My Path to Michigan and My Early Days Here: Travels to "Mecca"

In 1976 I was in my second post-doc year (actually I was now a research assistant professor) and it was time to get a real job. My wife and I had no kids and two dogs. We had a Chevy van with just the two seats up front, all the rest of the space dedicated to the pooches and about $3,000 of SCUBA gear that we used for our almost weekly excursions to the Florida Keys. Life was good, but it was time to get serious.

I was in the Department of Pharmacology at the University of Miami (a.k.a. Fun in the Sun U), Florida, working in the lab of the Chair, Roger Palmer.

Roger was a Markle Scholar — top of his med school class. He was knowledgeable and skilled and immersed daily in research, teaching, clinical medicine, and the bullshit of administration. He was as hard-playing and flamboyant as he was brilliant. (See footnote on the last page.)

Just about everyone in the department seemed to have that work hard - play hard trait. There were some, of course, who weren't that way. One, a full professor, talked incessantly about his pet raccoon. Dr. Raccoon's graduate student usually spent his time in seminars standing on his head, doing his yoga-meditation thing. Nobody, not even outside speakers, gave it a second thought.

Another spent much of his time ice skating in the halls. I grew to like ice skating on linoleum, and we were both doing cardiovascular research, so I soon joined him. Of course, we did that without skates of any kind.

A favorite lunchtime haunt for a small group of faculty and me was the Florida East Coast Fisheries. We'd go and eat right-off-the-boat fish and consume more than our share of beers. We got to be such regulars that we got to serving ourselves, and were met with nothing less than a smile and a "gracias" (as everyone there was Cuban) when we left out tips under a foot-high stack of empty beer bottles.

The "real docs" (the MDs in the department, of which there were quite a few — real docs who saw patients daily) usually went to the local mafia-owned restaurant nearby for lunch. The monthly bill for them ran around three grand. But, they were nice enough to bring back goodies for those of us who had to stay at work: veal scaloppini, some wonderful pasta, and a bottle of good wine was the norm.

Once in a while a group of us, Roger included, would go out for dinner. Such events were interesting, and on more than one occasion we were politely asked to leave. Seems that Key Lime pies in the face led to chasing other people around with a beer pitcher and dousing them with that. Even in the 70s, some people just don't appreciate watching a good food fight — even if one of the participants is a departmental chair and most of the rest are tenured faculty.

Parties were fun too. A favorite location was a faculty member's house in Coconut Grove. A sailor, he lived on a canal off Biscayne Bay, where he kept his boat. Rigged from his porch, which was easily 30 feet above water level, was

a rope with a bosun's chair hung on it with a pulley. It wouldn't be long until one of the party-goers, usually one of the faculty wives or the secretaries (we were egalitarian in party invitations) stripped down butt-naked and launched themselves in the chair and drop into the warm water of the canal.

The shame of it all. This certainly didn't help me with the career skills I needed to develop.

As my mentor, Roger tried to hone many of my career skills in sometimes very unorthodox ways. One facet was preparation to teach medical students, for which my first real assignment was looming. The boss figured I should learn straight from him, so I sat in the back of a packed lecture hall listening, watching, and taking notes. Midway through the hour, Roger's two secretaries dashed across the stage on their spiked high heels, obviously clothed only in lab coats that they opened wide, facing him, as they streaked by the lectern. Roger blushed a bit but was otherwise absolutely unflustered, even though his lecture guests were a total surprise to him. He continued his lecture without dropping a beat. Of course, nobody held a gun to the secretary's heads forcing them to do that. And, to my surprise, nary a bad word about the incident was spoken by any of the students. It was, after all, the 70s.

Afterwards, as we walked back to the lab, Roger acted as if nothing unusual had happened. He said "Champ, all you gotta do is what I do…" but, he cautioned me to "probably hold off on the streakers until I was really comfortable in front of large audiences."

Palmer also critiqued my writing style on manuscripts, sometimes mercilessly. Then, one day, I brought him a copy of the latest issue of NEJM. In it, Michael Crichton had written an elegant article entitled "Medical Obfuscation." Among the many examples of horrific medical writing was a lengthy quote from one of Roger's review articles, on nitroprusside, which had also been published in the Journal. I saw it before Roger and showed it to him. That was the end of my writing lessons from the boss.

I applied for four faculty jobs, got three interviews. The first application was to the University of South Dakota. I'd heard that at best South Dakota was wilderness. On the other hand, I'd heard that the state really didn't exist — it was merely a hole in the North American continent, with a name attached to it. I figured it was a sure-winner for a job. Nope, I got rejected by a school from a state that may have existed in name only. What a way to start job seeking.

