

THOMAS DETRE: A LEGACY BUILT WITH PEOPLE

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THE RECRUITER

When Thomas Detre died, he left behind family, friends, admirers, detractors, and an enormous legacy in the form of the partnership between the University of Pittsburgh School of Medicine and UPMC.

Known as an unstoppable worker and an unapologetic visionary, Detre took what some saw as a good regional medical school with pockets of excellence and helped transform it into an organization that was on the fast track to becoming world-renowned as a center of academic medicine. His chief skill, he said often, was his ability to persuade the right people to come to Pitt at the right time—people who could cross traditional boundaries to build something great. Had he been a college football coach, he would have outrecruited them all and pocketed more than a few national championships.

Detre's career in Pittsburgh began in 1973 when he left Yale University to take the reins of Western Psychiatric Institute and Clinic (WPIC) and an appointment as chair of Pitt's Department of Psychiatry. In the ensuing decades, Detre, an MD, led Pitt's Medical and Health Care Division and was Pitt's senior vice chancellor for the health sciences and interim dean for the School of Medicine. He also served as president of UPMC, and was executive vice president for international and academic programs and director of international medical affairs for UPMC.







Thomas Detre (left), who died in October 2010, was one of Pittsburgh's prime movers whose work created UPMC and helped raise the profile of the School of Medicine. Detre (right, top to bottom) with former UPMC board chair George Taber, who was instrumental in helping Detre create one of America's leading academic medical centers; with David Kupfer, a former student of Detre's at Yale University, who followed him as head of Western Psychiatric Institute and Clinic; and with Lila Decker, an RN who came with Detre from Yale and was his "point lady" throughout their intertwined careers.

OPPOSITE PAGE: REIDER PHOTOGRAPHY. THIS PAGE, TOP TO BOTTOM: BILL REDIC; DETRE ARCHIVE COLLECTION, FALK LIBRARY OF THE HEALTH SCIENCES, UNIVERSITY OF PITTSBURGH; LILA DECKER.





Detre was known as a "European gentleman" by his colleagues and a loving companion by his cat, Marco (left). Continuing clockwise, Detre's med student identity card from the Pázmány Péter University of Science in Budapest, posing with a motorcycle in Europe, and with his parents, Géza Feldmeier and Gabriella Bauer, in Venice in the 1930s.

DETRE WITH CAT: DETRE ARCHIVE COLLECTION, FALK LIBRARY OF THE HEALTH SCIENCES, UNIVERSITY OF PITTSBURGH. ALL OTHER IMAGES: THOMAS DETRE.

Detre's death in October 2010 prompted more than a few fond recollections of the man many considered a friend and a mentor as much as a strategic thinker who ruffled a feather or two on his way to rocketing Pitt's School of Medicine and UPMC to the top.

David Kupfer accompanied Detre in his move to Pittsburgh from Yale in 1973. Detre's influence on the younger MD's career is obvious when you look at Kupfer's job titles: Thomas Detre Professor and former chair of the Department of Psychiatry and director of research at Western Psychiatric Institute and Clinic. He was a student of Detre's at Yale and coauthored papers with his mentor and colleague starting in 1966.

Although Detre published one of the first psychiatry textbooks that endeavored to shift the field's center from psychoanalysis to a more empirical, scientific, and data-driven realm, Kupfer says Detre's primary strength was that of a talent scout, not a bench scientist.

His eye for talent, for example, netted the National Cancer Institute's Ronald Herberman, who became the inaugural director of the University of Pittsburgh Cancer Institute in 1985; Loren Roth, a trainee of Detre's at Yale who served as chief medical officer of UPMC and is now Pitt's associate senior vice chancellor, health sciences, and said of his mentor, "Within 10 minutes of meeting him, I knew I had to hitch my star to that guy"; and Jeffrey A. Romoff, director of what he called "a very small mental health counseling planning group in Waterbury, Conn.," who is now president and CEO of UPMC.



Margaret McDonald—who, early in her time in the School of Medicine, was essentially Detre's writer—is now associate vice chancellor for academic affairs for Pitt's schools of the health sciences. As Detre's role in Pittsburgh expanded, so did hers. But he had to use ample powers of persuasion to get her here. Her story will be familiar to many, if not in detail, then in form.

McDonald was a Washington, D.C.–based science writer in the early '70s and found herself interviewing Detre. They hit it off, she says. "I talked back to him. I just engaged him in very direct conversation, which, apparently, he liked."



