

Timothy Takaro Oral History

Interviewed by Bob Potter

January 27, 1993

Side 1:

Bob: Tim, I would first like to get to know you as a person. This part of the interview is really aimed at your children. We want this to be on record, to hear your voice saying these things, telling what is important in your life. Start out with your childhood. Where was it, and tell me a little about your parents.

Tim: I was born in Hungary, in Budapest, and came to this country when I was two. My father was essentially a missionary to the Hungarians in Manhattan where he had his church. It was called the First Hungarian Reformed Church, and it's on 69th Street, still is there, still a Hungarian church, between 1st and 2nd Avenue, in the shadow of the New York Hospital at Cornell Medical Center. I grew up on the streets of Manhattan until I was eight and then we moved to Queens, to Flushing, and there is where I spent the rest of my childhood, going to the public schools in Queens and Flushing and to the Flushing high school. Until a wonderful high school teacher aimed me at Dartmouth College and made sure that I got jobs and scholarships and so forth. Because my father had seven kids, it was a little hard to make ends meet, and that sort of college was totally out of reach for our family. I was scheduled to go to CCNY. But this worked out very, very well. So, I went to Hanover for four years. Then I stayed an extra year because I went to medical school. For summers I essentially got liberated from New York City. I thought until then that the center of the universe was New York, and there was no way you could survive outside of New York City. And I learned otherwise.

Bob: Before you leave New York behind, I want you to tell me a few things about the streets of New York when you were a child. What sorts of games did you play?

Tim: Well, this was way back, when there were still milk carts trundling through the streets and the milkman delivered milk, and those sounds of early morning milk carts and clanging milk bottles are quite alive in my mind still. The streets of New York then were quite natural and seemed quite a safe place to be growing up. They had guys coming around selling little ices for a penny on carts, and they had tiny little merry-go-rounds that would come on carts up the street and you would jump on them and have a ride. We'd play marbles in the street and I guess stickball. Those years are a little dim to me. But they were happy years. I remember having a nice childhood in Manhattan. Nothing bad that I can think of, except that the Depression was there. This nice Jewish grocer down the street, a Hungarian Jewish grocer was extremely generous in letting our family run up bills. I hope our parents paid for them, I'm not sure, but I think they did eventually. Things were tight. I also remember a time when we had to cook our food on the furnace because the electricity had been turned off, the gas had been turned off. My mother made a picnic out of it. She said we were going to have our dinner cooked in the furnace, and we thought that was quite a lark, and she opened the coal furnace door and we stuck this frying pan in and cooked out dinner. That sort of thing I remember.

Bob: That's marvelous.

Tim: I think somehow for kids growing up poor isn't the dreadful thing it is for their parents. Our anxieties were different. We didn't know that things were that bad. We thought this was the normal state of affairs 'cause we knew no other normal state of affairs. Somehow my parents were able to shield us, magnificently, from the realities until we were older, and then we did recognize that things were tough. My father was also able to get us away from New York each summer to a tiny bungalow near the shore in New Jersey. So I can remember summers until I was ten or eleven or twelve at Sharp River Hills not far from Asbury Park. How he swung it, I don't know, because very soon we lost that bungalow too, and we were unable to do that. But it was a wonderful place to have summers, in the piney woods, in this tiny little bungalow. How we jammed nine people, seven kids and two grownups, I just don't know, 'cause I went back later to see that little bungalow, and it looks like a cracker box. But we were all there, and having a fine summer for two months or so each summer.

Bob: The whole family?

Tim: The whole family. Everybody. My father would come, he would commute, because he had to continue his pastoral duties in the city, and he would spend weekdays. Weekends was when he had to do his preaching. So, that was nice, we liked that.

Bob: How was it growing up as a preacher's kid?

Tim: Well, it's a double-edged sword. We were proud, obviously, of my father. He was a very good preacher in Hungarian. He was an orator of the first rank, and he became fairly well known in the Hungarian community and the Protestant community particularly. I think the reformed church comes out of more of a Calvinistic background, but on the liberal end of it for sure. The discomforting part was that we had to sit up in the front, in a pew that faced the congregation--this was an old-fashioned church--and the whole family was stuck in this pew. We were very restless kids, and these sermons seemed interminable. We began to get good at detecting when he was winding down. But he tended to go on and on because he liked preaching, and people liked his preaching. So that part wasn't much fun. But we knew we were special because we were the preacher's kids. So mostly it was a plus, and not a minus.

Bob: Tell me how you chose your profession. Did it choose you or did you choose it?

Tim: That's a good question. I think I was interested in journalism when I first went to Dartmouth College, and then the war came along while I was at Dartmouth.

Bob: Which war was that?

Tim: This was the Second World War. And somehow medicine seemed to be a good thing to be getting into. I elected to go, as a pre-medical student, because of the way the world was looking, it looked as though being a physician would be a much more useful thing to be in than being a journalist. They had a good pre-medical course at Dartmouth, and then I went to the two-year medical school there. They only had a two-year school then, and finished up, coming back to New York City and going to NYU for my last two years. By that time I was in the army, in the American Specialized Training Program, the ASTP. We were all commissioned. I in fact had a bad spell for a while because I was an enemy alien without knowing it. My father had gotten to be a citizen years before, but I was over sixteen when he became a citizen, and they had changed the rules, and the dependents of naturalized citizens had to independently become naturalized,

and none of us knew that, until it came time to commission me, at Hanover for the training program. The dean of the school came round and said, you know, we're in bad trouble. You're an enemy alien. I said, gosh, what are we going to do now. They were able to work it out so that I became a naturalized citizen overnight, and they commissioned me the next day. If they had to do it, they were able to do it, so there was no problem, except for that uneasy spell of recognizing that I was from an enemy country at that time, and that I was an enemy alien.

Bob: Well, that's a great story. Tell me a little bit about meeting Marilyn. How did you meet her?

Tim: That was one of the best things that happened to me. That happened at the Mayo Clinic. Marilyn was in training at St. Mary's Hospital as a nurse. I went to the Mayo Clinic for surgical training after the war. We met over an operating room table, where I had very little to do as a very minor assistant, and I could spend a lot of time looking around the room. All I could see were her eyes above the mask. One thing led to another, and I think I got a better deal out of the Mayo Clinic in terms of my personal life than, even than the excellent education that I got from them. So I feel pretty good about Rochester, Minnesota.

Bob: The Mayo Clinic must have come after your work in New York.

Tim: Yes. After medical school I went overseas with the Army of Occupation, because the war ended while I was still in training with the army. I had gotten in the army right away as soon as my medical school internship was over. October 1944 I was in, and then the war in Europe ended in May 1945, and in Japan in August, I believe, 1945. So when I went overseas, the war was over, and it was an occupation deal that I did two and a half years of, mostly in Germany. For me the war was a very pleasant deal. It delayed my career, but otherwise it was a wonderful way to see the world and I benefited from it, I think.

