

MYRON MAGEN

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Jeff Charnley,
interviewer

Charnley: Today is Tuesday the 19th of September. We're in East Lansing, Michigan. I am Jeff Charnley, interviewing Dr. Myron Megan for the MSU [Michigan State University] Oral History Project for the sesquicentennial of the institution. The sesquicentennial of Michigan State is coming up in 2005, and this project is part of that.

Dr. Megan, you can see that we're tape-recording this today. Do you give us permission to tape it?

Megan: Yes, I do.

Charnley: I'd like to start first with a little bit about your general educational and professional background. Where were you born and where did you go to school?

Megan: I was born March 1, 1926, in Brooklyn, New York, attended public schools in New York, including Erasmus Hall [phonetic] High School. I graduated in 1941 from high school. I entered New York University, the uptown campus when they had one, spent two years there until I was drafted into the Navy, and spent two years in the Navy during World War II in the Pacific theater.

I went back to NYU and then was twelve credits short of my bachelor's degree when I was accepted in what was then the Still [phonetic] College of Osteopathic Medicine in Des Moines, Iowa. I entered there in 1947, graduated in 1951. I did an internship and residency in pediatrics there. I went down and practiced in Dallas, Texas, for two years, came back to Des Moines, was chairman of the Department of Pediatrics there until 1963, when we came to Michigan, private practice of pediatrics for a number of years in Wyandotte, Michigan, was

chairman of the Department of Pediatrics in Riverside Hospital in Trenton, Detroit Osteopathic Hospital in Detroit, then went to Botsford Zieger [phonetic] Hospital as its medical director and director of medical education, spent five years there, became part-time dean of the Michigan College of Osteopathic Medicine. We entered our first class as a private school in 1969. In 1970 we became part of Michigan State University, and I was appointed the first dean.

In the process, I have served on numerous government committees. I have about forty publications, primarily in pediatrics and education. I've served on various committees for the profession, the American Osteopathic Association. I've been president of the Michigan College of Medical School Deans when there was a formal organization. I'm the only osteopathic physician that's a member of the Institute of Medicine of the National Academy of Sciences and only one of two faculty on the campus that are members of the Institute of Medicine.

I stepped down from the deanship ten years ago and am currently professor of pediatrics, although I would be dangerous if I had to practice medicine. I'm married with three children, three boys, one of them is an assistant professor of psychiatry at Michigan State, one of them is an emergency medicine physician in Soldatin [phonetic], Alaska, and one of them is an associate professor of social work at the University of Alaska in Anchorage.

Charnley: We've asked all of our interviewees who have served in World War II, what aspect was your service in the Navy?

Megan: I was a fire controlman, which meant that I operated radar and rangefinders. I was the pointer on a Mark 37 gun director aboard the light cruiser *Amsterdam*, which we put into commission at Newport News, Virginia, and then joined the Pacific Fleet. We joined just after Okinawa. We were conducting carrier operations sixty-five miles off the Japanese coast.

When the war ended, we were part of the fleet that was present both in Tokyo Bay and out at the surrender. I then transferred to the heavy cruiser *St. Paul*, which was detached two weeks later from the Third Fleet to carry the flag for the commander of the *Yangtze Patrol*, when we anchored in the Wangpo River off the Bund in Shanghai. I

spent a couple of months there, then we were detached to San Pedro, California, where we carried the flag for the Commander Battleship Cruisers Pacific Fleet, and then I got out, with a great deal of pleasure. [Laughter]

Charnley: Nothing in your naval experience stimulated your interest in medicine?

Megan: No. I had wanted to be a physician since I was six years old, when I had my appendix out. That stimulated it. 1932.

Charnley: Who was the doctor that did that surgery, do you remember?

Megan: Yes. The doctor's name was Sarnoff. He was related to David Sarnoff of CBS, and his daughter is Dorothy Sarnoff, who is a voice teacher.

Charnley: Did you have a relationship with him later on?

Megan: No.

Charnley: Your medical education, did you have a specialty interest?

Megan: In pediatrics.

Charnley: I know, but did you have that earlier, or was there something--

Megan: Oh, no. That came later.

Charnley: How and why did you come to Michigan State?

