

What we now call the University of Colorado Denver School of Medicine started with two professors teaching two students on the University of Colorado Boulder campus. The year was 1883, and while the physical plant was nothing to brag about, the faculty-student ratio was incredible.

Today, the School of Medicine operates on the Anschutz Medical Campus in Aurora, one of the country's newest, most technologically advanced education, research and health care sites. There are a few more students now – 160 in the latest class.

The school has produced many firsts. It's where Tom Starzl, MD, conducted the first liver transplant in the world. Where Ted Puck, MD, developed a classification system for human chromosomes. Where Henry Swan, MD, stuck a patient in a bath tub of water cold enough to slow the patient's pulse and revolutionize open-heart surgery. Where Henry Sewell, MD, founded immunology.

But it is also the place that lost every cent of its state funding only a few years after the Colorado General Assembly decided the state needed a medical school. It is the place where Ku Klux Klan powerbrokers in the legislature once tried unsuccessfully to tie state funding to an order that the university fire all the "Jews and Catholics" on his faculty. It is the place that along with all other institutions of higher education in Colorado underwent unprecedented state budget cuts from 2002 to 2005. It is the place that ranks near the bottom nationally in per capita state funding.

A lack of clinical facilities in Boulder assured that the school would leave Boulder. The move from Boulder to, initially, Denver capped a decades-long struggle to see which - if any - of Colorado's four turn-of-the-20th-century medical schools would survive. When the School of Medicine tried to send its Boulder-based students to Denver for clinical training, officials at the private University of Denver Medical College and Gross Medical College and the Denver Homeopathic Medical College cried foul. The private schools took the state university to court and won. The university's state charter said all teaching had to be done in Boulder. But the first University of Colorado Hospital, a 30-bed unit built in Boulder, simply couldn't measure up. Neither did its 40-bed replacement. It was move or die. Helped along by Dean William Harlow, MD, an amendment to the state constitution in 1912 finally allowed the School of Medicine to teach its third- and fourth-year students in Denver.

In 1924, the entire four-year medical school, by then under the leadership of Dean Charles Meader, MD, moved from Boulder to a new campus in Denver. The state-of-the-art campus near Colorado Boulevard and 9th Avenue assured the school's survival in the near term. The quadrangle of red brick buildings that made up that campus are now mostly abandoned. But at the time of their construction they were just what educators of doctors ordered.

There was a medical school, a nursing school and a public teaching hospital that cared for those too poor to pay. Buildings, however, are mere vaults. Without a wealth of knowledge deposited in them, they offer no more value than an empty bank. To survive,

the School of Medicine could not just exist. It had to succeed. And it took the United States winning a war to truly bring the medical school the success that insured its future into the 20th century.

“The most important thing that happened to this school was the development of a full-time faculty after World War II,” says Henry Claman, MD, Distinguished Professor of Medicine, who co-authored a biography of the School of Medicine

A physician recruited from the faculty of the medical school at Washington University in St. Louis oversaw the gilding of the institution. Robert Glaser, MD, became the School of Medicine’s Dean in 1957. He served in that capacity until 1963. Glaser profited from a national era of optimism in 1950’s America.

“There was money available from the National Institutes of Health and other federal agencies,” says medical historian Bob Shikes. “Things started to boom in academic medicine in the 1950’s.”

Glaser turned the boom into an explosion by recruiting talented department chairs who, in turn, attracted talented faculty and staff to their departments. The medical school expanded not only the size and quality of its faculty, but the size and quality of its student body and in the size and quality of its physical plant.

“When I got here in the 1960’s, the school had achieved critical mass,” Shikes said. “Amazingly, it became one of the Top 25 medical schools in the country. That’s very good for a state that gives nothing.”

The deans who succeeded Glaser oversaw an expansion in scope, though never a great boost in state funding. But the medical school’s existence was never endangered, due primarily to the accumulation of renowned doctors working in several of its departments.

Richard Krugman, MD, served as an interim dean from 1990 to 1992 before being officially appointed to lead the school – which he still does. With 18 years on the job, Krugman now ranks second among America’s active medical school deans. He’s also second in tenure to Maurice Rees, MD, in the history of the School of Medicine. Rees was dean from 1925-1945.

