term was just a function of the time of the year it came?

KILGORE: Yes. We'd look for it every year, sitting there thinking, "Is he going to do it again? but he was always as good as his word. And you know about the Aspen Institute and humanistics. That's where Randy was returning from when he was killed.

So, the whole focus of Bob's existence is not towards personal aggrandizement. He's a very retiring person. He's accumulated an incredible amount of wealth, and he doesn't wallow in it. He comes in here with a filthy hat and a dirty shirt. There's a story about his being in a rented car in New Jersey when he ran out of gas and coasted into an Arco station. He didn't have a nickel in his pocket and nobody would believe who he was. It took him quite a while to get a tankful of gas. It wouldn't surprise me a bit if the story's true.

Bob was a man who I never was close to. His communications with me were always very economical, to the point. As a matter of fact, sometimes when I was in bad trouble I couldn't get to him right away. Not that he ever shut me out. He's just a man who, in the first half of the 1970's, was flying to Saudi Arabia and going to Belgium and meeting with OPEC, etc. The stuff was in the fan, and he was right in the middle of all that. I think after the first couple of

years of my stewardship, I really didn't have his confidence, which didn't surprise me, because I didn't think I should've had it in the first place, but he stuck with me as long as I stuck it out. If I'd call him and he couldn't talk to me right away, within 24, 48, 72 hours I'd hear back from him. Sometimes I'd get the feeling that I'd call him and he'd call J.T. or call Horace or somebody and say, "What's he really want? What's the background of the situation?" and then he'd be prepared to negotiate with me about whatever it was.

SPIDLE: That's interesting. He had multiple links into this operation.

KILGORE: Yes, he did. There was no subterfuge about it. I knew he talked to J.T. and Horace on a regular basis, and Joe Fulcher, and he often called on them to interpret what I was trying to do, because what I was trying to do wasn't always clear to him. I think Bob found it a little hard to talk with me, for whatever reason. At any rate, he was an extraordinary leader and I think I'd have lasted about a year without him, and the place would've gone down the tube.

Oh, one other thing. Maybe you know about our terrible lawsuit back in the '60's -- the Lucas case. When we lost that one --and we should'nt've lost it. We shouldn't even have been the defendant --people didn't know much about that kind of award. In fact, I think that was a record award at that time. Within hours the sheriff was out here with a padlock order! He was going to seize all the assets of the Foundation and the Clinic and shut up the building. That day he had an order of execution when he appeared in Homer Reid's office. In order to stay that order...(Judge Tackett was the judge, and is the father of...

[End Side 4; begin Side 5]

KILGORE: (continuing) ...my son's first wife, who's the mother of my grandchildren.) Bob Anderson was right on the job that day and he managed to identify enough assets to negotiate, and a settlement was negotiated on the basis of Foundation assets that were real and could be identified. Most of it was stock in Reynolds Aluminum. We settled out of that for a figure considerably less than the award, because that's all they were going to get. That's all there was. So we were able to keep the sheriff from padlocking the place. If it hadn't been for Bob Anderson being on the job... none of the rest of us knew how to deal with it. It was a terrible situation. I don't know if Bob put any of his own money into it, but at least he immediately identified the critical points, he knew what kind of leverage he had to negotiate, and he got it solved right then. That's the kind of extraordinary ability that he has.

Bob is very quick to recognize a good idea. My principal direction when I first assumed chairmanship of the Board of Governors, number one, was to get all these institutions under one banner. We had five different corporations. We had thirty-two different insurance policies covering the institution. Incredible confusion. Different boards: Board of Directors for the hospital, Board of Trustees in the Foundation, Board of Governors in the Clinic. It made it awkward, to the point of impossibility, getting things done. So my first agenda item was to get

these things merged. Bob got right on that. He understood; he agreed. It didn't take ten minutes of conversation to decide that's the way we were going to go. He got Joe Fulcher out and dusted him off and Joe was really the architect of the mergers we accomplished, which we're undoing at the present time. Again, this is a different era. I've often thought that Joe Fulcher was the architect of the merger, 'cause he figured it all out on paper, and I was the mechanic that nailed it together.

The other good idea I had was the HMO. I was convinced that that was the way health care in this country was going, and I didn't have a lot of support on the clinical side. The doctors were all against it at first discussion. They were afraid of it. They didn't want to be identified with the first step in that direction. So it was pretty much an uphill battle. But, again, Bob recognized it for what it was, a step into the future, and we proceeded to get a \$600,000 grant from the Robert Wood Johnson Foundation and were up and running by 1973.

History indicates the usefulness of that early start in that particular direction of endeavor. In fact I think in unguarded moments David Ottensmeyer might point out that fee-for-service medicine is a dinosaur and that we're all going to be engaged in some kind of prepaid care before very long.

SPIDLE: When I wrote that article for *Postgraduate Medicine*, that was one thing that interested me. Even with some rather superficial digging I discovered, "Hey, that was Kilgore's idea," and I think I say in the section on Ottensmeyer that he pushed the satellite clinic and the HMO programs begun by his predecessor.

KILGORE: Well, a lot of these were very faltering steps, and what has evolved is nothing like what I'd envisioned. When we started the HMO it was presented, and truthfully was, research in health care delivery, and that's the way I sold it to my colleagues. "We are obligated to do research in all fields, and one of the most important fields is health care delivery, and that's what this is. And we're going to embark on it, not with the idea of making a buck, but to see if we can function with an alternate financing base. The way we started out was totally self-destructive. We had schizophrenia and each provider was fee-for-service on this side and prepaid on this side! The two seemed to be totally incompatible. It was my enduring feeling at that time that we could do it that way, and we could up to a point, but it took us many, many years to become self-supporting. We were still functioning with that basic schizophrenia and it just pleases the hell out of me that my profession is capable of that degree of elasticity, remembering what the opposition was just twelve or thirteen years ago and seeing how well they're doing it now and how well they understand it.

