

ORAL HISTORY INTERVIEW
CARL F. ASSEFF
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- Q. Welcome doctor. We're so glad to have you here today. I'd like for benefit of the video, to give your full name and date and place of birth.
- A. Carl Frederick Asseff, born July 31, 1941, in Cleveland, Ohio. And I was named after my dad's chemistry professor at Case, whom I did get to meet. I was a youngster at the time, but I remember meeting him.
- Q. Well, you started us off beautifully because we wanted to start at the beginning and have you talk about your family and your early life. We'd love to have you share your personal childhood stories and the story of your family now.
- A. My father was a Ph.D. chemist. He got his Ph.D. in, I think it was '48 or '49. He went to night school while he worked at Lubenthal. And that's a Lubenthal Protten connection. Protten was a researcher for Lubenthal on the side, even though he was a professor of organic chemistry. And my mom, she had a 9th-10th grade education. And it was amazing how they got along together. He educated her and she tempered him down because my dad was commander in control. Not vicious commander in control but we'll talk a little bit about that later. My father was the type who said, "If you want spending money, you earn it." And I went out and delivered papers, did all kinds of things, _____, because it was a morning route. Did that for many years until I was old enough to get a job at a filling station. One of the things that was interesting, though, as a child, I didn't have thoughts of being a doctor. I wanted to be a coal man or a garbage collector. And why those? Because at the time, a five-year-old boy looking at the mechanicals of self-

unloaders and loading things and that, that was exciting stuff. And then a little side note on Michael who went to Ohio State and he graduated in four years.

Q. Is this your son? degrees

A. My son, Michael, who is an attorney now. He said to me when he was graduating from high school, “Dad, what if I wanted to drive a garbage truck? I said, “Fine, you’re going to be an educated garbage truck driver and I want you to take English, poetry and prose, so you can write these things as the flies go over your steering wheel.

Q. That’s great advice.

A. He went on and got his law degree and he’s in practice now in Cleveland. So that’s my garbage truck story. Then I went on and I became mechanical. I enjoyed mechanical things and I still do. I do my own car repairs and things like that. I stopped doing some things where I could now get hurt. But I still do all the minor stuff, brakes and whatever else, tires. For high school, I went to Cleveland St. Joe. It was an all-boys school. It was 400 boys per class. So my freshman class had about 400. I wrestled for St. Joe and senior year I went undefeated. That was a great thrill for a small guy. I tried football but football was bigger than me and I decided that’s a heck of a way to get beat up. Had a physics teacher – one of my primaries and best teachers. As you go through life you count on one hand your outstanding teachers. I had a lot of them but there weren’t that many who were outstanding. And this was Brother Joseph Strife. He taught Physics. We had number grades. We didn’t have letter grades. And I really enjoyed Physics and did very well in it, got all the answers correct and the extra points and things. So my average was about 105/106 per quarter. And he would only give me a 98. So I built up the courage one day and I said, “Brother Joe, why do I only get a 98 when my averages were 105?” And this

was a humbling statement. And you carry it through your life. He said, “Well, you did answer everything I asked you. I didn’t ask you everything I could.”

Q. That was perfect.

A. And I carried that through college and through medical school and through everything that I’ve done. You don’t go into a situation cocky thinking you know everything. You don’t. [Tolliver], I think, put it well, “You know what you know, but you don’t know what you don’t know.” And that is your Achilles heel. So you’ve really got to be honest with yourself in saying, “Well, geez, I don’t know this area and I don’t know what I don’t know in this area. Let’s see what we can find out.”

Q. How perfect for medicine.

A. It’s perfect for medicine because there’s so much we don’t know. That patient walks in with one complaint and by the time you’re done with good history and physical, especially the history, the complaint doesn’t mean anything. There are other issues that were much more important that were generating what they thought the complaint was. And that’s finding out what you don’t know.

Q. And your high school prepared you well for OSU?

A. Well, it did. It was interesting, though. I had an appointment to the Naval Academy. And I was found to have a pilonidal cyst at Great Lakes Medical Center. I had to go up there for a physical for the Naval Academy. That was a cute story too. They found that but they were doing the physical and wrestling season had just ended. And the one fellow said, “Well, we’ve got to see what your physical capabilities are. Can you do 40 pushups for me?” I said, “What hand?” He said, “Smart guy.” So then I said, “Okay.” And in the end he said, “Sure.” I gave him 40 with the right and 40 with the left. He said, “I guess you

called it.” I said, “Yes, I did.” If I had to pick the best time of my life where I was physically at an apex, that was the point, because state tournaments were over and everything. It all came into being.

Q. But you walked on as a wrestler.

A. I walked on with Casey Fredericks and I gave them everything I could, but he knew I was pre-med which took a lot of time. And with the Arts-Med course, that was really a strong course so that you really had to clock on your hours, so by the time you were done at the end of three years, you had all the hours and requirements for Medical School as well as for Arts College, but for the filler hours that would give you then your degree. And the first year of Medical School with your filler hours for the Arts College, as well as your first for the Medical School.

Q. You really doubled up.

A. I doubled up, but it was phenomenal because back then we had the draft, and we knew that we were going to give most probably two years of our life to the military. So therefore, if you could cut one year off your college, you really then were giving one year of productivity extra to the military, because you picked up that year that you’d use in your practice. So it kind of worked out with balancing. I came up with that conclusion after I got my MBA looking back at it, and how did it make sense. But I did that. My dad said, “Well, you can go to Case.” Well, the pilonidal cyst, I decided, while I was in the hospital that I wanted to be a doctor. Up to that point I wanted to be a Naval Officer.

Q. Not on your horizon.

A. It wasn’t on my horizon. So I was there and you’re lying in the bed and you’re bandaged up a bit and cute nurses are whatever. I remember the nurse. Her name was Ms. Shipps.

She was a nursing student. How I remember that from '59 I don't know, but I do. God gave me a good memory. So he said, "Well, you can either go to Case Western Reserve or John Carroll." I had seen what happened to my brother and I was not going to be the commander in control. I wanted to grow up outside of Cleveland. And I deserved that. So I said, "No, I want to go to Ohio State." He said, "Oh no, Case Reserve." And I said, "Well, dad, you're missing one other component." He said, "What's that?" I said, "It's the Army. If I don't go to Ohio State I'll join the Army for a couple of years and come back out." And he knew at that point he'd been had. But in a nice way. And I came to Ohio State and I did well.

