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Arkansas Memories Project

Interview with:

Harry P. Ward
15 January 2008
Little Rock, Arkansas

Interviewer: Scott Lunsford

[00:00:00] Scott Lunsford: Today we are interviewing Dr. Harry P. Ward here in—and I—my name is Scott Lunsford. We are at the Ward residence—Harry and Betty Ward’s residence in Little Rock, Arkansas. It is the fifteenth of January 2008. This is a recording for the David and Barbara Pryor Center for Arkansas Oral and Visual History. Dr. Ward, the tape will be archived—all the materials will be archived in the Special Collections unit in—within the Mullins Library at the Fayetteville, Arkansas, campus of the University of Arkansas. And now I need to ask you if it’s all right with you that we’re doing this interview and that this material is archived at the Special Collections in Fayetteville, Arkansas.

Harry P. Ward: Yes, absolutely.

SL: All right. Well, thank you very . . .

HW: It sounds like great fun.

SL: It is fun. We love—we love doing this, you know?

HW: I'm pleased to see you all.

SL: Senator [David] Pryor feels like it's time for Arkansans to be telling the Arkansas story and . . .

HW: Well, Senator Pryor is a very special person and he's one of the individuals that really helped me in Arkansas in every way.

SL: Well . . .

HW: And I'm proud to—to be his friend.

SL: Well, that's—that's very kind. Thank you very much. Usually where we start is when and where you were born and then we'll talk a little bit about your parents and your grandparents. So, Dr. Ward, where was it—where and when were you born?

HW: Well, I was born in Pueblo, Colorado . . .

SL: Mhmm.

HW: . . . on June 6, 1933. And I'm the second of three—three children—three boys. I've got an older brother and a younger brother. And my parents—my dad was a doctor in Pueblo, Colorado. My mother was a housewife. They, in fact, had met up in Denver when my dad was an intern . . .

SL: Mhmm.

HW: . . . and my mother was a schoolteacher. And after he completed his internship and training, he went into private practice. He was a physician . . .

SL: Mhmm.

HW: . . . in Pueblo, Colorado. And so I—Pueblo, Colorado, was a wonderful place to

grow up—be a kid.

SL: So how—how long were you in Pueblo?

HW: Oh, we've still got some family that lives in Pueblo. But in Pueblo, that's basically where I met Betty Jo. We were classmates and we started going out with each other in high school. Then I went to college. I went to Princeton [University] and came back from college and married Betty Jo Stewart. Now, her parents were both schoolteachers . . .

SL: Mhmm.

HW: . . . from the southwest part of the state and a man named Gentry Stewart and his wife's name was [Genira?].

SL: A great name.

HW: And they are a very important family that live in south—southwest part of Colorado. And the Stewart Ranch—that's where they grew up and, he—as I say, he was a schoolteacher and she's the oldest of three—three daughters—three girls. Anyway, we started going out with each other, I guess, probably our junior year in high school and then I—I trotted off to college.

SL: [Laughs]

HW: I'd planned to—I was going to go to Columbia Medical School [New York, New York], but we decided to—to go—we decided to get married. And so I had never even applied to the University of Colorado. My father said, "If you're going to get married, you'd better go to the University of Colorado to medical school and not Columbia. It's too expensive." So, you know, this was a simpler time, obviously. This was nineteen—I had graduated from—from college in 1955, so it's a—you know, a simpler time. I walked into the University of Colorado School of

Medicine and spoke to the associate dean—introduced myself, and I was admitted. And they were very pleased and I did well at Colorado. And then from there I went to my internship at Bellevue Hospital in New York City.

Joy Endicott: Dr. Ward, let's stop for just a second. I need to close some doors. I can hear them scanning.

Trey Marley: We're picking up the sound from in there. Now, are we—we going to go back to Colorado a little bit?

SL: Well, just a little bit. We'll talk about the grandparents and brothers just a little bit, but . . .

TM: I'd like to hear what Colorado—Pueblo was like during that time.

SL: This is why it's always great to have someone on headphones listening to what we're doing, because if we get this tape back in Fayetteville and we've got all this noise going on, it just . . .

HW: [Laughs]

SL: . . . it just really makes it difficult to—to clean up. Do you want me to close this?

JE: You can pull it or—yes. Okay, thank you.

SL: Good job, Joy.

TM: Okay, we're good.

SL: All right, are we—do we have speed on the FireStore?

JE: Yes, sir, and we were talking about Bellevue intern.

[00:07:16] SL: Before we . . .

HW: Well, let me just complete that.

SL: Okay, let's complete that.

HW: And then we'll go back to Pueblo, but . . .

SL: Okay.

HW: Anyway, after—I then had my internship at Bellevue, we then moved to the Mayo Clinic in Rochester [Minnesota], and there I had my residency and fellowship. We came back to Colorado. And they recruited me to come back. I ended up to be the—the chief of medicine at the Colorado VA [Veterans Administration] Hospital in Denver. And had a wonderful time, and so that’s sort of how I got back to Denver and then eventually became the dean of the College of Medicine at Colorado before coming to Arkansas.

SL: Well . . .

HW: Now, to get back to Pueblo, Colorado . . .

SL: Mhmm.

HW: What were you asking?

SL: Well, you were the middle son of—of . . .?

HW: I was the middle son.

[00:08:15] SL: So tell me a little bit about your—first of all, the names of your brothers and . . .

HW: Well, my older brother’s name is Lester Lowe Ward.

SL: Mhmm.

HW: My dad’s name is Lester Lowe Ward, and so he’s named after my father obviously. My younger brother is—his name is Jack Ward.

SL: Mhmm.

HW: And he’s named after one of the family of my dad. And I’m named Harry Ward, and I’m named after my grandfather in Blue Earth, Minnesota.

SL: Well, let’s talk . . .

HW: And . . .

SL: . . . a little bit about your grandparents. They're in Minnesota, or that's where they were from?

HW: Uh huh. They were—they migrated into Minnesota. Basically, the Pfeffer family—I mean, the Pfeffers came in from, I guess, you know, from Germany in around 1850 and ended up settling in Blue Earth, Minnesota. And then the other side—my mother's—my—the other side of the Pfeffers—the [Gallaghers?] from Ireland came across, and they ended up meeting and settling in Minnesota in 1848-1850. And so the [Gallaghers?] and the Pfeffers—and if you go to Blue Earth, Minnesota, you'll see the Pfeffer grain storage place and all the different things that they were involved in, and they're still a very prominent family in Blue Earth, Minnesota.

SL: So they were farm—a farming, ranching concern?

HW: Oh, yeah.

SL: Mhmm.

HW: And—but that's who they were, and it's just a small, little town. As a child, I ended up—I mean just sort of wandering around Pueblo, Colorado, having a wonderful time. In about my—I guess about my kindergarten or first grade year, I was really sent off for one year to live with my grandparents in Blue Earth, Minnesota. So I lived up there for one year—wandered around up there and had a delightful time. But . . .

SL: What do you remember about the—the farm in Minnesota?

HW: Oh, I just—it really wasn't a farm, as such. No, it wasn't a farm. It was a—a grain elevator-sort of thing, and he was the local one who—you know, everybody

just would bring their material to—and store it in his places at . . .

SL: Yes.

HW: So they—that's what they ran. But it just was a small, little community and easy place, and you'd wander around and, same thing about Pueblo, Colorado. It was a community at that time of about 50,000.

SL: Uh huh.

HW: And it was just—it had a streetcar in it and so easy—and bicycle and streetcars—that's how you lived. And I'd just wander around and go down to the library and read—just sit in the floor and read. And, of course, it was the time of comic books and all that kind of stuff, and it was great fun.

SL: Well, now, you . . .

HW: Easy place.

[00:12:06] SL: You've talked about the Pfeffers and the [Gallaghers?]. What about the Wards? What . . .?

HW: Well, the Wards are from Utah.

SL: Yes.

HW: My dad is from Utah—from Willard, Utah. And they were—they were Mormons that came across.

SL: Mhmm.

HW: And he's a—was the youngest of, I believe, fourteen kids [laughs], which is incredible. And he was not a practicing Mormon at all and was not a church person and was, in fact, not a—you know, not a religious man at all, but—and his practice was obviously a very fine physician.

SL: Mhmm.

