Sabiston Oral History Project
Dr. R. Scott Jones
Justin Barr, 30 November 2018

Interviewer: Good morning, this is Friday, November 30th. We're in Dr. R. Scott Jones' office in UVA Hospital, Charlottesville, Virginia as part of the Dave Sabiston oral history project. Thanks so much for joining me, Dr. Jones. I really appreciate your time.

Dr. R. Scott Jones: My pleasure.

Interviewer: I just thought we start out by talking a little bit about where you grew up. Where you went to school? How you decided to become a physician?

Dr. Jones: I grew up in East Texas. I was born in Dallas, but all of my family on both my father's and mother's side lived in Tyler or in rural areas around Tyler. I was born in Dallas, but when I was seven months, old my mother and father returned to Tyler. That's where I grew up. We actually lived a couple of other places in East Texas small towns. I can't even remember. All my memories are about Tyler, basically. I went to public school there. I went to a community college. I went to Tyler Junior College. When I got out of high school, I graduated from high school in '54 and I attended Tyler Junior College for two years, then I went to the University of Texas for one year. Then I went to the University of Texas Medical Branch. In those days they had program that you could go to medical school after three years of college and then get a bachelor's degree at the end of your first year in medical school. I did that. I went to medical school at Galveston and then interned there.

Interviewer: How did you decide to become a doctor?

Dr. Jones: I really didn't know what I wanted to do. I was a fairly average student, but not particularly committed to anything. A couple of things happened. One thing was, I was the manager of the basketball team. I looked out for equipment, but I did all the stuff like taping ankles and to dealing with some bruises and all that kind of stuff. I kind of got interested in that. Then I started reading books. I read books related to medicine. But the other thing that happened, when I was in high school, my father had an operation. I had never been around hospitals very much before, but I went to visit him at the hospital. I just sort of got interested in that, plus this reading about medicine.

The interesting thing about it was I didn't have any particular talent or anything, but I got heavily motivated to do that. I got really focused. I thought this will be something-- This may be totally beyond my ability or capacity, but I'm going to go for it, and I did. I started studying. I got organized. I got myself organized. I did my homework. I lived at home in my first two years of college, which was a good thing, and I got a blackboard in my bedroom. I did all my chemistry equations and all my algebra and trigonometry things and I got into it. It's lasted till today. I astonished myself.

When I was in high school, I was kind of average student. I didn't really apply myself too much. But I really did when I started college. I started making good grades. I got trapped. I was totally in a panic that I wasn't going to make an A in this class. I got to be a real nerd. Then at the end, I made really good grades. Then I went to university. The junior college was a great preparation to go to the university because I had established these work habits and taking notes and studying and how to do all that. I did well in college, well enough to get into medical school. And I did okay in medical school. Medical school is a little bit different.

I continued to apply myself, and I did well. When I was going to Tyler Junior College, after my first year I got a job at our local hospital as an orderly. I emptied bedpans and did all the stuff like that. I just loved it. I just loved the environment and being there. The next year, the next summer, I got a job as an attendant in the operating room. I cleaned the rooms and emptied the thing between the cases, went to get patients. I did a little of everything. Cleaned the instruments and made up the packs. They don't do that anymore. I just loved it. Actually, I went to medical school to be a surgeon.

Interviewer: Were there any particular mentors in medical school who helped you to get there?

Dr. Jones: Yes, yes, there were. In medical school-- my first summer, they had summer fellowships. They sponsored students to do research. I worked for a biochemist named Gordon Mills. That summer we studied the nucleotide metabolism in erythrocytes. Then after that, then I also had a part-time job working for him in his lab when I was a sophomore. I learned a little bit about science, about biochemistry. That was on the first publication. But then, of course, as I said, I really wanted to be a surgeon.

Then I got under the aegis of Truman Blocker who was an internationally famous plastic surgeon. At that time, he was the Chief of Plastic Surgery. While I was in medical school, he became chairman of Department of Surgery. He really influenced me. He was a mentor to a lot of people. When I was still a medical student he had a thing called, an externship is what you'd call it now. I worked with him. One of my classmates and I worked with him during the summer. We'd work up all the patients and we scrubbed on cases in the operating room and looked after them. It was a fantastic experience. I was totally hooked. That was it. I got connected with all of that. I used to go to all the department conferences, they had a conference every Wednesday morning where they presented cases and did stuff, but even through the rest of my time in medical school, I always went to the conference on Wednesday morning and that was just it. Then I interned there.

Interviewer: Was it a rotating internship or straight surgical?

Dr. Jones: When I was an intern it was the first year they had a surgical internship. This other friend, my mate from the medical school, we both signed on. There were three of us in our class. There was another fellow and there were two fellows from

Emory. There were five of us. We were the first surgical interns. Of course, I had worked a lot in plastic surgery, because that's what they did. I really liked it. I had an opportunity to stay there and go into plastic surgery, but …I had the skills. I had good coordination, manual skills to do operations, but I watched Dr. Blocker and I would see patients with him in this office. Then we would operate on them. They would come in for plastic surgery like redoing ears or the facial and cosmetic things.

I watched him see what he could do and how he could fix it, and it was miraculous. I could never do that because I had zero artistic vision. I almost didn't make it out of the first grade. We draw oranges, mine looked like pyramids and my pyramids looked like diamonds, and I just never got. I thought I would never be able to do that like Dr. Blocker. But I could do the stitching and stuff as well as anybody and better than most. The other thing about it was, I really liked looking after sick patients. I liked making the diagnosis and planning the treatment and getting involved in the critical care. Of course, in those days in plastic surgery, there was a lot of that because they did all the burns, they did all the reconstructive, they did all the head and neck surgery.

I still enjoy multisystem, looking after pulmonary and cardiac, GI and all that. So I went into general surgery, and that's where my mentor came in -- Dr. Blocker. I was the intern with him. That was before the resident matching program. We matched as interns and it was free-skate after that. He really helped me and he arranged for me to go to the University of Pennsylvania to be a resident.-

Interviewer: Were you choosing among several programs or Dr. Blocker said this is where you are going?

Dr. Jones: Well I looked at a few places, but he was setting me up for that, and that's what I did. I think about him all the time. He was a heroic figure. Dr. Blocker was from Texas, Sherman, Texas. He did all this medical school and everything there, but he did two years of training at the Pennsylvania Hospital, and that's how he knew about the University of Pennsylvania.

He was in the army in World War II. He rose to the rank of Brigadier General in the army, and he did a plastic and reconstructive surgery. Then he returned after the war to Galveston. You may or may not remember, but it was in 1947 when they had a massive explosion in Texas City. Thousands of casualties and mortalities. They all went to Galveston. Well, here was a doctor. It was kind of fortuitous because he was there and he understood triage and all that. On that day, the University of Texas Medical Branch became a burn center, because that's where they took all those people. And on that day he became a burn expert. Today, they have a huge burn program, including a Shriners Burns Institute for kids.