Megan: Well, I enjoyed my job at Zieger Botsford Hospital. I really didn't want to come to Michigan State. There were a lot of pushes to and fro. I was the dean of the private college for the short time that we were in existence, and I had a kid in high school, and we were enjoying West Bloomfield, Michigan, where we lived, and I was induced as an obligation, basically, to take it, said would I take it for three months. Thirty years later, I'm still here.

Charnley: Who asked you to be dean?

Megan: The profession, basically.

Charnley: Were you involved at all in the development of the school here prior to your coming?

Megan: Yes.

Charnley: Did they have the medical school at that time, before the osteopathic school?

Megan: Yes. They were, I think, four years ahead of us. They were a two-year school to begin with.

Charnley: Which president did you have the most dealings with in those early years?

Megan: Well, we started out under Walter Adams, and then Walter, of course, served for one year, and then Clifton [R.] Wharton [Jr.] came aboard. And after Clifton we had Ed [Edgar L.] Harden, who had been a consultant to us all along on the development of the college when we were trying to get it started as both a private and a public

institution. And then, of course, after Cliff, [M.] Cecil Mackey, and after Cecil, [John A.] DiBiaggio, and then Gordon Guyer and currently [M.] Peter McPherson, whom I served under provosts starting with John Cantlon all the way now through Lou Anna [K.] Simon.

Charnley: Of those that you've mentioned, were there any that were either more supportive of the school? Did you find them uniformly supportive?

Megan: I think the thing you've got to understand is that the faculty didn't love to take us in. This was the first unanimous vote by the board of trustees at that time in 1970, a board that was split between Republicans and Democrats. I would say that none were more or less supportive. We had our pushes and pulls with a number of them. I have a genetic predisposition not to be enamored of provosts. Although I liked some of them, I wouldn't want my daughter to marry them. They're all decent people. We just had, certainly, policy differences of opinion.

Charnley: In the early development, in the early years, how did the mission of osteopathic medicine fit with the land-grant mission of the university? Where did you see the fit?

Megan: Well, it fit very well. The reason we got the college, without question, why the legislature supported it--there's a picture over there of the signing of the bill--why the legislature supported it was the fact that the osteopathic physicians in the state of Michigan were practicing at a community level. They were in the trenches. A good share of them were practicing in relatively small towns. But in addition, the majority of them were primary care. We didn't have a great deal of specialization. And, of course, that fit in perfectly with Michigan State University's land-grant philosophy of bringing whatever knowledge was developed for the people and to bring it to the people for the benefit of the people. So obviously the two fit in very, very well.

Charnley: Within the field of medicine, what would you say were some of the earlier successes, based on the faculty that you gathered, what were some of the areas of focus or strengths?

Megan: Well, I think for strengths, let's say, well, I think one of the strengths we had--the thing that must be remembered is that we had a problem. In order to understand the dynamics you have to understand the dynamics of the medical environment and what had occurred. It had only been back in the sixties that the American Medical Association, as an actual policy, removed from the osteopathic physician the designation "quack" or "occultist." It had been their stated policy previous to that, that, in effect, an M.D. physician could not consult with a D.O. physician. Now, I'm not saying that everyone adhered to that. I think the relationship in Michigan was mixed. There were areas where the cooperation was excellent; there were areas where it wasn't.

In addition, at that time the osteopathic profession consisted of only five schools, private, poorly funded, tuition-driven, and so that we, in 1970, became the first state supporter, although Ed Harden preferred the term "state assistant," as it was his contention, and he's quite correct, that no state institution is ever state-supported, since a good share of their money comes from non-state funding and they couldn't live on the state funding. So we were the first state assistant.

Remember, we then became the sixth College of Osteopathic Medicine. We were the first new college in fifty-three years, and as of now there are nineteen Colleges of Osteopathic Medicine, of which more than half are state supported. So that we did, I think, a couple of things. Number one, placing a College of Osteopathic Medicine at an AAU university such as Michigan State University immediately catapulted the profession into the mainstream of American education. It gave me, as dean, visibility in areas where we had never had visibility before, not because it was me, but because I was dean of a college of Michigan State University. It allowed us then to show the rest of the educational establishment that we really didn't have horns and that a duck didn't follow us around going, "quack, quack," when we walked.