HW: But you couldn't—I mean, he used to joke—he couldn't stay—he couldn't go back to Utah because everybody there is related to him. [Laughter] Anyway, he—after medical school, he went to the University of Pennsylvania Medical School, and back in the 1920s it was very unusual and he received a scholarship to go to University of Pennsylvania. Then after graduating from the University of Pennsylvania, he was a member of the ROTC [Reserve Officers Training Corps] or whatever it was . . .

SL: Mhmm.

HW: And he became a—he served his internship at Fitzsimmons Army Hospital. And that's where my dad met my mother, who was a schoolteacher in Denver.

[Coughs] And they got married.

SL: Do you need some water?

HW: And came to Pueblo. No, I'm fine.

SL: Okay. Well, there in Pueblo—it sounds like church wasn't really a—you all weren't very heavily involved in church.

HW: No, we're not involved very much with church.

[00:14:23] SL: And as far as—[coughs] I guess you probably had a radio at the house.

HW: Oh, very much so.

SL: It was radio . . .

HW: Radio and [phonograph] records.

SL: And records.

HW: Absolutely. We had lots of records and . . .

SL: What did you all listen to on the records?

HW: Oh, gosh, I don't know. I don't—I really don't remember. But we used to listen

to—as a kid I remember I used to listen to “Jack Armstrong” [“Jack Armstrong, The All American Boy”] adventures. [Laughs]

SL: Yes.

HW: And I guess the usual stuff.

SL: Were you always a—a good student in school?

HW: Yes, I’m very fortunate, and just one of those things. The Lord blessed me with a very fine memory, and unfortunately I’m losing it. But [laughs]—and so I always did well and had—never had any problems with school. Didn’t have to do a lot of studying and things did well.

[00:15:28] SL: In—so was there anything that you remember about—early on with your father or your mother that kind of set you on the academic path or did you just—it just was natural to you? You never—sounds like you never really had to work at it. But were you ever encouraged to—to read or . . . ?

HW: No, never. Huh uh. And the—the—you know, the world was just a simpler time at that moment. I ended up, as—as I’ve mentioned, after high school I went to Princeton University. You know, at that moment in time it was a—sort of unusual for someone to go to Princeton. But you’d get on a—I’d get on a train . . .

SL: Mhmm.

HW: . . . in Pueblo, Colorado. It was two-day trip and overnight—connection in St. Louis [Missouri]. And, you know, I only came home during the Christmas vacation and—and summer. Other than that, I just lived, you know, basically at Princeton. And had a wonderful career at Princeton, and they were very good to me and—but I spent a lot of time, obviously, because of my—I was from Colorado—spent a lot of time on campus and did a lot of different things on campus. So

they've been very—you know, very generous in their recognition about me and have done some special things, so that's very nice as well.

[00:17:46] SL: Albert Einstein was at Princeton at that time, wasn't he?

HW: He was in the Institute of Advanced Study. Uh huh. In fact, he always had—he was always having coffee up in downtown Princeton. But I got to know him a bit, as I was always hanging around. In fact, I even walked him home several times. And once he brought me in and his sister played the violin for me, and it was very lovely and just—but, he was a marvelous, marvelous, strange sort of a guy.

[Laughs]

SL: Well, what did you guys talk about?

HW: Oh, gosh, I don't remember. [Laughs] I don't. But Princeton was a small place—easy to mess around in. And this was a time you could hitchhike places, you know? You'd go out on what's called Route 1, the highway between New York and Philadelphia, and thumb a ride to New York City and have no problems. They'd stop and it never occurred to you that someone might do you harm, and you would just hop in. Now, to get back it was more difficult to hitchhike out of the city than hitching in.

SL: Mhmm.

HW: So often I'd have to take the train coming back, but it was very easy. So I spent a lot of time in—in New York City as well and—anyway . . .

[00:19:41] SL: What were your favorite things to do in New York City when you'd hitch into New York?

HW: Oh, I mainly—you know, I mainly chased women. [Laughter] And I—I mean, rarely caught up with one, but [laughs]—then—then I loved the—we had a spe-

cial place up in—it was Jimmy Ryan’s in—in New York City. We’d go up there—I’d go up there to hang out and listen to jazz music—Jimmy Ryan’s. Of course, go to all the museums and all that sort of stuff. But I was mainly listening to music and chasing women. [Laughs]

SL: Well, so do you still enjoy jazz to this day?

HW: Oh, yeah. Oh, yeah.

SL: Was that—was jazz a part of Pueblo, too, or . . . ?

HW: Uh huh, mmmm. But jazz was a big thing and always great fun.

SL: What—do you remember any of the jazz artists that you got to see at Ryan’s?

HW: No, I really don’t. I’m sure I saw everyone.

SL: Yeah.

HW: But I just don’t—at this point I can’t remember any specific . . .

SL: Uh huh. Do you—did you have a favorite jazz artist that—or do you have one now that you . . . ?

HW: No. You know, we’re not listening to it now much, but it’s just at that point in time that was sort of the thing you did, and I enjoyed it.

[00:21:28] SL: Well, you know, it is kind of remarkable. I know it’s hard to maintain a long-distance relationship that—it’s kind of remarkable that you got back to Pueblo and—and hooked up with your high school sweetheart.

HW: Yeah. Well, it’s just a—it was wonderful. And she went to the University of Northern Colorado.

SL: Mmmm.

HW: That’s in Greeley, Colorado, and got her teaching degree.

SL: Mmmm.

HW: And I then got my baccalaureate, and so, she's a schoolteacher. And we went when we—after we were married and I went to medical school, Betty Jo taught teaching—taught children in Denver.

SL: Just a second. [Coughs] Excuse me, Joy. [00:22:21] Well, so is there—was there a particular professor at Princeton that kind of ignited . . .

HW: No, no.

SL: . . . your career for you or . . .?

HW: No, no, no. Huh uh. Just well-balanced faculty. Just terrific people.

SL: Mhmm. Was there a favorite course that you—or path that you . . .?

HW: Well, you have to major. You have to select a major.

SL: Mhmm.

HW: Ended up to be a biology major . . .

SL: Mhmm.

HW: And ended up to—in fact, for my work there a couple publications in research magazines—science research things that I've been involved in and—as an undergraduate. And so I was a—but those were all things that are kind of unique to Princeton. I mean, they just—they have sort of requirements that are quite unique and you just—those—those are things you do. They demand a thesis for graduation. You cannot graduate from Princeton without a thesis.

SL: And what was your thesis on?

HW: My thesis was on infertility in man. And so it was an interesting biological—still is an interesting biological issue. And we did some studies on some of the growth factors and it's still under—some of that is still being done.

SL: So you graduated Princeton with a bachelor of science in . . .

HW: Uh huh.

SL: . . . in . . . ?

HW: Magna cum laude and . . .

SL: Mmm.

HW: I wasn't Phi Beta Kappa [Society]. I'm just terrible in—in French [laughs] and . . .

.

SL: [Laughs]

HW: And anyway, I graduated. [Laughs]

[00:24:20] SL: So you find yourself back in Pueblo, Colorado, after Princeton, and you decide to marry Betty.

HW: Uh huh..

SL: Your dad tells you, "Well, no Columbia. Go to University of Colorado." And you went to the dean and just had a conversation with the dean and got in. I mean, how simple is that? Those days are gone.

HW: Well, it really is and, you know, I—all I had with me was my graduation—my credentials stuff and et cetera, and—but I'd never applied. So she's very nice—it actually was a she, who was the head of admissions, and so anyway I was accepted and I had a wonderful career at Colorado.

SL: Now, was that in Denver?

HW: Uh huh, the medical school is in Denver.

SL: And so you married Betty and you moved to Denver or . . . ?

HW: Oh, yeah. Oh, that's—yep.

SL: And she's teaching in Denver while you're in med school?

HW: Uh huh. And then after about, I guess, probably after three years—two or three

years—we had our first baby. And, the—and then after—you know, after—after the medical school, I—as I’ve already told you, I went to the Mayo Clinic. I’m sorry, I went to—I interned at Bellevue. So we moved back to Bellevue or we moved back to New York City and lived in Queens. And at that time we lived in Jackson Heights in Queens. I don’t know if you ever watched that television show now called “King” or something like that—“King of Queens.”

