Interview with Dr. Bill Lester
Interviewers: Steve MacDonald and Alex Lundberg
April 29, 2004

Steve: Maybe you should start off by telling just a short stint about yourself, what you did before you came to Humboldt, coming in to Humboldt, and how everything took form with your career.

Prof. Lester: Ok well, before I came to Humboldt, I came directly from Cutter Laboratories. I was an associate director of research and development with Cutter Laboratories, in Berkeley. Prior to that I was an agricultural toxicologist with UC Davis School of Veterinary Medicine for about 5 years. Prior to that I was a grad student.

Steve: In coming to Humboldt, could you talk about some of the immediate effects of what was going on in the world? What was the social climate like?

Prof. Lester: Well, when I came here—this would be 1970—Vietnam was still going on. A lot of the students were not what you would call serious students. They were here for student deferment. They didn’t want to graduate, so they, therefore, dropped the classes. They didn’t want to finish anything. As a matter of fact, that had some consequences on our add/drop policy today. It was based on the fact that they would drop the same class five or six times. Well, naturally, that means each time the state had put out money for them taking that class. So, there was a real negative thing going on, and at that time our president was Dr. Siemens, and he would go down and he would be the one in Sacramento who would lobby for our budget. Then we were known as Humboldt State College. And about 5 years after that we were formed into the California State University system. Ok, and at that time all of the money-lobbying went to the chancellor’s office, which really changed things on this campus because before Siemens could build and mold the campus the way he wanted to. It was a little empire, you know, on all of the campuses that way, because the president was the guy who went and lobbied with the state legislature for money. So, he could have pet projects and go down there and talk them up. He didn’t have to go through the chancellor’s office or anything else. It was a direct deal.

Steve: This transformation to the Cal State system was in like ’75?

Dr. Lester: Something like that, yeah right there. And we were supposed to be called California State University at Humboldt, but Siemens felt that since the place had built its reputation as Humboldt State College, he wanted it called Humboldt State University. San Jose State, Humboldt State, and a couple of the other schools were given special permission to do that. Just outside the chemistry door, and you saw those flowers and that stuff over there, that’s where his house used to be. He had a house right on campus, the president’s house. It was right up in there. It was an old Victorian house. The President, he lived right on campus, boy, and I need to tell you he was all over this campus.
Steve: He makes his presence felt?

Dr. Lester: Oh God, you could be sitting in your office, and all at once there he was.

Steve: So, from there, maybe you could talk about the development of your department, and what kinds of changes were taking place? Were any of these changes in your department in lieu of what was going on?

Dr. Lester: Because the expansion of Humboldt State started in about 1968. In ’68,’69, and ’70 were the years that they added students. Now by adding students, they therefore added faculty. I came on board in ’70, and my function was to set up a medical technology program here, which I did too. But, at the time the campus had speech pathology and audiology. They worked directly with the medical profession, dealing with stroked people and things like that, that had to learn to talk again, and people with hearing disabilities, and such. So, we had nursing, med tech, speech pathology, audiology, and did I mention nursing? Yeah. We had quite a bit of medical programming here, but it was all added and the later on we lost it all because not enough students once you got in to . . . It was because of the Vietnam stuff that Reagan started making the universities more accountable as to what constituted what. In other words, I’m not a professor, I’m somebody who teaches 300 student credit units. That justifies my position. A student is a full-time equivalent, that’s someone taking 15 units. So, if you have two people, one taking eight, and the other one taking seven, that’s only one student. But, that’s how the allocate their funds, how much electricity, how much operating expense money, how much salary, so on and so forth . . . were all justified numerically. Because before this deal, with dropping classes anytime they wanted, I mean, it got to where, state budgets, they were saying, “I want some accountability here.” And that’s when accountability started under Reagan.

Alex: That’s unfortunate; we don’t have a medical program anymore, because of that.

Dr. Lester: Well, it is. But it’s one of those things. We just dropped the medical technology program about ten years ago, but it was one of those things. It was extremely successful, but then along jumped AIDS. The number of students who wanted to work with body fluids, sort of went whoa! So we went from having classes that were oversubscribed to classes that had maybe seven people.

Steve: So you’d say that AIDS itself was probably the main factor in turning students off to the medical profession?