So, Bob gave that his full support -- wham! just like that. And by full support I mean he said, "Go ahead." Most of the energy for that was generated within the institution and the prime movers were Mike Kelly; Dick Masters; David Lee, our former PR guy, who had a lot to do with getting the Robert Wood Johnson grant. Dick Masters wrote the draft of the first application for the federal grant. Mike Kelly was not only a strong support, but put us in contact with a lot of people with capabilities we needed. We had a guy named Dave Vogel,

who was the first administrator of the Lovelace Health Plan. He's still local, but now has a national consulting service. Steve Yerxa came back, I think, because of his friendship with Mike Kelly, and Yerxa was someone who contributed enormously to this institution.

Let me put that in another context. The major contribution that I was privileged to make was to put together a good management team, 'cause I was not a manager. I couldn't find my way out of the closet in modern management. I had a facility that Bob Anderson didn't: I could read people, and I read them very accurately. So I gathered around me people that were able to do the things I couldn't do, and that was Steve and Mike and the people I just mentioned. We had consultants --Cresap, McCormick and Padgett came in twice -- and they were rather brutal in their assessment of our institution and its potentials. They read my weight correctly, but they pointed out the dead wood that was standing in the way of streamlining the organization. They didn't come right out and say I had to be fired, but they pointed out some people that needed to be fired. This was before the mergers in 1971-72. As Jack Grossman always said, "Consultants just tell you what you already knew anyhow." They gave us that extra push to chop off the dead wood and I had to fire a lot of people personally -- old friends. People who just didn't have the weight, the leverage, and weren't in tune with the directions we had decided were the only appropriate ones for the institution.

We got all that done, and it was a difficult time for me, because I was practicing 'half-time,' but it was full-time. I was operating two days a week, sometimes three days a week. I was taking calls every third night, every third weekend, and I was seeing 70 patients a week. Bob would say, "Are you really practicing half-time?" "Yes sir, I'm practicing half-time. I'm only in the office half days." You know, I'd be here from 7:00 until 3:00 and then go over and sit in the administrative office. That was another fatal flaw. I could not, and told Bob from the beginning, would not give up the practice of medicine because that's what I knew. I really was living in this fugue state, because I had no way out. I was desperately unhappy for the whole six years. That's why I love David Ottensmeyer so much. He's my savior.

I'm speaking in a very unguarded fashion, which means I trust your discretion and judgment that you will use what you feel is key and important, and if it hurts me I don't hold it against you. OK? Because I think I appreciate what a historian has to do. I think if your document has value, and I expect it will, you're not going to shrink from the unpleasant parts of my history, and there are some unpleasant things.

My tenure is controversial, I think, in the minds of a lot of people. If you haven't run into that, it's rather extraordinary. I feel it has to be remembered as such, because right from the beginning I was going against the flow in trying to get us into the next plateau of progress. At the same time, an absolute in my thinking was that feeling from the past, that tradition of excellence being the goal above all else, at all costs. Any individual, any asset could be sacrificed on the altar of excellence. We had to do it the best that could be done. There was no way to do that by the time I got to the end of my six years, because we were out of money.

I roughed you in on the administrative people who were very helpful during my tenure. On the professional side we had a large Board of Governors. They were all elected for nine years. I still think there's virtue in that because it takes four or five years to get any wisdom in that kind of position. In our new situation the guys turn over in three years, and I just wonder how in hell they're really able to contribute very much. It seems to be working, except the man of obvious value has just been reelected for his third term, which will give him nine years on the Board by the time he's finished. We had a lot of physicians during the transition period from the old days into what has turned out to be our future, people who were always willing to contribute beyond what they were paid to do. That's been one of the great riches of this institution. We've had so many people like that. Jack McCarthy stands out as just about number one. He was my vice-chairman on the Board of Governors for many years. Another thing that made my tenure difficult was that I always felt I had to put my performance on the block before my colleagues. That's why I stood for reelection every year. That's the first thing David stopped, and the first thing a sensible manager would do. In my conscience, though, I couldn't stay in that position unless I knew I had a mandate to do it. So I stood for reelection as chairman of the Board every year and when my term on the Board ran out I stood for reelection to the Board. It's one of the things that gave me the courage to hang in there, feeling that with the election I was obligated to.

Other members of the Board of Governors I'd mention during that era were Bob Turner, Dick Fields, Charles Weed, Duane McCarty, Jim Conrad. Those were people who were all very helpful to me, personally.

SPIDLE: You'll never guess which one I know best. I, as a historian, studying the records: that's Alonzo Tenney, because he kept the records and I could see something about him and his personality, though I never laid eyes on the man so far as I know.

KILGORE: Well, he's dead now. Next to Jack, or maybe even with Jack, Tenney was one of my strongest supports. Jack, while he gave me great strength, would never come on frontally and say, "You're full of crap. You're doing the wrong thing." He'd kind of lift his eyebrows and try to figure out what he could do to help. Tenney would come right out and shoot from the hip if he thought you were screwed up, or he'd say, "That's wrong." They kept me balanced. He was the vice chairman and Tenney was the secretary; we were the officers of the Board.

All right, to go back to the Board of Trustees. Who else do you remember?

SPIDLE: Well, I appreciate the way we started off here on Anderson, and I think the only other thing I'd ask about him is, I don't have a good feel for his tangibility. By that I mean, how much of a day-to-day force was he in that period?

KILGORE: He was a day-to-day force. In spite of what I've said to you, every move we made, every direction we took, everything we accomplished was done with Bob's shadow handing over our shoulder. Making judgments, "What's Bob going to think about this? Is he going to approve of it, or is he going to help it, or is he going to tell us we're wrong?" When

we had basic judgments to make we could get his reading on it. Sometimes it would take a little while and sometimes I'd have to work through Horace or Joe Fulcher or J.T. to really get his formal judgment of a question. I would call and present it to him, or present it in person, and then the answer would come back sometime later through one of the three. These three people were the essence of what was called the Audit and Finance Committee, which was a euphemism for on-board super-executive committee of the Board of Trustees. They were Bob's representatives on site. I understood that, everybody else understood that. There was no subterfuge. He didn't have any underground readings in the organization. Bob's influence was very real and very present and, well, benign. Stronger than that. He got nothing out of this place and could expect nothing out of this place, except doing what we told him we were going to do. And he went to great lengths to see that we kept pointed toward our goals. He also helped define our goals. He helped lead us around the quagmires and through the bushes.