SL: Oh, I have seen . . .

HW: Yeah.

SL: . . . that once or twice. So what . . . ?

HW: Well, basically, he’s from Queens. It’s basically from Jackson Heights. But anyway . . .

[00:26:33] SL: So how—what was—what was Queens like back then?

HW: Just a terrific place to—at that moment in time and Betty can—we had, I guess, one child or two. I’m not sure. I can’t quite—but anyway—because we had—we had a child every other year. [Laughter]

SL: You all figured that out. [Laughter]

HW: And—but anyway, the—we are—we were going to stay in New York City at Columbia, but, the opportunity to go to the Mayo Clinic was just too—you know, sort of—it would simplify things.

SL: Mhmm.

HW: So we decided to move. So we just lived in Queens for one year and then moved to Rochester, Minnesota. And so that’s where I had my residency and fellowship.

SL: How far was that from your grandparents?

HW: Not very far. It’s only about seventy-five miles.

[Telephone Rings]

SL: Mhmm. Ah, we have a phone.

JE: Looks like we forgot to do those.

SL: Okay. We'll [pause here].

[Tape Stopped]

TM: So while you're in the . . .

HW: This is kind of boring you guys, isn't it?

JE: No, it's good.

TM: No, it's not. Actually, I wanted to ask you some more about what you did in—I would think being a kid in Colorado would just be great, you know?

HW: Oh, yeah.

TM: And just some of the things you might have done, maybe outdoors, and did you fish or get outside much?

HW: Oh, absolutely. I spent most of the time outside and it's a great place to grow up. The major thing I did is to play touch football in the street and we had a very active neighborhood. You know, lots of kids. And so we would just mess around, basically.

TM: Yeah.

HW: And, in fact, I have some things on my computer—my class at Central High School in Pueblo, Colorado, now has a computer recollection place, et cetera, and so it's pretty—it's pretty charming and . . .

TM: Uh huh, uh huh.

HW: And all this sort of stuff. And it was such a simpler time.

TM: Mhmm, mhmm.

JE: Scott, will you close the door?

HW: Nothing's in trouble, is there?

SL: No, hmhmm.

HW: I don't want any . . .

JE: Maybe just a little higher.

HW: I don't want any fires.

TM: [Laughs]

SL: No, no, huh uh. You just looked a little redder in the face after the scan than—
than what the picture looked like, but we're—it's fine. So, let's see, we were—
where were we?

TM: Well, we were . . .

JE: Queens.

TM: We were talking about Rochester.

SL: Actually, going to Mayo. We were talking about going to Mayo, I believe, and
getting.

TM: In Rochester and the grandparents were close.

SL: Yeah, seventy-five miles from Rochester.

HW: Yeah. No, I think we pretty much completed my growing up stuff.

SL: Yeah. So it was—it was great being—having that . . .

HW: Yeah, yeah.

SL: . . . family that close. [00:30:10] And how long were you at Mayo?

HW: I was there for three years.

SL: And . . .

HW: And then came back to Colorado. They recruited me to come back to Colorado as

a—as basically what’s called a chief resident in medicine. So I went back to Colorado and then within about a year or so—I mean, they were very nice. They offered me the head of medicine at the—at the VA Hospital in Denver.

SL: Mhmm. Let’s talk—what does a chief resident do?

HW: Chief resident just is sort of in charge of all the units inside—in the—all the inpatient units . . .

SL: Uh huh.

HW: . . . in your area. For example, the chief resident in medicine and chief—well, in big hospitals, the chief resident in medicine and chief resident in surgery, they’ll be the overall supervisors of a lot of beds. Now, chief resident in, say, orthopedics, they will be supervisor of just the orthopedic beds.

SL: Mhmm.

HW: But in—but in medicine it’s a big deal, and it usually consists of, you know, three or four units, and so it’s an important position. And then they—as I say, they offered me the—the chief of medicine at the VA, which is just right across the parking lot from the university hospital.

SL: Mhmm.

HW: And, so I was very pleased. And . . . that’s where I first got to know—I became involved as chief of medicine at the VA Hospital—I helped set up what’s—an organization of the chiefs of medicines of VA hospitals. And in Little Rock, Joe Bates was the head of medicine in Little Rock, and I met Joe through that and we became friends.

SL: So . . .

HW: Then I met then within a—I don’t know—four or five—whatever—I served that,

and then they—they offered me the—they offered me the chairman—I'm sorry. I was offered the deanship of the College of Medicine at Colorado.

SL: Mhmm.

HW: And so I became the dean at Colorado. And it just was a—a time of big change at the University of Colorado Medical School. So Betty Jo and I—now, at that point in time we had—our family was all very—everyone was very busy and everything, but it was just a wonderful, wonderful time and—but to be the dean of University of Colorado where I had gone to medical school—and it ended up that the first thing that we did that was sort of in the wings ready to happen—we had to recruit replacements for basically every chairman in the College of Medicine.

SL: Now, how—why is that? What . . . ?

HW: It's just because people had—it often happens in medical schools. There'll be a—almost a cycle of things . . .

SL: Mhmm.

HW: . . . which you suddenly have a lot of people retiring or leaving, and it's just one of those things. Now, I had known all these people because I had gone to medical school there. So we replaced some of them or most of them, and it was at that, that we became very involved with—with recruitment activities.

SL: Mhmm.

HW: And Betty Jo was just—[laughs] I think we must have had a party a week for various—you know, to—various candidates for new positions. And so it was great fun—great adventure. And I—we replaced the chairman of medicine, the chairman of surgery, the chairman of OB/GYN [obstetrics and gynecology], the chairman of pediatrics—basically, every job. [00:35:28] And I became very in-

volved, then, with the Council of Deans . . .

SL: Mmm.

HW: . . . in the United States, and that's how I met Dr. Tom Bruce, who at that point in time was the dean at [University of] Arkansas [Medical School]. And so in about 1978, thereabouts, Tom called me and asked me to come out and look at this job at Arkansas. And as I say, we—we'd gotten to know each other and were fond of each other through the Council of Deans. And I told Tom, "No, no, you should be the chancellor." And he said, "No, no." He says, "You've—I mean, you've been the dean of Colorado for seven years and I've only been dean at Arkansas for five years or something. It's time for you to move. Please come out to visit." So we came out and we had never—I'd never visited Arkansas before—been to a lot of different states.

SL: Mhmm.

[00:36:54] HW: The Clintons [Bill & Hillary] had just been elected governor [1978], and so he got very involved with my recruitment. And, I tell this story often, he started calling me, urging me to accept this job at Arkansas.

SL: [Laughs]

HW: And about every other week he'd call, and I'm very busy at Colorado, of course. But the thing that basically—I—I tell people that made my mind up is when Bill Clinton in his last phone call to me—he said, "Dr. Ward, you've got Coors beer and the Rocky Mountains in Colorado. You can recruit anybody."

SL: [Laughs]

HW: "We need you to come here, and I'll commit—we'll help you recruit, and we'll change this institution." And that's when I came here. [Laughter] We decided—

I just loved that—"You've got Coors beer . . .

SL: Coors beer.

HW: . . . and the Rocky Mountains. That's an easy place to—to recruit. We need you here." And so that's when we came to Arkansas [1979]. And we just have had a wonderful time.

SL: Well, tell me what you found when you—when you got here and settled—settled in—what the . . .

HW: Well, what I found was an institution that was ready for change. It had some marvelous characteristics about it, but it was ready for growth and change. It had some interest from a number of people, and early on we—I guess, probably within the first—one of my first or second visits here—my recruitment—I had the opportunity of meeting Betsy Blass. Her husband, Noland Blass, had been the architect or was the architect [coughs] for a number of—I've got to stop for a minute.

SL: Okay. Okay. Do you need to do some oxygen?

HW: No, I'm all right for right now. I might—am I—am I huffing and puffing too much?

[Tape Stopped]

SL: So you got here and it was ready to grow.

HW: It was ready to grow, and it just needed—it needed some change. And it—a major firm in Little Rock—architectural firm has been the Noland Blass firm.

SL: Mhmm.

HW: And Noland was—got involved, of course, with then [the head of science?], and his wife then got involved a bit, and they—we—we formed or they formed the—the U—the—a—Dr. [James L.] Dennis, who was the chancellor at that time,

formed a—a small group, including Betsy Blass and a man named Sam Dixon.