The second application went to Ohio State. They had a reputation and tradition like Michigan — in football, that is. I liked the people I met, and the opportunities for growth for the department and for me personally. I was intrigued by one faculty member who kept a charcoal grill in his lab and used it to cook lunch for his folks.

OSU was to become my first real job offer, but I cooled to it when I was asked, rather explicitly, to promise I'd do a good job at teaching. I hadn't really thought much about a predilection for or skill in teaching (research was tops in my mind), but I certainly knew I wouldn't *try* to do any aspect of my job poorly. I didn't like being asked to promise to do well. I replied to the chair in basically those words, and that was the end of becoming a Buckeye.

My next interview was with Bill

Waddell in Louisville. Bill was a consummate and soft-spoken gentleman, like a true Southerner, who put me at ease immediately. His was a small but growing department in what I still considered "down south," and having gotten my PhD down in Dixie (Augusta, Georgia) that appealed to me. Bill articulated a big but doable vision for the department's future, in research and education, and he was clear on what roles he wanted me to play in it. It sounded great, and frankly my insecurities led me to think I'd do much better in a small and growing school than in some highly visible and established Big 10 place. At the next FASEB meeting Bill took me around to the vendors to assemble a huge shopping list of equipment I'd need for my lab. I came close to going to Louisville. Very close.

But before Bill and I hooked up at FASEB, I'd visited Michigan. In fact, when I left Louisville after my interview I flew straight to Detroit, where Hank Swain greeted me in his green VW microbus. (Was this the Midwest or Woodstock, I wondered.) As we drove past the Blue Front I began seeing many people who looked like what I'd been accustomed to seeing in my college days back in the 60s. Hank picked up one sort of freakish-looking guy who was thumbing a ride. Déjà vu, and it seemed good.

Hank dropped me off at Campus Inn to relax for a bit before and escorting me to the sadly long-gone Oyster Bar and Spaghetti Factory. I could quickly sense Hank's genuine sincerity and enthusiasm for the department, the med school, and people in general. Then the discussion got to teaching. Rather than admonishing me about teaching, or overlooking the subject altogether as if it were a third-rate thing on the priority list of important attributes of a faculty member, Hank simply asked whether I was interested in and committed to teaching, and why. I answered as sincerely as he had asked. I also recall Hank saying something like "If you can make a lecture on laxatives interesting and dynamic and fun [and have the students learn], you're doing it right."

Yes, too many times I'd sat through exceedingly dull, monotone, and tedious turn-off lectures (in pharmacology and other disciplines) on subjects that, later on my own, I found exciting. Without knowing it, making lectures stimulating for my students (we're not talking about a class of laxatives here, folks), sharing my enthusiasm with them, and venturing a bit off the path to bring in important asides, would prove to be a component in whatever success I'd enjoy as a teacher.

Hank was the main human motive force in my decision to join Michigan

There were intangible factors too. The Michigan tradition in pharmacology was a big factor, and I knew it. When I was a grad student, knowing something about the history of pharmacology was essential. It was still a time when most graduate students appreciated (if not held in awe) the founding fathers and those who came later to make seminal discoveries. Hell, in the preliminary exams for my PhD degree, the history of pharmacology was a must-know topic, as much so as the druggie stuff, or biochemistry, or anatomy for that matter. No doubt, having Ray Ahlquist, the "inventor" of the adrenergic receptors, as my grad school chair, teacher, and curmudgeon, was a big factor in my reverence for

things historic.

I had started to perceive myself as a pharmacologist someday, and even conjured an impression of what being a pharmacologist, in the fullest sense, ought to be. I knew who John Jacob Abel was, what he did, and where. Michigan was the home, the seed, for pharmacology in America. Although I was intimidated by the thought of probably forever being a small fish in a place steeped with such tradition, and home to so much talent (and many sharks, I'd later learn), just being a faculty member here was a big thing for me.

Of course, there was football. If I had turned down Woody Hayes and OSU, why not take his archrival Bo?

I sensed the hospitality and sincerity of the faculty here. There was a group of bright and gregarious grad students too. And I wasn't put off by some of our more cynical or pot-stirring faculty; or by one future colleague who responded to my suggestion of going out for a beer and learning more about each others' interests and families by saying "Oh, no! We need to talk *science*!"

By now I was starting to sense that Michigan was monolithically "science," and it worried me. I was young, still relatively newly married, and wanted an "other" facet of life for us besides my science.

When push came to shove, time to choose where to go, it was the Michigan tradition — the "aura" — and the challenges of it, that sealed my decision. Besides, I had to settle down sometime.