Bob: Was it there that you got involved in heart and thoracic surgery?

Tim: No, that was after I came back. I had always been interested in it, I think because of NYU. There was a wonderful teacher there at Bellevue where I trained. Julia Jones. She got me interested in tuberculosis and in pulmonary diseases in general. That slowly shifted my thinking in that direction. And then at the Mayo Clinic, one of the finest surgeons on the staff was a thoracic surgeon, and I fell under his spell and decided that was what I wanted to be. So that is why I specialized in thoracic surgery because he was such a good guy, and I liked the subject. This was before cardiac surgery came along. There was just lungs and blood vessels, it wasn't the heart, that came much, much later.

Bob: Was your emphasis in your profession on research, or on practice?

Tim: That's a good question. I finished my thoracic training at Oteen, at the VA hospital here because it happened to be one of the best tuberculosis training programs anywhere in the country. This hospital was at the cutting edge of clinical research in the treatment of tuberculosis, in the chemotherapy of tuberculosis, streptomycin, all that sort of thing. The leaders of this hospital were the leaders of this nation-wide cooperative study, where patients for the first time were randomly allocated to different treatment regimens. And that's how we learned the safest and quickest way, what worked best, what regimens were the least toxic and did the most good, and on balance what the dosages should be, and so forth. And so I was quickly caught up in the idea that one of the good things you could do in medicine, besides treating

patients, was to find out the best way to treat them--what worked and what didn't work--and to get off of things that didn't work, and get on to the best methodologies for learning what did work. The randomized controlled clinical trial was where I made my, what little contribution I did make, it was in that area. So my job was wonderful, because I was able to do surgery and to teach residents. We had a thoracic surgical training program. As I was a resident, I in turn became one of the teachers of the younger residents that came along, and there was the opportunity to do research as well. So it was a nice balance and I kind of liked it.

Bob: The expansion of the VA hospital here at Oteen as I understood it... All right, we are going to get into talking about the VA hospital. I understood that the hospital expanded greatly during the years 1965-67. Am I right or wrong about that.

Tim: The thing that happened in those years was that tuberculosis came under control pretty much, because of chemotherapy, and the need for surgery dropped off dramatically, and the thoracic surgeons recognized that this new field that was opening up then, cardiac surgery and vascular surgery, they needed to get into that. Fortunately there was a farsighted chief of surgery at the VA in my time who saw that we really needed to do these things.

Bob: Who was that?

Tim: Harry Walkup. He gave me and another young man the time and the where with all to do the necessary research to set up a pump oxygenator and to learn how to use a pump oxygenator. This is extra-corporeal circulation for cardiac surgery. He allowed us to go away and visit some of the cardiac surgical centers. Finally one of our number went for a regular residency in cardiac surgery. This was Stuart Scott who is currently the chief of surgery at the VA and who essentially, with my help, but he certainly was the person, who started the cardiac surgical program. We had done a little bit of work before he came, but none of us was well-enough trained to really launch it, so he did. I was his assistant most of that time, and it worked out very well. That's where the expansion came because we would travel then from this hospital to the surrounding VA hospitals and we would interview patients who had symptoms that suggested that they might have a cardiac problem. And we recruited patients specifically for this program, not just for lung surgery. We were a center for lung surgery already, because of the TB surgery, but for cardiac and vascular surgeries. We went long distances. We went down to Dublin, Georgia, up as far as Beckley, West Virginia, all the way over to Fayetteville in North Carolina, Columbia, and so forth. We sort of drew in to Asheville those kinds of patients who needed thoracic and cardiac and vascular surgery. And that's where the hospital expanded, mostly.

Bob: Well, by that time you had already been here some time. When did you first come to the VA here?

Tim: Marilyn and I came here in 1951. I finished my thoracic surgical program here. But I had this hankering...I was under the influence of Albert Schweitzer, the pre-Peace Corps times. I felt that I wanted to do something before I settled into a regular profession. So she and I went to India with our first two kids and spent three years in India doing tuberculosis surgery under the Presbyterian Foreign Mission Board. Not as evangelists, we were Unitarians, and the Presbyterians kindly overlooked that, although it was with some trepidation that they sent us. And so, for three years we got a chance to live in this small village which happened to have a very fine TB center, founded by Sir William Wanless, a Canadian. It was called Wanless Tuberculosis Hospital. He was knighted for his fine work. He also started a hospital in Miraj, which was a

bigger town near us. All of this was in Bombay State, as it was known then, now known as Maharashtra. The parent hospital was two miles away, in Miraj, and Wanlesswadi, where the san was, this village became known as Wanlesswadi, after Sir William Wanless. That's where the TB Sanitarium was built, and that's where we worked for three years. Then we got persuaded to come back to the VA hospital and I took on a staff job here when we came back.

Bob: Who recruited you to this...effort

Tim: Harry Stuart did. Oh, to that. Well, there was something called the Foreign Mission Board. Douglas Foreman was the head...It was an ecumenical Foreign Mission Board where they recruited for all of the Mission Board's physicians particularly. Because they might have a Baptist who would do well in a Moravian hospital, or a Mennonite hospital, and they had Quakers who might want to go, and so on, and they found a job. I wanted to go with Schweitzer. But when I wrote to Dr. Schweitzer, he had no use for anything as specialized as thoracic surgery. It was far too advanced.

Bob: Preventive medicine.

Tim: That's right. He said you can come and visit me, but there's no way that you can do thoracic surgery here. We can't do anesthesia, we can't do any of those things. Well it turned out it is tough enough in India to do that. We had to have a blood program...anyway it was tough. But of the many years that I've lived, those three years were as seminal as any in directing our family's life, and my own life. It was a wonderful, excellent experience, and a very broadening one. I think I got far more out of the program than I ever was able to give to India, 'cause we were just a drop in the bucket of that huge problem.

Bob: I would have worried about the two children, going to a foreign country, and one that is as poor as India.

Tim: Well, curiously enough, it was pretty safe. We knew how to take care of sanitary problems, water problems, that sort of thing, and being physicians we were a little ahead of the game anyway. The ground had been laid by other missionaries before us. We were just one in a line of a succession of missionaries. We were called "short term" because only three years instead of lifetime missionaries. Some of our finest friends still are the people that we met there who were lifetime folks. We had a support network that was pretty effective. The Presbyterian Foreign Mission Board was very careful about making sure that things were safe, and they were very supportive. It was a good outfit to work for.

Bob: Did you live in a foreigner's enclave?