Dr. Lester: Well, actually it’s still a problem in the profession, because who does all of the AIDS analysis? Medical technologists. Ok, now you’re dealing with that fluid which is loaded with that virus. It’s a professional hazard, right? I like to tell this story, but it’s silly. Medical people get a little cocky. Have you ever seen a syringe and it got a plastic thing over the needle? A couple of them I pulled it off with my teeth only to hit something and inoculate myself in the cheek. You know, DUUUHHHH! Goddamn, got a tetanus shot! So, really, AIDS did more to really hurt the medical profession because of
the chance that . . . all at once people there were saying “I want to help people, but in the process I don’t want to die young.”

Steve: Are you saying that you initiated a lot of these medical programs?

Dr. Lester: Well I was the one who was supposed to set up this. No, I didn’t initiate a lot of these programs, just the med tech program.

Steve: Ok, so how much of your personal work wasn’t as of much value as it might have been if the program continued with the strength that it had?

Dr. Lester: Well, we were graduating anyplace up to about twenty people a year. Those twenty people would go out into intern positions. After one year of internship, their starting salary would be about $35,000. The jobs were so fat out there. You ready? You graduate. A lot of hospitals want you. In hiring for the hospital, I’ll say, “If you will come with me and work at my hospital, we’ll pay salary and everything, but in addition, we’re going to put $500 a month into a savings account, and if you stay with us for five years, at the end of five years, we will give you the $30,000 and start a new one.” In other words, there was such a crying need out there for people that they were actually . . . medical people tend to be a little bit of a gypsy. I don’t know if you’re aware of that. There’s a reason for it: when you’re working in hospitals and working in medicine, there’s a lot of stress related to it. Most of the people conduct themselves with real profession, they really believe in what they’re doing, and here’s the asshole over here, who is cutting corners, doing it wrong, and they get upset. They start being bothered by the incompetence of others. And all at once, they quit. Go to work in the hospital across the street, come over and have lunch with their old friends and everything’s fine. They had to get out of that atmosphere. One of my students—I teach the nursing microbiology—one of my students . . . a lot of my students become friends, good friends. Anyway, one of them went straight from here to Redding and within a couple years became the charge nurse in the emergency room. Well, Redding as you know, with I-5 out there, they get a lot of body parts coming through, really tough ones, you know, mangled in car accidents, heading up I-5, doing 85, and all at once fall asleep you know? It’s nasty. So she’d come over to visit, she was out visiting my wife and I, and we were sitting out, having a beer, and she said, “You had warned me about the stress of the thing, and the gypsy nature of medicine.” She said, “I get off work every night. I walk out to my car. I’m regal. I’m the charge nurse. Man, I got cojones. So then I get in the car, open up the glove compartment, take out pint, take five really heavy belts, and cry for fifteen minutes before I try to drive home.

Steve: That’s wrong on so many levels.

Alex: It’s intense work.

Dr. Lester: It’s intense. You have to content with yourself with this particular level. Well, our program here, in nursing, is very effective for people who are going to go into rural nursing. If you’re going to go down and do nursing in the middle of L.A., you’re
going to have some adjusting, when you get down there, but so are those people going to have trouble adjusting to a rural area, right? With our medical technology people, we turned out really nice techs, good techs. All of them would say, “I’m coming back up to Humboldt.” But, you know the salaries, none of them got there. They never got further north than Santa Rosa! Those nice salaries down there, and this sort of thing, it really did. Then we started losing them, we lost speech pathology and audiology first. Then the med tech program went after that. We had trouble with enrollments. We went from oversubscribed to people who really didn’t want to play with AIDS body fluids. I have friend who is a dentist and he shudders every time he has to work on an AIDS patient, and he can’t turn it down. That would be totally unethical, but he said it’s not his favorite thing because you’re going along drilling a root canal and you happen to scuff yourself. It’s like I say, the dumb, dumb stuff you could do. You have to really be serious. You know, really everything’s just a little heavier. I swear, everybody has hit themselves with needles, with what they’re giving and all of this other stuff. It’s common, right? And you can’t do that anymore, not with this. Now, that’s not the fault of the AIDS patient, it’s the fault of the virus, it’s just damn dangerous, and still is.

Steve: It’s unfortunate the program had to fall due to that. Well, in addition to that, were there any other efforts you were engaged in, and if so, in the building of those efforts, how did the University facilitate them?