And let me indicate that there was mixed feelings on the part of the profession. There were many in the profession who felt that this was the death knell of the profession because here we were being catapulted onto a

major university with an M.D. school right next door or as a partner and that we would be swallowed up. That's one segment of the profession.

Another segment of the profession didn't recognize that once the college became a public institution, they, in effect, had lost control of it. It probably took two years before the profession recognized that while I was the dean, the rest of them were not associate deans. So to begin with, I had 3,000 associate deans, each of whom maintained that he or she was the father or mother of the college. So that, in effect, was the situation we found ourselves in.

So we had to attempt to prove to the university faculty and others that they had no monopoly on quality or knowledge, that we were just as interested in academic quality as anyone else was, and we were just as interested in doing the things within a major university that any college is supposed to do: public service, teaching, research, etc.

In that vein, John Cantlon--and we had started on the campus in Pontiac--assigned Bob Schutz [phonetic] as our advisor. He was in the Institute of Biology and Medicine at that time. And also, immediately, faculty from the university began teaching at Pontiac for the class that was still there, that had started there, so that Phil Gerhardt, who was chairman of microbiology, would send people down and so on. Dozier Thornton was appointed to our Admissions Committee to assist us and also to make sure that quality was maintained. So in effect, there was an attempt by the provost to assist us and get us knowledgeable vis-a-vis the university.

I had not been in an institution of higher learning except for a couple of education courses since I got out of my medical school experience, and the osteopathic colleges in those days were freestanding institutions. Consequently, I was an inexperienced dean and was thrown into the Council of Deans meetings immediately, and I assume if I came back there ten years later, they'd still be discussing the same things they were then.

Charnley: Hard to get people off the dime.

Megan: And had probably made as many decisions, which means almost none.

Charnley: The bureaucracy moves slowly, the bigger the institution.

Megan: Yes.

Charnley: How would you describe the campus when you first came in terms of the whole--

Megan: Atmosphere?

Charnley: Yes.

Megan: Well, there was a number of people in the university, one or two in chemistry, one or two in economics, who were vocal critics. But of course, many of them had been angry since the days John [A.] Hannah started the M.D. institution without asking, and they felt they should have been asked, consulted, and should have had a part in the decision. In addition, everyone was convinced--not everyone, but a good share of people were convinced that once again we were going to take money from them, and yet, interestingly enough, we came up here with something from the state so that while the university had given us a \$230,000 check to help us meet our payroll while we were in the transition, we had a funding line from the state. So we had a line-item appropriation and the university really--we weren't taking money out of anyone's pocket. The assumption, of course, by faculty is that if one or both of the medical schools would disappear, that money would be available for use by the remainder of the faculty, a questionable opinion, but whatever.

Then, of course, the question was, why do you need two medical schools, etc., etc. Again, the thing that has to be remembered is that from a standpoint of public policy, it was public policy in this country at that time that there was a shortage of physicians, particularly at the community level, and that we needed more primary care physicians. Michigan was the net exporter of physicians, and the legislature used to scream that the graduates of Wayne and the University of Michigan were supplying the states of Florida and California with physicians. And, of

course, the three medical schools, CHM, U of M, and Wayne, maintain that it would have been much cheaper to expand the size of their classes than for us--but it was a political battle which we won, period.

Charnley: Who was the dean here on campus of the School of Human Medicine?

Megan: Andy Hunt.

Charnley: How would you describe your relationship with him?

Megan: Good. Andy was a gentleman, a highly intelligent gentleman, who probably received much less credit for the development of community-based M.D. schools than he should have.

Charnley: So both the College of Human Medicine and the osteopathic school here worked to increase family practice, and they were unified in that mission.

Megan: Oh, yes.

Charnley: Interesting. The issue of research hospital, when did that come up?

Megan: Well, I can't give you the exact date. The federal government in those days was providing money to medical schools for construction of facilities. Life Science I had been built with partially federal money. In addition, the university had received a federal construction grant for construction of a hospital. The legislature did not and would not appropriate money for it. So the grant was dissipated. It went the way of all flesh.