SL: Mhmm.

HW: Sam Dixon was from Warren, Arkansas, and, so they got involved with my recruitment as well. So what we did, basically, is we—we pulled together some of the—some of the leadership within our community by being introduced to people—Sam Dixon and Betsy Blass—we formed a group. [00:41:15] One of my priorities as a—as a chancellor—I'd done the same thing at Colorado—was to set up what I called outreach education programs. They're now calling those AHECs [area health education centers]. And I set those up in Colorado, and Arkansas, in order to approach the—the needs of health around the state, it just seemed to—to me that it—this—we needed to start setting up satellites that could serve as education at those sites for our students to get more of our students going into family medicine, becoming familiar with rural practice and attracted by it. And so we started to then go around the state. It allowed me to then meet people in other areas of the state and the leadership people, and they all—we all enjoyed each other. And so we are able to set up area health education centers throughout the state of Arkansas. And as we set those up, it expanded the—we could expand the medical school, but I wanted to also expand all the schools. So we included in the AHECs nursing programs, allied health programs, and pharmacy programs. Then it was clear that each AHEC and its location needed some special relationship with its local hospital. So we helped do that as well. So we started setting up some bridges. It allowed us then to—again, to—to look at the needs for, then, each of the cities—each of the centers. So for example, the AHEC in Fayetteville—it was just so obvious and just—it was so perfect. And so we—but, clearly, we needed

strength in that hospital [Washington Regional Medical Center] and all the hospital system. [00:43:53] And as we became involved with each of the communities—as an example, the Waltons [Sam and Helen], then, had—had a lovely dinner party to introduce me to some of the people in the northwest Arkansas.

SL: Mhmm.

HW: And we ended up sitting with the Walkers—with Pat and Willard Walker.

SL: Mhmm.

HW: And they became, then, friends. And that's, of course, is the genesis of the cancer center—the Arkansas Cancer Center. But through the Walkers, then, and through the Waltons, we then—or we were honored to become very involved with—with—you know, with the Hunts [J.B. and Johnelle].

SL: Mhmm.

HW: And, well, your general leadership group in northwest Arkansas. And they have been just marvelous leaders. John Phillips and the Phillips [Tennis] Tournament, then, became a part of sort of what you did in Arkansas. [Laughs] And it just was a very special—always, what, in August?

SL: Mhmm.

HW: You'd have the Phillips Tournament. And it was for basically research programs and oncology and care, and it's just—it just was wonderful.

[00:45:28] SL: How was your tennis game back then?

HW: My tennis game—I'm really a great tennis player. [Laughter] I just love to play tennis, and—but on a scale of ten, I guess you'd put me at about a two or three.

[Laughter] And I was never good enough to make the college team. I was good enough to make my high school tennis team. And—but never good enough to

play college, but just loved it and played it all the time. And it's just a wonderful friendship and with a lot of different people. And—but I'm not—I certainly didn't have a pro career possible. [Laughs]

[00:46:26] SL: Well, let's talk just a little bit about some of your relationships with the folks in northwest Arkansas. That's—that's pretty—that's pretty great that—well, first of all, the whole vision of putting up the area health and education centers—what a great idea. I mean, that's similar to, you know, the extension program that the agri [agriculture] school . . .

HW: Mhmm.

SL: . . . had done—same—same—taking the center—their taking the stuff out into the community instead of relying or trying to recruit the community into the—into one central location.

HW: Yeah, yeah.

SL: How—do you know—how—how many of those centers did you all get set up around the state?

HW: Six.

SL: Six.

HW: And we—I tried to put them around the state in appropriate places and where they could be used by their population. And so it was a interesting array. And—but it also was absolutely consistent with what we needed to do, and that is to expand the medical school—well, all of the colleges. We needed to expand them. And so it gave us an opportunity for expansion, because health manpower was a real problem in Arkansas. And so it was a good way to—they could have their basic sciences in Little Rock, but their clinical work, then, in other areas.

SL: Now, when you got here there were thirty-four graduate students at UAMS? Is that what I read? I think it was . . .

HW: I don't know.

SL: It was certainly less than . . .

HW: Yeah. Well, the other big thing, of course—well, several big things at UAMS, but another big thing was we clearly needed the—to expand the research. Research had been really stumbling, and it seemed to me that what you—what we had to do was to be selective in centers of excellence. So we decided—I decided that, you know, we can't be everything to everyone. So let's select some areas and recruit to those so we then can become competitive with anyone in the world in those particular areas. So we were selective in the areas that we were going to try to emphasize.

SL: What—what drove that selection process?

HW: Well, the selection process was largely driven by using the strengths that we have.

SL: Mhmm.

HW: And, obviously, the knowledge that you have of what's going to go on. For example, one of our centers that we picked was in cancer. And the leadership in our cancer program was Kent Westbrook and James Suen. And they always had the dream of a cancer center. They had a commitment. They had research support, so it seemed to me that cancer would be one of our centers of excellence. Another area of center of excellence—it was clear that—that we really already kind of had was in ophthalmology—was in eye disease.

SL: Mhmm.

HW: We had a very—we've always had very strong eye departments in Arkansas. And

so it seemed to me [coughs] that eye disease was a good thing to have as a center of excellence.

SL: Mhmm.

[00:51:04] HW: As one thinks about society and all the things going on, at that point it time it seemed to me that, you know, we needed to have aging. [Laughs] Aging was going to be a major factor. And I was fortunate enough to get to know, because of some of the other activities, some of the people at the [Donald W.] Reynolds Foundation. And so Fred—I made a proposal to Fred Smith at Reynolds Foundation and—for a large grant, and so we've set up the Center on Aging. And so anyway those are kinds of the things we set—set up. And it was interesting—one of my—one of my biggest supporters was Jack Stephens.

SL: Mhmm.

HW: And he just was a special friend and unusual man, as you know. [Laughter] What I would do with these various things is I would draft up a proposal, and my usual model, as people will remember, was a four-story building for these centers of excellence that we're talking about. Then we added—so the cancer center was initially four floors.

SL: Mhmm.

HW: Well, we—we added an additional four floors, then later. And I'll mention that in just a bit, but the largest gift we ever received was from Jack Stephens. And we have a very strong neurosurgery and neurology program. So I wanted to have a center for neurosurgery and neurology, so I made a presentation to Jack Stephens. Glen Pate and I made a presentation to—Glen was taking care of Jack. And I made a presentation that requested Jack Stephens consider a gift of \$15 million



for the neuroscience center. Jack said, “Well, how tall is the—” I mean, we’re—I mean we’re sitting in his living room. He says, “How tall is that cancer center?” I’m sorry, the cancer center is now twelve floors. I’m sorry. We did—we added eight floors onto it. There’s twelve floors. I said, “Well, it’s twelve floors.” “Well, I want my building to be a little higher.”

SL: [Laughs]

HW: “How much will that cost?” Using my great mathematical wisdom . . .

SL: [Laughs]

HW: . . . I figured if four floors was \$15 million, twelve floors would be \$45 million. So I said, “Well, that should be around \$45 million.” Jack sat there for about fifteen seconds—head back and forth—“Margaret, write the doctor a check for \$45 million.”

SL: [Laughs]

HW: That’s how—the biggest gift I ever received—the neuroscience building—the Jack Stephens Neuroscience Building. His generosity is just incredible. I choke up thinking about it.

SL: Well, he was a remarkable man.

HW: He really was.

SL: Surely you probably had some relationship with him before that meeting.

HW: Oh, no, lots of relationship. Lots of relationship, we did. He was always very kind to me, and we did a lot of things together. And I spent a lot of time in his back yard with him and we were—he was one of my best friends—helped me in a lot of different ways.

SL: What were some of the things you all used to do together?

HW: Oh, I can't really share all that with you. [Laughter]

SL: Well, okay, we won't talk about that too much. Do you remember any other poignant conversations that you had with him that you are willing to share with us?

HW: No, that's the best one, I think, and it's just a—he just loved—he loved the Razorbacks.

SL: Mhmm.

HW: Loved Fayetteville—so proud of it—everything going on at U of A and he was just a—he was—I just thought he was a marvelous man.