SPIDLE: Given the large-scale operations with which he was involved, like the University of Chicago, world oil policy, and I know he flirted very seriously with political aspirations for a good while, it does surprise me that during that very period he is a very tangible force here, very much involved.

KILGORE: Very rarely did more than a week go by but we were in some kind of contact and felt his hand on the helm. He was our true leader, and still is, I think.

SPIDLE: Let me shift your gears just a little. You alluded to his on-scene representatives, the super-committee of the Executive Committee. The phrase I've heard used is 'The Troika.'

KILGORE: (laughs) That's not very attractive.

SPIDLE: No, I don't think so either, but I've heard it more places than one. Sometime, just for your edification, I'm going to play you what Dr. Ottensmeyer says, at least just for the record, and I have no reason to think he says anything else privately about Don Kilgore's leadership here. I vividly remember one phrase: he said, "They had Don Kilgore walking around talking to himself! Lookin' over his shoulder!" referring to Michaelson, Fulcher and McKay.

KILGORE: I don't know if that's exactly accurate. Our relationships weren't quite that strained. There was a time when J.T. was causing problems, as near as I could tell. That is, he was misleading my medical director. This is a muddy part; I don't know if I ought to get into that out of context or not, but we need to get through it.

In November of 1975, it was very evident to me that we had no place to go except into the ground unless we could get refinanced. We'd been trapped in the 1969 price levels by President Nixon's 1972 price freeze. We'd been trying to hold our goddamn prices down and all at once we were frozen, and we were three years behind everybody else. This was in 1972. By 1975 we really had sucked the yarns (?) 'til it was dry. There just was no more money. The salaries were incredibly bad. We couldn't hold on to valuable people because we couldn't pay them a third of what they were worth. The buildings were deteriorating, the machinery was

deteriorating. That's the time when computerized tomography came on the scene, and we sent Dick Conn up to Mayo's to look at the third machine that was installed in the United States and he came back with all these beautiful pictures. It was quite evident that we were going to have to finance one. Three hundred grand! Hell, that's a pittance in today's market, but we couldn't even borrow the money. There was no point in going to the bank. They didn't turn us down because we didn't ask. We knew no sensible banker was going to lend us the money.

The assets we had were the real estate, the reputation and good will, whatever that's worth, and I proposed to the Executive Committee that we look into industrial revenue bonds. That proposal fell into an absolutely silent audience. I got no feedback from that meeting. I explained that we were going to have to get an image scanner, we were going to have to clean up the buildings, buy new equipment. We were going to have to refinance the place, and the only way we could do it was with industrial revenue bonds. I took that as a signal that our Board was not willing to pledge the institution under my leadership, and I determined that this was the end of my tenure (which I'd been hoping for for so long). But I was burdened with Frank Mowry, who was a man of many positive aspects, but he would not demand that I would choose to pledge my allegiance to leading this institution onward. But he was about the only one around inside who was interested in it, and I couldn't step down with Frank there, so I was kind of hung.

I presented this dilemma to Joe Fulcher, and this is the first time I've described this to anyone except the players in the drama. I went to lunch with Joe Fulcher and Horace McKay, and told them, "This is the situation. Mowry's got to go or I've got to go, or we've both got to go." Joe Fulcher says, "What will happen if you fire him?" I said, "Well, there'll be a little unpleasantness, but I think the institution will survive." He had strong supporters. Horace McKay didn't say much of anything except they agreed that I should somehow get Mowry out of (this)? (his)? position. I immediately went back, and I had a scheduled weekly meeting with Mowry to review clinical problems. I couldn't think of anything but to tell Mowry straight out what the situation was, so I did, saying, "Frank, I'd like you to consider giving me your resignation." It hit him terribly hard. It just about destroyed him, 'cause he and I had been good friends. I still regard myself as a friend of his, and I have a letter in which he professes friendship, written some years after this, in which he agreed with the wisdom of my judgments at the time. But Frank was just shot right out of the saddle.

What I asked him for was to consider giving his resignation as we tried to figure a way out of this problem, and to give it to me the following Tuesday. This was on a Thursday. By Friday the institution was boiling with the information that Kilgore had fired Mowry. That caused a terrible uproar, and there was an immediate choosing up of sides. Those people who felt Mowry had been dealt with badly began to make plans to leave, and as soon as Mowry agreed that he would leave I submitted my letter to Bob. This was about the following Tuesday. Mowry and I went over to Horace McKay's office over there on Washington with J.T. Michaelson, who was now on board. In the meantime, J.T. had been telling Mowry, "Kilgore's going to quit one of these days, and we want you to be the leader." I don't know whether Bob was behind that or not; I rather doubt it. But I know J.T. was helping poor Frank think that he was heir apparent, was about to take over the institution, because I had had enough. That was

terribly unfair to Frank and it was rather immature of J.T. to indulge in that kind of manipulation. Anyway, we met in Horace's office and Frank agreed to resign and I immediately said, "OK, if that's true, I resign." We presented both those letters to the Executive Committee at the next meeting and proceeded to look for replacements.