Q. So your journey in education continued with OSU. You have degrees in Medicine and Law. You have an MBA. I would love to have you share some stories about your time here at Ohio State, where you earned both your undergraduate and your Medical.

A. The undergrad, it was fun. Medical School was a grind. But we tried to make it fun too. But undergrad was fun. I never looked at myself as an aggressive competitor. I just looked at myself as a student enjoying education.

Q. You competed against yourself.

A. I competed against myself. What's the very best I could do to deliver? And along those lines I had a couple of great teachers. My freshman Chemistry professor, Ralph Staltner, great guy. Unfortunately, he died in a motorcycle accident but was a great professor. Really took care of the students. If you had a little extra issue, he would go back and explain it. He would clear it up. It was that personal thing. People would say, "Oh, you're going to Ohio State, 20,000 people, you can get lost." I said, "No, I can choose when I want to get lost and I can choose when I want to be seen."

Q. That's a good message.

A. And if I didn't need help I didn't need to be seen. It's when I needed help, it was there, and I could choose to be seen. Or if you had a bad day and didn't want to see your colleagues, which you knew you were in competition with, you'd go to an area of campus you knew wasn't their area. And you never saw them. You healed, you came back, you got into the fray and did what you had to do. And then there was John von der Heide. That's why there's a Vonderheide scholarship. I came back for my 50th anniversary, first homecoming in 50 years, and I'm walking around campus and I didn't go to the hospital. You could blindfold me and take me into any hospital that's just been built or recently built and tell me what it is once you take the blindfold off, and I say, "You're right." They all look the same and they all smell the same. So beyond that, fine. I walked around campus and enjoyed things. And when I walked by University Hall, the new one, I went to classes in the old one, I started to think, "What can I do? I haven't done anything for this University. I've done stuff for Washington University, where I did my glaucoma fellowship."

Q. Well, you represented OSU in your practice and in your military career. So you did do something. But you wanted to do something more.

A. I wanted to do something more that was meaningful, that would carry on the heritage. What can I do? One of the things that you have, you can give money. That doesn't change much. That pays bill, they pay salaries, whatever it does. If you give of yourself and your experiences and your knowledge, you build a future for those people who are need of those things. And that's giving.

Q. What happened at OSU during your undergraduate or even Medical School, that created this obvious bond?

A. It started with von der Heide. He took an interest in me. He was pre-med until he switched to History. And I was struggling a little bit to make those A's. He said, "You're not an A. You're close." And we had straight grades. So he said, "I'm going to take off next quarter's grade what it takes to give you an A this time. You've got to work a little hard next quarter but you can still make an A." And that's what happened. And I said, "There needs to be a payback for that." So what I did, I took my RMD from one of my 401(k)s and I had it sent to Ohio State, Department of History, for the von der Heide scholarship, with just a little letter with it. They didn't know it was coming. They didn't know what to do. I could see this flurry of phone calls and everything else. "Who is this guy? Where did he come from?" Come out of the shadow of the sundial.

Q. That's beautiful.

A. The shadow casters is gone and I asked them to replace it. Hopefully, some day it will get replaced. But anyhow, that's how that happened. And I funded that again.

Q. How did they get in touch with you then after?

A. Phone call. Peter Hahn called me. And we talked and we set up a meeting. I think I gave again the second year. And then after that, I'm sponsoring now a professorship for the History of Medicine, because Medicine has so dramatically changed. We've got to get back to what it was. Granted, we've got the technologies and that, but the cost is prohibitive and the relationships are falling apart, between the physician or the technician. And physicians may be just technicians depending on how they deal with the patient, the person. I've just recently retired and the kind of letters and emails that I get

from my patients is phenomenal. They miss me. It's not the same. Would I come back? Not at this time. The regulations have just become atrocious. But that's what has happened. Trying to make it better. And that's why the history has to be made known. What was Medicine? We look at the technologies. They're phenomenal. We did great things, yes. But it is for a small percentage. The quality of healthcare is very poor. What are we, 35th in world health? Number one in cost. There's something wrong with this. And we can't sustain an 18-percent GDP going towards medical care. We have a situation, we've developed a medical industrial complex. Dollars, dollars, dollars. Obamacare is not the cause of our problems; it's a symptom of our problems. So we rearrange it, what do we rearrange it to? And that's going to be the criticalness. And by the way, I did send President-elect Trump a package, asking to be considered as Surgeon General of the United States. I have the credentials. It's there.

Q. And you have the vision.

A. I have the vision.

Q. But circling back to what you've done with the medical humanities, medical history, and your point about the legacy, that History of Medicine. It seems to be taking a resurgence.

A. Well, it is. And the resurgence though is a push from below. It's not a pull from the top.

Q. I agree.

A. It needs to have that pull from the top too, so that the push from below and the pull from the top corroborate and you get a higher rise.

Q. Did you help to push that along?

A. Yes.

Q. And raise the visibility of that.

A. And that's important.

Q. It is.

A. That's important. And as we look back on all the courses that we took, we could give up a lot of that chemistry. We could give up a lot of that physics. Give up basic physics, basic chemistry and so on. We're not going to be researchers. If you're researchers you take a different route. And show us how it is to be a good doctor.

Q. Both the art and the science.

A. The art and the science. The science is there. The science is easy. It's the art that's the hard part. And looking now at what physicians have become, they've become labor. They're not management anymore. What is it, 80-85 percent of physicians now are employed by some institution? High, high numbers. They're labor and they have nobody to protect them. They can have a contract terminated in a heartbeat.

Q. With your vision, which you've started establishing the Medical History, what do you look at as your next steps? I know we're off script here. What is your vision? What would you like to see here?

A. Well, I would like to see more students enrolled in that. How do we feed these students? Because we can have the best classes in the world that nobody signs up for. And that's what I'd like to see.

Q. So they have that more liberal arts education coming into the Medical School.

A. They do that and then they have their teachers who haven't had this, and they can educate their teachers. These students have to learn how not to be intimidated and ask why.