Interviewer: All derived from this 1947 explosion?

Dr. Jones: Precisely. Anyway, he was a spectacular administrator. He became the chairman of the department of surgery, and he did that very well. He later became

the CEO of the entire health system. Then there was a period of time that one of the other medical schools in Texas was having trouble. They recruited him to go there and fix it. He spent a year and got the thing going. He was an incredible person.

He was a big man. He was huge. I don't know how tall he was, but he was big, with big hands. The thing I remember about him, just for example, was his manual dexterity. He was a big guy, had big hands, but he would do a cheiloplasty on a baby for cleft lip, and he had the most delicate touch of anybody you would ever see. He was a very gifted surgeon. He took freehand skin grafts and all of that. He was clearly to my hero to this day. Anyway, that got me started. Then I went to the University of Pennsylvania.

Interviewer: Who was chairman there at the time?

Dr. Jones: Jonathan Rhoads. Jonathan was my chief. He was an incredible role model. Now he was a different kind…he was also a big man, big tall guy like Abraham Lincoln or somebody else, he looks like Jehovah. He was all very serious, and he was a great scholar. He had been an athlete as a young man. He'd been a high jumper, a great athlete, and a world traveler. Very interesting man and a great surgeon and a great leader. He had a big, huge practice of-- He did a little bit of everything, and really he was a serious role model. He was a leader in everything.

Interviewer: What was your experience like as a resident at Penn?

Dr. Jones: I loved it. It was very intense. It was a very intense experience. I started residency in 1962, and it was very intense. That's all I can say. We had wonderful esprit among all the residents.

Interviewer: How many were in your class?

Dr. Jones: Well, we started with I guess five.

Interviewer: Any women or blacks?

Dr. Jones: No, there were no women and no blacks. There had been a woman resident at Penn, but she was gone. She was in practice, but in my last year they had a woman intern, but it was before all that. We really worked hard. It was really intensive. In my first year or two, there would be times I wouldn't go home for a week. We stayed in the hospital. People just don't do that anymore.

We did everything. We did all the wound care, all the IVs, all the stoma care, drew the blood for all the blood tests. We did everything. We moved patients. We had to get the X-rays. Everything. We did everything and it was a really great experience. There's so much stuff, half the stuff that you use now didn't exist in 1962.

Interviewer: Did you have dedicated research years?

Dr. Jones: I did. I worked in the Department of Physiology for a year and did gastrointestinal secretion, GI hormone regulation. That was really good. It was just a year of complete just working with basic scientists. It gave me a whole new level of understanding about science and data and research and discipline, scientific discipline then we would never have otherwise. It also changed me because then I wanted to do research as part of my career.

Interviewer: What were some operations you were doing as a resident that we just don't even do anymore in today's practice?

Dr. Jones: Radical mastectomy. First off. We do very few abdominal perineal resections anymore. Still, do some, but it's way down. I think probably breast surgery changed more than anything else. What else. Closed commissurotomy, mitral commissurotomy. Probably you never saw a mitral commissurotomy.

Interviewer: Never.

Dr. Jones: I never did one, but the professor did with his little finger.

Interviewer: Dr. Rhoads would?

Dr. Jones: No, no, Dr. Julian Johnson. I needed to come back and tell you about him, but the operations, I'm thinking more of the ones that we do now that we didn't do then. We didn't do carotid endarterectomies. We didn't do coronary artery bypasses. I scrubbed with Clyde Barker on the first kidney transplant done at the University of Pennsylvania.

Interviewer: What year was that?

Dr. Jones: That would've been 1966.

Interviewer: No cyclosporine?

Dr. Jones: No.

Interviewer: Steroids, azathioprine?

Dr. Jones: Right. Exactly. It was Clyde Barker, Brooke Roberts, me, urologist named Harry Schoenberg and one other person, I can't remember. We did the first kidney transplant at Penn.

Interviewer: What year resident were you?

Dr. Jones: I was probably a fifth-year resident. That reminds me of just telling about some other people in addition to Dr. Rhoads, who was the chairman of the department. I spend a lot of my time in cardiothoracic surgery with a man named Julian Johnson. When I went into the program, it was a combined general and

thoracic program. As I started, the board said that we had to do another year if we did thoracic. About half of my time was in thoracic.

Interviewer: Was it a rectangular program or was it still pyramidal?

Dr. Jones: It was actually pyramidal. Actually, we had five people. No. That's not true, we had six. What happened was, that three of us became chief residents at the university hospital. One man had gone off after three years into urology. Another man was going off into plastic surgery, but he did his chief year in a community hospital in Philadelphia. The other man did his fifth year at Philadelphia general hospital.

Everybody had a place, but there were three of us who stayed. The guy that went to PGH came back the next year as the cardiac resident at Penn. That's how that happened. It was pyramidal, but it was a preconceived, programmed deal. I worked with Julian Johnson, and what I remember about him, he was a very serious disciplinarian. He was hard to deal with.

He was probably the best technical surgeon I've ever worked with. He did everything. He did open heart surgery, he did closed, he did general thoracic, he would do a mastectomy, he would do an aneurysm, he did everything. He did thyroid. He was gifted. He was just a great surgeon. I think he probably had more of an influence on me in terms of just technical approaches on how to do things than anybody. He was really good. He did mostly cardiac and thoracic.

My other mentor, Dr. Rhoads, did mostly general surgery. No thoracic. We had one of our professors, Billy Fitts, was interested in fractures. We did half the fractures when I was there. I didn't after I left. I never told anybody I knew anything about fractures. Brooke Roberts was a vascular surgeon.

One thing about Penn, that I remember, it was very rigorous, it was very militaristic. The reason for that was, during World War II, all the surgical staff from Penn went together and formed a surgical hospital unit that went to the Burma, China, India theater, and Dr. Ravdin was the head of them. He went on to become a brigadier general in the army.

Dr. Rhoads didn't go with that because he was a Quaker. He was a non-combatant. He was let-off because of his religious belief as a pacifist. He ran the university hospital for four years while everybody else went to war. When they came back, Dr. Ravdin became the chairman of the department. Dr. Rhoads was his right-hand man. When Dr. Ravdin retired, Dr. Rhoads became the chairman. I actually worked with Dr. Ravdin as a resident on his service, which was quite an interesting experience.

Interviewer: What was he like in his attending?

Dr. Jones: He was a very interesting man. He did a lot of surgery, but he was not the technician that Julian Johnson was. Jonathan Rhoads was a good technician, different than J.J, Julian Johnson, but he was a good technician. Dr. Ravdin needed a lot of… Whenever he did an operation he always had..