When my wife and I came back to Ann Arbor for a second visit we quickly realized things were very different from what we'd been experiencing for the past two years. Compared with the Miami folks, who were productive scientists by day and so collectively free-wheeling at night, Michigan seemed the poster child of the conservative (certainly not in a political sense) Midwest. No streakers in any lecture halls here; no St. Patrick's parties where all the food and drink was green (we're not talking cheap corned beef and beer, either), and the department picked up the tab; no departmental retreats in Bimini. So what. We'd make it here too. At least I promised myself and my wife to give it my best shot.

When I settled in, from the outset there was virtually no protected time for research. I was thrown into the teaching fray from the start, sharing with a faculty member responsibility for running a two-term and rather complete survey course for pharmacy students. There was also some guest-lecturing, mainly in a senior colleague's nursing course; and not long later a bit in the M2 year.

I diversified my lecture repertoire, but it was something I did far more out of curiosity about the discipline than by intent or perceived future need. But it didn't take long until I saw how it could help the department through teaching. I recall getting to work early one very snowy morning — it may have been shortly after the '78 blizzard — and running into a worried M2 course director. His lecturer, a pulmonologist who was scheduled to do the asthma presentation that very morning, just called to say he was snowed in at O'Hare and couldn't make it back. The lecture was only a couple of hours from the time the course director bumped into me. What was he to do? No problem. I got my notes together (having given the lecture once or twice to other classes) and gave it a go. I've been giving that M2 lecture (and now, many more) ever

since.

There was no let-up in teaching, and soon I didn't want any. There was a modest but growing amount of teaching for me in the M2 year, much more in the nursing course. Perhaps because the nursing course director kept giving me more assignments (because he traveled more), and certainly because my wife was a nurse (she instilled some sort of "bonding thing" between the nursing students and me), I ultimately asked to take over that course in the early 80s, just a few years after I started teaching in it, and was granted the wish.

Finally I could schedule things my way, not worried about lecturers having other commitments; rely on only a few others to do the areas I knew little about; and give two graduate students what is, essentially, the only opportunity for them to give a "formal lecture" to a large class. I could assign myself what I wanted to teach, how and when I wanted, and self-impose impetus to learn more by having to teach and integrate content more.

I picked up on my colleague's admonitions to the nursing students to buck stereotype that "nurses only follow doctors' orders; never question the doctor." I drove into their heads not just facts but also understanding and thinking (and assessment) skills to prepare them for what I still view as their essential roles as a critical professional link in the checks and balances system of safe, effective drug therapy.

Sounds, fancy and pie in the sky, but I believed it more and more, especially as my wife would come home from her night shift (I did night-duty kid care) and relate (no names mentioned, of course) the many times a skilled, knowledgeable, and thinking nurse "saved the doctor's ass" — and the patient's too. And now, of course, we see such statistics as those published by the Institute of Medicine, highlighting the magnitude of the iatrogenic medication error problem — something I've been emphasizing to students long before the IOM released their latest data, and trying to keep them from being a part of the problem.

Not long after I took over Pharm 210 the nursing school took over many basic science courses that had been given by medical school departments, preferring to have their own faculty do them. They tried to do that with pharmacology, too, but after word leaked my former students caused such a ruckus, and course evaluations were so strong, that the nursing school quickly backed off and we kept the course. That was probably 15 years ago. I've run it since; and got a 25% increase in lecture time approved by their curriculum committee at a time when other courses were just holding their own or getting cut back, and students' winter term schedules were already "heavy."

I honestly believe the Pharm 210 students get more than their money's worth. And, it's fun and educational and challenging and on-target for them professionally.

When I was putting my text book for the course together, the publisher held many focus groups nation-wide. I don't know why, but pharmacology was almost universally cited by faculty as "the course I hate to teach most" and, by students, as "the course I hate to take the most." Funny. Neither I nor the majority of my students seem to feel that way.

I still juggled teaching with research, the latter being an area in which I was only modestly successful (by Michigan standards) based on independent publications, having 8 or so

years of my own RO-1, getting on a cardiovascular study section at NIH, and getting a joint appointment in a section in the Department of Surgery. I had wonderful graduate student who got their PhD or Master's degrees with me.

While the research was exciting and challenging, the medical and service teaching became moreso, and my assignments grew and diversified. A few years later I received the Kaiser Permanente Award from the medical school and the Elizabeth Crosby Award from Galens, and got my nursing pharmacology book (a 1,400 page tome) published. It soon won an American Medical Book Writers award and was a top seller nationwide for about half a dozen years.