SL: So did he get to see the building completed?

HW: Not completed, but saw it going up.

SL: Yeah.

HW: He was very pleased, but it was—I have never had a building constructed in which I didn't know what I was going to do with the—with eight floors of it. [Laughter] And so it's really been a most marvelous thing, and we've been able to expand all kinds of things. And it—it just was marvelous. And—but little did I ever think that we'd have that many floors.

SL: Yeah.

HW: And [coughs] I've told that story—we've named the—well, anyway, it's—you know the story, et cetera. It's just a—very, very pleased.

SL: Go ahead. You—you named the—it became the Jack Stephens . . .

HW: Well, it really—yeah, it became the Stephens Center, and . . .

SL: Mhmm.

HW: I don't know if you know it as that, but I think most people think of it as that.

[00:58:44] SL: And what goes on in the Stephens Center? What—what are the—
what's . . . ?

HW: Oh, well, you know, the whole neuroscience programs. All of the neuroscience programs. But then, in addition, we've been able to use, then, some of the building for—for EN—for ENT [ear, nose and throat] programs and orthopedic programs and some expansion of various centers. We've got an employee health center there as well. And so it's just had lots of different uses. Marvelous rehab center in the basement. We have a marvelous swimming pool—I don't know if you've all ever used that . . .

SL: Huh uh.

HW: . . . in the basement of the Stephens Building. It's just marvelous. And so it's been a vital center for us. Now, you know, the—the expansion that occurred when I was there was just wonderful, and some of the involvement of the—of the community—when I first arrived here, one of the comments from some people were, “Well, I was at that campus once. I swore I'd never go there again. There's no place to park.”

SL: Mhmm.

HW: And you may—people may remember—I'm sure they will—that at that point in time, basically all parking was down and—way down in front and then across the street. And it was very difficult. I mean just—just very difficult. So one of the first things I decided after I'd been here a little bit—we need to build a parking lot—[Telephone Rings] a parking building.

SL: Mhmm. [Telephone Rings] It's still plugged in, huh?

TM: Let me change tapes.

[Tape stopped]

[01:01:06] SL: Are you good to go?

HW: I'm good to go.

SL: Okay. Are we good over there, Joy? You know, you told us a wonderful story about Jack Stephens. Do you have any similar stories with—what about the Waltons? Did you ever develop any kind of relationship with the Waltons?

HW: Not that kind of relationship, but they have always—they were always just terrific to us and . . .

SL: Mhmm. Was that Sam Walton and . . .

HW: Sam Walton and . . .

SL: And . . .

HW: As I mentioned, that's how we met—and Sam and Helen held a party for us and—so we could meet people, and that's basically how we met Willard and Pat Walker. But [01:01:56] the Waltons have been very good to UAMS in every way and been very supportive and—and Alice has been particularly supportive to some of the programs at UAMS, and it's just been marvelous and she's just done a number of very good things for UAMS, and she's served on our board—our foundation board as well at UAMS. Now, the Walkers—been so vital in every way—Willard and Pat. And I think that Pat's one of the great ladies of Arkansas. She's just a very special person. Willard just is marvelous—serious man [laughs] and, again, just became a special friend. And he would come down and . . . After we met the Walkers at the Waltons', one of the first things that they—that we wanted to do was for them was to—because some health problems they were having—is to make some appointments for them. And so they saw our orthopedic

group and our radiology group, and they would come to my office and sit and wait for their appointments over in the clinic. And so we got to know them more and more, and they became special friends of the institution in every way. They've done so much for—not only for the Fayetteville campus, but for our campus. And their family is quite special, and I think that Debbie is now just—goodness gracious, is she busy [laughs]—and making wonderful decisions with major responsibilities, and—but it's just a—still marvelous. And Pat is just—you know, Pat had her surgery here a number of years ago, and wasn't walking very well, and we got her back walking in our rehab and, she's now doing—walks up in northwest Arkansas every day.

SL: She does. You know, I—I work the [Razorback] basketball games, and I see—and she comes into the media room.

HW: Oh.

SL: Walks right into the media room and goes to the Coke machine and [laughs]—she's just part of the group down there.

HW: Well, she's a very special lady, and she's just as unique in every way and just—I think she's—the things that she has done for this state is just—are incredible.

And, in every way, she's Miss Arkansas. [Laughs] I think that's Pat Walker.

SL: That's a—that's a good name for her . . .

HW: Yeah.

SL: . . . and in many ways she is and continues to be.

HW: Yeah, well she just—she's so interested in things and she's careful but interested and just wants things—wants—wants good—good things. And she's just a—just wonderful in every way. Can't say enough good things about her.

[01:06:09] SL: Well, what about—are there—are there other folks that you felt like have been indispensable as far as the—helping the UAMS grow and expand? What about other parts of the state? Moving away from northwest Arkansas—I'm assuming you got support all across the state.

HW: Well, [this is?] also then and it certainly includes—one of the things that was so wonderful was that we got so much support from—from legislators throughout the state, and so as I set up this AHECs around the state, we got to know the legislators in every area. And so the legislators and the governors all became important parts of our career, whether it was Max Howe or John Miller—but just basically members of the legislature. Because the kinds of programs we were doing, David Pryor and Dale Bumpers were very critical—very important in every area. And *they* supported our programs throughout the states and moved different—helped me move different—I can remember spending some time at both of their apartments in—in Washington [DC]—you know, testifying to committees, and they just were front and center in everything in helping me. And so everything that was done, it has been with all the—as we went to city to city, working with the legislators, working with the governors, working with the national people, it's all just been a—it's a statewide effort that—what we've done at UAMS.

SL: You know, I don't . . .

HW: And it's—I don't look at UAMS as being Little Rock, Arkansas. And, I look at it as really the medical sciences. The—so it's hard not to think about the—all the different governors we've had and—whether it's Bill Clinton or Jim Guy Tucker. Well, anyway, all the governors. And it's just been—they've all been so supportive. As I think about some of the appointments or think about just the health

agenda. When Bill Clinton was governor I, of course got very involved with the Clintons, and the Clintons got very involved with—with UAMS. And, of course, Hillary was on the Children's Hospital Board and became very involved with children's care—and her commitment to childcare and the programs of children's care—and she was an absolutely vital member of that board that helped change Children's Hospital. And I was very proud to assist her in every step of the way. And we sort of worked together. And when they became—well, when she—she became First Lady of the United States, I was an active participant in her healthcare proposal, which ended up to be unsuccessful. It was too complicated. But again, the kind of comprehensive thing that was some—some—you know, again, an approach, at least, to a very difficult subject that was obviously too comprehensive for our approach. But it's going to have to be readdressed.

[01:10:53] We're talking—you know, some of the appointments and some of the people and—and Joycelyn Elders—just a marvelous, marvelous leader. And when she was recommended that Joycelyn be—well, Joycelyn just—I mean, Joycelyn just was very important—just doing wonderfully, and . . . So anyway, she was recognized in Arkansas. And—but when the Clintons then were in Washington, I was so proud of Joycelyn, then, to be appointed [by President Bill Clinton] Surgeon General of the United States of America. [Laughs] And I was there when she was sworn in, et cetera, and very proud of her. She's just a very special person. And, you know, she was on our faculty and in a leadership role, and I had a little bit to do with her in Arkansas, and so I was very proud of any role I could play.

SL: Well, so was she one of the folks that you all recruited after you got here?

HW: Well, she was—yes—in a lot of ways, yes. [Laughs] And—but I just loved her. She's just a very special—yeah.

SL: Well, she's pretty outspoken—pretty much tells it exactly the way it is.

HW: Yeah, she does. [Laughs]

SL: Is that the way that she taught and . . . ?

HW: That's the way she taught. [Laughter] And—but our Children's Hospital is one of the finest in the nation.

[01:13:01] SL: Well, let's talk about Children's for a minute. I mean, I've—I've already told you that it's affected my life personally—my—my daughter. But how did Children's come about? I mean, what—what was Children's when you got here?