Interviewer: Multiple people?

Dr. Jones: Yes. He looked after his patients splendidly, and he gave wonderful care. He did good work in the operating room. When I worked with him, he was the provost of the university. He would come in and make rounds, do some cases. He was still practicing. I scrubbed with him on a fair number of cases. Anyway, they all came back from the army. The residency became like we were in the army. Cletus Schwegman was another fellow that--

Interviewer: How do you spell his last name?

Dr. Jones: S-C-H-W-E-G-M-A-N. He was a very good surgeon, very gifted technical surgeon, Cletus Schwegman. He and Billy Fitts were in the army as well as Dr. Ravdin and Julian Johnson. Those were my key mentors. It was a fantastic experience.

Interviewer: You came out wanting to do general surgery, thoracic surgery or combining the two.

Dr. Jones: I really liked it all. I wanted to do the whole thing. My lab experience put me into the GI world. I did mostly gastrointestinal physiology. For that reason, when I finished my residency, I did a postdoctoral fellowship in Los Angeles with a man who was a gastroenterologist, but he was really a basic scientist. He was PhD basic scientist named Morton Grossman. He was one of the world authorities on peptide hormones and their action on the GI tract. I did a year with him in the lab. That directed my career the rest of the way because from that, I got a job doing GI surgery primarily.

Interviewer: Where was that?

Dr. Jones: My lab year with Grossman was at the Los Angeles VA hospital. My first job was in San Francisco, at the VA hospital there. I was on the faculty at UCSF. I did primarily GI surgery there. I stayed there for three years.

Interviewer: Did you have a lab there also?

Dr. Jones: I had a lab. In those days, the VA had career development programs. My time at Los Angeles, I was what they called a research associate. In other words, I was working totally under a mentor. When I went to the San Francisco VA, I got an appointment as a clinical investigator. I was supposed to work independently. I had a lab budget. I had my VA salary. I was supposed to do 70% research, 30% clinical, which I did. I set-up a lab to do GI physiology. We worked on biliary secretion,

pancreatic secretion and gastric secretion, mostly related to neural or hormonal regulation of GI tract. I did that for three years. That's when I went to Duke.

Interviewer: How did you get recruited from San Francisco all the way to the other side of the country?

Dr. Jones: I'm not sure. I was in grand rounds one Saturday morning in San Francisco, and a woman came in and said, "You have a phone call." I went out and answered the phone. It was Dr. Sabiston on the telephone.

Interviewer: Had you met him before?

Dr. Jones: No, I had never met him before. I'm wasn't even sure who he was. He said he was as Duke and they wanted somebody to come there to do GI physiology. Would I be interested? I said I would. I went there for a visit, and a bit of this gets to be more story than you want to hear -- how he learned about me. He knew my prior chairman, Dr. Rhoads. There's another person I got connected with at Penn.

Actually, before I went to Penn, Dr. Blocker kept telling me about Jim Thompson. Jim Thompson was about 10 years ahead of me, but he was a medical student at UTMB where I was a medical student. He had also come under the tutelage of Dr. Blocker. Dr. Blocker had arranged for Jim Thompson to go to Philadelphia. When I was a resident, Jim Thompson was the chief of surgery at the Pennsylvania Hospital. He did GI research.

He was working on gastrin and gastric secretion. I had heard of him, he was a legend to me, but the first I ever met Jim Thompson is when I was a resident I had a paper at the surgical forum, which was in those days than it Atlantic City. At Atlantic City, I gave my paper and there I met Jim Thompson, and we had lunch together. There was a great conversation, it was incredible.

Since that time he and I stayed in contact and became very close professionally. I never worked in the same department with him, but we talked and visited. We were on a lot of committees together, study sections and all kinds of committees and all that. We became very close friends and colleagues. We had talked a lot about surgery and I'd be visiting professor and he would be and all this. We remained very close until the day he died.

That was the Texas/Penn GI collection, and I'm sure he had some input into Dr. Sabiston, I know they did. Jim recommended me to David Sabiston, and he recruited me. That's the backstory on that. What happened, I went to visit at Duke, and I really liked it. I had been basically in my three years in my clinical investigator role. While I was still doing clinical work in VA, I really liked practicing surgery a little more than being an attending in the VA. That influenced me a lot.

I went there for a visit, and that was probably the most difficult, the most ambivalent I've ever been about anything in my life. I went back. My wife was very happy in

Marin County, where we lived, and I liked what I was doing. But, I wanted a little bit more involvement in clinical care. We had all this soul-searching. I went to this visit, and then I called Dr. Sabiston I told him I going to go. I had a start date. I was going to come start in February or something like that and had it all set.

I told people at San Francisco I was going to leave. They didn't know, they started telling me, well maybe we could do this and maybe we could do that or one thing or another. That went on, and so I called Dr. Sabiston, I told him I'm not coming. I can't. I've got to stay here, this job is a little bit better and I think I'd be better off staying here. I was also thinking about my wife. That was, I don't know, January or something like that. Time went by, and then I don't know what happened, but he called me again in August.

Interviewer: What year was this?

Dr. Jones: This would've been 1971. He had been recruiting me to be the chief of the VA originally. He called me and said, "I would really like to talk to you again. We've filled this [VA] position - we got the previous chief to come back." Raymond Postlewaite had retired and he [Sabiston] got Post to come back. But he [Sabiston] got the thing going again. That was like in August, late August. To make a long story short, I was on the Duke faculty in September.

Interviewer: What about the second position was more appealing?

Dr. Jones: Well I just thought I had more opportunity and some of the things I thought were going to be a little bit better [at USCF] weren't. It was the same old, same old. So we packed up and left. I sold my house in three days and packed up my wife, three kids, dogs and cats and moved to Duke.

Interviewer: Dr. Sabiston, I guess had been chair for about seven years at that point. I think he came in 1964?

Dr. Jones: Yes.

Interviewer: What was Duke surgery like now that he had had a chance to establish himself?

Dr. Jones: The thing about it was, I was really the first outside recruit. There was another fellow they had recruited to do GI, and it didn't work out. Dr. Seigler can tell you all about that. He was there, went through it. I'd even forgotten there was a person there. The people he had recruited, for example, they was Paul Ebert who came and Newland Oldham and I guess Newland was resident. I was really the first outside person to really go there and stick, and it was fantastic.

I had a funded lab [at USCF], and I had just been funded at the next level. I finished my clinical investigator and I had what they called medical investigator, which was a five-year appointment, but with the bigger research budget. I was set. But you had

to be full time to do that, and I didn't want to be full time because I wanted to work at the Duke Hospital. So I gave up my VA resources. I had an appointment and I was part-time at the VA, and my lab was at the VA. So I had to start over. And I did. I got research funds and after a little bit I finally got funded by the NIH so I was back. But it took me a while to get reorganized. I was busy. I had a big practice, I had a lab, and I had everything I ever wanted to do. It was probably the best job I've ever had in my life. I loved it and I did everything.