The plans were for a Life Science II building, and at the same time, the university began construction or remodeling of East Fee Hall, the College of Osteopathic Medicine, for offices. Andy and I sat down and had a

discussion, and I think there was agreement, that while undoubtedly we needed a Life Science II building, medical students had to have patients upon which to learn, and medical school faculty had to have patients to take care of to keep their schools in. So we agreed that instead of Life Science II, we would go to the legislature and ask for funding for a teaching clinic. The agreement was made that along with the construction of the teaching clinic would be the tower in which there would be offices, and we agreed that East Fee Hall would be primarily for the College of Osteopathic Medicine and the new tower would be primarily for the College of Human Medicine, the teaching clinic would be shared by both colleges.

Jerry Favorman, in effect, we went and hired as assistant dean for planning, basically wrote the building description for East Fee Hall. The legislature appropriated some of the money but never, in effect, appropriated the remainder. There was some protest by students because East and West Fee Halls were, in effect, the only places really where there were apartments, small apartments, for the students.

The initial remodeling of East Fee Hall, I thought, was done very, very well. The rest of the remodelings I thought were fairly atrocious, occurred later on, university money. Money was not appropriated for the rest of the remodeling. In fact, there was supposed to be a bridge on the third floor between East and West Fee Halls. The Speaker of the House, who was an eastern Michigan proponent, and this is what they say basically, when Eastern Michigan finished its dormitory remodeling, money never came. Whether the university pushed or didn't push, I don't know. So the remodeling was never completed. In fact, I refused to allow our people to move into some of the spaces that hadn't been remodeled. They were atrocious, and everyone agreed they were atrocious, but the university had no money or felt that they had to use it for something else.

Then when Cecil Mackey and Ken Thompson came aboard, I think Ken got some money and did some more remodeling, which was adequate, not as good as the first, but adequate. In addition, we had relatively little control over who came or went into Fee Hall. It's basically been used as a dumping ground by the university for units that they had no place else to put them. In addition, from the original plan there were some changes made so that units moved in here that never should have, and some doing research that probably shouldn't have been carried out in a building such as this and so on.

Charnley: What about the question of the dissolution of the nursing school? Was it just a cost-cutting attempt?

Megan: In my opinion, Cecil Mackey, up until that time, was probably the smartest president we had had, not that he was smarter than Cliff Wharton, but he was certainly more experienced. With all due respect to Cliff, who was a delightful and intelligent man, Cliff had had no experience.

Cecil probably was correct from a budget viewpoint as to what units should have been dissolved and what units shouldn't. I think the whole thing was handled very badly politically, from a political viewpoint. First of all--and I went over and had a private talk with Cecil, which he may or may not remember, although many of us were blamed by nursing for wanting to see the school dissolved. I went over and tried to convince him not to take on that fight. There was a nursing shortage. There was no way you were going to win that kind of a battle.

One of the difficulties with Michigan State, and I think part of its difficulty still, is that it still doesn't know what it wants to be when it grows up. What we do is we add units and underfund them. We're willing to tolerate mediocrity, and we can point at places, no policy decision was made vis-a-vis nursing, in that if you're going to keep nursing, then you've got to put in funding to make it as good as anything around. There's no question about that.

Policy decisions. What do you want out of nursing? University of Michigan made a decision that nursing, they would focus on the graduate component of nursing. That's fine. I'm not saying what nursing should focus on, but I think the universe of nursing in those days should have made a decision. Isabel Paine [phonetic], to her credit, fought like a Trojan.

Charnley: Among the Spartans.

Megan: Yes. Fought like a Trojan to keep nursing, and she won that battle. I thought it was a turbulent time in this university and very unnecessary. We had such things as public hearings in the Kellogg Center, absolutely devastating, where members of the board and the president would sit up there and be pilloried by the audience,

people such as a Ph.D. biophysicist who as in the College of Human Medicine getting up and making rash statements about family practice and so on and so on and so on. I thought public relations was bad. I thought it tore this university apart. It was a noble attempt to do the best--

[Begin Tape 1, Side 2]

Charnley: When the tape ended, we were talking about the attempt under Cecil Mackey to eliminate the School of Nursing. What do you think brought about the change, or was there a change after that?

Megan: You mean change in what respect?