By the time Detre and McDonald met again, it was several years later, and he was chair of psychiatry at Pitt. He remembered McDonald, as he did everyone he met, and made an offer. "My response was, 'Oh, well, that's in Pittsburgh, and I live in Washington and have a boyfriend.' So I blew it off."

A year passed, they met at another conference, and Detre made his proposal anew. "He gave me his famous line, 'Vell, vy don't you just come and visit,'" McDonald says, imitating Detre's Hungarian accent.

She did, and she got the typical Detre whirlwind tour: Fly in at night, see the city pop into view—luminescent—as you pass through the Fort Pitt Tunnel, have a nice dinner, have a day of intensive interviews, get on a plane, get home, and get an offer.

This was in 1983. McDonald accepted, obviously, and has this to say of her rising through the ranks with Detre: "People were scared of him, but there was absolutely no reason to be.

If you did what he asked, and you did it well, you would get the resources to do more and get more responsibility."

On a more personal level, McDonald adds, he was never anything but warm and engaging. "All the stories about him being a European gentleman were true," she says. (Even when he was slowed by illness in his last months, he held the door for *Pitt Med*'s contributing editor Chuck Staresinic.) "One of his defining characteristics was that when you were with him, it was all about what you and he were discussing."

Detre was also pretty funny—dry and slightly sardonic. "He smoked and did not exercise," Kupfer says. "He felt that exercising was a waste of time. Many made the argument that somebody might gain years [of] life by exercising, and his comment would be, 'Well, think of all that time you spent exercising, now subtract that from the time you might have gained.'"

You'd be hard-pressed to find anyone who would say Detre wasted a day of the 86 years he lived.

What follows is a series of edited excerpts from *Beyond the Bounds: A History of UPMC*, a book by Mary Brignano that chronicles Detre's creation of UPMC—in concert with Romoff—as well as his life, career, and the growth of academic medicine in Pittsburgh. In many ways, these things cannot be separated. (© 2009 UPMC. Reprinted with permission.)

A Half-Century Ahead

Thomas Detre was born Tamás Feldmeier in Budapest in 1924, the only child of Géza Feldmeier, an MD and Berlin-trained obstetrician-gynecologist, and his wife, Gabriella Bauer. He grew up in the city of Kecskemét, his father's hometown, about 85 kilometers from the capital.

DETRE: *My father was one of the best doctors I have ever known. His instinct for diagnosis was so acute that the public absolutely refused to consider him as only an obstetrician-gynecologist, although he had delivered nearly 4,000 babies by the time he was deported to Auschwitz. My mother loved to dance, and drink, and play cards, and was absolutely outrageous in the best possible way. When my father was drafted during the First World War, she cut her hair, disguised herself in a soldier's uniform, and traveled by train to the Russian front, where he was stationed with the hussars. Because they were newly married, and she missed him.*

I was brought up very liberally. My parents were about half a century ahead of themselves in every respect.

Crossing the Line

Tamás was educated at a private Catholic high school and college, the Gymnasium of Piarist Fathers—"slightly stricter than the Jesuits," he maintains. There, in a moment of appalling irony, he first became interested in psychiatry.

DETRE: *Anti-Semitism in Hungary started to increase in the late 1930s and peaked in the early 1940s. You began hearing anti-Semitic remarks on the streets. One day, even at the Piarist gymnasium, a teacher of cultural history referred to Sigmund Freud as "the degenerate Jew who developed a pan-sexual view of human nature." I am actually grateful for that remark. It made me curious. I was only 14, but my father allowed me to read all his books about Freud. I decided that psychiatry was going to be an interesting discipline for me. My father was upset. He wanted me to be a "decent" doctor, not a psychiatrist.*

Because no Jews were permitted to attend medical school, Tamás continued his education at the Academy of Law in Kecskemét. He also worked as a research assistant in the neuropsychiatric unit of Budapest's Jewish Hospital.

DETRE: *The refugees arriving in Budapest told horror stories about what was going on in Nazi-occupied countries. I was convinced that our family had to get out of Europe. But my father was a highly decorated World War I officer. He said deportations would never happen in Hungary. He said his patients would protect him. I was more skeptical.*

When the Germans occupied Hungary in March 1944, I stayed in Kecskemét for a few days, but I saw it was not possible to remain safe in a small city. I packed some jewelry and went back to Budapest. That was the last time I saw my parents. The following year, I learned they had died in Auschwitz along with 20 members of our family.