HW: Oh, Children's Hospital was a very fine hospital. It was always—it was just fine. It's like a lot of children's hospitals in communities and—but there wasn't anything unique about it. There wasn't any—it just hadn't reached and it hadn't done any special thing. And it just seemed to me that it needed to be more intrinsic as a part of the university, and to really become a part of our department of pediatrics—let's expand it so that our department of pediatrics—basically, it becomes Children's Hospital. And I'd done much the same thing at Colorado before coming here, and so what we did was basically take some of our programs—Dr. Bob [Robert] Fiser was the chairman of the department of pediatrics that I had appointed, and so we started really becoming very involved with Children's. So it no longer was kind of a separate thing, but it became a major thing, and started moving some research programs into it. And we—I worked with the board and we ended up where they agreed we would construct a research building and start

really doing some—making it more of an academic center. And so that just gave us the start of everything to get going. And so it's just one of those things that—it's kind of just where you are at that moment in time and what can be added and kind of stimulated and get—get it going. And then add the kind of people you want and let it run. It's just done so much so—it's just been a—now, it has also, then, of course, as a part of UAMS, very involved with every one of our AHECs, and it is our pediatric center of the University of Arkansas in every way. And the—we still have the Child Studies Center on the campus at—at the university and—but we basically—and then we have the newborn stuff at—on the—on the campus. But everything else is at Children's Hospital. And, but because of newborns you've got to have—because of mothers, you've got to have a newborn area.

SL: Right.

HW: And so some of that. But basically everything else of the university is there, and that's our center. It's been just terrific.

[01:16:43] SL: It's just always amazed me how the quality of care and—and the—how distinguished the—the doctors are that are now at UAMS. It seems like there's leaders in many fields. It's not just one or two, but it seems like there's top-notch—I mean, world-class—world-renowned doctors practicing here in Little Rock, Arkansas. And I . . .

HW: Yes.

SL: How does that come about? How . . .?

HW: Well, once you—you know, once you select these areas, you then have to—you need to support them, and so—and once we selected the cancer—cancer area,

then we needed to recruit people.

SL: Mhmm.

HW: And so we—we've recruited a lot of people around the theme, both—both basic science and clinical, around the topic of cancer. And one of the first recruits was Dr. Bart Barlogie . . .

SL: Mhmm.

HW: . . . who does the myeloma center. He was at M. D. Anderson [Cancer Center, University of Texas, Houston] and doing very well, but ready—ready to move for somewhere else. And so I got—we got involved with him and got him to come to Arkansas. But you look at your areas and—of—of need—and you then—or the areas that you're creating and then you recruit to them. And so that's how you then add more and more. And it's just one of those—to add the research base, because we've just got wonderful research from—you just take the neuroscience, let's say. We've had just excellent clinical neuroscience, but we didn't have much strength in our basic sciences—in—in neurological sciences. So we recruited Dr. [M.] Gazi Yasargil . . .

SL: Mhmm.

HW: . . . from Europe, basically. You ever herd of Dr. Yasargil?

SL: Hm huh.

HW: Probably the most famous neurosurgeon in the world—moved his whole group to Little Rock, Arkansas, and he is here. It's just—it's just—so the neurology and neuroscience and all things around—you know, I mean, growth of neurons and the basic science of—of signaling your brain stem and all that. We've got all of that just going great guns.

SL: So . . .

HW: So that's how you do all this. You just—you know, you've got to be a bit selective but broad, and then you recruit people. And when you go to an institution that you're trying to recruit, you've got to be very careful, but you try to make the various people aware of the various packages that you're ready to—to offer them and hope it'll entice them to move.

[01:20:13] SL: Is one of the key elements in a package—is it the number of—the—the record of federal grants or the research that's going on—the—the dollars that supports the research or the facility? What's—what's . . . ?

HW: The major thing is really space. The thing that's the biggest problem around the country today is institutions are out of space.

SL: Mhmm.

HW: So a lot of researchers just are sort of stuck because they don't have enough space to put more people in to do the work. So if you can offer them or show them—give them space—now, obviously, any resources you can give them—but it's just a—they're expected to be able to compete for the research. Now, if the National Science Foundation or the NIH [National Institutes of Health] gives you, as they do occasionally, extra dollars that you then can use, that helps you as well. And they've done that several times to us and, just special dollars . . .

SL: Mhmm.

HW: . . . and that we can use any way we see fit for research. And so we developed this for that. And that's always been terribly important.

SL: I would think some of the Arkansas charm would be part of the formula, too.

HW: I'm sure. I'm sure. [Laughter] I'm sure. There's a lot of that going on.

[Laughs]

SL: Well, and also it would seem to me that if you have as many world-renowned doctors gathered in a certain place, that that's also an attractor to . . .

HW: Sure.

SL: . . . to help.

HW: Yeah.

SL: If they . . .

HW: It's one of those interesting things that, you know, the better you are the better you are. [Laughs]

SL: Mhmm.

HW: And it's just—it's just—it does have a certain momentum to it. And once you get it rolling, you just—you do pick up a lot of different things. And—but just—it—it feeds on itself, so it's just a wonderful—but that's the way that—Fayetteville has done the same. Everything has just gone so well. It continues to just grow.

SL: Mhmm.

HW: And it's just, you know, I know it's been complicated, but it will continue to—to grow and excel.

[01:22:57] SL: Do you want to talk about healthcare in general on a national level? I mean, I didn't realize that you had been an integral part to—to Senator [Hillary] Clinton's original health plan that—I, myself, personally thought it was excellent and . . .

HW: Well, I think it's just . . .

SL: And it needed to happen. And I think she just got a—a bad shake in the press. I think she was—became a target and not—and the—and it wasn't so much the

plan anymore, it was—the Clintons were kind of a target. I—I just see a resurgence in a great . . .

HW: Hmm.

SL: . . . across the country that the healthcare thing is broken.

HW: Hmm.

SL: It's just not working the way it should be working, and I—I suspect that something is going to happen on a national level healthcare-wise.

HW: Well, when I was involved, you know, I was still the—still the chancellor and still very active in a lot of different things, et cetera. And, I had been fortunate enough to be—I think I was at that time—I was the president or chairman of whatever—whatever it's called—of the Association of Academic Health Centers. And so, the Association of Academic Health Centers is the group of all the United States centers or academic centers like ours, and it's a very active organization, et cetera. Anyway, I could not be a member—an active—I could not be a member of—of the committee—of Hillary's committee. What was the guy's name that was the chairman of that committee?

SL: Don't—I don't remember that.

HW: He's really smart; one of the brightest guys that I—I think I've ever met. Anyway, but in an informal way [laughs] I had the opportunity to—to have some input into it. And it was such a critical and important subject—healthcare. And she had formed this committee that's absolutely—it was incredible. [01:25:46] Now,  the problem about comprehensive healthcare is that . . . and this is a—this is on the record, but anyway, I'll say it anyway—the healthcare industry is overpriced and it's just wrong. Hospitals are charging too much money. Drug companies are

making too much money. Physicians are making too much money. The income of this stuff is just—it's out of hand. And, but the fact is, then, is that because of that, because of the prices of things, as you then try to set up a national health insurance and set up a system that's going to pay that level for drugs, for care, for hospitalization—it becomes an extreme expensive concept. Now, you then look at the options for it. But anyway, a national health insurance really does require some basic restructuring because we've got so many people that are not insured. And if all these people are then going to be covered and have to pay this high—and this—got to pay these high fees, it will just fundamentally continue then, to have higher prices. Or I'm sorry—a higher subsidy requirement. It becomes a spiral . . .

SL: Mhmm.

HW: . . . because if you can't pay, then the next year that becomes an unreimbursed care. And it—the price has got to be readjusted again. And so that's the thing that defeated it, basically, is all—is you can't really—the costs of healthcare are out of bounds. And so I think in her new stuff I'm not sure how she plans to address that, because I think until that is addressed by the United States in a realistic way, it's going to be very difficult to have national health insurance. Now, that's just my own opinion. But I think the whole health industry is absolutely overpaid. I think docs [doctors] are paid way too much money. I think when you go in to have a lab or this or that, it's ridiculous what the people are being paid. That's my opinion. [Laughs]

SL: Well, I think it's shared with most everybody in America. I just don't see how—I don't know how you break that—how you . . .

HW: I know it. It's one of the biggest issues, and I just—the damn AMA [American Medical Association] has got its hands around this thing and the hos [hospital]—American Hospital Association has just—I just find it outrageous.