Tim: We were the only family in Wanlesswadi that was American. But we had a beautiful big bungalow right next to the railroad tracks. There was a fence around it, and people that had business, obviously, came up to the house. It was a san, it wasn't just a village. It was a sanatorium. We lived on the san grounds, but we were the only family from the West that were there. But there were English-speaking Indians all around. So we really didn't feel too uncomfortable. But, for once we were a minority. We were the only white family in this Indian group, except for one person, an Englishman who had married an Indian lady, and he lived there, too.

Bob: What is it about being a minority member in a situation that makes a great change? Is that what does it, or is it the experience of doing something that other people need greatly? What is it about the Indian experience that really made a difference in your life?

Tim: Well, the Oriental culture. The enormity and richness of Indian life and culture. The sub-continent. This is a very, very long civilization. It was clear that it wasn't Christianity that they needed. They needed plain, old help. We were able to...I think the missionaries mostly converted the Untouchables. Many of them were "rice Christians." They got something from the missionaries. They had been rejected by the Hindu culture, because they were outcasts, they were the lowest caste of all. So they were the kinds of folks that, I think, drifted toward the Christian message and these were marvelously good-hearted missionaries. They were there not only to help, but to convert. That's the only part of it where we didn't go along with them. You know, out of the several hundred million Indians there are still only maybe two or three or four million Christians, a very small percentage. The Christians haven't made much inroad. They get absorbed by the Hindus, rather than get converted by them, I would think. Anyway, for some reason that didn't put a barrier between us and our co-workers who were evangelists. The job needed doing, we did it together, and it was a very fine, enriching experience.

Bob: How did you translate that into your life in Asheville when you came back?

Tim: I think the reason that it worked so well for us is because as a family we were thrown together so strongly that we got a gluing together as a family unit that was almost unbreakable, 'cause we had to depend on each other. And so we got to work out our early marital problems under those circumstances, and from that standpoint it was a fine experience. I didn't have new things to bring back to Asheville, by a long shot. In fact, I had some catching up to do, having lost about three years in doing straight-forward tuberculosis surgery and a little bit of lung cancer and esophageal work. But it worked out OK. In the VA setting, because I was interested in investigative work and interested in pushing the cardiac program, it was possible for them to send me away, get me caught up on vascular and thoracic and cardiac surgery, helped to get the pump set up and going and did the first early cardiac surgical cases here. By that time, Stuart Scott came, fortunately, and picked up the ball, and we went from there.

Bob: I want to take you into this research area again. You spoke of statistical studies with blind and experimental untreated group. My experience of many physicians is that they are skeptical about statistical studies, that they cannot identify the mechanism whereby association occurs. They reject that research.

Tim: Before 1962, there was little or no cardiac surgery. But by '62 the randomized control trial in eliciting and elucidating medical drug therapies for tuberculosis was well established. There was no question any more about that. Clinical trials of medical regimes were done regularly after that. And our hospital was the leading one in TB. But the idea of randomizing a surgical procedure was a pretty hairy idea. However, right around that time there were a lot of surgeons pushing new ideas in cardiac surgery. And absolutely convinced that their methodology was working, and it was the only good thing to do, and you gotta do it this way, and if you don't do it my way you're not doing your patient a favor. There were so many of these ideas that were being done, including at the Cleveland Clinic, that a lot of us who were brought up in the era of skepticism and the idea of testing things out by trying it on some and having a control group that didn't have the procedure, and seeing how they compared over the long haul, we were skeptical about some of these procedures, and decided that in a small group of VA hospitals to see if we

could test out some of these operations by offering, since it was not clear whether more harm was being done than good, we would offer the patient an opportunity to enter the study. We didn't tell them, because we didn't know ourselves, how the randomization would fall out. We would tell them, we don't know which is better, surgery or medicine. Some people say surgery is better, some people say medicine is better. But this study is designed to try to find that out. If you would like to join the study, you will know tomorrow or the next day whether you fall into the surgical or the medical group. By this time, a lot of patients wanted surgery, even though it wasn't clear that it was doing any good. By testing a number of procedures that turned out over the long haul to be garbage, there was something called a poudrage operation where you put talcum powder into the heart sac to allow it to get so fibrosed that blood vessels ostensibly would grow across. Garbage. We tested that out. Then the Vineberg procedure came along where you took the internal mammary artery which you had yourself used at the Cleveland Clinic. But this was, instead of sewn to an artery, it was just stuck into a tunnel in the cardiac muscle. It was done by the hundreds, including at the Mayo Clinic and in Toronto, and Montreal and all over the place. We tested that out, and that turned out to have no effect that was discernable. But then there was a very interesting happenstance, which is why it lived such a long life. A man called Mason Sones at the Cleveland Clinic accidentally did the first coronary arteriogram. He was doing an injection into the aorta, the catheter slipped accidentally into the coronary artery. The coronary circulation lit up like a Christmas tree bulb. The patient didn't die, and so he reasoned, my goodness, if we can do this accidentally maybe we can do it on purpose. And Mason Sones at the Cleveland Clinic invented coronary arteriography. Tremendous. Well, that...

Bob: That's the man whose name I knew.

Tim: A terrific guy. He became a friend later on. But then what happened was, this Vineberg operation, after the artery is implanted in the muscle, Mason Sones slipped the catheter into that internal mammary artery and lo and behold it lit up the coronary circulation from an injection into the internal carotid artery. So then that was taken as proof positive that the operation had to work. Because here it was shown that blood circulated through the coronary vessels through that implantation in the tunnel. Well, we were still skeptical about that and discovered what the mechanism was. They were injecting under pressure and the pressure of the dye is why it lit up the coronary circulation. But normally there was very little interchange between the implanted vessel and the coronary... So anyway, that was the second one we tested, and that was no good. Finally the coronary artery operation, the bypass operation, came along. I was the co-chairman of the study that set up a national VA study to do this thing right, and to find out whether it worked or not, and if it did, for what kind of patients did it work. That began in about 1970. This study, believe it or not, is still ongoing. We are still following those patients. But from 1970 to 1974 we randomized a large group of patients, the largest group that had ever been randomized to that date. We came under an enormous amount of criticism because it was randomly allocating a surgical procedure to some patients and leaving some of them as control subjects. We took a lot of flack. Nevertheless it turned out to be the seminal study in coronary artery surgery. To this date that's the foundation mark of the establishment that in fact it works for some subgroups of patients, and it is not useful, in fact it's a little harmful, for other subgroups of patients. That's the thing I'm most proud of, having been a part of that study.

Bob: Aren't you glad you got to put that on tape.

Tim: Yes. I'm happy to put that on tape.

Bob: It's a little technical for your offspring. Who are the two children who were with you in India?