Escape

The Russian "liberation" of Hungary in 1945 enabled Detre to attend medical school at the Pázmány Péter University of Science in Budapest. [He earned his MD from the University of Rome in 1952.]

His psychiatric studies crossed into new territory as well. His mentor, "a little known, but very intelligent psychiatrist called Leopold Szondi," believed that psychoanalytic psychotherapy was ineffective in treating most biologically based mental disorders. Detre came to a lifelong conviction: For some illnesses, no amount of talking could make the patient better. "Psychotherapy alone is likely to be of major benefit only when the impairments originate exclusively in the sociopsychological roots and consequences of the illness," he would write in his definitive *Modern Psychiatric Treatment*.

Raised Eyebrows

To pursue academic medicine, Detre came to the United States in May 1953 and began his Yale career in 1955. In 1956 he married Katherine Maria Dreschler, like himself a refugee from Hungary. Katherine Detre, an MD and DrPH (who died in 2006), would build a career as one of the nation's foremost epidemiologists, known internationally for leading large-scale studies investigating the appropriate treatment for cardiovascular disease. Both Detres insisted on the need for evidence-based medical research to evaluate treatments and advance patient care. [The widower later married psychologist Ellen Ormond.]

At Yale Thomas Detre immediately clashed with the psychoanalysts who dominated the Department of Psychiatry. Yale was not unique: By 1962, analysts would head 59 of the country's 82 academic psychiatric departments. "Tom was one of the first to make the leap from psychiatry as an art to psychiatry as medical science," notes Loren Roth, an MD/MPH. [Detre envisioned a future in which psychiatrists would collaborate with biologists, neurologists, epidemiologists, geneticists, and others, to help people with such biologically and genetically based disorders as depression and schizophrenia.]

DETRE: *I think that I was the only person ever promoted to tenure at Yale who was not analyzed. I refused. I told them I was so goddamned healthy, I don't need it!*

Luckily, Yale's chair of psychiatry was Frederick C. Redlich, an MD and pioneer in social psychiatry who was pushing the department toward a multidisciplinary approach and curriculum. Detre describes Redlich as "a shining light of American psychiatry. He thought that I was absolutely right, that psychopharmacology was coming."

The first antipsychotic drugs came into use in the early 1950s, offering patients with schizophrenia and psychosis the first chance to lead more normal and fulfilling lives. Many psychiatrists dismissed these drugs as a way of dealing only with symptoms. But Detre predicted they would both improve lives and transform lengthy hospitalization of the mentally ill.

Detre finished his own controversial, 733-page *Modern Psychiatric Treatment* in 1971. In writing this book, says Loren Roth, "Tom was

're-medicalizing' American psychiatry, putting it in the mainstream of American medicine. His approach could therefore be appreciated by a medical school, so when a medical school picked a new chairman of psychiatry, they were going to pick somebody who was going to reunite medicine with psychiatry."

Rethinking WPIC

Even before he officially became chair of psychiatry on March 1, 1973, Detre began reorganizing WPIC, recruiting researchers and equipping new clinical laboratories. He announced plans to establish specialty clinics. Each would not only improve the quality of and access to patient care, he felt, but also open the doors to more patients—and opportunities for more research.

Accompanying the chair-elect on his whirlwind visits was one of his former students, David Kupfer. After two years on a career-development grant at the National Institute of Mental Health, Kupfer had returned to Yale to pursue research in sleep disorders. In one of the first displays of Detre's legendary talent-scouting, the chair went out on a limb by inviting the young, relatively inexperienced psychiatrist to [become director of research at] WPIC.

KUPFER: *Tom had been told correctly by everybody that one of the first things he needed to do was to find a relatively senior director of research, somebody who had already acquired federal grants. So he goes and recruits someone who is 31 years old and who has had only a career-development grant!*

Kupfer would go on to succeed Detre as chair of psychiatry in 1983 and to build the department into the nation's number-one recipient of NIH funding for psychiatric research.