In all fairness to Frank, he was a very able administrator. He was a man of enormous energy, he was an excellent physician, but he never quite got over being attached to the fleet marine force as a physician. He was all for gung-ho and hittin' the beach and that kind of thing. He jogged every morning five miles and was lean and wiry and strong. Nothing could ever tire him out, and this was all very commendable, 'cause all these things worked to our advantage. But the thing I couldn't adapt to in Frank was his rather ruthless approach to human beings, in spite of the rather ruthless way I dealt with him. He had a rather short string, and he would treat people cursorily and sometimes arbitrarily and sometimes unfairly, always with the excuse that the end justifies the means, and we have to keep our eye on the goal. Who gets chewed up in the process is not the problem. I think Frank was just put together that way, and that's not a quality that I could see as the head figure in this institution. I can't even imagine what the history of this place would be if Frank had taken it over. That's the only flaw in his character. He's still, as far as I'm concerned, one of the top cardiologists to ever come here, and he gave unstintingly of himself to this institution. What happened to him was tragic, 'cause he never really recovered from that. He went downtown, and he's shrunk from committing himself to anything since then, because he was so terribly hurt. I shared that hurt.

The happy part of the story is that we began right away to bring out the big guns to find somebody who could lead this institution as a professional administrator. We went through a number of fairly likely looking individuals, and came up with David Ottensmeyer.

[End Side 5; begin Side 6]

KILGORE: (continuing) He was dedicated to medical administration and if he had agreed with himself and with his potential employers to not be bound to the practice of medicine. He had formal training. He had experience. He had an incredible quality of vision that is really rare in medicine. He's got a crystal ball that seems to work. David fancies himself as a futurist, and he certainly is that. Coming from the outside, he was able to see things in much sharper perspective, I think, than those of us who'd dwelt here all the years. He was able to look at administrative procedure and at tradition and at equipment and practice, and see immediately what was impeding progress and what was helping; what we ought to get rid of and what we ought to keep; and he didn't waste any time in getting right down to the job.

He very quickly revised the format of the Board of Governors. He revised the make-up, revised the terms, revised the task description. He attacked our two biggest running sores: refinancing the institution and establishing competitive salaries. That rode roughshod over tradition, what we did with salaries. David made, without any nonsense, production as the only rewardable

aspect in this institution. It didn't make any difference if you got the Nobel Prize or were adjunct professor of internal medicine or whatever, if you didn't have it in the cash register, you didn't get it to take home. It's incredible how quickly the behavior of these physicians changed!

Well, that's one of my blind spots, you see. I've always thought physicians should be above that sort of thing. They shouldn't worry about money. They should worry about doing good things, and if you've got enough to live on, that's fine. But that was wrong. Following that philosophy, we were going to die, and there was no question about it. We were just drying up like an apple in the sun. We had to get those guys out there gettin' up at night and seeing twice as many patients and doing twice as many operations, and the turn-around was prompt and thorough and adequate. And Dave got the refinancing, too.

So it's a whole new ballgame, and the only dis-ease I have right now is that David works for HCA, and not for us. That's the way it has to be, but that is so different from what I was brought up with and what I was lead to believe was proper that I can't help being uncomfortable. I understand the necessity of it, I understand the usefulness and importance of it, but I'm uncomfortable with it because I've always felt that the people that drive this institution have to be blood brothers. Maybe we're blood brothers in the old sense, but I'm sorry he had to sell himself along with the real estate. But he says that his primary interest is this institution, and I believe that, and I believe it of Derek. I don't know about Gillock.

SPIDLE: Let me swing you back, briefly at least, to the basic orienting theme of this discussion, and that is trustees playing a pivotal role. I'm still not comfortable with Horace McKay, Joe Fulcher and J.T. Michaelson. I have these little phrases: 'They were looking over Don's shoulder.' 'They were busily engaged as R.O. Anderson's conduits into the institution.' It's just at that level: it's just phrases to me.

KILGORE: Well, remember that I didn't think I had Bob's confidence, and I don't think I did. He felt that this was a valuable institution, possibly had a future to it, and he didn't want to sign it off. And as long as he seriously regarded his responsibility as Chairman of the Board of Trustees, he had to have some facile contacts, so those were his contacts. They were formalized as the Audit and Finance Committee. It's now the Budget and Finance Committee or something like that.

Horace didn't hesitate to go down to the Business Department and look at the books. I knew he was doing it, and didn't see any reason to take umbrage at that, 'cause I felt he felt his responsibility, too. He knew as much about the day-to-day numbers as I did, very often. He knew what was coming in and what was going out, and who was being paid what. Horace never forgets a number. He's got a head like a computer, and I think he was doing that so he could report competently to Bob. I gather from you that what's been expressed to you by others is that there was some kind of underhanded aspect to that. I don't feel that's what it was at all. I think these guys were doing what Bob asked them to do, and that was seeing that the place didn't screw up totally.

SPIDLE: That everybody had the best interests of the institution at heart. Not in terms that there was back-stabbing or underhandedness, but that there were too many people, from good will, trying to direct this institution.

KILGORE: OK, I feel better about it, and perhaps there were some who saw it that way. But Bob regarded me as an amateur, and he was right about that. All at once, about 1973 or '74, I looked at the annual report and realized that I was running a \$25 million-a year business, and the biggest problem I'd dealt with before that was keeping my checkbook balanced.

I think I did some good things for it, and I'd prefer to give Horace and J.T. and Joe credit for helping me. J.T. had the one error in judgment, where he attempted to manipulate Frank, with tragic consequences, but whether he had or not we were headed in that direction unless... Well, I would've been happy to resign if we could've gotten somebody from outside, but we never got to the point of talking in that direction.

What happened between '65 and '75 was the terrible void that occurred after the death of Randy. He was a strong leader in every sense of the word and when he, all at once, wasn't there, the place was suddenly without direction, and people were looking at each other saying, "Who's gonna take over? I know you can't do it and I know I can't do it. Maybe he can do it. No, he can't do it." Jack Grossman rose from the ashes by default and just by sheer stubbornness and effort of will kept the place together. I think most people agreed with me, in that he was tremendously respected as a physician and tremendously respected as a man of absolutely unimpeachable integrity, so we trusted Jack to figure things out.