Interviewer: What type of surgery did you practice?

Dr. Jones: Well, I did mostly GI, but I did everything. I did some pediatric surgery, I did some breast surgery, I did some thyroids. I did not do any lung surgery. I did esophageal surgery and trauma. There were people there who were the cardiac, thoracic, and vascular people. I did vascular surgery like portal venous hypertension surgery and stuff like that. I didn't do any aneurysms, certainly didn't do any fem-pops. I didn't do any lung surgery. I had plenty to keep me busy. I got my lab going. Got my practice going, and then I did a lot of other stuff. I got a joint appointment in physiology, because I had several years of postdoctoral training, and I got an appointment in physiology. When that happened, students would come work in my lab for their physiology credit.

Interviewer: Undergrad students?

Dr. Jones: Medical students. Then I had a course that I gave, a lecture course on GI physiology, correlating it with a clinical pathophysiological condition. That's where I met Bruce Schirmer. He took my class. I was running programs: They had a thing where they had special speakers come in. I forgot the name of it. I worked with medical students to invite noteworthy people to come and give lectures, not necessarily doctors or surgeons. We had to all kinds of experts. I did all that. What else? Everything. I did that for a decade.

Interviewer: How was Dr. Sabiston in supporting your career in these multiple avenues that you were pursuing?

Dr. Jones: I never had a lot of chit chat with Dr. Sabiston. Our relationship didn't require a lot of talk. We had, I call it bilateral total commitment. It didn't require a lot of conversation. He really opened doors that enabled me to do things that I never would have been able to do anyplace else. I did it. He was looking out for me. I'll give you an example.

I got there and, I hadn't been there anytime, but he figured we needed to be doing endoscopy. So he bought the instruments. I started doing colonoscopy and esophagoscopy. Nobody else was doing colonoscopy. GI people weren't even doing it. I did the first colonoscopy at Duke. I did the first polypectomy in North Carolina. Because he got this stuff -- He didn't say, "Do you want to do this?" He just got it, and I just took it and started working on it.

Then, after I got it going, I allowed the GI people to come in and use our equipment in the operating room and got them started till they got their own thing going. He [Sabiston] didn't like that much. He didn't criticize me really, but he didn't like that very much. But I'd do all my cases and not get done in the OR until seven or eight o'clock at night. Then I would do endoscopy for a couple hours. It was incredible.

Interviewer: How long were your days there?

Dr. Jones: They were long days. I'd get home by nine o'clock, something like that, or whatever. Depending on how the day went. Sometimes I didn't get home.

Another thing happened. One day, I was actually in the office. In my office, my secretary did all my op notes, all my clinic notes, all my NIH grants and paper writing, and all that stuff. She was great. We got all this stuff done

One day, Bob Berry's at the door. He was the manager of the department. The COO of the department, Bob Berry. He was at the door and he had this cart. I said, "What is that?" He says, "This is a word processor." I said, "I didn't order a word processor." He says, "Dr. Sabiston thought you needed a word processor."

Interviewer: Now you have one.

Dr. Jones: Stuff like that. I never asked anything. I was there to do what needed to be done. It was a whole different era. Things are totally different. Nobody can understand what happened at that time. He treated me more than fair. I was totally committed to the institution. I loved it. I just worked hard. That's what we were brought up to do.

Interviewer: What was your interaction with the residency program when you were there?

Dr. Jones: Oh my God. I was in the thick of it. It was wonderful. I love the residents. It was kind of a mutual thing. I'm looking after them. They were looking after me. Some of my best friends to this day….my most memorable people. My interactions with the residents were great. The morale and esprit, and looking after patients and getting the right thing done. I loved it.

If I hadn't had residents, I couldn't have done anything. They taught me everything I know. I didn't learn anything with great professors. I kept current with the residents. They showed me how to do stuff. Of course, I helped them. I had little experience by then, but I'd go to the residents. They would come to me if they had problems. It was just a beautiful relationship.

I just loved the residents, and we just got along because we were all working hard doing things we'd like to do. Obviously, there's a lot of conflict that happens and all that kind of stuff. We shared our conflicts and shared our solutions and just had a

great time together. At least that's the way I saw it. I don't know, you'll have to talk to them about it.

Interviewer: It does seem like that sense of esprit has vanished with the new duty hours.

Dr. Jones: It's a different world. Nobody can understand. You can't tell any of them, and it's just a-- Normal people don't do that sort of thing anymore.

Interviewer: But they did.

Dr. Jones: They did.

Interviewer: For decades.

Dr. Jones: They did. It takes a special person to like that, and we did. We did. The residents were so smart, had such a great experience at all. Those guys in the early '70's, the guys that finished at Duke had a huge bunch of cases. They had done everything

Interviewer: And they did it autonomously.

Dr. Jones: Absolutely, yes. Speaking autonomously. Let me go back to when I was a resident. When I was a resident at Penn, as a fifth-year resident, I had an attending in the operating room with me on three occasions. One was a complex ankle fracture. One was a redo hip fracture, and one was a highly complex vascular operation. I tell you this was before arteriography or ultrasound, or whatever. I started this case one evening

Interviewer: An aortic case or peripheral?

Dr. Jones: It turned out it was aortoiliac with ischemic leg pain. I started the case, I didn't know where to go. I call my attending at that time, who was actually the vascular fella, Clyde Barker. Clyde came in the middle of the night, it was late evening by then. He and I worked for a couple of hours, then we called the Professor. Brooke Roberts came in, we couldn't find a way to re-vascularize. We finished the case, longest case I've ever done in my life. That was 20 hours or something. Then we stopped, and three or four days later we had to perform an amputation.

Its not that we were just abandoned. We had worked as residents with all these cases all along. They allowed us to be independent. We were sort of like, it was like first year attending. They were billing for us [laughs], which is another story. They were treating us like surgeons even though we weren't board certified. You couldn't do that today. When I got done I did, I just did anything. I think probably best practice is somewhere in between what we do now and what we're doing then. Anyway, where were we? I got off track.

Interviewer: Duke residents. Any blacks or women then or it's still mostly white males at the time?

Dr. Jones: It was mostly white males.

Interviewer: What changes did you see at Duke in your 10 years there, both in the department and in the residency?

Dr. Jones: We recruited our first black faculty person. I was involved in doing that. We started having women applicants. I can't remember if we actually had a woman. I don't think we did till I left. I think what I remember most were the clinical changes that were happening. The introduction of flexible endoscopy, the introduction of ultrasound, introduction of CT scan.