SL: It is.

HW: But . . .

SL: It is outrageous. Our—our twenty-four-hour stay with our daughter was \$80,000.

HW: That's just crazy and . . .

SL: It is crazy.

HW: It's just—it's just wrong. That's just all there is to it.

TM: Do you have any insights to how—where you go to start trying to make any changes?

[Telephone Rings]

HW: I really don't. [Laughs]

SL: It's hard to convince a doctor he's got to take a pay cut. It's hard for the drug companies—say, “You can't charge that anymore.”

HW: And see that's—I think it should probably start with the drug companies, but it's got to start with the docs as well. I just think that the smaller group that you get, the—the better it is. But I just don't know how you do those things.

SL: Mhmm.

HW: I'm not in a leadership role that is addressing it, so I'm not sure of all the nuances. But I—I do think it's such an important issue.

SL: Maybe everybody should get a raise and doctors shouldn't [laughs] so everyone's making the same thing the doctors are making.

HW: Yeah.

SL: Then it equals out. I don't know. I don't know.

HW: Whatever. That's—I don't know how you do it, but . . .

JE: How does Canada do it?

SL: I don't know. I don't know how they . . .

TM: Some of it's kind of broken, I think, too, though.

SL: Yeah.

HW: Yeah.

SL: You know, when we were talking earlier about Dr. Elders, I got the impression that there was something there that you didn't say that—or maybe you couldn't—I—I don't know. I—I felt like there was . . .

HW: No, there really isn't.

SL: There . . .

HW: I mean, I just—we were very fond of each other and I was just so proud of her and—no.

SL: Okay.

HW: Don't have anything else.

[01:31:30] SL: Okay. Well, speaking of things to be proud of, what are you proudest of in your time here in Arkansas? What's—is there any one or maybe a couple things that you're most proud of?

HW: I think the thing I'm most proud of is that I look at Arkansas as a system of—of—of centers throughout the state. I think if you look at the goals of a institution of education, service, okay, research; certainly, the first two goals the system of AHECs and all it's—it's just—it's just—of education that expands every—every college and every program, starting new programs in areas of the state that then

continue to grow and one area in fact, it's now going to become the state's second medical school [laughs] in Fayetteville. And it's so important. But then you think of the service—bringing care to all these different areas. And so it's—it's improved the healthcare in small communities throughout the state. And you're within an area—within sight, almost—of an area health education center you can get to if you need to. So I think probably my proudest achievement has been the strong establishment of the AHECs. And it's just been a wonderful—because it really has supported basically everything we've done. Now, you always want to take, you know, some credit for the research base and bringing in all the outside research money and all, but you know, that just falls in place if the other two are doing well. We've always been wonderful in public service.

SL: Mhmm.

HW: And so I think that's continued, but as—that's a part of our education efforts and our clinical service areas. So I think that's really the thing I'm most proud of.

[01:34:40] SL: Were the—were the AHECs established before you started working at Colorado or was that something that Colorado kind of conjured and—and put in place? Or was it kind of a simultaneous thing happening at that time or was there a history of AHECs before . . . ?

HW: There was nothing, and I started it in Colorado and because I'm from Pueblo, when I became—when I became the dean at Colorado, I set up a subsidiary in Pueblo. [Laughter] And then Colorado's got their Rocky Mountains.

SL: Mhmm.

HW: So I then set up a—and they weren't being well served. So I then set up a site at Grand Junction, Colorado. One of the areas that is most difficult in Colorado—

it's just flat and nobody much cares about—is eastern Colorado.

SL: Mhmm.

HW: So anyway, I set up a—an AHEC or a clinical center in eastern Colorado, in Greeley, Colorado. And I had, then, students rotating and going to every one of those sites.

SL: Mhmm.

HW: Didn't call them AHECs. They basically were family medicine centers. And there was no—AHEC word was not invented.

SL: Mhmm.

HW: And, so I think that's one of the things that—that when Tom Bruce asked me to come look at the job here, he knew about what we were doing around the state and thought it would be an appropriate thing to do here as well. But anyway it's one of the things that I was able to bring here. And I'm not sure when the phrase, “area health education centers,” was first used, nor am I sure of who—who started the term. I'm not—I don't remember. But at that point in time, what I had in Colorado were just family medicine centers. And I located a family medicine center in Pueblo, Colorado. One of the things that Pueblo has is a state hospital for the insane.

SL: Mhmm.

HW: So we located the family medicine program [laughs] in Pueblo at the state hospital because of their facilities.

SL: Right.

HW: And so I—I mean, when some people at the University of Colorado thought I was crazy [laughs], I told them, “No, I've got a place at the crazy house already.”

[Laughter] And—and anyway, it just has worked wonderfully, and the Grand Junction site worked beautifully, and Greeley—and so they're all just fine.

SL: Well, is this a template that the rest of the country started to adopt? I mean . . .

HW: Yeah. Well, it—the—the other ones look like it, and I don't . . . I say, at that point—moment in time I was very involved in the Council of Deans, and so I had shared all this with the various dean presentations, and I was on the—as I mentioned, I was the chairman of the—what eventually became the academic health centers, but that's for chancellors. But the deans—the Council of Deans is a big deal, and I was never chairman, but I was a—on the executive committee. That's how I knew Tom Bruce.

[01:39:20] SL: Do you want to talk a little bit about Tom Bruce? We haven't—hadn't—I mean, I—I've met Tom Bruce and—but what can you say about Tom Bruce?

HW: Oh, he's just an incredible person. He's just wonderful. He's very special, and he continues to be. I mean, he's just—he's got so many things going, and he just—he's—I think he's getting younger [laughter] and the rest of us are getting older. But he just is quite unique. And then, you know, I arrived, and Tom, and within a couple years, left, and worked in the foundation.

SL: Hmm.

HW: And—but jut was marvelous and did some things in the foundation with—with UAMS, but this was very fair and did a wonderful job with his foundation work. And then Little Rock and Arkansas is very fortunate when they moved back. And the Bruces have a project—I think, a project a week. [Laughter] They're incredible. And Tom is doing—and Dolores—are involved in every aspect of the com-

munity and are quite special. He . . . he introduced us to Arkansas and he basically brought us to Arkansas in a lot of ways. It was our friendship through the Council of Deans.

SL: There was another gentleman's name that you mentioned early on that you met while you were Colorado that was from Arkansas. Was it Baxter or—what—it was—maybe even before you met Tom Bruce. Started with a B. Do you remember?

HW: Roger Bost?

SL: Bost. I don't think so. We can talk about Roger, but . . .

HW: No, I don't think so.

SL: Oh, gosh, I wish I could remember that name. Hmm.

TM: Maybe it'll come back to us.

SL: Maybe it'll come back to us. [01:41:59] Is there anyone else that you want to talk about that helped you along the way—anyone in particular?

HW: Well, I mentioned Sam Dixon . . .

SL: Okay.

HW: . . . from Warren, Arkansas.

SL: Mhmm.

HW: He was very special. But—from . . .

SL: What was the—what was the thing about Sam Dixon that impressed you early on?

HW: Very quiet man, but very committed to Arkansas—wanted to improve things in Arkansas, and a lot of people didn't know who Sam Dixon was.

SL: Mhmm.

HW: But he was a very generous man—gave a lot of support to UAMS and became a

very special friend for both my wife and I—for Betty Jo and I. And he just was a good—a good adviser and helped us with all kinds of different things at UAMS—an active member of the board and the foundation. And of course, Bobby Wilson and Jane Wilson—they're very involved also with Fayetteville.

SL: Mhmm.

HW: And they're very dear friends and some marvelous supporters of UAMS and all the foundation work, et cetera. And in fact, I'm going to be having lunch with them tomorrow. [Laughs] And we've got a thing called the Old Goats.

SL: The Old Goats.

HW: The Old Goats.

SL: [Laughs] That sounds like a good meeting.

HW: Uh huh. And we've got an Old Goat meeting this—this—this week and . . .

SL: Well, maybe we should be on site for the Old Goat meeting.

HW: Well, it's actually, it's not tomorrow, it's Friday. It's . . .

SL: Uh huh.

HW: It's—it's Friday. It's Friday. They'd love to have you. [Laughs]

SL: Do you—do you have—always meet in the same place?