For the next five years, the Lovelace Clinic functioned here and the Foundation functioned there, and Floyd dropped out of the Board of Trustees and Bob took over and began to give a little positive push in the way of acquiring the hospital. It was obvious that we had to have the hospital. He saw to it that we got it. We spent the years between '65 and '70 just coming to the realization that the way things had worked under Randy couldn't work any more because times were changing, Randy wasn't there, and there wasn't going to be another leader of Randy's quality. Jack himself couldn't accept that we wouldn't be as we had before and, as the pressure gradually mounted for change, he became totally frustrated and precipitously walked out. That's when I had my conversation with Bob, and I was vice-chairman of the Board, so with Jack's resignation I was presumably head of the Board of Governors on this side and was elected chairman shortly.

SPIDLE: And told, "Here. Hold this." (both laugh)

KILGORE: I told you what my platform was, coming in. We got those things done pretty fast, and I think my job was over by 1973, but it took me another two years to get back where I belonged, which is here. I think in those years we laid a good groundwork for what's happened since. We convinced doctors that they didn't have to be like Sir William Osler; that running a business like a business was not a sin; and that we had to put our case before the people, be visible, let them know the quality of what we could do. I have to admit I'm just too old to be

able to accommodate advertising. I know what it's done, but jeez! The professors who taught me at the University of Michigan would be turning in their graves.

SPIDLE: I first saw that in talking to Dr. Albert Simms. He just levitated when he got on that subject.

KILGORE: Yes. Albert will never move into this part of the 20th century; he just can't. At Michigan we had a course called, 'History of Medicine,' which was taught by Fredrick Collar, who was the chairman of the Department of Surgery, and an internationally-known man. A great teacher -- tremendous aura. In order to graduate from the University of Michigan you had to write a thesis on the history of medicine, completed in your sophomore year. It was all on tradition and ethics. Ask David Ottensmeyer, when you get a chance, what medical ethics are. His definition is delightful. But we didn't have one hour's instruction on management or business practice or how you start a practice. It was what your obligations were to other physicians and that sort of thing. And I think most people with my amount of gray hair still, down at the bottom, feel the same way. They're accommodating all these new changes and we're part of it to a degree, but there's always that last little bit of reservation that you can't give up. "Gee, it was nice the way it was."

[**SPIDLE:** Here ended the third segment of the interview with Dr. Kilgore, an interview which will be continued later this month.]

SPIDLE: I spent the morning listening again to part of interview two and interview three with you, and there were a number of questions that occurred to me as I went back over all that. I've been over the Board of Governors' records, as you know, and I've marked a couple of entries I wanted to ask you about.

Here's one, for example. This is 1955, and I know you weren't part of the power structure at all at that time, but listen to my note of that entry: They had decided at that meeting to offer a contract to Dr. Florence F. Khedroo as the third member of the Orthopedics Department. Lew Overton "was to make it clear to her that she is the first woman we have had with our group and that we were looking forward to the association. It would certainly be on the basis that she would have to wear well with all the men in the group in order to have everything go as smoothly as possible."

KILGORE: Who signed that?

SPIDLE: That's an Alonzo Tenney minute.

KILGORE: Tenney wasn't even with us then. It might have been January or maybe Ollie or maybe Tom Chiffelle.

SPIDLE: I'll bet it was Chiffelle. Obviously, I annotated it because so far as I was able to tell it's not really the first woman. There was a Dr. (Pearl?) (Carol?) Lee (?) who was here briefly, '44 or '45, in Pediatrics, but she didn't like it or it didn't work out _____? _____ explicitly a fill-in. This woman, in 1955, did come here and stayed a little while, not too long

KILGORE: She was an interesting lady. She's still in Santa Fe.

SPIDLE: (surprised) Oh she is!!? I didn't know that at all!

KILGORE: She, I guess, was an overcompensator. She tried to overcompensate for the fact that she was a woman by being what she thought was very masculine. She'd have some old rancher come in to have his sore back looked at, and she'd say, "Get your ass up on the table, Ben." People's eyebrows would jump right up into the hairline. I believe she was a competent practitioner and good surgeon. I don't know why she left.

SPIDLE: Well, I wasn't interested so much in her as in the question of women physicians and the Lovelace Clinic. I don't sense that Lovelace was a leader in pioneering...

KILGORE: Apparently not. (Spidle laughs) We had some outstanding women physicians in the Albuquerque community at that time. Lucy McMurray comes to mind. Extraordinary lady. A physician in the great sense. Irene Boone came a little later, I guess.

SPIDLE: Eleanor Adler was already here at that time.

KILGORE: Oh, lord, yes! Eleanor Adler was certainly way above the average in professional activity, but I don't think she was in Lucy McMurray's class. Dr. McMurray was kind of up there all by herself.

SPIDLE: Really! I interviewed both of them and was impressed by both.

KILGORE: Well, they're both impressive ladies.

SPIDLE: I'd take my kids to either of them this afternoon.

KILGORE: So would I.

SPIDLE: I also was interested in the related question of minorities at the Clinic. I don't sense that the Clinic was any kind of pioneer, but so far as you're concerned there was no conscious policy that, "Medicine is a male profession" or such.

KILGORE: I was never aware of any feeling or policy with regard to male vs. female or ethnic background. I can remember a couple of times there were discussions that, "It would be great if we could find more qualified Spanish-speaking physicians interested in coming into group

practice, but I don't think it was ever part of Clinic posture that we would emphasize the 'WASP' background.

SPIDLE: From looking through files, Samuel Painter is a name I recognize and know a little about. I think he was the first formal Director of Education and, apparently, a very talented hematologist.