Interviewer: Were they doing laparoscopy when you were there or is that after?

Dr. Jones: No. There was no laparoscopy. That didn't happen until I'd been here [at UVA] for a while. I think those are the main things that happened. Those are giant steps forward that changed the way we did things. Then, interventional radiology got started in those days. Now we had angiography by the time I was a resident. When I was a medical student we didn't have it. When I was a resident, we did our own arteriography. We didn't have the Seldinger technique, we did direct puncture arteriograms. I did a lot of femoral arteriograms as a resident.

Interviewer: Apparently the aortogram needles were huge.

Dr. Jones: That was a different story. I never personally did an aortogram but I did a lot of femoral arteriograms.

Interviewer: Did you do a cutdown or direct puncture?

Dr. Jones: Direct puncture. Then we got into interventional radiology. Those were really the big changes

The other things that changed in the residency is he [Sabiston] expanded the residency. He got more residents and started sending residents to other places that we hadn't done before. Of course, we had the VA. It was right across the street. But we sent residents to Asheville and then even after that, they had other places. I think increasing the number of residents, the ones that finished in the latter part of my time didn't have the same breadth and depth of experience as the ones who were there for my first five years. Those people were doing all kinds of operations. They did everything, but then they started having special fellows, scholars, and stuff like that and expanding it. That made it a little bit different. Those were the main changes that I see as advances in imaging technology and then expansion of numbers of residents.

Interviewer: Things are going great at Duke, you're climbing up the academic ladder. Then you move to Charlottesville to become chair. How did that process unfold?

Dr. Jones: Well I guess there were a lot of us out there in the country that were candidates to be chairs.

Interviewer: Dr. Muller was chair at UVA?.

Dr. Jones: Dr. Muller was chair here. I'd looked at several places to be a chairman, but none of them particularly resembled the kind of department I was used to working in. I'd go look, and I wouldn't be comfortable there, two or three places. They're very famous places, there's one place I went, I'm not going to name names, a very prominent place, to be chairman of the department of surgery. I started looking at the resources like intensive care unit. I think they had six beds for the department of surgery in the intensive care unit. On that very day, I had four patients in intensive care unit at Duke. I said, "What am I going to do…Thank you." I was supposed to develop a general surgery program, and I just couldn't figure out how I was going to do that. I mean they were in a place where they were surrounded by a great hospital and doctors, but they didn't have the resources. They just didn't have it, so I didn't go there.

The other thing, I mean I went out to three or four places. Then what happened is things were going all right. My lab was productive, I'd been doing it for a few years. Dr. Sabiston talked to me like, maybe he had in mind I was going to be the chief of staff of the VA. I got to thinking about that. I thought if I'm going to be doing that kind of job, I'd rather go ahead and be chairman of a department. Then I got invited to be a candidate here, and he advised me, if I wasn't going to take the VA job, to come here. It was not a quid pro quo, but I think he would rather have had me come here and be chairman than to go to the VA.

Interviewer: He was very supportive?

Dr. Jones: He was very supportive, Very.

Interviewer: What did UVA offer that some of the other places had not as a health care system?

Dr. Jones: First of all, they were beginning to be in the process of building a new hospital. The other thing was, I wanted to continue being active in practice, and I thought I could do that here. In other places, some of the bigger places, you end up being a suit and briefcase, and I just didn't want to do that. The other thing is, I don't know how to say this delicately, but there were so many things to be done here that I knew how to do. The teaching program needed attention, intensive care needed attention, the ER needed attention, the OR needed attention and expansion. Opportunities- I don't want to be rude or embarrassing, but there was no place to go but up.

One big hang up I had, I had a very productive lab at Duke in the VA. That's another thing that Doctor Sabiston helped me with. He arranged me to get residents in the lab. We got some funding, but he helped out a lot. There's one of those sayings, "When you use the resources, you got his support." If he does some for you and it pays off-- Every time he helped me, I used it. I made it work.

Anyway, what I'm coming to, is my lab was in the VA. We don't have a VA here. We're related to the Salem VA. I thought about it, I just couldn't figure out how to do that. Actually, I moved my NIH grant here. But I didn't have a lab. My infrastructure, my collaborators- I had nothing. I had a room down there. I started to work here on the 1st January, my NIH--

Interviewer: In what year?

Dr. Jones: I started January 1st of '82. My NIH renewal was due on February 15th of '82. I wrote it and sent it in, but it was over. They continued my funding. The other irony of it was, before I left Duke, I had just gotten funding from the VA, generous fund for five years. I had to turn that down. I think that the biggest tension for me was not being able to continue my research. I still think about it and a lot of people do. I think if I had stayed in one place all these years instead of moving around, I could have had parallel growth in the lab.

Every time I moved-- I left LA. Of course, I started brand new in San Francisco. Then I had to start all over again when I went to Duke. And then I had to start all over again coming here, and it just didn't work. I wanted to keep a practice, that was important to me because that was how I related to the residents -- in the OR, in the ER, on the wards. That's where that connection was. So I needed that. I think a chairman has to do that, in my view, to be the complete chair.

Obviously, I had to do the administration things. I had to grow up and realize that my job was to enable other people to do research. Not so much be in my lab, I need to get other people to have their lab. Actually, I set up a lab. We had a new building over here. I had a lab, I set myself up for a lab, and here I am, I'm recruiting somebody. No choice, I have to put the recruit to the lab. I did a little bit, and then I finally realized that that wasn't going to be in my life anymore. As time went by, our research grew here and it's a big deal now.

Interviewer: How did UVA hear about you down at Duke to recruit you up to Charlottesville?

Dr. Jones: I don't know. I think there were a bunch of people around the country who were looking at different chair jobs. Maybe Doctor Sabiston talked to Doctor Muller. Doctor Muller always told me he didn't have anything to do with it. Maybe he was being polite. He probably didn't it after the search committee got started, I don't know.

There were several things about Charlottesville. My wife didn't want to live in a big city. She ended up being willing to come here and she had a very good life here. She was happy. So that personal element had a lot to do with coming to Charlottesville instead of going to a metropolitan area. That's worked out pretty well. By the time I retired, or stopped being chairman, we'd made a lot of progress here. It was incredible. A lot of it happened all over the world, all over the country, but I was a part of it.

I did things that helped the other departments. I helped GI, I helped emergency medicine, I helped other folks-- we had great collaboration with some my surgical chairs here. J. Gillenwater, outstanding, outstanding urology chairman. He got into this lithotripsy thing. I would say I'd work with him. Now, I didn't know anything about lithotripsy, but department money helped him get started.