Actually there was group recognition of my teaching in the early 80s, years before I got the Kaiser and Crosby Awards. Each year, at least back then, the sophomore nursing class was feted with a Striping Ceremony (I wondered if they had a stripping ceremony down in Miami) to mark the successful completion of all the sophomore requirements, and official start of their clinical phase.

The class voted one of "their" faculty — the implicit assumption being one of their *nursing* faculty — to give the keynote address in front of parents and other relatives, significant others (an unknown term then), all the Nursing School deans, and most of the nursing faculty. They had picked me: medical school faculty — an outsider. It was a big deal for all, and the ceremony was held in a decorated auditorium, complete with 3-piece music ensemble, on a Sunday, everyone dressed in their Sunday best.

The thrust of my presentation, besides the obligatory congratulation, was to reiterate my belief that continuing to learn all sorts of things — and wanting to learn — was essential to providing optimal nursing care (of any sort) to their future patients. I wanted the parents, especially, to hear that. I told the students that in two years they'd be getting some letters to put after their names (B.S.N. and soon after, R. N.) but that those were merely letters — they or any other letters they might get only meant that they had met minimum qualifications for a degree or license. They had to go beyond the minimum and want to do so.

As it was, this ceremony occurred in the midst of a rather lengthy, messy, and highly publicized (even on national TV) strike by U-hospital nurses. No one coming to the ceremony could miss the long picket lines in the area. The strike was over salary, really nothing more, and since the essence of my talk was about the preeminent role of self-education as the way to care for patients (not money!), I paused, pointed towards the hospital, and remarked "those other nurses over there are showing how much they care about their patients by walking out on them; they're using their union and their union leaders, not their education or their clinical skills, to care for themselves first, and what they seem to care about most now is money."

I was sincere in my message, and intentionally blunt, but I happened to overlook one minor point: a goodly number of parents who were paying for their kids' educations belonged to such organizations as the UAW and the AFL-CIO, and many of the moms and nursing faculty too were Michigan Nursing Association union members.

It wasn't a good way to end the talk, but I said what I believed and was

glad I did. Parenthetically, my wife was rather pleased. From day one in her regular employment at a nurse here, she refused the requirement to join the union and reluctantly paid what amounted to a fine for that minority of people who were anti-union. An aside: I was the last non-nursing faculty member (and might have been the first) to be the keynote speaker at this affair, and the whole idea of a striping ceremony came to an end not long after.

The birth of my book took an interesting path too, with all sorts of lessons about life. My acting chair and others often received publishers' requests to review sample chapters for prospective nursing pharmacology texts. Since I directed the course here they passed them on to me.

Invariably, the chapters were either laden with touchy-feely nursing things with hardly any sound or accurate basic pharmacology content (these were the manuscripts prepared by nursing faculty); or they were high-level science, riddled with chemical structures (nurses don't need to know that), with virtually nothing to give the prospective nursing student any insight about what to do with all the information (these were written by either pharmacists or pharmacologists). There was nothing that blended and interrelated both pharmacology and nursing in what I felt was the needed way.

My critiques were scathing, but I think on target; and they often exceeded the length of the chapters I was reviewing. For reasons that escape me now (OK, it was arrogance) I wrote a "here's how it ought to be done" sample chapter for the publisher that ultimately would do my book. I wasn't expecting any response other than a check and maybe a thank you, don't call us, we'll call you. Instead, I got a trip to the publisher's office outside San Francisco (picked up by a stretch limousine, which impressed me to no end), and a firm offer to sign a book contract.

I was at Michigan and research was important to me and the institution. I said "yes, but…" Before I signed any contract I had to get my NIH competing renewal funded. I got it, and so then told the publisher they'd have to provide me with a computer and word processing software of my choice, and probably some secretarial support, hoping that upping the ante would put them off and get me off the hook for some major work for years. They said they'd have to go up the corporate ladder for a decision and it might take two weeks. They called back saying "no problem" the same day. Soon thereafter I had a new IBM PC, a daisy-wheel printer, and a big monitor on my desk. I asked our Chair at the time if I could go ahead with the project. I wasn't looking for glory; I wasn't looking for more work; I wasn't asking to cut back in the lab or with teaching; and despite eventually having to send three kids through college someday, I really wasn't interested in making money.

By choice I was the only person from here to work on the first edition. There was a co-author in Massachusetts who did little to help; nearly nothing. She had her own best-selling anatomy and physiology book to revise, and so she basically lent her name, her old PhD degree and her very new BSN (it was a marketing aid to lend credibility in the nursing world, to sell more books), and (don't hit me), her gender, as forms of help.