KILGORE: Yes he was, and he may have been the first hematologist in New Mexico formally trained as such. I still see Sam's daughter on an almost-weekly basis. Sam was a Type A personality *par excellence*. He was a driver, smoked three packs of cigarettes a day, and had a cholesterol that blew out the top of the tube, and died in his early forties of what Bob Massey called 'greasy blood.' He had coronary after coronary and went right down the tube while we were doing everything we could to save him. He was a brilliant guy. The fact that he was Roman Catholic comes to mind only because I thought first of the number of children he had. I think he had seven, and how he managed to do that with the way he worked I could never figure out. He was an exceptional person, and part of the influx of talent in 1953 when we got Mel Bivens and Don Stewart and LeRoy Plank, guys who were, for the most part, well above average and who enormously increased the vigor of this place, intellectually as well as professionally.

SPIDLE: That prompted me to make a couple of charts I'd like to share with you and ask some questions about. As of 1947, there were 21 staff members at the Lovelace Clinic. In 1948 there were 29; 1949 29; 1950 29; 1951 30; 1952 40. Clearly there's a big jump from 1950, when there were 29, and 1952 when there were 40. I wondered about that. Was it programmatic or just happenstance? It was not related to buildings and availability of space so far as I'm able to see.

KILGORE: I think it was programmatic. Randy was on the road trying to piece out what he needed to make this a tertiary care center and that's the kind of name you're finding on here, with the exception of mine. I was a family physician. Everybody else here was a high-powered specialist.

SPIDLE: There were eleven new staff members added in 1952. Norman Baca I don't know anything about. Boothby I know about. Tom Chiffelle came that year.

KILGORE: Then I guess he could have been the author of that 1955 note, but I don't remember that he was a governor at that time.

SPIDLE: I'm going to check on that. But as you look down those names, that's what clearly those new names represent: this is the effort to fill out the staff in the places where we have holes.

KILGORE: Looking at '52, Baca I don't know. Boothby was an internationally-known respiratory physiologist. Chiffelle was a Yale pathologist. Clapper was a professor of

bacteriology. Dillingham was an endocrinologist. Roy Goddard was a pediatrician with a background in research. Ken McIntyre was a board internist. David Post was a pediatrician who's now retired in Albuquerque. Dick Streeper was a cardiologist. Boozeman was an anesthesiologist and he didn't last very long; he was gone by the time I arrived.

SPIDLE: In 1953 more of the same? Filling out...

KILGORE: Yes. Don Olson. You've got Don Kilgore down here as ENT; that's wrong. In '53 I was an FP. There are names here I'd forgotten. May I keep this for a while to reminisce?

SPIDLE: Sure. I want to continue with 1954. I think the same syndrome is reflected there. Dorn is a rheumatologist. Robert George -- was he replacing someone?

KILGORE: No, Bob George was an addition to Ob/gyn. Beh Sotoodeh was an Iranian who trained with Julius Limpert in New York, the guy I mentioned to you earlier. He may have been the first one to do fenestrations in New Mexico. This was before the stapes mobilization I told you about. Morris Stark was a radiologist who was a mature practitioner; I forget where he came from in California.

SPIDLE: If you look at those charts... look back at 1954, when you're not only adding seven guys -- those in capital letters are new staff -- but Hirsch in internal medicine is the only one who left that year. There's greater stability also there in the early 1950's.

KILGORE: Hirsch actually went over to the Foundation. He was an ex-four-striper from the Navy and was more interested in research than in working out of a black bag. This was still the black bag days. We started office hours at 10:00 because from 7:00 to 10:00 we made house calls.

SPIDLE: I'll leave that with you, but I was interested in this bulge in the staff size there in the early 1950's, and I'd assumed it was a matter of 'filling holes,' but I had no other evidence that that was the case. There was one other thing: I wanted to ask another question from these minutes of the 1950's. On the sixth of January 1958 there's a very cryptic reference to a 'special meeting to discuss Dr. January's health problems and what to do with him.' It seems clear he was third, fourth, fifth in the pecking order of the prominences within the Lovelace Clinic, and had been here since the late 1930's. He'd invested 20 years in the Clinic...(tape off briefly here?)

KILGORE: January was the family doctor for lots of folks down in the Country Club section and the giants of such industry as we had in Albuquerque were his patients. He had a high rank in, I think, the Army Reserve, at least a colonel. He'd written a fair amount, and was known well beyond the bounds of Albuquerque. He was treasurer of the institution when I came aboard. I always remember that because he always pronounced f-i-s-c-a-l as 'fizzkul' or 'physical.' "This is the report for the physical year." He had this problem which Uncle Doc dealt with surgically when he finally decided to deal with it, and I'm sure it was like amputating

an arm, 'cause he really depended on Jan. I think it just got to the point where it was no longer deniable or supportable, and he went from here to a faculty appointment of some sort in Bennington, Vermont. He died shortly thereafter, apparently of a heart attack. One day last year the receptionist came in and said, "There's a Mrs. January here who'd like to say hello" and it was Jan's wife with their eldest daughter.

SPIDLE: I had the idea that he was a friend of Randy's. Is that right?

KILGORE: Quite likely. Their association began in the service.

SPIDLE: One other thing that struck me about him is: I wondered about January as a possible conciliatory figure in dealing with the downtown doctors, because he was unique in the '30's, '40's and '50's in being acceptable enough to downtown doctors and state doctors to be elected to high rank in the state medical society.

KILGORE: So was Lew Overton. He was president of the state society in 1959 or '60. Yes, he was one who was able to bridge that. Randy never could, and Uncle Doc certainly never could.

SPIDLE: I think he was secretary of the state society.

KILGORE: He was a man whose stature couldn't be denied by the people on the other side of the fence.

SPIDLE: Let me ask you a couple of other questions that stem from my listening to those tapes. You mentioned the name Homer Reid, and I know generally who he was; Sam White or somebody told me a bit about him, but he's still a mysterious figure as far as I'm concerned. He was administrator here.

KILGORE: Yes, when the Clinic was separate from the Foundation and the hospital. As well as I remember, Homer and Joe Fulcher came here as management consultants, hired by the Board of Governors to help the institution formulate its long-term plan, and they made their report and were hired aboard.