HW: No. This Friday meeting . . .

SL: [Laughs] It's better to be a moving target than . . . [Laughs]

HW: The host this—I've—the host this week is—or this month is—is Maurice Mitchell. Do you know Maurice?

SL: I know that name, actually.

HW: He's an attorney.

SL: Mhmm.

HW: And . . .

SL: From the Mitchell Law Firm?

HW: Yeah.

SL: Okay. Yeah.

HW: And so he's hosting it. It's at the Capital Hotel.

SL: Mhmm.

HW: In one of those new rooms—whatever it is. And—11:30 [p.m.], so if you want to go, I'll give him a call. I'll tell him that you want to be there.

SL: Well, we might want to come back sometime. It sounds like it'd be a great room of stories. You all don't tell any stories when they're, do you?

HW: That's all—that's all we do is tell stories.

SL: [Laughter] Well, that's all we do is we collect stories.

HW: I mean, there's ten of us or whatever there is and . . .

SL: Uh huh.

HW: . . . of old goats and . . .

SL: [Laughs]

HW: . . . we just tell stories.

SL: Uh huh. Well, we may have to do that.

HW: And you take every story and divide by at least a half.

SL: [Laughs]

HW: Sometimes by—you've got to divide by more than a half, even. [Laughs] And—because some of it pretty outlandish.

SL: Right, right, right. My dad used to call that “porch talking.”

HW: That's about right.

SL: Who could tell the biggest lie.

HW: Exactly—about right.

SL: [Laughs]

HW: But anyway, I—when you retire you become members of these old groups. And I'm a member of the Old Foxes.

SL: Now, that sounds . . .

HW: That's . . .

SL: . . . like a little bit smarter group. [Laughs]

HW: The Old Foxes—we've had our meeting this month—and a member of the RO-MEOs—Retired Old Men Eating Out. [Laughter] That's tomorrow. That's—ROMEOS tomorrow and [laughter] Old Goats on Friday. [Laughter] Retired Old Men Eating Out.

SL: I like that.

HW: I don't know if you know Wayne Cranford. You know Wayne Cranford?

SL: I don't know Wayne. I know Ron Robinson from the—[Cranford Johnson Robinson Woods, Inc., advertising agency].

HW: Oh, he's not—but he's not a—a member of the Old Foxes—I'm sorry, of RO-MEOs. But anyway, it's a—it's a good group and—we're meeting at Ferneau's, which is a restaurant here in town on Kavanaugh. [Laughs]

SL: Uh huh.

HW: At 11:30 [p.m.]. Unfortunately . . .

SL: We should start a new program.

TM: [Laughs]

HW: Unfortunately, there's really almost no parking around the damn place . . .

SL: Yeah.

HW: . . . so it's—whatever. [Laughs]

SL: Well, you know, we—we take submissions of—people tell us who we should go interview, you know, next. If you—if you want to give me a list of folks when we leave today of who you think would be good—have some good stories—good Arkansas stories.

HW: [Laughs]

SL: I'd be happy to take them back with us and we'll put them on our list.

HW: Oh, I—it's your project. I'm not that smart. [Laughs]

SL: Well, but it—we thrive on input from . . .

HW: On input. Yeah.

SL: Yes, uh huh. That's how—I mean, we're—we're on the Barbara and David Pryor list right now.

HW: [Laughs]

SL: We're—you—you were on that list to begin with and we're just now getting to you, you know, so . . .

HW: Yeah.

SL: Well, what else should be talk about? Are you—do you need to take a break or is there more that we need to talk about?

HW: I think we're about done.

SL: Well, this is a very short interview, in my . . .

HW: Well, I think we've just about covered enough stuff. I think it's just been delightful to have you.

SL: Well, it's wonderful to be here. I'm very hesitant to let you off this easy.

TM: I've got—I've got a quick question.

SL: Okay.

[01:48:17] TM: You know, from—from your medical school time in Colorado—the time you were going to medical school—what were the big, you know, breakthroughs at the time? What were you dealing with then and compare that to, like, breakthroughs in medicine today. How far has medicine come since you first started studying medicine, I guess?

HW: Oh, you know, now that's a—that's an awesome question. I've been so blessed—my generation—you know, the things that have—the things that have been discovered since I went to medical school. You know, you've got to realize that there were—there were no antibiotics even. I mean, penicillin hadn't been invented.

SL: Wow.

HW: [Laughs] And so it's just so—so much medical breakthroughs when I—since I started medical school. It's just—the only thing that's still about the same—still is the—not even now—it's not—I was going to say anatomy [laughs], but now with all the artificial limbs and all—artificial joints—that—you can't even say that that's the way it was. I mean, it's just—but it's just been so dramatic. It's just the changes and—and, of course, physiology—again, totally changed, and biochemistry—just—if you think of all the different subjects you get in medical school, it's—so much has changed. I mean, I just about—there's really nothing that hasn't, in a very dramatic way. Now the changes today, I'm sure twenty years from now [laughs] as an example, twenty years from now—and I've told this to several people—right now, unfortunately, as you know, in the treatment of



cancer, one of the treatments is, in a number of the types of cancer, is massive chemotherapy.

SL: Mhmm.

HW: Basically, you kill all the cells. Then you infuse them back with stem cells, either from themselves that you've taken off before you gave the massive infusion of—of drugs to kill their cells or from a transplanter—from a—from a—from a donor. But anyway, the whole philosophy of—of killing all your cells and then repopulating you with stem cells—you just know sometime in the future, and hopefully it's going to be earlier rather than later, we're going to be saying, "You used to do what? Used to—I mean, used to almost kill somebody and then bring them back to life? That is so primitive. That's so dumb." Now, hopefully, by that time we'll then have some selective drugs or this or that and don't have to do any of that junk. But you know it's gonna—will continue, but it's going to be subtler changes than the unbelievable changes that I've seen in my lifetime. And—but I'm sure there's things were doing right now, as I say, that we're going to look—they're going to look back at us and say, "Geez, what a dumb thing to have done."

SL: It's like drilling a hole in someone's head to fix their head or bloodletting to get rid of all the bad blood.

HW: [Laughs] Exactly. That's—it's just like—that's a good analogy is bloodletting to get rid of all the bad blood. [Laughs] I mean, it's just—it's that sort of—it's so—I mean, it's so primitive thinking, it's just—gee whiz. But at that point in time, I guess that's all they could think—figure—that everything was in you—everything—you were blood-poisoned everywhere. [Laughs] And so let's get rid of it all.

SL: [Laughs] Well, Dr. Ward . . .

HW: Well, thank you very much.

SL: Thank you so much for your time today and your patience.

HW: And good luck with your project, and I just think it's going to be wonderful.

SL: Oh, well, now you're—you're now a part of the Pryor Center and . . .

HW: Well, you're wonderful to . . .

SL: . . . and what a great . . .

HW: And we'd love to have some copies of it and . . .

SL: Oh, well, you will get those copies.

HW: Thank you.

SL: Without question.

[01:53:09] TM: Yeah, I've got one more question just as long as we've got a little more tape here. It's about to run out. And this just has to do with childhood obesity—as—as it being as big of a deal as it is. Do you think it's a pretty major deal in how it's going to affect the health of America down the line?

HW: Well, I don't know, but I—you know, my sense is that it is a big deal and it really is a problem, and it shouldn't—that—I mean, physiologically it doesn't make sense for children to be obese. It really doesn't. As you think about evolution, et cetera, you just—to be obese just doesn't really make sense, so I—I just don't think we should—now, I don't think it's going to be *as* awful as people say it is, but I just think it's one of those things—it's one of the subtleties of health, and it would be better not to be obese.

SL: That kind of goes down that line of—you know, when you think of that, you think of a diet. You've got to change your diet to start off with. But that also—that's

kind of down the same line as preventative medicine as . . .

HW: Yeah.

SL: . . . as opposed to curing something, you prevent something before it ever needs to be cured.

HW: Yeah, that's about it. That's it. Yep.

SL: It does seem like the preventative medicine and alternative care is—is kind of blossoming these days.

HW: Oh, yeah, very much so. That's a big—it's a big, big—big deal. All right.

SL: All right. Well, thank you.

[End of Interview]

[Transcribed by Cheri Pearce Riggs]