Q. So built on the History of Medicine you're starting a revolution.

A. Absolutely. And we need a revolution.

Q. We do.

A. Because it was degraded, and what I see of the goals of the medical system today, don't malpractice, generate maximum income. When we talk about standard of care, that's the margin. That isn't the best care. It's just that which keeps you out of medical malpractice. We've got to get beyond that. And we've got to get our population to assume the responsibilities of having good medical care available to them, which is live a healthy life, cut down your weight, get rid of the cigarettes, get rid of those things that are carcinogenic, what have you. And let's start getting these costs down. That's the only thing that's going to get them down.

Q. It's true. So it seems like your vision has been built on a lot of the things that have happened in your life. So I'd like you to think back on your life, and we've touched on some of these, but what relationships, mentorships helped to make you who you are today? And maybe talk a little bit about, not only those who mentored you, but those you are mentoring?

A. The mentorships that I had, I mentioned a couple of them. Medical school, [former Department of Surgery Chairman Robert] Zollinger. I love Bob Zollinger.

Q. Talk about Bob Zollinger.

A. Because of Bob, I got honors in junior surgery.

Q. Now that's amazing.

A. And I bought a copy of his book and he writes in there, "To a good boy sometimes. May do well in surgery." And I'll tell you how he used that book a little bit later on. But Bob was great. I remember I was on call. Let me go to something before that. We had a situation where we'd make rounds with the professor. And there was a medical student, I

won't mentions his name, who shows up in a red shirt/green tie/blue pants and hushpuppies and a white coat. And Bob Zollinger always spoke with a high squeaky voice. So he would say to this fellow, "Playing golf today?" And a couple of other things. And as he left the floor he'd say, "By the way keep those hushpuppies shined." We look at that but that tells a story. How do our medical students look today? They don't look that way. They look sloppy. How do residents and interns and nurses, and I'm not putting them down, but they look sloppy. When you and I were there, white outfit, polished shoes, hair kempt, everything looked good. They even wore their hat that they graduated from their schools. And you looked at them and you had the feeling of confidence when you walked in as a patient. Somehow I'm going to be taken care of. The doctors with their ties and white coats and shined shoes. And now you don't have that. We are projecting sloppiness. Set your standard. If I look that way in the military, I would have never gotten promoted. You were rated on your military appearance. If you expect people to follow you, you better look like you're a leader. And that's what everybody in this hospital, and I'm not picking on one, they're all that way.

Q. Who were your role models?

A. Well Bob Zollinger was one, and then getting back to those Sunday rounds. He was huffing and puffing. He always did that. And he said, "You know, look what they make me do. They make me come in a full professor on Sunday." And I said, "Oh, baloney, Dr. Zollinger. You love it and you know it. You wouldn't delegate this to anybody else because you want to make sure every one of these patients does well." He huffs and he puffs and he says, "See me in my office after we make rounds." So I go in there thinking that this guy is going to chew me out. And he said to me, "You saw right through me."

And I said, “Yes, I did.” And we sat and talked a while. And he said, “If you want a residency in surgery here, you got one.” Because I was like him. You had to be exact because there was no margin of error for quality of healthcare. There isn’t. You do the very best you can, making sure you’ve missed nothing. And we all miss some things. But we don’t miss the big things. And we get back and we pick them up, because we’re always thinking. And I remember in surgery, and I use this expression all the time, Chino was scrubbed, he was the intern. I was scrubbed as a medical student and Zollinger was doing his thing. And he’s saying to Chino that he’s going out to the west coast and he’s going to go talk to his father and find his father in a cabbage patch and tell him how bad of an intern he was. And Chino said, “Don’t do that, you might have a heart attack.” And Zollinger said, “Well, I can do CPR.” So that was the end of that day. The next day the same situation except Westerheide was Chief Resident and Zollinger had a method. The higher you became in your education, the greater the attack. So he says to Westerheide, “I got Chino on the run but I wouldn’t do that ever to Chino’s father. I’d probably just say he’s just a good intern and he’s done a good job. But for you Westerheide, I’d have to be drunk and on morphine before I could say anything good to you about your father.” And he said that all the time, not necessarily that phrase, but, “I’m going to have to be drunk and on morphine.” And he taught you – be the very best you can be and don’t make excuses.

Q. And he did it by example.

A. He did it by example. I remember once that patients were complaining about the temperature of their food. So each of us had a thermometer and we went in and we measured the temperature of the food. We had a list. All of us went down to the kitchen.

Q. Early quality improvement.

A. That's right. But that's what we did. So he was one of my mentors. In Ophthalmology it was Dick Keates, who was here and got me there. And why did I choose Ophthalmology? I was on a surgical rotation for Orthopedics one evening and it was my call, and I took somebody to surgery, older lady, pinned a hip. Back then it was a lot of blood, three units, four units, big incision. Just a guide pin and try to put that all back together if you could. So I got to do a little bit of that operation and thought maybe I had some skills in how to tie knots and those things. And it was fun. As a medical student you're doing something. But at the end, we had blood on the floor, screaming in the room, all kinds of nonsense going on. I got the woman ordered away, got her back into the recovery, changed my clothes, and different clean scrubs. I heard they were doing a corneal transplant in the next room. So I went in there. FM music in the background. Floor was clean. Everybody's happy. I said, "Wait a minute. They're both surgery, aren't they?" That's what guided me to Ophthalmology. And I don't regret it because that allowed me to do a lot of things. Ophthalmology does not have a lot of emergencies. The big emergencies are acid burns and lacerations, ruptured. But those kinds of things, you have an eye that's cut and it's open. Whether you close it at midnight or close it at 8 o'clock in the morning, the outcome is going to be the same. You've got them on antibiotics and what have you and you do what you do. So that allowed me to go to night school and get my degrees and do these other kinds of things. And that made it fun.