SPIDLE: He was a professional administrator then.

KILGORE: Right. And he was a professional consultant, which was a pretty rare bird, I guess, back in the '40's and '50's. Homer was, by today's standards, a lousy manager. For instance, we never had an operating budget here until I became Chairman of the Board of Governors, and Homer always said, "What do you want to bother with a budget for? Randy isn't going to stay within it anyhow." (both laugh) "I'll tell you what you can spend and what you can't spend." Really, I mean it literally: we never had an operating budget until I became Chairman. It was one of my first actions. That was the Clinic. The Clinic was separate then. We were a taxable, profit-making organization, even though we never made a profit or paid tax during the years

that we were taxable. Homer was very, very sensitive to and fond of Uncle Doc, and he looked after him and saw that what Uncle Doc thought was important got done. And he knew how to work with Randy and all his wild spending sprees and commitments. (Kilgore asked that tape be turned off.)

SPIDLE: We were talking about Homer Reid. Somebody -- maybe Sam White -- said he was an old General Motors administrator?

KILGORE: Not as far as I know a formally-trained manager as we have here nowadays. I'm not sure that kind of training was even available when Homer came down the pike. But he was a very wise man and knew how to keep track of things. He had an extraordinary talent of being able to mollify doctors. He could make 'em eat out of his hand! Homer was a great help to me in selling my proposed program to go off to the University of Minnesota graduate school. Homer was very much behind that, and I think his pressure at the Board meetings -- he was not a member, but he sat in on all the Board meetings -- was probably key in my being able to sell that to Uncle Doc, who'd never, ever before bought a 'pig in a poke.'

[End Side 6; begin Side 7 of 7]

KILGORE: We had 42 doctors as your list shows and gross income for the Clinic in those years, probably, in a year's time was a couple million bucks. Now it's \$103 million for next year. We were in every sense a cottage industry. We were small enough that Homer could really look into and analyze the professional activity of every member of the staff, and we had a very informal way of charging that he made work. We had a loose piece of paper stuck in the front of the chart, and you were supposed to pencil in the margin what your charge was. And nobody was ever told what to charge; you'd charge whatever sounded good. A nice round number -- you'd write it on there and that was it! When we went to repair this dumbwaiter out here some years ago, we found two feet of old charge tickets that had drifted down the side and collected in the bottom of the shaft.

Homer, I think, made this place work when we worked like a cottage industry. We had, really, forty different practices working in the same building, and he made it all unified somehow. He was able to establish and maintain good relations with the business community, and when our accounts payable were 120 days, he'd keep people happy. When we had our terribly unfair malpractice judgment and the sheriff was out here with a padlock, Homer's the one who mobilized the one guy who could cure that, and that was Bob Anderson. Homer knew just who to go to. He always had an adversary position with the Foundation administration and, particularly, with the hospital administration, because we had some service contracts with the hospital that were more and more unfair to us as time went on. We were really giving The Methodist Church a whole bunch of money. Homer kept those in as good shape as they could be maintained. He reached the end of his tenure when he just could no longer work with the evolving attitudes and tensions of the Board of Governors. We got to a point -- this was when

Jack Grossman was Chairman -- where we had to give Homer some definite instructions as to what he was to do, and he just said he wouldn't do it. So he resigned, which was painful, because he was such a loyal employee.

SPIDLE: He died very shortly thereafter, didn't he? Within a month or so?

KILGORE: Yes, he died very shortly. I think he aspirated a piece of meat while he was eating in a restaurant. Homer's Director of Finance, such finance as we had, was Herman Rausch, and he kind of took over in Homer's place. But Rausch was primarily a CPA; he really was not a manager.

SPIDLE: One other thing you alluded to about Reid that I'd already picked up from the records was the connection with the Lucas case. When the Lucas case first developed in 1958, it was Homer who was sitting on top of that and tried to shepherd it for years.

KILGORE: He made sure the family understood that we made no attempt to dodge liability, and we would underwrite any medical expense, anywhere in the world, for the child, and we paid lots of money for them to go to Mayo's and wherever they wanted to go.

SPIDLE: I was struck by what I perceived to be the fairness and candor with which the Clinic accepted that responsibility.

KILGORE: And it really wasn't our responsibility. It was a design defect in the machine that made the accident inevitable, and the manufacturer had already paid in five similar actions in other states, but Paul Tackett would not allow us to join the manufacturer in the suit. If we'd been able to raise the money to appeal, we could have appealed it and won. There were so many judicial errors in that.

SPIDLE: I see that chain developing as the case progressed, but early on there apparently was a recognition here or an initial assumption that, "Oh, yes, we left the filter out and we're responsible." Later on, apparently, a little research suggested there were these other things involved.

KILGORE: The design of the machine was such that sooner or later the filter had to be left out. There was just no way it wasn't going to happen, like building a bridge with pilings missing in the middle. So the liability should at least have been shared by the designer, but Tackett wouldn't allow it.

SPIDLE: There was a guy named Haricourt...

KILGORE: He was the radiologist in charge.

SPIDLE: And John Howard.

KILGORE: He was the radiation physiologist.

SPIDLE: Haricourt left not long after the accident.

KILGORE: Oh, yes. He was long gone before the case ever came to trial.

SPIDLE: I have a file folder, which I didn't bring with me, on the Lucas case. You mentioned in our last interview, and I was struck in looking at the record, the size of the court verdict in that case. Then the record is very murky. It's clear that it was settled out of court, but it was unclear exactly how it was settled. I have a better idea now after talking with you.

KILGORE: It was settled for an amount less than the award.

SPIDLE: I recall the figure was one point three million.

KILGORE: One point two. That was a record award in a liability case at that time, and it hasn't been surpassed too many times since. Every lawyer in New Mexico knows about that case. It's their textbook case.