We started the ambulatory surgery facility over here. I helped the neurosurgeons getting gamma knife. I didn't know anything about it, but I was moral support and financial support. We worked together very well. We had a lot of tensions with internal medicine. The other thing about Duke. The interdepartmental atmosphere was outstanding. I had great colleagues in GI and in nephrology and in cardiology. It was wonderful.

Then when I had my lab, we always interacted. It was the most professionally fulfilling collaboration and interaction that I have ever had. Good God, I had good working relationship with the chairman and all the people in the medical department, pediatric, everything. Psychiatry. Clinical interactions. I used to get a consults from the Psychiatry Department. The psychiatrists were active practitioners of medicine when I was at Duke.

Interviewer: Not just researchers?

Dr. Jones: Yes, not just researchers, but I mean if somebody had a somatic problem, they took care of it. That was the other thing about Duke internal medicine. Doctor Stead. He was the medical director of the Methodist Home. It was a nursing home, Methodist something. When I started at Duke, started practicing, after I'd been there for awhile, I get a phone call from Gene Stead. Evey now and then he's got somebody's who's got cecal cancer or something. I became one of his referring doctors, so I had a professional relationship with him.

Time went by. They had this cardiology database in these days. Even in the '70s, they had an automated op note. We tried to get something like that in GI. He was going to be the head guy running it. He asked me to be a part of it, and we got the thing, we got this application. I actually was in the process of setting up a GI automated op note. I had it all outlined and everything. We had our site visit. We didn't get any money or anything, but I had a professional relationship.

The important point of this is that Stead understood that the medical doctors had to be good doctors. What they had in internal medicine was that they had a core of

outstanding clinicians seeing patients, their patients in their office and seeing their patients on their rounds. There practicing GI, cardiologist, everything. Those people would advance academically, but a little slower, but they got paid more.

Then, they had another group of people that were on the academic fast track. Young people with NIH funding and professional basic researchers, basically. They would have to do their two weeks, or six weeks, or something once a year on the ward just to keep current. It was managed beautifully, because for somebody like me, I had these people that were great colleagues in practice. I had people that were great colleagues in research, and it was totally mutually agreeable and productive. I'd never been in any institution like that. And here [at UVA], it was all adversarial. It was really just totally different.

They didn't have that nucleus of committed clinicians like they had at Duke. That's changed. I think nowadays just because of what's happened in Medicare and all that, they changed that a little bit. But those relationships were just one of my favorite things at Duke, having these great colleagues. I just got along splendidly with all those people. They gave great service and they were happy to have it.

Interviewer: Were you in touch with Dr. Sabiston while you were chair here?

Dr. Jones: Yes, a fair amount. We had him up here as visiting professor, that was the first thing. He was our first visiting professor. Then we had a big celebration for Harry Muller several years later and he came to that. That was a tragic thing because it was obvious that he was unwell at that time. When he came here to give his presentation, it was on 40 years of cardiac history honoring Harry Muller. Obviously, he came for that and gave a talk and he was here. It was obvious he was not himself.

But he had three trips. He was coming here to honor Harry, he was going to UMass and he was going to Massachusetts General Hospital for something for Jerry Austin. Even here, he left early and prematurely, but he was on that trip and he knew that he was having trouble and he went home. He went home, but he was having a stroke. The doctor went out and saw him at his house and put him in the hospital immediately. That was the beginning of his disability.

Even after he was recovering a bit from that, we would go down and visit him there. Harry Muller and I, we would take a day and drive down to his house, have lunch and have a visit. We did that a couple of times. Then I had some other occasions to be there and I would go by and see him. Then, there was a long time I didn't see him.

That was a remarkable time. That decade at Duke, it was incredible. I recruited a lot of people here.

Interviewer: I just going to say it was like Duke North here in terms of faculty. Did you know them as residents or you just knew them by reputation? You said you knew Dr. Schirmer an because he was in your class.

Dr. Jones: I worked with him. Schimer had taken my class. He worked in my lab. John Hanks spent a year, a couple of years in my lab. Dana Anderson spent time in my lab. Bill Meyers took my practice and my lab when I left and took it to a whole new level. Then, Craig Slingluff was one of our students here. He went and did his residency there and came back. Tom Daniel was a resident. I worked a lot with Tom, and he went into private practice. He did the scholarship and everything. Did the vascular and went into practice in Richmond doing thoracic and vascular.

Time went by, and we had a man here who was pretty senior who was an excellent thoracic surgeon who retired. At that point, it was hard to find someone because all the thoracic young people wanted to do cardiac surgery. They didn't want to do general thoracic. Anyway, I recruited calm Daniel to come over, and he did thoracic and vascular and then ended up doing mostly vascular. He made a huge impact on our department here. Let's see, who else?

Interviewer: Dr. [Chris] Lau, Dr. [Sandy] Schenck.

Dr. Jones: Schenk, yes. Sandy Schenk and John Hanks came together when they finished their residency. Don Detmer who had been a resident and he became the CEO here for a few years. He's now retired. I'm sure I'm leaving somebody out.

Interviewer: Chris Lau.

Dr. Jones: Chris Lau. She was well after me. I didn't know her. She's outstanding. She's incredible.

Interviewer: She created the lung transplant program, basically.

Dr. Jones: Absolutely. She's done a great job. Actually, I had dinner with her. I took all the division chiefs at the dinner the other night, on Monday night. She was there. We had a lot of things we had to talk about in the department. We had a great meeting. I had a lot of great friends and great times. I think Seigler is one of the most remarkable guys. I really, really like him. A lot of people didn't appreciate him. He was at UNC and he went over [to Duke[as a fellow in immunology.

Interviewer: With Bernard Amos.

Dr. Jones: Exactly. Then, he stayed on and did the transplant work. Then he oozed into tumor immunology. Of course, I've lost touch maybe for the last decade or something like that but well after I had left, Seigler probably had longer duration and more continuous NIH support than anybody at Duke. You wouldn't know it talking to him, what he did.

Interviewer: He had one of the biggest melanoma databases in the world that he created.

Dr. Jones: He had the biggest, but he had basic, fundamental research. That just awes me. He was a great doctor, great character. I just loved him. He was the most irreverent person, and I loved it, I loved it.

Interviewer: You said that he would even talk back to Sabiston.

Dr. Jones: He would do it. Sabiston, interesting thing is, he tolerated it because he knew he had a-- I was going to say a diamond in the rough but there weren't anything rough. He had a diamond. Very few people understand that. I knew a lot about what he was doing because I was starting immunoassays in my lab, and he had some equipment that he shared that me and let me use his stuff. We finally got that stuff going. But I know somewhere along the line I had reviewed his CV and I just had access to know what he was doing. It just impressed me, because he was very effective guy. He had a huge practice. He had his clinical research and his basic research laboratory. Half the people in Duke didn't understand that.