So then I had those people in Medical School. Bernie Becker, Howard Siegal. Howard Siegal was one of my teachers at Mt. Sinai Cleveland Ophthalmology. And then Bernie Becker, professor of Ophthalmology at Washington University, St. Louis. And he

was the guy, the doc, that really gave me good insight into glaucoma, into teaching. Going there to Washington University, was I intimidated? Yes, I was a bit, because I was coming out of a program that had outstanding technical training, marginal academic training. Going to a place that had both. And I said, "They'll never know what I don't know if I don't open my mouth." Until I could learn and then I could open my mouth. And I became, I was a fellow the first year, because there was just one. The second year there were two other fellows. I was Chief Fellow. And I got to do a lot more research. So I was a research associate with him and did some things. One of my big contributions – you may not think it was big, but it was – I was able to take _____ pilocarpine, soak a contact sense in it, then dab it off, and put it on a monkey cornea. One hour later I would tap the interior chamber, do radiation count to see how much drug penetrated as compared to a drop in the other eye. It was about six times the amount of drug penetration, and I think that led to the _____ and other things that were developed and these kinds of things that deliver pulsed control.

Q. And the control was on the same patient.

A. So this is what I did. And I did some other things too.

Q. Why glaucoma?

A. Because it was a challenging disease. You never cure glaucoma. You only control it. And I look back on my career of 42-43 years, saying, "How many patients died blind from glaucoma under my care?" Less than a handful. When someone passed on, still seeing, I said, "Thank you Lord, I did my job." That's all you can do. Keep them seeing. You're not going to beat the disease. You can stabilize it. And that's why glaucoma is a challenge.

Q. It's still a challenge.

A. It's still a challenge. In the things that I read tell me that we're no better today than we were years ago." Yes, we have better drugs, but it's still the same problem.

Q. It is.

A. We talk about these procedures and a lot of them are horrendous. Do they really do any more than the basic filtration surgeries? They don't. So that's why [I focused on] glaucoma. And I enjoyed it. I think I authored 15 articles or so, co-authored.

Q. And you had that continuity of care with your patients.

A. And in general practice of Ophthalmology, glaucoma is a big component. I didn't go under retina because I remembered retina [surgery], Danny Widenthal, and he was good at what he did, but it took five hours for the operation. That's the last thing I want to do, is be in a scrub and mask and not using a urinal for five hours.

Q. Good point.

A. I didn't want to do that.

Q. Your career has included not only devotion to medicine but also a military career. Your service in the Ohio National Guard, and I would love to have you share your story that I've been learning more and more about through our emails, how the military really intertwined pretty continuously with your medical career.

A. Absolutely. Why the National Guard? Well, it goes back to the draft. Back in '66, there was no way you could get a residency without a deferment. You just couldn't. And they had a rule that you could not join a reserve unit if you had a medical degree until your 9th month of internship. How did I get in? Loophole. Arts Meds, my quarter off was spring quarter. So at the end of winter quarter I was finished with Medical School but did not

have a medical degree. So I entered the Ohio National Guard as a second lieutenant, Medical Service Corp. Once I got my degree I was put in Medical Corp. That's how I got in. I got my deferment, did my residency. That was a 10-year commitment to the National Guard and then after I left Cleveland I became part of the United States Army Reserve out of St. Louis in a M.A.S.H. hospital, and I became chief of their Professional Services. And then in '72, coming back to private practice, I chose at that point to go to individual ready reserve, which then gave me the full 10 years. And I was done. At that point, mentally because I felt I had done my job, I had done my duty. Then when I got my law degree and MBA, I said, "I need a company to run. I need to do something with this."

Q. First of all, why did you want to do that? The law degree and the MBA.

A. In '80-'81, I saw over the horizon things changing in medicine. And I didn't have enough education. I didn't want to be a babe in the woods, and that's what these doctors are. And I say that respectfully. They may know their stuff in medicine. Get outside of medicine and they're a target. They just are. They don't have the ability to get themselves through. They huff and puff, but that doesn't do anything. So I figured law was the thing. So I did the LSAT and sent the stuff in. They sent me a Dear Carl Asseff letter, which was a long letter to send stating, "Well, we've got many good candidates," what have you. So I wrote a letter back. I don't take no for an answer. No means maybe. Absolutely not may mean no, but no means maybe. So I sent a letter to the Dean and I told him my credentials, which they had. And what they did is they cubbyhole that file because of my LSAT test. They didn't go through it. I knew exactly what happened. Two days later I get a letter from the Dean and was accepted to law school. So I did it. And I did well in law school. I enjoyed it. Why? Because I didn't need it; I wanted it. And after I went through

three years [of night classes] I finished. I wanted to graduate with the class that started days because I'm going to take my bar exam again. Those who started with days, I didn't want my knowledge to be a year behind and all that. I wanted to be on equal footing. So I did that and passed the bar and went on a year. And I said, "I need more education." That's what the MBA was. Give me three points, make a plane. I had a very stable platform at that point.

Q. What year was that?

A. I started business school in '85 and in '87 got my MBA. And then in '88-'89 was when I went in the Navy. Little funny story about that. I was an expert witness, both for defense and for plaintiff. What I found is, that when mistakes were made, unfortunately because of the registration with the information taker, if you got \$25 or more over settlement fees, it's got to be registered. That should never be because doctors would settle. But it's like thinking, I went through a stop sign and hit a car. What do you tell your insurance company? Yes, I went through the stop sign, settle it. We've been punished from that aspect of it. But I remember in this one case that I was plaintiff's expert, this fellow was over-treated. He had psoriasis and they just loaded him up with topical steroids. He got cataracts, cushingoid, diabetes, all these things. Was it a deviation of standard care? Absolutely. However, the guy was a scum bag. He didn't pay income taxes, what have you. The jury took it out on him. So the plaintiff didn't win but the funniest part of the story was the defense expert who said to the doctor, "I see you've got a law degree." And I said, "Yes, I did." And this is something that takes three years full-time to get. I said "Yes, sir." He said, "And you did it in three years, nights," trying to show that I wanted to do this so I could charge more. I knew where he was going with this. And I said,

“Well, that may be true, counselor, but there is a difference.” And he said, “What’s the difference?” And I said, “Some of us are sharper than others.” And he said, “Then you went on to Columbus to take the bar exam.” And I said, “Yes, I did.” He said, “That’s something 1,800 people go down there to get that ticket.” I said, “Yes, sir, but again there’s a difference.” He said, “What’s that?” I said, “1,799 needed that ticket to eat. I was eating very well when I took that test.”