Tim: Tom and Martha.

Bob: Do you have other children?

Tim: We have two others. Tim, who went on into medicine, and he would certainly understand all of this. And Martha... Actually all the kids do. They are pretty intelligent kids and they understand the vicissitudes of this because we went through as a family to a fair amount of flack in being involved in this study.

Bob: Well, I'm certainly glad you got that story down. What more could you tell me about the Veteran's Hospital here, and its influence on this community. It has certainly brought you and people like you here.

Tim: Yes.

Bob: It brought patients here.

Tim: It sure did. Ultimately it brought Duke here, too. We were able to establish a relationship with Duke which is ongoing to this day. Some of us got on the Duke faculty, and Duke has sent residents in surgery in all the specialties, ever since 1966, I believe it was. In 1967...and that made a big difference in the ability to deliver first class care.

Bob: There was also a hospital built in Durham. The VA hospital.

Tim: That's right. In spite of that, they sent patients then and still do for training in thoracic and cardiac and orthopedic surgery because this is an excellent hospital. It's an additional clinical opportunity for Duke surgical residents. They have found that this is well worthwhile. One of the things that I am proudest of having accomplished here was the affiliation with Duke. We tried earlier to become affiliated with North Carolina or with Winston-Salem, and I think Dr. Sabbiston at Duke was interested in some of the research we had done. So he tried first one resident, and then a full-scale program. That, I think, has also strengthened the hospital and has brought good staff, kept good staff, had good research going, and it strengthened the hospital quite a lot.

Bob: Does the Veteran's Hospital have cooperative programs with the other two hospitals, Mission and St. Josephs?

Tim: No, we don't. We do have consultants from Asheville who come in and help us out.

Bob: On a contract basis.

Tim: On a contract basis. That's right. They help in cardiac surgery, they help in some of the sub-specialties and as consultants. But there has been no exchange of residents between the two, among the three hospitals. With one exception. There is a lithotripter that the VA paid for

and that's at St. Joe's, and we've established a program that works that way. That's kind of unique.

Bob: That's very recently.

Tim: Very recently, that's right. Just before I retired, it started.

Bob: Tell me a little more about your experience of Asheville as a community and as a region. You obviously came here for professional reasons. It was not mountains and scenery that brought you here.

Tim: No, but it was that, I think, that kept us here. We were some of those lucky people who found that this was a marvelous place to raise a family, and a marvelous place to live, and a great place to retire. So we didn't have to move. I had a number of offers to go to Washington, or to go to New Orleans, and so forth. But I think that the net balance of the quality of life here in Asheville was so great, and our roots were so deep, that there was no way that we could move, so we just stayed right on, ever since we came back from India.

Bob: What is it about Asheville that most attracts you, aside from medicine?

Tim: The natural setting, of course is number one, and the size of the town and the cultural richness of the town for its size, is probably number two. But the natural setting is certainly the thing that intrigues us most. We do a lot of camping and tramping and hiking and so forth and that has always been the strongest enriching factor, I think. But then of course the fact that we have so many great cultural things going on in such a small town, the retirees have brought with them so much good that supports symphonies and theater and all that sort of thing. That is also a strong, strong point in Asheville's favor. The university, in fact the number of small universities that are around here, not just UNCA, all make it a really unusual place to live.

Bob: It's hard to satisfy people from New York City.

Tim: Not when you've been away long enough, and are relieved that you are from New York and don't have to live there. It was fine when I was growing up, I'm not sure it would be quite such a fine place to live now. Not any more.

Bob: I really would like to put off talking about your connections with the Unitarian Universalist church until I turn the tape over. What would you like to talk about now, that has to do with your life, your personal rewards, your personal achievements...

Tim: One of the things that was rewarding about this job at the VA was that it also gave me an opportunity to do another kind of research. I got into the business of inventing surgical devices. Really, some small surgical staplers. And that interest led to an exchange program in Russia. I had this fine time in 1962 of visiting Russia and bringing my little inventions along and studying there, as they were far ahead of us in that one area.

Bob: How would you account for them being ahead in that area?

Tim: They had dedicated a whole institute to the research and development of experimental surgical instruments. I think that stemmed from the fact that there are so many doctors in the

Second World War and they had so many women take up surgery that they may have felt that they needed to give the physicians as much technical help, as much mechanical help in suturing by inventing stapling devices, as they possibly could. In all fairness, what they did was take an invention that had begun in Hungary. They brought it over to Russia and they refined it and developed it, and this whole institute finally put out one stapling device after another. My job was to find out which of these was really clinically useful, and which was just another propaganda bit in the Communist armamentarium. Because they were selling these things all over the place, and using them in rather inappropriate ways, also.

Bob: All over the place, means all over the world.

Tim: In Egypt, all over the world, everywhere. They sent the scientists who had invented them as a team to Egypt and to Germany and to wherever they were acceptable, and demonstrated the instruments, mostly on animals. Because when I tried to find examples of clinical patient use they were fairly minimal, fairly thin. But there was at least one device, perhaps two, that have stood the test of time, were refined in this country and now are widely used everywhere. That was another thing I was proud of. To sort out what were really not clinically useful instruments, most of the vascular instruments were not useful at all, because diseased vessels don't lend themselves to mechanically being stapled. They have to be sutured. But for lung surgery and for gastro-intestinal surgery they have not only been widely accepted all over the world, but they have been refined and gone way beyond anything that the Russians were able to do.

Bob: Just for a layman, can you tell me what a staple is. It must somehow dissolve in time.

Tim: No. These are small metal staples that are placed across various structures. They are non-reactive. They are tiny, tiny ordinary staples, like you have in a stapling machine. But they deliver a whole row of these tiny, tiny staples, and they are non-reactive stainless steel, so they stay in there forever, and they work fine. They are used in stomach surgery and colon surgery, and lung surgery, and they are now used laparoscopically, where they don't even have to open the patient up. They can put a little stapling machine through a tiny little hole and close up things and do remarkable things. So that's what the technique of surgery has evolved to. Tiny little stapling machines. And some of them are disposable. You use them once and throw the thing away. That's the American contribution. It works out very well. This has become a major industry in surgery.

Bob: I guess we have to talk about the Unitarians. I want to take you back to that, because you have probably almost as long a connection with that group as any one still alive and living here.

Tim: I suppose that's true.

Bob: Boyce was there, but left in 1956, and came back in 1985, so he was absent for most of the years of this church. You have been here since 1959 in this organization.