It was made apparent to the plaintiffs' lawyers that what we offered them was all we could come up with. There was no point in their taking the buildings; they weren't worth anything to anybody. Or the contracts with the physicians; they weren't worth anything to anybody. We had some R.J. Reynolds stock that we mobilized, and we came up with about seven or eight thousand dollars on the Foundation side and made, I guess, a structured settlement.

SPIDLE: I looked in the phone book, and I think Lawrence Lucas is still in town.

KILGORE: Could be. My former nurse, Fern Whisler, was a very close friend of the Lucas family before, during and after this, and she was my contact with the Lucas family over the years. She certainly would know.

SPIDLE: I asked about the Lucas case in connection with Reid because I wondered if, since it apparently was his responsibility to 'ride herd' and it did slip away, I gather some hot lawyer got a hold of it, I wondered if there was any connection with his loss of favor here at the Clinic and his ultimate departure.

KILGORE: No. It was just the changing way of doing things after Randy left. I can give you some sidelights on all that.(Tape turned off.

SPIDLE: When we were talking about Albert Mitchell, Republican National Committeeman and the like, there was a phrase you used which reflected your surprise: "My goodness, here's a Republican and yet he was friends with Uncle Doc", and that suggested Uncle Doc was a staunch Democrat. I was interested in his politics.

KILGORE: A very strong supporter of Clinton P. Anderson and Dennis Chavez. How could you not support people like that?

SPIDLE: He was close to Chavez too?

KILGORE: Oh, yes. I don't know how close, but Democratic politics Uncle Doc was very much a part of. I don't know what the basis for their friendship was. I just know that it was real and it was important.

SPIDLE: Uncle Doc served in the 1930's on the Board of Regents of the University of New Mexico, and I've never looked to see who appointed him. It must have been a Democrat, since that's all they had at that time. What about Randy? Was he politically active in that sense?

KILGORE: No. My impression was that he was not active. You didn't see him at the Republican dinners. I'm sure he contributed his fair share; I think his persuasion was basically Republican.

SPIDLE: Is that right?

KILGORE: Why don't you ask the girls that on Saturday? I could be entirely wrong, but Randy always impressed me as being almost apolitical.

SPIDLE: It would be especially interesting, since his Uncle was fairly active, apparently. You mentioned also in that interview, talking about Albert Mitchell, your concern about the safety of the Mitchell art collection, with demonstrations at the Kirtland gate. I hadn't thought about the proximity of this institution and possible involvement in all that. Is that the only incident you can remember where that was a very real worry?

KILGORE: It's the only incident I can recall where there was a palpable threat. At that time the pictures were just hanging on the walls! They could've hammered in the doors and made a bonfire of the whole business. And the best we were able to do was to put Plexiglas enclosures around these things, which was an almost ridiculous gesture. First of all, it made viewing very difficult, and secondly, it was no more than a token.

SPIDLE: Coming forward to discussion of Donald Edgar Kilgore's helping to pick up the pieces in the late 1960's, I think you said, "My first agenda item was to get these institutions merged." I understand that in an abstract sense, and yet I would be interested in your rationale for that.

KILGORE: In the first place, that rationale predated my taking the helm. I became Chairman of the Board in 1970, and we acquired the hospital through Bob Anderson's insistence and very real hard cash help in 1968. Sam White was titular head of the Foundation, which owned the hospital, and Sam couldn't even get Mike Kelly, the administrator of the hospital, to answer his telephone calls. This ridiculous charade went on and on. Sam really couldn't do anything but

give Kelly his head, and Kelly still had the support of his first twelve Board of Directors, who were men of prominence in the community. But after we purchased the hospital, all that responsibility passed to our Board of Trustees, and some of the Board of Directors of the Methodist Hospital passed onto our Board, Horace McKay being one.

[tape interrupted]

We were talking about the spread-out nature of our effort. It was quite apparent that Albuquerque was a vigorously growing community, and that our market share had to be protected. We had to become leaner and smarter and harder in our professional efforts. Above all, we had to strike toward professional management, and here was I, an amateur, being responsible for that. We had three institutions; we had thirty-two different insurance policies, which I've mentioned to you before, and which was just incredible -- or maybe it was thirty-two different carriers! I think it was thirty-two different insurance policies covering all aspects of the various institutions. We had ITRI; we had the nursing home and the hospital; we had the Foundation and the Clinic. Five entities. And having them all just wander along, helter skelter, made no continuing sense.

Bob Anderson was very sensitive to that, and I gather he'd had conversations with Jack Grossman, to which I was not party, in which he'd indicated that's the way things ought to go. And Jack was against it. He felt the doctors should be kept as a separate entity. I don't know whether that was wise or not. I just knew that, from my perspective, I wanted to get financial control into the hands of the pros, the wise people on our Board of Trustees and the professional administrators.

So we set out with the evolving blueprint, which was largely the work of Joe Fulcher, and he was the guy who figured out how to put it together. Bob Anderson merely gave us continuing encouragement, and it was kind of my job to go one-on-one with every member, every person on the property, and gradually convince them, "This is the way we've got to go." In time we got to the point where it came to a vote, and we carried. In 1973 we were able to get all the units under one umbrella, which was called the Lovelace Center for the Health Sciences, which is a pretty trite name, but it was the best I could come up with. (laughing)

That was the mode of operation, and I was able to put together what I thought was a very effective, imaginative management team, like Kelly, Steve Yerksa, David Lee, Dick Masters. I was the first Medical Director, but very shortly Frank Mowry assumed that. He was very much a part of the team, and all these people worked together pretty well. That's the team I turned over to David in 1976, and he made some changes. Mike had already left the fold by then. The way things have evolved, we're now reversing the process that was necessary for us to go through in the early '70's. Now it's very necessary for us to go back the other way into a number of different corporate entities in the early 1980's. That underscores one remarkable property of this institution: its ability to change with the economic climate and change with the time. It hasn't been the same any year I've been here. Every year it's different. It continuously evolves. It's totally different now from what it was ten years ago.

Here ended the interview with Dr. Kilgore.