Q. Perfect.

A. Six months later I get a call out of Dayton from that attorney asking me to be his expert. Because he knew I was right all along. He won the case because the guy was a scum bag. What you learn from these things is, when you’re wrong say, “I’m wrong.” Be done with it. Get on with your life. Whose problem is it really when you have a malpractice claim against you? It’s your carrier’s problem. That’s why you’re paying them. They’re not charging those bucks just to smile at you. Make them defend it. Make them do whatever they do. It’s their problem. I’m going on with the rest of my life.

Q. So these extra degrees and everything, you ended up then going back into the military?

A. Well yes. I said, “I need a company to run.” So I see this ad in my AMA journal by this admiral, “We need you for the Navy Reserve.” I wrote him a letter, just like when I sent Trump this package.

Q. You never know.

A. You never know, they can throw it away, that’s their problem. And I’ll finish this story with the Navy. My son, Ian, last year was supposed to deploy. He’s an anesthesiologist in the Navy. That’s David. He was supposed to deploy to Iraq for, I think it was a 60-day mission. I wrote the President of the United States asking for a volunteer recall to join

him. I am ready to go. I'm 75. I'm ready to go. I run three miles a day, 100 pushups, 100 crunches. I'm physically fit. And I didn't get anything back from the President but I got a letter back from Navy personnel thanking me for stepping forward even though I couldn't be called back because of the laws of active duty age. And then they had a very nice thing in there, see if I have a copy of that. But it says, "Despite the statutory limitations referenced above, your offer speaks volumes of your dedication, commitment and pride. Over the course of your career you have stood the watch and answered the call of defense of your country. Placing yourself in harm's way and leading from the front. It's not surprising then that you continue to unselfishly mentor and guide the next generation of Naval officers including your own son."

Q. We would love to keep that with the materials. That would be wonderful. Thank you very much.

A. You can keep this too. It's part of my training, my military training. So getting back to getting in the Navy, I said, "I need something to take all these things that I have," and you can see from my CV, I've had a lot of civilian experiences, of leadership roles. I was President of the Library Board of Cleveland for two years, on the Board for seven. Did all kinds of fun stuff. I just gave of myself. And I said, "Let's see what I can do with a bigger group." Went into the Navy, brought in as an 0-5 [paygrade level] commander, had a command within two years, because I chose administration. I was healthcare law, healthcare administration at master's level. So had that and went on to be director of Surgical Services, Pathology Services, and various assignments. Executive officers of fleet hospitals. And these were thousand-member hospitals, 500-bed, 1,000-bed hospitals, of which you are prepared to deploy at a moment's notice. Your equipment would meet

you where they flew you to. And that's the way those things worked out. And then I became Executive Officer of fleet hospital 18, which became _____, fleet hospital in Minneapolis. I was the Executive officer for two years, Commanding Officer for two years. And I really enjoyed that.

Q. And it brought it all together.

A. It brought it all together from that aspect of it. And you ask, what defines success? This is what defines success. I had 600 of my troops at Fort McCoy Wisconsin, for final training before they left. And I had them out one evening for awards. They're all in formation and what have you. And I was going unit to unit giving awards. As I got to the third unit, you started to hear a rumble, four more years, four more years. That's success. That the people you serve recognize that. You don't recognize it yourself. You have a good feeling about what you do but who recognized success? Unfortunately, here in America, if you have money you're labeled success. My example: a scum bag that wins the lottery of over \$100 million, he's still a \$100 million scum bag. But people treat him now as success because he's got the \$100 million. That's the problem. What is success? What you give back that's recognized by the people that you gave it to. We do it in medicine. What is success? We know what it is. But does our patient know what it is? If our patient doesn't know what it is, it's not really success. That's the part of being a doctor, that they recognize this. That there's a relationship. You're not just a technical instrument doing something. It's that bond, that trust.

So going in there and from there I was hoping that I get promoted to Admiral. I had the credentials. My age was against me. I was 55. They like younger people. So John Bernelli, I had worked for him, he was my commanding officer. My second immediate

superior in command out of New Orleans. He was a two-star admiral. We had a conference. He was up in Minneapolis for a meeting. And he said, "Carl, they'll never vote for you. You're older than the board. They'll never put you on." So I said, "John, there's a job opening in Atlanta, six fleet, Navy Europe. It's a commander's bill but I'm the captain. I need an over grade waiver. And I'd like a waiver to age 67 for age." He said, "Why?" And that's legal. And I said, "Who is going to pick up a navy captain for one year, two years?" That's the problem. And I went and I got to that unit. It's a three-year job. At the end of the second year I said, "This is too good a job to give to anybody. The rest of those guys out there don't deserve it." Because I go to Europe all the time. I command. I did a lot of stuff which I'll get into. And I got a one-star Admiral to get me extended for four years. Then I worked for Admiral Alrich, who is a three-star in Europe. He gets me extended to six years. They're going nuts in Atlanta. But he's paying for it. He said, "Asseff's my guy." And then comes the time, at the sixth year, I knew I had to apply, but I did send for another job. I did send Admiral Alrich a letter. Now Alrich is now a four-star and I said, "Sir, you know my credentials. You know what I've done. You and I will probably retire about the same time. Can you keep me on your staff?" He kept me on the staff. They went nuts but I got eight years out of something that I couldn't legitimately apply for. And that's stepping forward in a good way.

Q. Taking a risk.

A. No means maybe. Make it happen. If you do it right you can make it happen.

Q. You can.

A. And you don't want to strong-arm it. You want to make them recognize that is what they want and didn't know it.

Q. And you've done that really throughout your whole career, whether it's your distinguished career in medicine, your career in the military. What other highlights kind of pop into your mind when you think about some of the things that you look at as building blocks for your distinguished career throughout?

A. I had [stints as] Chief of Staff at two hospitals. And I have a license plate on one of my cars that says DOIC, doctor, lawyer, Indian Chief. And someone said, "Why Indian Chief?" I said, "If you've ever been Chief of Staff you know you're dealing with a load of Indians out there."