“What was clear in the Nineties and what is clearer today is that medicine is no longer departmentally based,” Krugman says. “Department chairs and medical centers have to work with each other, not against each other.”

Krugman made peace between rival departments. He reorganized the clinical practices of faculty and increased the graduation rate of primary care doctors in response to Colorado’s need for them. But his main goal was simple:

“The job of the dean,” he says, “is to provide the space and resources for the faculty and students to do their work.”

From his vantage point as a medical historian, Claman agrees in part. “The faculty is the heart of the School of Medicine, because the students come and go,” Claman says. “From the standpoint of faculty, the dean provides the right atmosphere to do work.”

Unfortunately, atmosphere means little without money to sustain it, and funding remains a complex dilemma. State dollars are especially tight given the tough economy and the demands and restrictions voters have put on Colorado’s budget.

“What we accomplished during a time of unprecedented state cuts is an extraordinary testimony to the faculty,” Krugman says.

For the past couple of years, research grants to the medical school’s full-time and clinical faculty have ranked fourth highest in the country among public medical schools. Faculty members practicing at University Physicians, Inc. also support the medical school with a percentage of fees raised in their clinical work.

Funding aside, there have been other remarkable changes that will shape the School of Medicine’s future. Portraits of the graduating classes reflect the first radical shift of the 21st century. The student faces in the photographs over the years go from virtually all men to an equal share of men and women.

Among the most interesting tidbits of the School of Medicine’s history is that from its origin in the 1880s, school bylaws required that women be accepted for admission on an equal basis with men.

“It was a major accomplishment,” Shikes says. “Harvard didn’t admit women until 1945.”

Gender equity was also a dream that languished for reasons that still puzzle historians. Nelly Mayo graduated in 1891 and became the School of Medicine’s first female alumnae. Portraits of early medical school classes show amazing diversity. Women and Latinos were well-represented among classes in the early 1900s. But as Shikes correctly points out, diversity in a class of eight students is not hard to come by. Two women and one Latino in a class of eight provide remarkable breadth, at least on a percentage basis. The actual number of women and minorities stayed relatively fixed as class sizes grew. As a result the medical school class portraits turn into overwhelming conglomerations of white, male head shots from the 1920s until the late-1960s.

“Maybe society was such that women didn’t want to be doctors,” Shikes surmises. “Or maybe the admissions process was stacked against them (regardless of what the bylaws said).”

For whatever reasons, gender balance among the medical school’s modern classes is striking. “The change,” says Shikes, “is just spectacular.” Women outnumber men in the class that will graduate in 2012.

Shikes and Claman agree that the next great battle comes in the recruitment of qualified ethnic minorities and other non-traditional students who will allow the medical school to more accurately reflect the state's population.

A new associate dean for diversity will help with that process. A rural scholars program that brings rural high school students to campus for a week in the summer, as well as a Rural Track in the curriculum, also aims to fill the void.

While the faces in the class portraits changed, so did the site of the School of Medicine. Krugman is proudest of revamping the medical school curriculum. But the best known part of his legacy will likely be the role he played in helping move the medical school to the Anschutz Medical Campus in Aurora. The campus' new health care facilities cover part of a square mile of what will become the bioscience center of the Rocky Mountain region. Facilities include the School of Medicine, School of Dental Medicine, School of Pharmacy, School of Public Health and College of Nursing. Also on the campus -- two research towers, the University of Colorado Hospital and The Children's Hospital. A \$5 million Depression Center just opened. The Colorado Clinical and Translational Sciences Institute, a \$76 million statewide health initiative to quickly apply laboratory breakthroughs to the lives of citizens, makes its headquarters at Anschutz campus. A \$30 million Health and Wellness Center is being designed. Meanwhile, plans for an outpatient clinic for the Department of Veterans Affairs and a new hospital tower shared by the VA and University of Colorado Hospital remain in discussion. Private owners and the city of Aurora, through its Fitzsimons Redevelopment Authority, offer land for private bioscience business to the north and south of the Anschutz Medical Campus.

As the post-World War II economic boom established the School of Medicine's critical mass for the 20th century, so the Anschutz campus stands to be the force that draws together the elements that propel the medical school through the 21st century and well beyond. What began in 1883 as a fledgling attempt at medical education can become an international force.