

UFHC 17

Interviewee: Mike Wood

Interviewer: Samuel Proctor

Date: August 13, 1987

Mike Wood was born January 7, 1916, in Savannah Georgia and six months later his family moved to Jacksonville, Florida. Following military service he attended the University of Florida, changing his courses from business to Liberal Arts. After graduation he took business courses in preparation for the startup of the new Health Center and medical college which would become Shands Hospital. A phone call from the university personnel office in 1953 launched his career. He became administrative assistant to Dr. Russell S. Poor, provost of the Health Center and Clinic, and Chief of Staff of the Hospital and Clinic, Dr. George Harrell, Jr. As his responsibilities increased, he was promoted to director of the hospital before it became known as Shands. In the summer of 1958, Wood left before the hospital officially opened, accepting an offer as executive director of the county hospital at the Duval Medical Center in Jacksonville, Florida, later University Hospital. He retired in 1980. At the time of this interview, 1987, he is president of Mike Wood, Inc., offering consulting work.

Pages 1-10:

Wood was six months old when his father moved the family from Savannah after he bought the De Soto Hotel in Jacksonville, Florida. Following graduation from high school in 1932, Wood took a full-time job working at the A & P grocery store rather than go to the University of Florida as his father wished. At the height of the Depression, the offer of twelve dollars a week was too hard to pass up. Wood said at that time he had no interest in going to school.

He married Jane Peck in 1938, and three daughters followed. Wood was drafted into the army in 1942 and reached the rank of major upon discharge in 1946. He worked with his father-in-law as a salesman selling imported wines and champagnes, but after three years realized he needed a more advanced education for better long-range opportunities. Wood and his family moved to Gainesville, Florida, so he could attend the University of Florida.

Wood discusses how he managed his life and went to school in those years. Wood and his family lived in a low-cost veteran's building on campus. He was manager of his building, Flavet One. Wood talks about life in this community of students, which he compares to a village. He explains how both he and the other veterans felt about going to school later in life and believes age and maturity gained them an advantage over more traditional and younger students. He discusses how he became involved with the health center, and reasons he was selected to become involved.

Pages 11-20:

Wood discusses the beginnings of the medical school in Gainesville and the concepts defining the direction it should take and the people involved. He remembers as a source of contention was the decision to install the first medical school in

Gainesville. As administrative assistant to Dr. Poor, Wood's duties at that time were to assist Dr. Harrell and Dr. Poor when they spoke to groups statewide about the project. Concerns came from doctors in private practice who felt they would lose patients. This fear of competition was the reason many physicians did not give it unanimous support. Wood discusses the personalities of Dr. Russell Poor and Dean George Harrell. The flow of events creating the medical school and hospital are discussed, from salaries to personnel and the relationship of the new medical college with other departments of the University. New concepts of medical care were implemented, such as outpatient surgical facilities and areas that would house the families of patients. Wood discusses some of the people he worked with on the project.

Pages 21-30:

Wood talks about the details necessary for progress of the health center. He believes president of the University of Florida J. Wayne Reitz held a favorable attitude about the health center. Concerns for locating the medical college in Gainesville rather than larger cities and the possibility that the new college would adversely affect the development of other parts of the University are discussed. Costs and issues of the plant itself are discussed, such as the inclusion of a non-denominational chapel. The issue of the role of a chaplain within the medical center is discussed. Wood notes as director of the hospital, he was responsible for everything except the actual medical care of the patients.

Wood discusses why he left before the opening of the hospital. At that time the University and the Health Center were not financially separate and led to problems in management he felt he could not overcome. Additionally, he was concerned about long-range plans for expansion of the health center, which would be very difficult on the Gainesville campus. Citing these reasons, Wood left to take a position in Jacksonville in the summer of 1958.

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Wood discusses some of the relationships of people involved in the development of the health science center. He summarizes the working relationships of people such as Dr. Harrell and Dr. Poor, also Dr. Dorothy Smith of the College of Nursing, and Dr. Perry A. Foote of the College of Pharmacy. He remembers that the issue of segregation did not enter into the plans of the health science center, and no provisions were made to support it. Gender discrimination was not an issue according to Wood; he states the emphasis was on qualification. Wood talks about fund-raising efforts for the hospital. Wood left Gainesville for a position in Jacksonville. He discusses the problems he inherited from that facility and how he faced them; problems that included non-productive staff, outdated equipment, and a hospital that had lost its accreditation. He was executive director of the Duval Medical Center and later University Hospital from 1958 until 1980. However, he did not lose contact with the University of Florida during this time. His informal association began with lectures and evolved into post-graduate education of hospital administrators in the form of a year-long residency.