Charnley: Did Cecil Mackey's leaving alter things for the School of Osteopathic Medicine, or did John DiBiaggio bring--was it economic prosperity that it affected, or--

Megan: I think economic prosperity. I think, in my own opinion, that Cecil Mackey understood medicine better than any president we've ever had. After all, he'd been involved in the formation of the medical school at the University of South Florida when he was president and was president of Texas Tech [University], which had a medical school. So that he probably understood medicine better than any president we've had. I'm excluding present company, because, frankly, I think Peter has learned a lot about medicine and I think his learning curve is still going, but I think he's done very well.

Charnley: The issues of international programs. How were you involved in any international programs or study? Were you personally doing any research, or were you involved in any way?

Megan: No. I got involved in that John Hunter, a medical geographer who is emeritus now, was a member of our college. He had a part-time appointment in our Department of Community Health. Again, it's interesting how most of the university doesn't know who their stars are, and he was certainly a star. He had mapped river blindness in West Africa and was responsible for finding a number of areas in West Africa where there were certain endemic diseases. Actually, without question, one of the country's leading, if not the leading, medical geographer, and he got me interested in international programs. I went to Africa with him a number of times. We wrote a number of reports for the university which are published, which are in the archives on someone's shelf.

Eventually I proposed, with the consent of the deans of medicine and vet medicine, an Institute of International Health. When I say "I," we were lead dean on it. That doesn't mean it was my idea alone of anything of that sort. And so we again got approval. We formed an Institute of International Health. In the meantime, Roy Gerard [phonetic] in the College of Human Medicine received a grant from the Kellogg Foundation for an international fellows program, and he became the first director of the institute.

Once again, we ran into and have run into the issue of underfunding. The institute has done quite well. In addition, we were instrumental, and I was lucky, in hiring Terri Taylor as professor of internal medicine, and we supported her in her master's degree program at the Liverpool School of Tropical Medicine. Terri now is one of the world's renowned malariologists, still a young woman, a member of the Institute of Medicine Committee on Malaria, is responsible for a large program on cerebral malaria in children in Malawi, and is also principal investigator on a collaborative grant with about six other institutions in Africa on malaria and has over a million dollars in NIH [National Institutes of Health] grants. In addition, we send students over there, we rotate students through there on a voluntary basis.

We hired Evangelis Petropolis [phonetic], who had been dean of the School of Medicine in Zimbabwe, as director of the institute, and he's done an excellent job in getting outside funding. But again, the institute is underfunded, and each year he has to go around to the various deans with his hat in hand, a fairly typical Michigan State University operation.

Charnley: In looking at some of the teaching that you've done, how have you been involved in the actual teaching of students?

Megan: Well, early on, I taught some pediatrics, but I really haven't taken care of a patient in years, and now I'll lecture, when asked, on the history of medicine and the relationship of the formation of this college to the students, basically.

Charnley: How would you characterize the students that are coming in now compared to what they were twenty-five years ago?

Megan: Well, I know I couldn't get in today, no question. Neither could most of the faculty. Students are much better, much better. No question about that. Better prepared and better students.

Charnley: Do you feel that they're knowledgeable in the osteopathic mission more so than in previous years?

Megan: No, no, but I'm not sure that's particularly important. I think what's important is--well, we try to take students, obviously, who are interested in primary care and so on. You may have seen where we were ranked number nine in the country by *U.S. News and World Report*, for whatever that's worth, along with Johns Hopkins. I'm sure Johns Hopkins is quaking, quite worried about their reputation.

But anyway, sure, we try and take students that we think are interested in primary care, but let's face it, these are very smart people and they know exactly what we want and they're going to tell us what we want. One of the nice things about medical school is that medical students are smart in spite of anything we do to them. They usually turn out to be pretty good doctors. It doesn't matter what curriculum you give them, how badly you beat them up, how badly you stress them, and we do. They usually turn out pretty well. In fact, you wonder if you really need faculty, but that's beside the point.

Charnley: You mentioned Terri Taylor as one of the alumni. Are there any others that come to mind?

Megan: Sure. David Kaufman [phonetic] in neurology, that just started the neuroscience program. Then years back, Phil Garrett [phonetic], when he was associate dean for research, of course, recruited Justin McCormick and Veronica Marr [phonetic] in cancer research. And over the years, many of our people who have been on our salary in the various basic science departments have been very successful.