Dr. Lester: Well, at one point, the medical programming, the chancellor’s office wanted to know how much of it was going on and how many campuses? They had no idea because before everything was done by campus, and now all at once they are trying to weld them into a system. So, every campus had a health manpower coordinator that was half time on the chancellor’s staff. I was the one for Humboldt. So, what we had to do was find out the number of students that were taking it and then what their outcomes were. Did they make it? Did they practice? Did they get out there and do it? Med tech program, and speech pathology, audiology all had good numbers, and it’s nothing against nursing, it’s just the actual thing. They only had about 30% of their people who would graduate that would actually use the degree. Now, whether that still holds up or not, I don’t know. We would coordinate that stuff with the chancellor’s office, so they would know actually budgetarily, how much was that, what they were talking about on the campus? What percentage of what’s being done on a campus would be medical programming? And then they started changing things, a lot. It’s like we used to have industrial technology over here, and that was because high schools needed shop teachers and people who knew not just how to do shop, but to do and teach shop. So they had industrial technology here. Well then the state said, “I don’t think we want to do that anymore.” And so all at once that got cut way, way back, and the medical program was sort of the same thing. They looked at it and the chancellor’s office thought it was the hospitals’ responsibility. The hospitals think it’s the colleges’ responsibility, and the state says. “I don’t care. We don’t want to pay for it anyway.” So it’s a constant funding problem. So, I was health manpower coordinator. And then in the redwood area, we had a Redwood Health Consortium, and I was on the board of directors for it. It was trying to get better medical facilities in the area, but it’s so much different nowadays. In the 70’s the doctors up here, there were so few of them, they had closed practices. If you were
just sick with a cold you didn’t have a doctor, you went to the emergency room. The doctors weren’t taking new patients.

Steve: Would they just visit home to home?

Dr. Lester: No, they just had too many patients. They were working too long hours. Well, this whole time, medical programming was undergoing some things. Senator Kennedy and Ribakov\(^1\) were looking at national health insurance. They wanted to see if there could be something such as what was called NHI, national health insurance. What they found out is that you couldn’t afford to provide equal medical for everybody in the country. It’s too expensive. So at that time though, they needed to know where everybody was, right? So then, we would be out head-counting, and they found out then, that they didn’t have too few doctors. It’s just that the doctors were concentrated in those cities where they could make a good income. And that’s merely good … do you want to make the best income you can? It’s common sense. That’s just where they were. So then they started having incentives for physicians who didn’t want to go to Vietnam, putting them in rural communities, Indian health, and all of this sort of stuff, and all at once it started opening up the rural areas. Then we started getting the doctors who wanted to be in rural areas. They liked to run on the beach. They liked to walk in the woods. This sort of stuff, right? I can’t remember his name, but we got this tremendous plastic surgeon move in to Eureka. He was a great plastic man. He was really, really good, and his wife just said after a year, you either move out of here or I’m divorcing you and taking 50% of everything you have with me.

Steve: Where’d she want to go? L.A. or what?

Dr. Lester: Yes, who wants to be in this Okie damned area? Get me out of the wilderness!\(^2\)

Alex: Plastic surgeons definitely make more in urban areas. That’s for sure.

Dr. Lester: Sure, right. But not only that—social life. What is a doctor’s wife up here? The person next door. What is she down there? A member of the country club and a very well respected member of the community. It’s quite a difference. It’s not a problem of getting doctors. It’s a problem of getting doctors with their wives to come here and stay here. Now, I think it’s fairly stable in the medical community. There was a lot of instability up here. I think there still is and always will be. We’re too far up, too isolated. So anyway, there were a lot of movements in that time that were of a medical nature, NHI, they wanted to find out what campuses were really doing. If they knew all of that, they did away with all those positions, all those foundations, and all those … POW! They had what they wanted, so they more or less stopped there. It makes sense. They could ask questions that we couldn’t answer because we didn’t know what we were doing. Not really, nobody ever sat down and figured those numbers out. So, it was a

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\(^1\) The reference is unclear.

\(^2\) From his tone of voice, it is clear here that Dr. Lester is voicing the perceived opinions of some of those doctors’ wives who have lived here, not his own opinion of the region.
period of growth, you know? Then we moved into the 80’s with a . . . you know? Humboldt had a really strong, strong, good reputation, heavy in the sciences. If I’m not mistaken, I’d have to double check, but it was right around 1980, I was doing something as this health manpower coordinator. We were checking the people’s majors on campus, and 75% of people going to school here at the time were identifiable as what I would call science majors, in other words, oceanography, wildlife, forestry, biology, chemistry, physics. I mean 75%! That’s really heavy.

Steve: So you would think with that statistic alone, you’d be most qualified for the most funds.