No Lone Rangers

"When my life started at WPIC," Detre remembers, "what I tried to do was to recruit people from various specialties, even other departments, so we could create a robust clinical and research program." Although in the early 1970s he had only a fraction of the budgets of major psychiatric departments like Yale's or Stanford's, the $5 million endowment from the Mellon Charitable Trusts, the increase in the state appropriation, and the promise of new revenue from patient care and research gave him a toehold for the recruiting and collaborations that became his hallmarks. He sought out "academicians who, in addition to being exceptionally competent, have the temperamental characteristics to operate with ease in a multidisciplinary setting without worrying too much about boundaries."

"Dr. Detre knew how to do things on an interdisciplinary basis when nobody was even talking about interdisciplinary," says Gerald Levey, an MD and the former chair of Pitt's Department of Medicine [who recently stepped down as executive vice chancellor and provost of medical sciences and dean of the David Geffen School of Medicine at UCLA].

DETRE: *It was crystal clear to me that you cannot provide decent patient care without basic multidisciplinary research. The time for lone rangers was over. Science was galloping so fast that no single person could grasp it all alone.*

This is the open-door policy that eventually would shape the University of Pittsburgh Cancer Institute, collaborations with Carnegie Mellon University, department mergers, the integration of separate hospitals into a medical center, and the creation of nearly 75 interdisciplinary centers of excellence developed during Detre's years at the university. "Inter- and multi-disciplinary, of course, characterize contemporary biomedical and behavioral research," Senior Vice Chancellor and Dean of the School of Medicine Arthur S. Levine, an MD and molecular biologist, would say in 2007. But in 1973, such collaboration was far from routine.

Detre pushed psychiatric research into emerging disciplines—biomedicine, neurobiology, social and behavior science, and genetics. His Department of Psychiatry was an early adopter of information technology. He hired electrical engineers and partnered with the Department of Neurology to establish an electroencephalographic unit to provide evidence of how the brain functions. He persisted in breaking through the boundaries between the Department of Psychiatry and the rest of the University, despite resistance from the Departments of Medicine and Surgery and from the basic sciences, where the psychiatry department and WPIC were regarded as second-class citizens. He established collaborations with the Departments of Sociology, Psychology, Clinical Psychology, Neurosurgery, Pharmacology, Biochemistry, and Life Sciences, as well as the School of Law.

"Dr. Detre and Dr. Kupfer would go down to the National Institute of Mental Health, talk, and get involved in various study sections," says George Huber [who served as general counsel for UPMC for 30 years]. "And it wasn't all, 'Give me, give me, give me.' It was, 'How can we help you?' And so they gained their confidence."

Top of the Mountain

Within four years of Detre's arrival, the National Institute of Mental Health designated WPIC a Clinical Research Center for Affective Disorders. The hospital established the John Merck Program for multiply disabled children, the only one of its kind in the country. Within 10 years the University of Pittsburgh Department of Psychiatry would rank as one of the nation's three top recipients of NIH psychiatric funding. Between 1974 and 1982, the department's full-time faculty increased from 36 to close to 150. WPIC's staff grew from 300 to 1,200.

Two roads diverged in 1982 for Thomas Detre: He could stay in Pittsburgh or return to the prestige of the Ivy League. "I'm not a maintenance man," he says. "Once you accomplish about 80 percent of what you want to accomplish, the time must come to exit." Detre's remarkable success at recruiting researchers and attracting research funding had made him a hot academic property. An offer to chair a major New York university's psychiatry department intrigued him in 1982.

Weighing Options

In August 1982, Thomas and Katherine Detre retreated as usual to their summer place in Maine.

That August he thought about the challenges he would face as a university administrator for the health sciences [a job he had just been offered by then-Pitt Chancellor Wesley Posvar]. The federal government was slashing the budget for Medicare and Medicaid, and funding for medical research was not a priority at that time. Detre knew he would have to continue to battle hostile camps within his own university as well as the "fiefdoms" of each independent teaching hospital. [And rival local hospitals were gaining strength.]

But Detre and the WPIC managers believed that by raising the academic quality of the University of Pittsburgh, they could also help the Pittsburgh region. A prestigious academic medical center, they predicted, could bring world-class health care to Western Pennsylvania; attract researchers, clinicians, and research funding; and spin off new companies.

They knew that the Pittsburgh region, stunned in the early 1980s by a hemorrhage of manufacturing jobs, desperately needed an economic transfusion—and it needed hope. Detre knew a lot about loss, and he had a prescription: Move into new territory. Take risks. Cross borders. Dream big and act boldly.

When Detre returned from Maine at the end of August, he had decided to stay—and create a new ecology for Pittsburgh. ■