Charnley: Do you see any changes within the university in comparison to when you first came, either acceptance of the school or cooperative efforts?

Megan: Maybe more acceptance of the school. I don't think it's as good a university as it was, although I think that there's a very determined effort to get it back where it should be. And I'm not pointing the finger at anyone. I think there were a number of things that happened. Although Bill Milliken, I thought, was an excellent governor, I think he and Jerry Miller made a series of strategic errors, not the least of which was to cut taxes, then have the country go into an economic decline, refuse to do much about it except manipulate the calendar and do a bunch of Mickey Mouse things. So of course the universities got clobbered.

I think the Biophysical Research Building, or whatever we're calling it, is probably twenty years too late. It is twenty years too late. However, we're delighted to get it. I think some decisions were made that possibly were not in the best interest of the university. In my opinion, the RQ [phonetic] process was an absolute disaster. In my opinion, David Scott took money from the strong, gave it to the weak, made the strong weaker and made the weak no stronger. Again, a personal opinion, biased, obviously, but I'm entitled to it.

I think the decision to allow Steve Ketai [phonetic] as chairman of anatomy to go, to leave here, because the university felt that it couldn't or wouldn't provide him with the facilities he needed and pour it into other units, it was

a serious mistake. The man's built up a top neuroscience program and has millions and millions and millions and millions of dollars in federal funding.

Charnley: Where did he go?

Megan: Tennessee.

Charnley: So there was a brain drain that occurred at that time.

Megan: Yes, I think there was a brain drain, yes. And again, over the years we attempted to recruit some top neuroscientists to head a neuroscience program, and for one reason or another the university didn't have the facilities, didn't have the money, and felt that it couldn't raise it to attract that quality of person.

Charnley: Where do you see the college in, let's say, the next twenty-five years? Do you see the direction continuing as it has, or are there any new areas you'd like to see?

Megan: One of the things, I think, that held us up quality-wise over the years has been the fact that the osteopathic profession did not have an academic component. In my opinion, you can have a superb dean and mediocre department chairs, and you're going to have a mediocre college, whereas you can have superb department chairs and a mediocre dean, and you're going to have a superb college. No question in my mind middle-management people are the most important in an individual college. We had no pool of experienced people who had come through an academic institution. I think we're getting them now. We've helped develop a number of them. They're being developed in other institutions. In addition, since the relationship between the two professions has gotten much better nationally, many of our people are training and are actually faculty members in major academic health science centers. So we're developing a pool.

I think the quality of the teaching in this institution, in this college, is good. I think the patient care, on the whole, is good. The research component is relatively poor, and that will get better. We were the first osteopathic college to develop a medical scientist training program whereby students interested in research could get a combined Ph.D./D.O. degree, and over the years I think we've attracted some. I think we've got to attract more. I think we will. I think our next thrust has to be, and is beginning, in research, clinical research, and I think you've got to give the provost credit, current provost credit, for attempting to push the university and the college in those directions. While I don't agree with her on everything she does, I think she's right on in this area.

Charnley: In looking back at your career, when you first came to Michigan State, did you anticipate you'd be here for the bulk of your career?

Megan: No.

Charnley: Why did you stay?

Megan: Number one, I had always been involved in osteopathic education from the day I graduated, so education was important to me. Secondly, the resources at this university intrigued me, and I think the mark of a good administrator is the ability to use the resources around him or her. I'm talking human resources. And there were human resources here that were absolutely superb, people like Lee Shulman [phonetic], people like Keith Goldhamer [phonetic], who was dean of the College of Education, and numerous others too numerous to mention.

The fact that we had strong basic science departments, the fact that we could take the osteopathic profession and throw it into the mainstream of U.S. higher education and begin to do something the profession had never done and not only develop a true academic base, but also begin to develop a research component, resources to train potential administrators, potential researchers, at the same time have some influence in national policy-making in health care and within the profession educationally. So that intrigued me.