Dr. Lester: Oh, we had tremendous funding. My research, I was doing research with the Kraft pulp mill effluent that was being put into the ocean outfall. The paper mills here run their effluent into an ocean outfall, and, so we were doing work on that, to try to determine how toxic was it to the marine environment. You could fly over it and see the great big stain out in the ocean. They called it a plume. You could see the plume, but how do you measure toxicity? Well it’s a good question, you know? Well if it’s horribly toxic, everything in the area would be belly up. So, you’re looking out there. Salmon go through it. Whales go through it. Sharks go through it. The Cal fish and game was trying to do some work on toxicity, but for the most part, they weren’t finding much. They were finding more BOD and COD problems, which are oxygen demands of water columns, and such, than anything else. So, we started working on embryonic assays to do that, to measure the actual toxicity of how they hurt things that breed in the water column. We had good research going here. There was a very big NOAA, the Sea Grant had a big presence on campus. They still have a place in Eureka and fisheries still does a lot with the Sea Grant program and NOAA. But we had a really big program at the time, it was really a large one. The campus was really active, a lot that kind of research going on.

Steve: Was your department funded most heavily or was it evenly distributed?

Dr. Lester: Well, the College of Science was biology—which was biology, botany, and zoology—chemistry, physics, nursing, things like that, right? Engineering, so on and so forth. Wildlife was the College of Wildlife and Natural Resources.

Steve: I thought those would be considered a science as well.

Dr. Lester: Well no, it’s sort of like this is silly, but I’ll ask you anyway. What’s the difference between applied science and research science? Applied science is such that the person doesn’t do research to discover new things but does research for application of the scientific principle. This one’s considered the pure science, this one’s considered technology. So, wildlife did not want to be in the College of Science. As a matter of fact wildlife used to be a part of the department of biology, and they broke off and formed their own college. They didn’t want to be associated with biology. They wanted to be associated with wildlife conservation programs, with like range management, with
forestry, with their things, fisheries. They did not want to be pure scientists. So, there was a real schism there: separate deans, separate colleges, separate everything.

Steve: I wasn’t aware of that. I thought they were all integrated. So, that wildlife section got a lot of attention as well. How did the departments like philosophy and history how did they come out of it all?

Dr. Lester: General education. Remember what I told you on the funding thing? If you’re going to have a department of philosophy, that means you have to offer courses in which you have a tremendous number of students, so that each professor is teaching 300 student credit units. Well, you couldn’t get enough people to come up here for a degree in philosophy. Therefore, the State mandated general education. That’s a state-mandated program. So, those programs give them enough units to justify having faculty in that area. Without general education they couldn’t make it.

Steve: Is that still the same to this day?

Dr. Lester: Sure. Stop and think about it, you know, it’s not a big field.

Alex: Excuse me while I flip the tape.

The second side of the tape recorded at non-normal speeds and so is unintelligible. After the gap, this transcript continues where Dr. Lester begins to talk about the modern day tenure process.

Dr. Lester: They developed it so that all junior faculty . . . I mean they made it like student evaluations are mandatory. Everybody in the department . . . but at first it was just the members of the promotion and the tenure committee that would attend everybody’s lectures and evaluate them. Then it got to be . . . they wanted x numbers of visitations from the other faculty, and now they want as many of the faculty in the department as possible to go to the junior faculty member’s lectures. They have to write a letter. It’s a signed letter. It’s a part of the guy’s personnel file. Personnel files—students aren’t aware of those—but that’s something that’s written. They stay in those personnel files. That’s your history. Good or bad, that’s where they are. That way, that’s how you’re evaluated for a promotion and things like that, plus your research, plus all of your other stuff. So we went from, rather, kind of a casual tenure system, and now it’s very stringent, very defined thing. There have been several instances where the president has not agreed with the faculty recommendations. The faculty recommended that the person not be tenured, but the president tenured them anyway.

Steve: So, was there an instance when, this might be a little too personal, when the president went over your head and hired someone in which you or a few others felt shouldn’t have been hired?

Dr. Lester: Well, you know, that’s a funny thing. You see what students don’t understand is there’s two lines of evaluation. Well, actually three. There’s student
evaluations, there’s collegial evaluations, and then there’s administrative evaluation. So, you’re essentially evaluated from all three things. Now, the only person who really promotes your tenure is the president. He is the top of the heap, right? It’s his campus. So, there’s been several times at Humboldt, when the president has tenured someone that the faculty didn’t necessarily feel should be tenured. Then there have been cases that, where the faculty just didn’t think the person should be tenured, yet they needed the expertise of the person to teach. So, he was tenured but never promoted. So, you could be an assistant professor, but you could be an associate professor, unless you were tenured. So, you had to be tenured and promoted. Then you have five years of evaluation before you could be recommended for full professor. Now, it’s longer.