Tim: Well, it was funny. We were so pleased to find a Unitarian church here, because we had been going to one in Rochester, Minnesota. We found the Vermont Avenue place, by that time it was established, and Dan Welch was here. Norman Hulbert was the President of the church, and they had the annual business meeting. It happened to be the second or third Sunday when we got there. We had not signed up yet, we were sort of getting our feet on the ground, and Norman Hulbert begged us to please sign on the dotted line so they would have a quorum. They couldn't

have the annual meeting. They needed two more members right that minute. So, since we were pretty well convinced that we should join anyway, we did. From that time on we have had this fine experience with the church, since 1959. It must have taken us a couple of years to find the church then, because we came back from India in 1957.

Bob: I think that was just about the time they started meeting in the Vermont Street church. They had been at the YMCA.

Tim: That's right. Well, it was a great place. It was a little unconventional, it wasn't like a church, and this was off-putting to some folks, including our daughter. She wanted to go to a conventional church. She was twelve. Martha. So we dropped her off at the Presbyterian Church with some of her friends, and we would go on out there. What Marilyn remembers, and I remember, too, are the fact that it needed a lot of looking after, that old house. It was dirty because of the furnace. The furnace put out all kinds of sooty fumes and at one point blew up, as I recall. We tried to paint it, we tried not to drag our clothes along the floor, she remembers, because you would pick up soot on your clothing if your coat hung on the floor. But there were some very nice features. It was a big lot, there was a huge place where kids could play, where you could have church picnics.

Side 2:

Tim: One of the important features was Dan Welch. Dan Welch was a wonderful, old, wise, witty, fine, fine person, who got the church to function, the fellowship, it wasn't a church yet, to function very well. It was always a pleasure to listen to him. He was so personable also, and so we had him as a personal friend as well as the minister. I can say nothing but good things about Dan.

Bob: You did not help to hire him.

Tim: No, we had nothing to do with that. We were just lucky. He was here by the time we came.

Bob: He had retired before...

Tim: Yes, and came out of retirement from Tennessee. Fountain City, or someplace like that, I'm not sure. His wife came with him, too. Grace Welch. She was a little eccentric, we thought, but a very nice lady. And I'm not sure that she didn't die while he was a minister here. I'm not certain about that. I may be thinking of Tracy Pullman's wife who did die while he was a minister here. But this was a wonderful guy, and then I think he went into a second retirement, and Richard Gross came along, and somehow things did not work out between the church and him.

Bob: You were very close to Gross, I think you told me.

Tim: No, I think I was President of the church when he was here as the minister. And, there were so many uneasinesses, I'm not sure what it was. He sort of reminded me of Ichabod Crane a little bit, he was that physiology. He was a very tall, very lean man, very earnest, probably too earnest. He had a nice wife and a nice... He made so many people uneasy that there seemed to develop a whole bunch of questionnaires. A psychologist Bob Clara and his wife were spearheading this business of trying to find out what it was that the church really wanted. I think

it was a thinly veiled attempt to let Dick Gross see that he was one of the things that was not advantageous to the church, that he was not helpful to the church.

Bob: Could it be, and this is just speculation, that there was a tremendous desire to have a church, and have a church building constructed and get rid of this old house, and so forth, and there was an awful lot of ambition there, that really got focused on a young man.

Tim: Yes, I think that might have been it partly. And the contrast between this young, inexperienced man, and Dan Welch, who preceded him, was so great that he couldn't bridge it, no matter how hard he tried. He was a very hard worker, very earnest person. But the upshot was that he got the message and joined the North Carolina Heart Association. And that's when we began to look seriously again for another minister who could bring us into the transition between fellowship and church, and help us to build a church. That was a not good part of the church's development, but it was something that we had to go through. And I don't remember specifically what problems there were with Dick. I think I got along with him okay. But there was a lack of spontaneity, a lack of enthusiasm. He was not able to generate a whole lot of personal support and a lot of enthusiasm for the church, and I think it did not flourish greatly under his tenure. Then when Tracy Pullman came it was a different story, and maybe a bunch of luck, because right around that time the Robertsons came around, the Sandburgs came around, and we got lucky in major ways with those two big gifts of property and money, I'm not sure of the details there, but somehow it suddenly became possible to think about building a church, whereas it had seemed to be utterly impossible in the number of families that we had.

Bob: Yes, you were on the search committee for searching for Pullman. There was a long period of searching, where the first search failed, and then the Turners from Hendersonville suggested Pullman's name. Do you recall all of that, or not?

Tim: I recall meeting at Marian Williams' home and having..

Bob: That's Marian Stivers now.

Tim: Exactly. And having lunch with Tracy, and the impression that he made on the search committee. He made a very good impression right away. He was just an affable, wise, pleasant person. I think we recognized that we would be terribly lucky if we could attract him and we somehow succeeded in doing that.

Bob: In talking about Pullman and in talking about Welch you have used the word "wise." It's a word I never use because I don't feel I can use it properly. What are the characteristics of a wise man?

Tim: Balance, seeing many sides of a question, and experience, and somehow fitting one's own personality into the conditions that are happening. Both of these people had tremendous insight into personalities, and how to get people to function together, and how to get them enthused, and how to do it in an unobtrusive way, so that he probably elicited from us activities that we thought we had engendered ourselves. I think that both of these ministers had the ability to get the best out of all of us. Now, I don't know how to describe wisdom, much more than that. Of course, they also had this wonderful insight about profound things, about religion, about the UU, in fact the UU became a denomination right around that time. It had been Unitarian, and then the Universalist Church joined it. And, they were inspiring people. They seemed politically to have

the right kinds of instincts, about the war, this was now the Vietnam War we're talking about, and about life in general. They were just inspiring, wonderful Unitarian people.

Bob: I think they were surrounded by people who had some dreams and some ambition and some inspiration of their own.

Tim: But they were able to make it work. Dan, in the first place to get a Fellowship on an ongoing basis, and Tracy finally to pull it all together. And then, the Williamses were terribly important right around then, too. David Williams especially, Marian's husband, was a real strong, able person, who had close contacts with the Sandburgs and close contacts with the Robertsons, and was the liaison, the go-between, between the church and these very fine people. He was very, very important, as I recall, in that part of the church's career.

Bob: I will never get to know him, I guess, because I have never met him at all. Has he disappeared, or what? There was a divorce, what was it 1969, maybe 1970?

Tim: I do not know what happened, personally. I know that it was a big surprise to us. We thought this was a pretty ideal marriage. He was a very effective promoter, entrepreneur, for the church. I have no idea what happened to him.

Bob: What was his profession?

Tim: Well, I think that was part of the problem. It seems to me...I don't know what he did. Was he a store manager, or was he mostly not working, and was therefore able to do this sort of thing?

Bob: They had the idea that they would have a bed-and-breakfast place.