Q. Chief of Staff is not an easy job.

A. It's not an easy job. I did four years at one hospital and four years at another.

Q. I think there's a sainthood in that.

A. But what I did was interesting, because you know all these docs think that their problems are the biggest ones, and you've got to go humor somebody. We tell them, "Put it in writing and sign your name." Never got a complaint, because they didn't want to sign their name. I got burned the first time. I went off with what was told to me, and then go back to the person who told me, "So I really didn't talk to you that way." See, they back out when you find out that the facts are different. So you make them put down the facts. And I do that in counsel. I say to the citizens, "You want me to look at something. You send me an email. You put the facts there and sign it. And I'll be glad to look at it. If you don't do that I'm not doing that." I don't get emails because you hold their feet to the fire. You're not there to punish. You're there to make sure that you go off with the right facts and come back to them telling them, "You misled me." That's good government.

Q. I think if we go back to this interview and have kind of a top 10 list of things that have guided you in your life. Like this whole thing. It comes about because of the difficult things we run into.

A. One of the things, I don't know whether I mentioned here, how I would deal with my officers. When I had that 1,000-unit command. There would be problems that would come up. I'm not a micro manager. I refuse to be a micro manager. I delegate and I manage by walking around. Making sure that, in case they are hesitant to come to me, I go to them. Any problems, anything I can do. And I don't know is a good answer. As long as you're willing to pursue it. So when they would come to me with problems, the first thing I would ask them, "Did anybody die?" And they'd say, "No." And I'd say, "Then we can fix it." I wasn't ever worried about my reputation. I was worried about their needs and the needs of the people we potentially treat in crisis. That's our goal. I said, "No one should die because we didn't do our job. There will be those that die in spite of our best job. Bullets are designed to kill. But no one should die because we didn't do our job." And I held them to that standard. But when we would talk I would find that we had three areas that we could choose, courses of action. And I'd say, "I'm not telling you which one to choose. Don't waste my assets, money, equipment, so on. Get into it. If you can't go through a door my eagles will blow the door off the hinges. So come back to me if you need further help. Now go out and let's get this done." Very seldom did they come back. They made it work, because they knew I was behind them. And I didn't care if I got mud on my face for what they did, as long as we cleaned it up. Soap and water will wash off mud. And at the time of change of command giving my farewell speech, I said, "I bet you all wondered what I'd say if you said yes, captain, somebody died." I

said, "You would have come to the wrong person. Go see the chaplain. Go see the JAG officer. There's not a darn thing I can do. The event is over. It takes an investigation now."

Q. I bet they appreciated knowing what the other answer was.

A. But you made sure that they felt good about what they're doing, even if they'd made a mistake. If you get zero tolerance on mistakes, you'll never get your best out of your people. And you don't beat on them because they made a mistake that was based on a legitimate premise. You take care of your people. You protect them. I would also tell them, "If it works well, you did it. If it went badly, I did it because I didn't train you well enough to do it." And that's taking care of your people because they take care of you.

Q. And they feel valued.

A. They feel valued. So that's how I did that. And then when I went with the sixth fleet, I was on the team, the medical response for the potential terrorist attacks with the Greek Olympics. That was a challenge because the Greeks didn't want our equipment on their land. But we got through that. Thank God, there were no incidents. I was in charge of the medical care and the med for at least 60 days. That's hospitals around the med, ships at sea, everything else coming out of Iraq. So that was another one of mine. And then to put 39,000 troops in Nigeria. I worked for a two-star general out of Brofenware, Germany for six weeks, working with six countries to design and incorporate this into a plan that he could accept. Those are some of my big responsibilities. And you learn from them.

Q. You do. Everything you do.

A. One thing I found in designing that, we would do with the civil affairs units of the Army, and they thought when I came in I was some country bumpkin doctor that didn't know

anything. But the time we were done they said, “Where did you learn all this stuff?” I said, “I made it a point to learn all this stuff.”

Q. Well, that’s going to bring us back to something you’ve already started to answer. We all define success in different ways. How would you define success when looking at your life through the personal lens? And you’ve talked about some of that with the military. But in light of the community service you’ve given, the philanthropy that’s been a part of your life, part of that here at OSU, but for your personal success, certainly someone has felt that you have helped them along the way, that servant leader, model. But what other things in your life do you think define your personal success?

A. One of the things would be the fact that I don’t tire of giving. I don’t tire of it. I mean, what do you do with yourself? I’m going to sit on a rocking chair and look at some fools ... on television? That’s crazy. No, you go out and you give. Where can you make a difference? The thing of success, they’re burying me and someone says, “You made a difference.” That’s success.

Q. And as you said before, it’s not so much the money as giving of yourself.

A. My experience, myself. I’ve been there before. Maybe not exactly what this is but there’s so many similarities. This is probably the best way to go. Let’s go this path. Be prepared to reverse a bit if we need to but don’t get married to it, but let’s move it forward. And it works.

Q. Would you change your decision to go into medicine?

A. No, I enjoyed what I did.

Q. It comes through.

A. I enjoyed what I did and I enjoyed the specialty that I chose. Because it allowed me to do everything else. I didn't get bogged down. Most of the time you sit in meetings with doctors. It really gets boring. They talk about money and how they're getting this and that. Wait a minute. Life is not money. Life is relationships. You make an income, a wife that understands, you're really enjoying what you do, you come home happy, you leave happy in the morning, and you live within your means. That's success. It's part of that whole package. It's not, I need more and more. More is not better.

Q. I think your emphasis on teaching Medical History, the History of Medicine, is based more on what you're talking about.

A. Yes.

Q. And so your message should resonate. Will you be talking to some of the undergraduate groups?

A. I hope so. I think at the Arts college. They need to know this. Don't pick a goal based on money. Pick a goal that 30 years from now you can turn back and say, "I'm glad I did it." And if you do it right, you will have adequate income to support your needs throughout.

Q. I absolutely agree with that. I'm a family doctor, so that is our message.

A. One of the things that I think about and it's heresy but I think about it, I don't think there should be that much of a differential in pay between all the doctors. We all go through internships. We all go through residency. We all do this. Why is it because you get a higher pay for doing a knee versus for what I do, to turn around diabetic retinopathy, it doesn't make sense. And then what you find, and I don't know if it's all of them, that these guys are getting bored. It's like putting wheels on a car. Family practice, general

ophthalmology, you're dealing with people. You're dealing with issues. You're not putting the same wheel on the car.