Steve: It’s definitely an involved process.

Dr. Lester: Oh yeah, it’s totally . . . I don’t have my faculty handbook anymore. I could show it to you.

Steve: Are professors, are they required to write dissertations, essays, anything like that?

Dr. Lester: This is another thing. Say, for instance, the UCs you have to publish, at least one article a year, or at least a book every five years besides all your teaching and stuff, right? Alright, then you have to bring in grant money and this sort of stuff. With ours, we don’t have to do this, but most people want to do it to keep up your professional growth, and whether or not you’re promoted is what you’re doing outside the university. So, you are evaluated on teaching, service to the university, service to your profession, and the service to the community. You’re evaluated in four areas.

Steve: Those things would make a great professor.

Dr. Lester: Yeah, but they want you to be . . . If you have an expertise that works out there in the community, they want you working in the community someplace, whether you’re on a committee, whether you’re setting up something. They want you out there. The university is supposed to be interacting with the community. It’s not supposed to be a separate thing, like I was telling you with the old time bowling leagues. I mean, they want you interacting with the community. They want the community to know the university’s here to be a part of the community.

Steve: Perfect, that’s exactly what I was hoping for. Something that’s very prevalent now, budget cuts . . . budget cuts, restructuring the departments. Is anything . . . you don’t have to mention any names, but how is that affecting you, personally, as well as your department?

Dr. Lester: Well, it’s going to affect the whole university. Let me see if I can explain to you. Remember I told you, you’re not a student as a person. Fifteen units is a student. I’m not a faculty member as a person. If I teach 300 student credit units I’m a faculty member. Ok, now when it comes down to budgeting . . . The State of California does it on a three-year cycle. First year, you look into need. Second year, you budget it. Third
year, you put the money out. Did you follow me? Ok, so, what we are getting money for is what we justified three years ago. Ok, now as they cut your budget, what are you justifying for the future? Less. So, that means what you do is you spiral down. The building that’s going up on the hill there, that business is building, you know the soc, whatever it’s gonna be, you know?³ That was justified years ago, and the funds are from proposition so and so, a bond issue. It has nothing to do with the budget. If they don’t build that building, they lose it. Well, they’ve already justified . . . It took them something like five years to get the funding for something that they justified, but may be able to build the building but not be able to hire the faculty to put in it. Now, so, with this three-year cycle, governor “A” decides that “I’m going to make sure the university system has a suitable budget next year.” But when will you see the results of that?

Alex: Three years or later.

Dr. Lester: Yeah, but then he has to adjust the money. It has to go through the legislative process, and then you get it the year after that. So, this real thing is really hurting now. Reagan started the accountability thing. Then-governor Jerry Brown was very anti-colleges. He said that they make too much money and they do too much other stuff and we ought to cut down on them and he just sliced budgets across the system by 10%. We had been taking enough hits over a long period of time. Very honestly, I got an email from the secretary of the department, and I don’t think it would hurt to say this, but it’s really questionable if we’re going to have enough paper in the Xerox machines in the department to run off our finals. Which means that if I want to give a final, I would have to go to Kinko’s and run it off myself!

Steve: As terrible as that is, I wish a few of my professors ran into that problem, as terrible as it is.

Dr. Lester: It’s just, they’re worried if they’re going to have enough paper to finish off the semester.

Alex: I’ve seen signs around that certain copy machine are out of order for the rest of the year because there is not enough paper.

Dr. Lester: That’s right. That’s right. They said we’ve got five reams of paper left, and a week and a half. Mieuuu!

Steve: So, of course, the government is much quicker to take funds away than they are to give them to you.

Dr. Lester: Well sure, they take funds away based on the cut. To regenerate the funds is by formula. So they just don’t come and say, “We are going to give you this money.” No, but they do make available funds as long as the proper number of student credit units and FTE and everything else is being taught. So, say I give you this money, what happens if the students don’t enroll for the programs?

³ A reference to the proposed and planned Behavioral and Social Sciences building.
Steve: It’s that you’re over budget, right?

Dr. Lester: Ahhhhh, that means you have to pay it back. You have to pay back. So, you’re over budget. All at once, you start off the next year having to cough back $400,000 from that year’s budget.

Steve: It’s similar to doing unnecessary road construction. Such as digging up a pipe, so their need exceeds the amount given to them, so they get more the next year.