Tim: That's right. There is a daughter extant, Lee Williams, she got married, but she is still in the area, and of course Marian would know some of these answers. I don't know. We didn't know them outside of the church at all. But within the church they were about as strong a couple as any that we had there. Energizing, search committee, having functions in their great big bed-and-breakfast place which didn't become a bed-and-breakfast, but they had a gorgeous huge place on a spectacular rise out on Lookout Road. They were an enthusiastic, handsome young couple with two nice kids. I don't know what happened.

Bob: I really don't want to get into it, but I feel that I have lost something by not meeting him.

Tim: But maybe you can.

Bob: I have met Marian and enjoyed it very much.

Tim: But you didn't inquire about whether you could meet him.

Bob: No. I don't know her that well.

Tim: In the sense of church history I would think it would be legitimate and she would be supportive.

Bob: Now, let's see. I wanted to hear some specifics about that era. You served one year as President. Is there anything particular about that year?

Tim: I can't remember anything special.

Bob: It was about the beginning of Gross's tenure here, right after he came.

Tim: I think so. And maybe the first year was his best year, I'm not sure. I don't remember major problems with Richard myself.

Bob: Your professional life must have absorbed you greatly at that point.

Tim: It was a busy time.

Bob: How did they persuade you to be President at all?

Tim: I don't know. I think that I had achieved a little bit of notoriety because of the trip to Russia, I had just come back, and it may be that my head was turned and they succeeded in persuading me that I was the gift to the church that would happen right then. I don't remember that either. Sometimes people that get very busy are the ones that get the most jobs and they feel that they can't turn anything down. It was only a year, fortunately, and it worked out okay. I don't remember much of that. I would have to look at minutes to see if we had any problems at all.

Bob: I read through the minutes, and I didn't pick up anything in particular from that year.

Tim: It was a fairly bland year. I don't think I did anything revolutionary or remarkable like some of the Presidents are doing now.

Bob: That year, the roof got repaired. The building had been empty, there were pigeons in the attic that had to be trapped, and all sorts of things.

Tim: I do remember crawling up in the attic and down in the basement. I think it was a bit discouraging because there was always something, one crisis after another related to the age of the building and the fact that we had very little money, only a small number of families, always made it look like sort of an up-hill fight, but we survived.

Bob: We have been at this for almost two hours, and I think we ought not to go on today. But I can't imagine that we would be finished in this little bit of time.

Tim: I'm sorry that I took up so much time with my own personal stuff.

Bob: I'm not at all sorry, and I don't think that is personal in any particular sense. I think it is important to hear this medical history.

Tim: I can't think of anything further about the church at that particular time that you would like to have, or that would be interesting. I think Marilyn would be interesting to interview, because she has the other side, the distaff side of having kids there, and the church school, and the wonderful friends that we had then.

Bob: I would like to come back and talk to you about the years since 1970. You have never been uninvolved here.

Tim: Well, fine. We can do that.

Bob: We can do it another time. We can make a date and finish this up.

Tim: Okay, if you think it's worth your while. I thought I would have trouble talking with the microphone going, but it doesn't seem to have stilted my style a bit. (Laughter)

Bob: Part of the game is for the listener to be sufficiently active as a listener, so that you forget what we are doing here.

Tim: Well, you did a nice job, and I've enjoyed it.

Continued March 3, 1993:

Bob: This is Bob Potter talking to Tim Takaro again. Only a couple of years ago now, the governments of Eastern Europe began to collapse. Countries like Czechoslovakia, Slovakia, Hungary, Romania, Yugoslavia, had revolutionary democratic revolts. How did that affect you? Did you react strongly to it?

Tim: Well, I think I was astounded at the rapidity with which all of this followed. In my view, the earliest cracks in the Communist regimes, the earliest relaxations, were in Hungary and in Poland. I think they produced ideas in the more repressive areas, that these countries were being pretty successful by flaunting some of the major Communist tenets and being allowed to get away with it. But what astounded me was how rapidly the USSR well apart, once the Berlin wall was breached. I think everybody was astonished. It looked so monolithic, even though there was so much fumbling and even though some of this had been predicted by writers about Russia way back, nobody really felt that it would happen internally and so quickly. It was pretty astounding. I really thought in 1962 when I was there, that this was for good. That the Communist system was for good. I couldn't see any possibility then, thirty years ago, that there would be very much...maybe that it would be liberalized, but the actual repudiation of the Communist party and the principles on which it was founded, I thought that would never happen.

Bob: Did you follow it carefully in the newspapers after that, or not?

Tim: Pretty much. I was pretty busy those following years, but yes. That has always interested me. What has always troubled me is that some of the ideas and the ideals of the Communists are really pretty close to Christianity, and some of the "socialist" countries, like Sweden and some of the Scandinavian countries, have successfully pursued liberal social programs without ever losing the democratic idea that makes these things work. I must say that I am disappointed that this major experiment collapsed, didn't work at all. Because I think the ideas behind it are not disproven, as of no value at all. I think that the way they were carried out in Communist Russia was an abomination, and almost a reversal of the very principles that they stood for. So it was a terrible tragedy.

Bob: In your mind, is that at any way related to the rejection of organized religion that Marxists and Leninists advocated?

Tim: In 1962 there was a fair liberalization of religion. I attended a Baptist service in Moscow and I went to Zagorsk which is a major Russian Orthodox religious ceremonies, and they were both pretty active-looking churches. But I knew, of course, that you couldn't get ahead in Communism if you had anything official to do with religion, and I knew that the Baptists were not allowed to teach kids at church. They could do it at home, but not in church. They could not have educational classes for the kids. Being a Unitarian, I wasn't thinking that was the reason that it collapsed, that there was no religion in Russia, because the Orthodox Church was so reactionary that I didn't think it was adding much plus to the Russian people. And of course that was wrong, too. I think a lot of Russian people needed something in their lives, like religion, to hang onto. When that too was taken away from them that may well have added to their total dissatisfaction.

Bob: Before much more time goes by, I want you to talk about your experience in the Unitarian Universalist movement, and in particular in this church. I would like you to talk about whatever strikes you as the most joyous experience you had within that organization, and the most painful experiences you had in thirty years of being in the Unitarian Church in Asheville. Does this attach to particular people you knew or met there, or to particular activities, or what was meaningful to you?