Interviewer: They just didn't understand the science that he was doing?

Dr. Jones: Well no, they didn't know he was doing it. They didn't know what he was doing. They just thought old Siggy was just out there doing something. He quit doing transplants. I'll never forget, after I had been there for a while, Sig called me on the phone one day. He said "What are you doing? Are you going to be around?" I said yes. He says, "I want you to do a kidney transplant." I said, "What are you talking about? Sig, I don't do kidney." "Yes, you got to do this. We got it all set up. You going to have it with Jim Alexander, go down and just help Jim do this and you're going to be okay," so I did. Jim and I did this kidney transplant.

Interviewer: How many had you done since you were a 5th-year resident?

Dr. Jones: I never done another kidney transplant after that [laughs].

Interviewer: So this was your second one since you were a chief resident?

Dr. Jones: It was my second case. It went fine. Everything was okay, but can you imagine that? He figured I knew how to work with the residents, I knew how to get around. He was off somewhere. I'll never forget, I said, "What are you saying? What are you talking about, I don't have..." "Yes, yes you can do it." So I did.

Interviewer: He's still a character and still engaged in the department and residents.

Dr. Jones: I haven't seen him in years. Last time I saw, I went down I gave a Grand Rounds down there years ago. He came, and I was so proud to see him. I was back one time again, then we had some other kind of thing. They had a dinner one night,

a lot of people were back, I forgot what the occasion was, and he didn't come, I missed seeing him.

Interviewer: He's a good man.

Dr. Jones: Yes. A lot of good men. Walter Wolfe was a good colleague. Newland Oldham was a great colleague, I was good friends with Newland. Bob Anderson was a great colleague. When I first went to Duke, Nuland and Bob Anderson and I shared an office up in one of those turrets somewhere in the back of the place. Then, they moved me out. Dr. Sabiston wanted me to be in the office with Dr. Grimson, who was pretty senior and was doing things he probably shouldn't have been doing. We were supposed to ride herd on him but I didn't do a very good job at that.

Interviewer: It's an awkward position for a junior faculty.

Dr. Jones: Yes. Then he retired completely.

Interviewer: You were talking about some of your accomplishments here including your inter-departmental collaboration, fixing up the emergency department, getting the ambulatory surgery center onboard, is there anything else you wanted to talk from your tenure here of things you're particularly proud of changing?

Dr. Jones: Well, we actually got the transplant program going.

Interviewer: There was no transplant when you got here?

Dr. Jones: No, they were doing some kidney transplants, like five a year, or something like that. Once we got into it and started working on it, I recruited some people. It was a challenge, really, for a lot of reasons I won't go into. Once we got into it and recruited some people…Of course, we had great support from our cardiac team because they wanted to do hearts and lungs and I wanted us to do multi-disciplinary, so in several years we were doing that. We went from doing like five or six kidneys to doing lots. Pancreas transplants, liver transplants, hearts, and lungs. It was well established by the time I retired from being chairman, so that was something important.

We established minimally invasive surgery here, and we established the bariatric program with Bruce Schirmer, which is one of the leading programs in the country. We did that. My interest ended up in hepatobiliary, so we had that going. Another person from Duke was Brad Rogers. I didn't tell you about Brad. Actually, Brad had been here a year when I came. I had worked very closely with Brad when he was a resident, we did a lot of cases together. I think Brad may have been the same year as Tom Daniel, I can't remember.[1]

[1] Note: Tom Daniel finished in 1975; Brad Rogers in 1973.
File name: Jones.WAV

I had had a lot of interaction with Brad doing cases. He was here already. He did a great job in pediatric surgery. One of our trainees, by the way-- one of our residents, John Waldhausen, was a resident here and then he went to Seattle and became the pediatric surgeon. He's just been elected president of the Pediatric Surgery Association. Because of Brad and his influence, we've trained six or seven nationally famous pediatric surgeons. That's a big deal. We had lot of stuff, we had a lot of stuff-

Interviewer: A lot of success. Where did your presidency of the American College of Surgeons fit in to all of this?

Dr. Jones: Well that was the end of it for me. I was president of the college. I had worked for the college a lot. I was the president of the American Surgical Association and a few other things. The other thing about, this is not about Duke, but I was interested in this NSQIP program, National Surgical Quality Improvement Program, before people knew much about it. I had kept up with it, I had obviously worked in the VA for a long time.

I was on the editorial board. I was senior associate editor of JACS and Shukri Khuri had two papers in one issue about NSQIP and I read those. I had been following that history, I knew how that had happened. I and one of the other editors wrote an editorial on these two papers because they described the surgical quality improvement program. The title of our article was, *The Time is Now*, that this needed to happen.

Time went by, and when I became the president of the College, well what happened, when I was president-elect of the College, Tom Russell, who was the CEO, said, "We're having a meeting. I'd like for you to come." I was the president-elect, we had the president, who was Harvey Bender, Chairman of the Board of Regents who was Jim Carico, Tom Russell, and me. Shukri Khuri was coming to talk about NSQIP. Shukri Khuri, Bill Henderson, and Jennifer Daley came to the college and we met.

He made a presentation describing NSQIP. He wanted to collaborate with the college to move it in there. I'm sitting there and I've been reading all their papers. I knew exactly what he was talking about, and nobody else in the room did. He made his talk and so he left, and the people said, "Well, I don't know what you think about that blah, blah, blah. That didn't sound like something we want." And I said, "Wait a minute. We need to do this. We need to get this. Let's get him back and talk about this further," and so they did.

He came back three weeks later or something like. This time we had Olga Johansen in the room, and she was on the executive staff at that time. Olga was there, and they made the presentation again, and they listened a little bit more carefully. Then we got to the point, how much is this going to cost to get this started. We thought it was going to cost this, it was going to cost that, blah, blah, blah. The meeting was over, so Olga wrote the application to AHRQ (Agency for Healthcare Research and Quality and we got funded for three years. Our demonstration worked.

File name: Jones.WAV

When that happened, when I finished my time – my tenure as president of the College ended on October 15th or something like that -- Tom offered me a job to be the director of the division of research in optimal patient care. I jumped at it because I wanted to work on NSQIP. I did that, and we got it started. In my division, I had three or four people, and I won't mind that you got all the details about how we set it up, but we started doing it.

We had 12 hospitals. There already had been three and it looked like it was going to work, and then we took it and moved it. We had 12 hospitals. Our hospital [UVA] was 1 of the 12. We worked on it and I knew by the end two years that this was going to work. Sure enough it did. So we launched it in 2004 and started recruiting hospitals. I retired in 2006, and I had 125 hospitals in it. Now, we've got 800 hospitals using NSQIP.