There were about a dozen contributors of this or that from around the country, but really only one, save a male psychiatric nurse, had much

pharmacology knowledge to back up varying degrees of clinical skills and expertise. Except for the psych nurse, there was almost no help with writing chapters (I assigned more than 30 of the 50 or so total to me as sole author anyway) or revising them to my satisfaction.

I didn't want the various chapters to look or read like a patchwork of different styles and orientations, so I basically did a front-to-back rewrite of the whole damned thing. And I won't even go into the advanced charges against royalties for indexing, art work, and the like, which started me wondering whether, when all was said and done, I'd be owing the publisher money.

Soon after the book hit the market teachers found it complete, authoritative, and on-target, as did many students from around the US who wrote or called too. It quickly made inroads in the large marked and hit the number one slot. It got to a second edition and continued doing well, but the publisher and I came to a philosophic impasse when talk of the third edition (which started as soon as the second came off the press) got serious.

The publisher wanted me to include all the "trendy stuff" in nursing (separate expansive sections on age, gender, ethnicity, and nursing research, of which there wasn't too much if rigor counted; with each month that passed, what was in vogue kept changing like a moving target).

That would be fine — we managed that in the first two editions — were it not for the demand that I cut back radically the sound pharmacology content. I refused, for it was the basic science content that the students needed and I wanted to provide.

They wanted me to write it at a lower level "because students can't and don't like to read anymore." (These students will call themselves educated professionals??) They wanted it thinner and lighter so students would find it easier to carry to class (mine never needed their books in class!). They wanted structures for most of the drugs: it looks more erudite and authoritative.

Same went with including a detailed bibliographic citation list in every chapter (as opposed to my short lists of selected readings, annotated so someone could actually see why looking at the original source might be worthwhile). The sole reason for the bibliography? Why, of course, even though it would be totally useless, it "looked authoritative."

The publisher wanted dosage calculations and metric "conversions." They wanted a female co-author (I dumped the original one) because I was a male in a female-dominated profession (talk about sexism! Could I say something like that?) They even urged me to put my wife down as co-author — even though she didn't want to work on the book, didn't know all that much pharmacology herself, and — "even if she doesn't contribute at all" — and even though I told them it's intellectual fraud at my institution to list authors who didn't really contribute anything.

NO! I'm trying to educate. I'm not going to aim low because that's all kids want. No chemical structures, because with precious few exceptions they won't know, or need to know, what to make of them. No metrology or dosage calculations: that's math, or medical-surgical nursing stuff, but it ain't pharmacology. No pandering to the special interest group-of-the-month.

Some time later I read Charles J.

Sykes' book, *Dumbing Down our Kids: Why American Children Feel Good About Themselves but Can't Read, Write, or Add.* Suddenly it all made sense.

As the teaching grew I had to grow tough skin to respond to sneers that I didn't publish in JBC; I was a Neanderthal for being interested in systemic pharmacology and what regulated contractility or other functional aspects of the intact heart; I was "stupid and suicidal" for not "going molecular." I also perceived political back-stabbing and other BS in the NIH peer review process (I saw it first hand when I was on study section and suffered from it when my own grants were reviewed.

I was getting disenchanted with research and people's rather snooty attitudes about what good research was — or wasn't.

What was left for me? Why teaching, of course. Then, to my surprise, a path to curricular development and an eventual stint in the Dean's Office.

Teaching wasn't valued much because it didn't bring in international honors and, of course, grants (translation: money to the institution). And as far as going to the Dean's office is concerned: well, everyone — student, faculty, and staff — mistrusts and generally hates "the administration."

In essence, I was getting ready to do some things that most people disliked or despised, and devote my career to them to boot. I decided to follow my intuitions, not really caring that my career might get side-tracked, if not totally screwed, as some of my colleagues and my wife predicted.

FOOTNOTE: Roger Palmer eventually left the University of Miami for private practice. He opened a clinic on Key Biscayne, where he specializes in executive physicals (for airline pilots, for example) and, at least for a time, ran a "stop smoking" program.

Not long after he left — and I left — he was featured in an interview article in the Miami Herald's Sunday magazine section — *Tropic Magazine* — equivalent to the glossy magazine sections in our Sunday papers. One of Roger's stop-smoking methods involved injecting sterile saline into the patient's nose. He opined that that released endorphins, which suppressed the urge to smoke. Then he opined, for the record, that he could just as well "inject horse shit" and his patients would still stop smoking. Would I trust Roger or any of his hard-playing MD colleagues with my life? In a heart beat! You bet I would. A damned good doc and a hell of a nice guy to boot. Roger died of cancer in July 2007. He is sorely missed by us all. I owe him much.