Tim: We were delighted to discover when we got back from India, that there was a Unitarian Fellowship because we had been unaware of it before we went to India and we had gone under some cloud with the Presbyterians because they knew that we had "Unitarian leanings" and they needed physicians badly enough, and they were liberal-minded enough in their own right, to allow us to serve as short-term missionaries. But the Episcopal Church which had given us a basis for saying to the Presbyterians that we were in a church attachment, it turned out to be Rev. Tuten's adult Sunday school class. He was a very liberal-minded Episcopalian minister at Trinity Episcopal, and he saved our necks. Because if we hadn't had a church affiliation the Presbyterians wouldn't have sent us at all. So that worked out. But we didn't feel comfortable in the Episcopal Church. And so when we found the Fellowship it was marvelous to find it. It was obviously a struggling deal, and that wasn't terribly exciting to have to fight for everything, and to have sort of grungy headquarters and so forth, but that was more than overshadowed by the kind of people who were there, and the kind of thinking that went on, and the kind of preaching that Dan Gross did, and it was a joyous thing overall to have that, especially at our time of life when we were much younger and it was easier to handle unconventionality, nonconformity, and that sort of thing. And it didn't hurt our kids, except for one that wanted to be left off at the Presbyterian church because she couldn't handle the unconventionality of it. Over time, what was nicest besides feeling comfortable about this freedom of religious beliefs, and being able to sincerely go along with what Unitarians believed in, were the people, the people that we met. For instance, Helen Reed was a wonderful friend. She taught me Russian for several months, almost a year. We took lessons in her house before I went to Russia, and that was an enormously important thing for me, and got me to know her better. There were just three of us in her class, and we met every single week, and studied pretty hard, and at one time--this is pretty interesting--I was digging my fallout shelter in the basement. I had a conveyer belt worked out so that we could dig the dirt out and take it across the road. And I was learning Russian at the same time. So I had a record going, learning the Russian language, while I was digging the cellar out. It was important to go to Russia under any aegis, and find out what it was that made them

tick, and to have this possibility of the scientific exchange as the excuse for going was wonderful. And so this was this irony. And Helen helped make that possible because I wanted to be able to communicate as directly as possible. And ultimately I was able to give lectures, I read lectures in Russian, that were translated for me by a wonderful woman there, from English to Russian, and Helen's teaching allowed me to at least read these things. But for any interesting conversations at all, about philosophy, politics, religion, they had to be in English. And there were plenty of people in Russia, well a handful that I could get close to, who were willing to be candid, especially when they were away from their fellows or in a park, or where it was clearly impossible to bug them. Helen was very important. That's just one example of people in the church that made a difference in our lives. And there are many others, the most recent being the Stones.

Bob: Much more recent. Tell me about them.

Tim: This relates also to our interest in Central America, to Nicaragua particularly. It turns out that our son married a young woman who was intensely interested in Nicaragua.

Bob: Which son was this?

Tim: This was Tim, the middle son, who is a physician now. He went through medical school, and Susan Cookson and Tim applied to the Unitarian Universalist Service Committee to be supported in Nicaragua, but they needed a church anchor again, and this church under Jim Brewer very generously offered to be that base. And at that same time there is a Central America Study Committee set up at the church, and they embraced the project. We joined that group with obvious personal reasons for doing so. And the Stones were strong in that movement. They were able to put together dinners, Central America functions, when either one of the two kids would come back on visits from Nicaragua and present slides of what the work was like down there.

Bob: What was it that took Tim to Nicaragua in the first place?

Tim: Well, it was the terrible injustice that it seemed was happening to the Nicaraguans under the regime, the constant destruction of health facilities, and health workers was just something that was not possible for someone with a social conscience and interest in Central America to accept. I think Susan, his wife, had spent time in Central America earlier. She was a Miami-raised young woman and she learned Spanish in the Hispanic community there. She was a very idealistic young lady, and she was the influence that got Tim wanting to go to Nicaragua, learn the language, and they did. They spent three years in Nicaragua all together, in Jinotega, and they would come back periodically to Asheville, which was one of their bases, and present their material to the Central American Committee, and to the whole church at times, and to the local Presbyterians also. So that was very important to us, that there was a church here that was personally and strongly interested in what my son and his wife were doing. I thought that was marvelous, because it was sincere. They weren't doing it for us, they were interested very much in what the work was like down there. A lot of people at that time felt strongly that the active support of the Contras, especially in contravention of what the laws of Congress had made supposedly illegal, that kind of injustice and the frightful atrocities the Contras carried out bothered a lot of people.

Bob: But why did they focus so much on Nicaragua rather than Guatemala, where other similar problems were..

Tim: That's interesting. I think perhaps because the Sandinista government was felt to be a first real chance for a liberal (it turned out to be somewhat repressive) but what was considered to be a liberal-minded government to run a Central American country. And from the health standpoint and the education standpoint it was revolutionary. It was so great. The young people there and the others that were observers recognized that clinics and schools could in fact, even in a very poor country, be set up and functioning, if the government was interested in doing that.

Bob: More along the pattern of Cuba than that of Dominican Republic or Haiti.

Tim: I think that's right. And I think the kind of work therefore that foreigners were allowed to do in Nicaragua was of much greater scope than they would have been allowed to do in Guatemala or El Salvador. Both countries had very repressive regimes and with atrocities that outweighed anything even the Contras did. So I think it was the opportunity that Nicaragua presented that those other countries did not. It was easier to get information also in Nicaragua, and what the government did was more blatant in Nicaragua, mining the Nicaraguan harbors was clearly outlandish and then rejecting the World Court's ideas and so forth, that drew a lot of sympathy for Nicaragua, even though the Sandinista government turned out not to have been all that ideal a government after all. But it seemed to most of us a lot better than the preceding government, I think that was Batista, that was overthrown by the Sandinistas, is that right?

Bob: I think that was Cuba.

Tim: That's right. That other guy.

Bob: I understand. You mentioned besides the Unitarian Church, the Presbyterians here were interested in Nicaragua. I have met people from the Episcopal Church, All Souls, who were interested. Did you have contact with them too?

Tom: No, not with All Souls...Oh, that's not true. The All Souls people are very liberal, there is a very liberal segment in the All Souls church and I think our contact with them has been mostly through Physicians for Social Responsibility and the Nuclear Free Zone. But I wasn't aware that they had a strong interest in Central America, too. Although I know that a lot of the liberal churches in Asheville have had.

Bob: How about the Catholic churches here?

Tim: The Quixote Center in Washington and the Liberation Theology movement which is Catholic oriented provided the basis for a lot of the material that we studied in our Central American group. I don't know about the local Catholic churches, but I know that there are liberal Catholic young people who were instrumental in forming a Central America study committee and they would collect items to send and money and so forth. And that may still be functioning, but I'm not sure.

Bob: Did you become close to the Stones because of this involvement, or did you know them beforehand?