Now, was I inexperienced? God, yes, I was inexperienced, because I still see some of my mistakes because they have tenure and I signed the form. My one regret--I do have a couple of regrets, but one regret is that I don't think in the early days the university gave us enough advice and enough of the right kind. Now, I'll grant you it's conceivable that we would have screamed and said, "You're interfering." By the same token, I think you've got to utilize the resources available to us, and until we've learned on our own what was available to us, I'm not sure--and let's go off the record for a minute. [Tape recorder turned off.]

Charnley: In looking at the MSU School of Osteopathic Medicine, within the field, how would you say that the field has viewed this experiment?

Megan: Well, as I indicated at first, many in the profession thought we had sold the profession down the river. But now, if you look, without question the state institutions are the strongest Colleges of Osteopathic Medicine in the profession, without question. Maybe our biggest contribution to the osteopathic profession--and I say "our" because it certainly wasn't me; you've got to give the state association credit for starting the school--but having been catapulted on the campus of Michigan State University, even if we were not interested in quality, we were forced into it, and I'm not saying we weren't, but even if we weren't.

Number two, it allowed us, either knowingly or unknowingly, to pull the rest of the profession kicking and screaming into the twentieth century. We furnished the deans and presidents to numerous Colleges of Osteopathic Medicine. They all trained here to begin with. Now you've got some magnificent state institutions. I think without question, when we started we were far ahead of any of the osteopathic colleges. Right now I don't know that there's such a thing as number one or number two or number three. They all have their strengths. The physical plant that the University of North Texas Health Science Center in Fort Worth, which is a College of Osteopathic Medicine, is magnificent, absolutely magnificent. It makes anything we have on this campus look silly. They've got a School of Public Health and so on. Ohio University has done some good things. The School of Osteopathic Medicine at the University of Medicine and Dentistry in New Jersey has done some things, and so on.

So that I would say that, no, we're not number one, but we're not number two. We have some great strengths, and some of the others have great strengths, too. No question we suffered some grievous budget cuts that, without question, hurt us very, very badly, and I'm not implying that no one else took them. I'm just saying that that's the way it occurred. So without question that held up, I think, some of our growth, not student-wise but otherwise.

Charnley: How would you assess the lack of a teaching hospital? Has that worked out okay, that relation with hospitals within the Lansing area?

Megan: Sure. Sure. It makes it more difficult logistically and otherwise, but if you look at health care today and see the state that hospitals are in, we may be very, very lucky that we don't have one. Sure, we have constant battles. The hospitals in this town are schizophrenic. They don't know whether they want to be teaching hospitals or community hospitals. I'm not saying the two are antithetical, but they're not sure how to do it, and it's a constant battle.

Charnley: Have you been involved in activities in the community, anything that you have done for just enjoyment, for retirement?

Megan: Well, of course, I'm not retired.

Charnley: That's right. But since you left the deanship.

Megan: We travel. My wife does most of the community work. I sit back and bask in her reflective glory.

Charnley: I want to thank you for the time that you spent and I appreciate your insights.

Megan: My pleasure.

Charnley: Thank you.

[End of interview]

Index

Adams, Walter 5
American Medical Association 6

Cantlon, John 5, 7
Council of Deans 8

DiBiaggio, John A. 5

Favorman, Jerry 10
Fee Hall 10, 11

Garrett, Phil 16
Gerard, Roy 14
Gerhardt, Phil 7
Goldhamer, Keith 19
Guyer, Gordon 5

Hannah, John A. 8
Harden, Edgar L. 5, 6
Hunt, Andy 9, 10
Hunter, John 13

Institute of International Health 14

Kaufman, David 16
Kellogg Center 12
Ketai, Steve 17

Mackey, M. Cecil 5, 11, 13
Marr, Veronica 16
McCormick, Justin 16
McPherson, M. Peter 5, 13
Michigan State University
Board of trustees 5
College of Osteopathic Medicine 6, 18
Council of Deans 8
School of Nursing 11, 13
Miller, Jerry 16
Milliken, Bill 16

Paine, Isabel 12
Petropolis, Evangelis 14

Schutz, Bob 7
Scott, David 16
Shulman, Lee 19
Simon, Lou Anna K. 5

Taylor, Terri 14
Thompson, Ken 11
Thornton, Dozier 7

Wharton, Clifton R., Jr. 5, 11