Q. You aren't. Every day is different.

A. I picture myself at Ford Motor Company.

Q. Good thing you didn't do that garbage truck.

A. That worked out very well. I was over in Naples and I was there for a week and supposed to come back to the United States for three weeks, and then go back for a month. And I was there and they said, "Doc, we've got a crisis. Can you stick around? We're sending the Four Sturgeon forward on a ship. We want you to run the show back home." And I said, "Sure." I call back to Cleveland, tell my staff, "Take those patients for the three weeks and move them in the month we had cancelled." We just moved them. I had a staff that was phenomenal.

Q. So you were able to balance both lives.

A. Able to balance it because I had a plan. I took one paycheck a year. I didn't need my accountants to tell me how I was doing. Whatever was left on December 31st, when that check was written, I knew how I did. But what I had throughout the year is enough money in the checking account to pay all the salaries and bills along the way. So everybody got paid. And what I did with my staff, when I was gone for that month, if I was gone over a week, I would say, "You can take an extra day off a week with full pay. Enjoy your week. Enjoy that." I didn't want them sitting around looking at each other saying, "We could be out here, we could be out there." I took care of them. For Christmas, when I was a group, I didn't like, "Well, who gets \$100 bonus." That's nonsense. Every one of my employees got a two-week bonus. Whatever they earned in

two week's pay is what their bonus was. I took care of them. They weren't going to give up that job.

Q. And they took care of you.

A. You take care of your people, they take care of you. That was my philosophy. Same as what I did with my unit. Same as what I did when I was over in Europe. You take care of your people. This was nuts: One of my officers who worked for me, he was getting reassigned back to Corpus Christi, Texas. And he says his wife gets claustrophobic on planes. I said, "Well, let's see if the fleet is shored for surgery." I wrote up a letter authorizing ship tickets to New York.

Q. You never know your power.

A. You don't know your power, so let's test it. What's it worth? "Doc, you're exceeding your authority." I said, "I didn't think so."

Q. And we do that for our patients. Sometimes you just have to attempt.

A. So you take care of people. It always comes back to take care. You never know when it's going to come back to take care of you but it happens. It happens.

Q. Well this leads beautifully into the next question. If you were to give a last lecture, what messages would you give to the next generation, whether it's our medical students, our undergraduate students looking at a career in medicine, or even those of us who are out there?

A. The first thing I would tell them is, don't waste your time. Don't pick a goal on money. Pick a goal that you're going to be happy with the rest of your life. Pick a goal you can build on and enjoy it. Don't be afraid to give of yourself.

Q. That's beautiful.

A. Because these youngsters don't know and they get enamored with gold.

Q. They do.

A. I'll tell you a quick story about gold. When I was wrestling for Ohio State I got an eye infection. It wasn't bad but it closed my eye. I was taking a psychology course at the time. Here I am pulling A's in organic chemistry and all this other kind of stuff – and blowing this course. I wasn't doing well at all. I don't know what happened but it just wasn't clicking. So I remember one thing out of that course and I still use it today. [They say,] "all that glitters is gold. All that glitters is not gold. And you remember that. So it looks good, oh that's gold, but it's not. I went to administration the last day of the quarter, had a note from my instructor that I was passing the course. Got a note from the docs over, I went over to the eye clinic and said, "Guys, I'm a pre-med and I'm blowing this course. I need a letter saying that my eye closure contributed to the difficulties." So I had the letter. And Ms. Navor, who was my advisor, took me into Dean Forman. He looks at this and looks at my record and says, "We would like to have seen you sooner." I said, "Sir, I'm not a quitter." He said, "On behalf of your good record we'll let you drop the course."

Q. That was a kindness.

A. But why did I get it? Because I earned it. I had a good record, a good grade, and they saw there was a reasonableness for my request. It wasn't saying, "I'm failing four courses and I need to drop this one." No. But I did get something out of that course. I've used that expression, "All that glitters is not gold."

Q. It's perfect.

A. And that's what I would tell them. Look at what you're going to do because it's going to affect you the rest of your life. Don't be like a billiard ball bouncing off the racks, not knowing what you're doing. You're wasting time.

Q. That's great. That leads perfectly to this next question which really delves into your heart and soul of what you've done with your life. In the book, "Tuesdays with Morrie," Morrie Schwartz talks about the things closest to your heart. In your personal and professional lives, what are the things closest to your heart? And of course we would love to have you comment on Ohio State and what that has meant to you, and we know that you have re-engaged with Ohio State in many ways. And I'd love to have you talk about that. But what are the things closest to your heart?

A. To bring a smile to somebody's face. You know you've done something right for that person. That you've recognized and it doesn't necessarily have to be in medicine. It can be in anything you do. It can be a thank you. It can be a yes ma'am. It can be opening the door for somebody, those kinds of things. You open the door, they walk through, and they don't say thank you, that's okay. You did the right thing. You do the right thing regardless of the award or the reward. If you only do it for a reward, doing the right thing, you're doing the wrong thing. It's not coming from your heart. You're doing it mechanically. So you do these kinds of things. OSU to me was a phenomenal place. I loved it. I really enjoyed undergrad much more than medical school. Medical school, if I could go back to that, I was an _____. Ullery was the professor. He got taken to court over some issues. They had a rule that you were not allowed to leave the floor for the 24 hours. So what we would do, there were six of us on rotation, two bed, one desk. And this was a time when birth control was coming in. So you didn't have that many pregnancies.

So you weren't out there sitting and doing fetal heart monitor or whatever you had to do. And it was Valentine's Day and I was getting off at six. Floors were going to close at five or whatever they did. The resident needed flowers for his wife. I wanted flowers for mine. I said, "I am going to risk it. I will go out and get them." And he said, "Okay." So I go out and I'm coming back with two dozen roses. Who do I see coming there? Ullery. He said, "Don't I know you?" I said, "Of course. I'm an orderly on one of your floors upstairs." He said, "That's right, you are. You're doing a good job too. Thank you." He was happy. It worked. It worked. What else are you going to say?

Q. That was a great comeback.

A. Because I knew enough of him that he doesn't remember what he says.

Q. So that helped.

A. That helped. And I got through there. Where was the smile? The smile was on the resident's face, that he could take flowers home to his wife. It worked.