Tim: No. We didn't know them at all. It was this movement entirely that allowed us to get acquainted with them. Emma was born in Uruguay, so she is fluent in Spanish, and Mel became a

Spanish teacher. So they were both fluent in Spanish, and they have very strong social consciences. They went to Nicaragua themselves on a sort of a study safari. And because of their real strong efforts in supporting Tim and Susan we got to know them very very well. Then ultimately Emma tutored Marilyn in Spanish when she was going to college. So that sewed it up even more. And now with our three trips to Mexico with them we are as good friends with them as anybody. And that I attribute also to the Unitarian Church. It's a wonderful strengthening sort of relationship that the church provides with people.

Bob: Now, I'll ask you, what were the high points of your association with the church here, what were the low points of your association with this church. Have you had any.

Tim: I'm afraid I have to say that there were some and they mostly stem from Rev. Gross. Those were relatively sad, low years. There was a lot of unhappiness with him, and I don't know exactly why. He was not a good preacher, he didn't relate well to people, all of this is just a very personal opinion, and it engendered a lot of...a reaction that's kind of strange. One of the movers and shakers at the time when Gross was in his ministry was a psychologist Bob Clower. And he and his wife put out questionnaire after questionnaire, a kind of psychology-oriented questionnaires which themselves can be very very disruptive, and not particularly helpful. But they were, I think, meaning to be helpful, to try to find out why the church was losing ground, why there was so much unhappiness, what was wrong with Richard Gross, what should we do about it, and all that stuff. I think that was a low point. I can't think of any others that were stressful like that.

Bob: I have not asked you anything about your personal experience as a religionist, but you have obviously moved a long way from your childhood origins. Will you describe the development of your philosophy. Are you a rationalist, or a logical positivist now, or what are you?

Tim: I'm not sure what I am. I only know that I had serious doubts growing up. Even though I had loving parents, I could not subscribe to their beliefs. When I went to college it was pretty shocking to me to understand that in fact a lot of people had serious doubts. I thought it was just me, being rebellious or something, and that some of the most respected teachers that I had at college would raise questions in my own mind about my own beliefs. And for a while after college I really didn't attach to anything. I didn't seem to need any religious hook. I went to the Congregational church because a friend sang in the choir, and I sang in the choir along with him. And the church there provided a sociability which was very nice, a social setting, and I have a warm feeling in my heart for Congregationalists also all these years. It wasn't until I was in Rochester Minnesota where there is a rather strong Unitarian church, and I was in training at the Mayo Clinic. That church became a source of both social and philosophical support. And I guess one of the things that strengthened my sympathy for the church was that the surgeon that I thought was the finest surgeon in Rochester, and whose service I aspired to be on and ultimately was on, Dr. Claggett, was a member of that church, he and his wife. And that helped me understand that really great people could be Unitarian. Wonderful guy, passed away not very long ago. We kept up our contacts with him over the years. I got my stimulus and inspiration to be a thoracic surgeon from Dr. Claggett. So the fact that he was a Unitarian, the fact that he was a thoracic surgeon, both of those seem to have been strongly influential in my life. As I've gone along, I realize that even in the Unitarian church there is a broad spectrum of belief, and there is room for all of this.

Bob: This is Bob Potter, we are back on the tape. You were talking to me about what?

Tim: Religious beliefs in the Unitarian church, and the variety of kinds of beliefs that people had. I've become more and more convinced as I've grown older that, because we change ourselves, we are not the same people that we were when we were thirty, or twenty, or fifty, or even ten years ago, I think I was a different person from what I am now, and I think that alters our needs, the sorts of things we need from religion. I think religion is really a response where our beliefs, our thinking about it, my thinking about it, is in response to need. To me that makes the most sense of all. The primitive person has a totally different kind of religious belief because of his needs and his scope of understanding. This is how religion has developed over the centuries. Probably I would say that my philosophy most closely coincides with Huxley's perennial philosophy, where in all of the religions they seem to have a common ground, a common understanding, a common acceptance, a common need for the obvious truisms, or tenets, of doing unto others as you would like to have them do to you, and so forth. That sort of thing. The need for trust and the need for understanding, the need for tolerance, and the need for letting each individual have space, and so forth, I haven't reread that book for a long time. But that is why the major religious forms of thinking like Mohamadism and the Christian religion and the Hindu religion and on and on, there is so much in common that they have together that people respond to, that probably is why most of them have survived. And most of the other religions of course are offshoots of these major ones. So that's how I feel about it.

Bob: Do you feel that your need for religion has declined or increased as you aged, or not?

Tim: I think it has stayed the same. But my beliefs have changed some. But I don't have less need or more need than I used to. I may in fact be using the church more as a socially strengthening feature than a need for replenishing my philosophical emptinesses, and so forth. I don't think that's as strong as it used to be. I seem to have become satisfied with the kinds of thinking that I developed over the years. While I enjoy a good sermon and a new insight, I don't seem to need to have a weekly fix in that sense. I feel comfortable with this church as it is now because it isn't a great sign of backsliding if you don't show up every Sunday, and you find your needs are being fulfilled in the woods or in the mountains or wherever. And we do that sort of thing quite a little bit. We like to get out camping and hiking and looking at the wildflowers and so forth. And sometimes that turns out to be when Sunday services are on, and it doesn't bother my conscience like it used to when I was younger.

Bob: I think that's a very nice statement and I appreciate it. Do you feel that I am pressuring you to reveal these things that you are not ready for them, or...

Tim: No, not at all.

Bob: Thank you very much. I think that is more interesting than talking about church organization, but I think personally that the need for some kind of actual organization is there, and you can't get along just on your own...Do you agree with that?

Tim: Yes, I do. I think it's a sad mistake for people to go it along and not have contact with other like-minded people or even un-like-minded people against whom they can bounce off their ideas. I think we would lose a lot if we didn't have some kind of organization that led for instance to this marvelous creation, this building that we have. I think that is still a miraculous thing considering what a tiny little group we were, how those things fell together is always to me an enormous source of inspiration.

Bob: It is still a miracle to me which I am trying to pin down, and not having much luck pinning down.

Tim: Well, I think it was a coincidence of a number of happenings, but I think the key will lie in your interviews with David Lewis [Williams?]. I think he knows more about that situation than anyone. Without those major gifts of the Logan Robertsons and the Sandbergs and the prestige and luster that those two great figures shown on the fellowship at that time, I don't think it would have gone. But at the same time we had some marvelous early ministerial help. Dan Welsh who kept glued, the core together, and Tracy Pullman who pulled it together. So it was a critical mass, of both financial and psychological and social help or resources that came together at exactly the right time to make it possible.

Bob: I think that's a nice summary and I appreciate it. I have answered all the questions that I hoped to answer this evening.

Tim: Good.

Bob: Anything further that you would like to put on here?

Tim: No, I think your patience and your ability to draw things out of people is really quite remarkable.

Bob: I appreciate this very much. You will be receiving a tape as soon as I make a copy of it.

End of recording