Dr. Lester: So, it’s the kind of thing . . . you get those three-year cycle of stuff. What you get into you can get into a hell of a hole. The College of Science from what I hear is in a hell of a hole, but it’s too big anyway. It’s unwieldy. It’s psych, and biology, and physics, chemistry, all of this other stuff. It’s too big. It’s unwieldy and such, I think. I think it should be split into two colleges. Then, maybe it would be run a little more efficiently than the way it’s being run right now. I hear they are $600,000 in the hole this year.

Steve: So how much worse do you see this problem getting, before it gets better?

Dr. Lester: Well remember what I told you about three-year cycles. It’s not going to be better next year. It’s going to be worse, and the year after that it’s going to be worse. By then panic will set in, and they’ll say, “Ok, let’s change it.” How long is that going to take?

Alex: Six years.

Dr. Lester: Ha, ha, ha. That’s my best guess, my honest best guess. Five to six years. Now are they going to close down the university? This is really sneaky. Sonoma State has said, “We’re going to shut down the university on Friday, Saturday, and Sunday.”

Steve: As in you shut down electricity . . .

Dr. Lester: Everything. Everything. They can save $1,500,000, or something like that, if they just close the campus when it’s not in use. Is it going to get kind of crazy? I think so because at Humboldt, most of the budget goes to salaries. That’s faculty, the secretaries, administrative assistants, the administration, the other stuff. It doesn’t go for frivolous things. It goes for salaries. Once you cut salaries and get rid of the people are you ever going to get them back? Not only that, will they stay in the area?

Steve: Well, are they looking for something better?

Dr. Lester: Well, worse than that. I was talking to someone over in art. They hire a lot of temporary faculty over there and then hire the same people year after year after year because they don’t want to add a faculty member but they need someone who can teach a painting course, and the person has a great reputation plus they’re good for teaching
painting, landscapes or nude models. They are good at that so they hire them. So, they don’t have a real tenure but after they’ve done that for six years, then you have to give them two years’ notice before you can not hire them for next time. In other words, if there’s anything available you have to hire them. Now, we may not be able to hire any temporary people for next year. So, those temporary people have this choice. Go somewhere else (but most of them live in the community), or retire young. Why retire young? So they take their health benefits. So, it’s affecting everything. It affects temps but it affects me less because I’m retired. So my salary comes from retirement funds and social security. Ehhh! You know? The salary I get for teaching because they couldn’t fill the position . . . that’s gravy. That’s travel money. That’s fine. If it’s not available next year, I won’t be here next year, but I have to box up and be out of here by the 15th anyway. So, I’m only half a citizen, but those people, their families count on them.

Steve: It’s a terrible time for professors that are coming up just starting out. They just receive their tenure and they are looking for things to get really good, but with all of this stuff it’s not the case.

Dr. Lester: I think that California’s worse, but California always had a public school system. My ex-wife was from New York, and only the poor people go to the public school system, the really poor people. The state university system is kind of the same thing, only the poor people go to that. So, in California, the public school system is fantastic, and costs very little money. You go to the University of Maine, and you spend $20,000 a semester.

Steve: All the Massachusetts schools are ridiculous, five to six times as much as a CSU.

Dr. Lester: Maybe it’s something we are going to readjust and be like all the other states. There will be things like charging lab fees. When I went to San Jose State, when you broke something you have to pay for it. You checked out every piece of glassware and if you broke it you had to pay for it. Otherwise you didn’t get grades. You didn’t get anything until you had paid your breakage fees.

Steve: That’s efficient.

Dr. Lester: It was efficient but also stupid. This actually happened. I knew a guy who busted a whole bunch of glassware and said, “I can’t afford this.” So, then he went into the incubators and stole other people’s stuff, washed it up and everything, and turned it in as his. Turns out that one of the people that got their project stolen was researching salmonella. This guy had taken these plates of salmonella and cleaned them out with his hands.

Steve: Kind of got what he deserved.

Dr. Lester: Yeah, they had to know who turned in what and when, and they had to treat this guy with antibiotics. He had exposed himself. Plus they wound up having to treat people in the stock room. They wound up having to treat 25 people for salmonella. It
was then that they decided that this wasn’t a good system. If you got a lot of boy scouts
and girl scouts it works, but if you got people that steal . . . and so the year after that they
quit doing it. It was dangerous. Nowadays they wouldn’t let students do it. You’re
asking a student to do something that’s potentially dangerous. You can’t get away with
that anymore.

Steve: Thank You.

Alex: Thank You.