Q. It is the little things.

A. It's the little things. And the doctor, we're expected to do what we do. We're given a license by the state. We pick up our malpractice insurance. We've given a diploma. We're expected to be an outstanding performer. It's what else beyond that are we. Do we get so cocooned in that involvement that that's all we have? We have nothing, if that's all we've given.

Q. I would love to have you touch on, and we've talked a lot about your career and military and a couple of your children. Talk about their being a father.

A. That was interesting. As I said, I was divorced in '81 or so. So I raised five children. And I had a chain of command. Steven was the boss. He was tough. He was the boss. He was

the oldest. And after Steven went off to Ohio State, David and Michal weren't ready to step up. Amy stepped up. Amy was put in charge of the house. Kristen, who was still young, was being raised by my mother until she was five, and then she would go full-time to school. But Amy was put in charge when she was about 16. And she would do, I would take her and we'd go shopping and she said to me, "You know, dad, if I had a car I could do the shopping." I said, "All right, that's a deal." So I got her a car.

Q. She made sense.

A. It wasn't a new one; it was a used one. All the cars were mechanically good. And so she did that. Michael was the last one at Ohio State and Michael, they had a car that I let them drive, because I didn't want to drive them back and forth. And Michael said, "Well, dad, this car has 160,000 miles on it." And I said, "But I do the mechanics. I know. I would never put my youngsters in an unsafe mechanical vehicle." It was up to standard, perfect. I said, "Well, you think you need a new one?" He said, "I need a newer model." I said, "All right, Mike, get the yellow pages." He comes back and he says, "What should I look up?" I said, "Mike, look at Greyhound and call them and see if they're running '96 buses." He said, "Car ain't that bad, dad." I delivered the message. Michael grew long hair and it bothered me, but I wasn't going to make it a big thing about it. So one morning he comes down to breakfast, and I have a mop on my head. He said, "I don't think it's funny." I said, "I think yours is funny." He got a haircut. The other thing is, I had a rule, everybody came to dinner with a shirt on. He shows up with an open chest. That's a no-no. I didn't say a word. I got up and stripped to my shorts and sat down. He got up and came down with a shirt on. I was dressed.

Q. Obviously, you love being a dad.

- A. Yes, I enjoyed it. And I would not accept excuses. Kristen went to Beaumont. I didn't like Beaumont. I thought there were notes in the air of the school. I'm not that way. However, David, who was at Benedictine, three boys went to Benedictine, David convinced Kristen that there's only one high school in the world, because he was a big brother to whatever they do. So Kristen comes to me approaching her senior year and said, "Dad, I'm filling out my form. What license plate should I put down for the parking spot? I said, "Kristen, there's a green bicycle in the basement with a license plate on it. Use that one." I would let her drive only if it was a half a day taking tests. Otherwise, I wasn't going to do that. And then I went through, this was a fun crisis in a way. Her counselors felt that she needed counseling from a psychologist. She didn't because I was a hard-nosed guy. I said, "No." So I go there and she is standing with her counselors. The vehemence was there. They said, "Okay, well what psychologist do you want her to see?" I said, "You thought she needed one. I'll pay for it, you pick it." And they said, "Why us?" I said, "Because if I pick it you think I loaded the dice. You pick it." She saw one counselor. I paid that fee. She saw another one. I paid that fee. That was the end of it. Because they knew she didn't need it. I knew my children. And I helped to feed the fire but I helped them. One of the hardest things I had was taking Amy to college. Driving from Cleveland to Iowa City, and Amy and I were close. Of the five children Amy and I were the closest. We couldn't talk to each other. It was emotional.
- Q. That would be tough. It is tough. You know you need to let go but it's hard.
- A. When she graduated I was still drilling in Minneapolis, so I would have a drill weekend, and Saturday she was graduating. So I flew up to Minneapolis Friday, did a full day's

drill on Friday, drove down Friday night to Iowa City, and was at her graduation. And I was in my Navy dress whites.

Q. Oh wow. I bet she was proud.

A. Yes.

Q. Well, we appreciate your sharing all the stories we've talked through today. Did I miss anything that you'd like to talk about? Or any wisdom you want to share, any pearls?

A. I put in for that something from the seekers. And to me it says it all. This is what you share. We all have dreams. You keep them in your pocket and you put a song in your heart. You keep the lamp of learning burning bright. So you're there and you're achieving that goal. But you're enjoying it. Hard work doesn't have to be painful. Hard work can be very enjoyable. Mediocre work is painful, no matter how hard or light it is. It's painful. You keep your eye on the horizon and a smile on your face. As you travel down the highway of life, don't listen to the voices that say it can't be done. As I've said, no means maybe. No never means no. You've got to make it mean absolutely not. And you've got to find the reason why it's absolutely not. You just don't take no for an answer. You build walls where there was never done before. Go through the walls. Just walk through them. Don't let them stop you. Know there's nothing that can stop you, nothing that can drag you down, if you keep looking for that open door. And it's there.

Q. That's beautiful.

A. Don't waste your time. Pick a really valuable goal and not valuable in money. Valuable in that 30-40 year road you're going to be on. And live it to its fullest. And you will be surprised. You have a lot of time to share. You don't, you're clamored, you get all this discombobulation and you find I don't time, I don't have time. You're surprised at how

much time you have. When did I study in law school? Between my operations. Back then it was about an hour between operations. I would sit there with a law book and I would read and I would do it. It's surprising how you can find time to do something you really love to do, and that's your goal and that's your dream in your pocket and song in your soul and heart. And that's what I'll leave you with.

Q. Dr. Asseff, thank you for sharing so much with us today. We appreciate that.

A. You're welcome.

Q. They look at him and say, "Look what he did in 75 years. He did a lot." You did.

A. I did a lot and I did a phenomenal amount from when I started to practice. Before practice you were in the groove. You were doing what it takes to get to that point of 72. After that, it's your choice.

Q. It is. It's true. We'll have to interview you in another 10 years.

A. I tell you what would be sweet. If you interview me as Surgeon General.

Q. I would love that.

A. If that happens.

Q. I'll come to Washington for that. Thanks for being here.

A. And to me I've shared what it's all about.

Q. It is.