It's not only just NSQIP. We started with general and vascular. Now I think we've got what they call metabolic – basically its bariatric – surgery, and we're working on transplant, working on pediatric. It's totally expanded, and it's one of the biggest programs in the college as I speak.

Interviewer: It really changed how we think about surgery and complications.

Dr. Jones: Absolutely, absolutely. That's what I do now. I still use the NSQIP database and other databases and that's why I come into here everyday.

Interviewer: That's most of the questions that I had is there anything that I didn't ask you that you want to make sure we cover?

Dr. Jones: I'm sure there's something important. I've got to stick with Duke, I got off Duke a little bit going to talking about the college. My son went to Duke, by the way, as an undergraduate, so there are all these connections. Those were probably the most professionally, I was going to say, productive years of my life but I don't know, I guess I'll have to be honest. I think just stuff happened here was a lot of stuff, too. Much of the stuff that happened like these you can't really take credit for because so many people are really involved in all of these things. A lot of it just requires somebody being here.

Interviewer: Who's going to lead.

Dr. Jones: Yes. Figure it out. We're still facing that. It's been a great time to be in surgery and in medicine. The challenges now are getting much more difficult, as social changes, political changes occur. Some of it is really better for patients and maybe some of it may not be so much better for patients. The corporatization of everything has been not a great step forward.

Interviewer: Makes it less fun.

Dr. Jones: Absolutely, absolutely. When I went into it, we were working for our profession and for our patients, and now we are working for our corporation. It's not the same. But I think young people are kind of into it. They don't want to spend a week in the hospital anymore and I can understand that. It was a different time. I just think the world was different. When I started the medical school in 1957, that was 12 years after the end of World War II and 4 years after the end of the Korean War.

Most of my senior professors had been in North Africa, in Normandy, Guadalcanal and have explored in all of these places. They had been in the military. My two immediate chiefs were brigadier generals in the army. Zollinger was a colonel, Burt Dunphy, he was an officer. These guys were all surgical officers. Then, by the time I'm into it, the guys coming back from the Korean War, [Frank] Spencer for example, and that crowd of people were revolutionary.

Frank Spencer changed the management of vascular injuries in war. He could have ended up in Leavenworth but he didn't. He advanced the field. It was a different culture of people. It was just a different world. Politically, it was different. Medicine was sovereign. There's some books you have to read. Maybe you've read them already. *The Social Transformation of American Medicine*.

Interviewer: By Paul Starr.

Dr. Jones: By Paul Starr. My copy is thumbed, beat up. Most of the talks I have given in the last 20 years-- That was published in '82. He got the Pulitzer Prize in '83. It's the best-documented publication I have ever read. The detail goes back to colonial days. Step by step by step, it's the most detailed description, it's the most awesome book. It's a reference, it's dry, and it's hard to read. But if you want to know something about the history of American medicine, you must start with Paul Starr's *Social Transformation* book. It was very interesting because as you read that book, particularly, when you get towards the end and he gets into managed care, et cetera, et cetera, you could see he was thinking that where we're headed is going to be a socialized, a government takeover of health care.

Then, for the last chapter or two, he saw the rise of the corporation. He wrote another book, but it was nothing like this. To understand what I'm talking about now, about what happened in the '50s, et cetera and to relate that to health care, you have to read Paul Starr. He started when doctors were not particularly well respected [in the colonial days]. By the middle of the 20th Century, medicine he describes as sovereign, independent, powerful, politically powerful. The union between the AMA and the Republican Party controlled health care. The AMA and the medical profession controlled hospitals.

If you weren't in the AMA, you couldn't get a hospital appointment. Controlled hospitals, controlled pharmaceutical industry, controlled the insurance. Everything was under it, and it was powerful. Then, what happened was, after World War II, there was a lot of infusion of money into a lot of things, into hospitals and so forth. Not into health care. They funded community hospitals. There was a big infusion of

money into academic schools for research. The research and the new knowledge led to more specialization in more hospitals, et cetera. What happened is that the ascendancy of academic medicine was a counterpoise to the practitioners, to the AMA.

That's what enabled the Medicare to pass. How that happened was, that up until 1965, all efforts to get national health insurance failed because of the union of the political party and the AMA. The first effort was actually in 1912. Teddy Roosevelt and the Progressive Party had national health insurance as one of their platforms. They didn't get elected. Roosevelt had social security and health security in 1933. The social security passed, but the health security did not because the power of the AMA and the power of the Republican Party.

1948. Truman had national health insurance and he couldn't make it happen because of the AMA. Then fast forward to the '60s. Now, they were after World War II and health care thing changed: more hospitals, more medical schools, more academic departments of surgery. Lyndon Johnson wants to have national health insurance. There was all this push back. What he did, he went to the AMA, to the doctors, and said, "Don't worry. You're going to be paid. It's going to be your usual and customary fees." Then, he went to the academia. "We want this, We're going to continue your research, but we're going to fund medical education, particularly, graduate medical education."

They did that. Medicare, in 1965, in the law, pays for residents and they pay hospitals. Now, that created some tension down the line. Hospitals get the money for the residents. The medical school doesn't get it. It's a political tension. What happened is that Lyndon Johnson was able to get all the academic people on board because they're going to pay for residents, pay the teachers to teach the residents, pay salaries for the residents, et cetera. Now, they've got this now politically significant academic medical community supporting the plan. He's divided and conquered. The ascendancy of the academic institution balanced the practitioners. It allowed him [LBJ] to play both ends against the middle and was able to get his law.

The next thing that happened was with Clinton. Unfortunately, the Clintons didn't know what they were doing. They didn't understand that the pharmaceutical industry was not going to let that happen. The health insurance industry was not going to let that happen. The people that make supplies and equipment was not going to let that happen. Forget it. They had all these big meetings and blah, blah, blah. They got the thing in. It didn't get to first base with the US Congress because the pharmaceutical industry and the insurance, they own the Congress. What the hell? They were naive. I don't know what they could have done better. Anyway.

Now, I think the Obama Affordable Care Act is probably the best legislation. I've studied it, it's incredible. It addresses so many problems. It got killed. Nobody that was against it even read it. It didn't matter what was in it. That argument took place up among the oligarchs and the higher people in pharmacy and insurance and so on. They wouldn't let the politicians even have a discussion. They don't even know

what's in it at all. The congressmen are clueless, the senators are clueless. They say whatever they're told to say by somebody.

Interviewer: That's who's running our country.

Dr. Jones: Exactly. It getting worse, not better. Anyway, I'm recording all this. I ought to keep my mouth shut.

Interviewer: We can cut this if you like.

Dr. Jones: Yes. This is for your benefit. [laughs]

Interviewer: Thanks very much for the time.

Dr. Jones: I'm done.

Interviewer: I appreciate it.

[01:48:29] [END OF AUDIO]