Wood talks about the first ten years in his post in Jacksonville. Ironically, when

Jacksonville consolidated in 1968, he again faced the same bureaucratic domination that he left in Gainesville, this time from the city council. After retirement, he was approached about doing consulting work, and he formed a corporation, Mike Wood, Inc., which allows him to "keep his hand in." Wood says the original concept of the medical center of the University of Florida was emphasized to the medical community was that it be an institution of trained family practitioners. He also discusses the relationship between University Hospital in Jacksonville and the University of Florida's medical school. He believes Gainesville needs University Hospital in Jacksonville, not for post-graduate medical education, but for expansion of the medical undergraduate school itself. Wood concludes the interview by looking back over the decisions he has made in his life. He feels satisfied he has made the correct ones, and has emerged with his key principles intact.

P: I am Interviewing Michael J. Wood, president of Mike Woods Inc., about his earlier career at the University of Florida. This is Sam Proctor and I am in Mr. Wood's home here at Ponte Vedre Beach. This is the morning of August 13, 1987. This is part of the University of Florida Health Center Oral History Program. Mike, I am delighted to be here this morning. You and I have been friends for many years. I guess our relationship goes back to the 1940s doesn't it?

W: It does. I know 1949 was my first acquaintance with you.

P: Well, I am going to start a little bit earlier than that if you do not mind because I want to get some biographical material on the tape. I am going to start out by asking you a little bit about your early life. When were you born?

W: January 7, 1916.

P: In Savannah, Georgia. And from our conversation earlier before we began taping, you told me your family had been living there for some time. Would you say something about your parents and your heritage?

W: My mother was from Augusta and my father was from Savannah. My heritage is generally from the British Isles with my mother's people on her maternal side coming from France.

P: Your father was in business in Savannah?

W: He was in business with his father in a hotel and package store.

P: What brought the family to Florida?

W: Well, my father bought a hotel in Jacksonville and moved to Florida when I was six months old, still in 1916.

P: What was the hotel?

W: It was De Soto Hotel. That is what I knew it as later. But I do not know what the name of it was when he bought it.

P: It was a small downtown hotel?

W: Small downtown hotel. We lived originally on Monroe Street in the vicinity of that hotel.

P: At that time, of course, downtown Jacksonville was very much more alive than it is today, and people came and went.

W: In fact, downtown Jacksonville was probably business. There were not many residents in areas other than Springfield.

P: Where did you go to school?

W: I went to Fifth and Hubbard. We moved, by the way, to Seventh Street in Springfield two years later. I went to Fifth and Hubbard Grammer School, Kirby Smith Junior High, and Andrew Jackson High School.

P: When did you graduate from high school?

W: I graduated from Jackson in 1932.

P: Are you an only child?

W: No, I am the eldest of seven children; six boys and one girl.

P: Now, you graduated in 1932 at the height of the Great Depression. When did you come to the University?

W: I came to the University in 1949, some seventeen years later.

P: Would you explain the interval from your graduation from high school in 1932 through World War II? Tell us what your career was.

W: When I graduated I had a full-time job offer. It was during the Great Depression as you mentioned. The job paid me twelve dollars a week which many grown men would have liked to have had. My father tried to convince me to go to the

University of Florida and that he would find some way to help me along.

P: What was your job?

W: I worked for A & P Grocery Company and then later I went to work for Cohen Brothers, which recently closed their stores downtown.

P: And which converted from Cohen Brothers to Maythorn some years ago and has now closed.

W: My brother next to me did go to the University in 1933 when he graduated and I was able to help him. I wanted him to go to college. I really had no interest in going to college at that time, thinking that if I had a job that was probably the most important thing. My father had lost most of his assets during the Depression and we had gone through the usual things that people did – taking in a roomer, selling magazines, and doing everything we could. And my father took a job – for the first time in his life, he worked for somebody else. Then I moved into the display department as a helper at Cohen Brothers. And in the display department I got to be interested in display, window display particularly. In 1936 the display director at Levy's offered me a job as his assistant, which was a promotion for me and it meant twenty-two dollars a week. I still remember those figures.

P: That was a lordly salary then.

W: In those days it was. I stayed at Levy's until 1939 when Purcel's, a lady's specialty-wear store, expanded from North Carolina to Jacksonville. I applied and was accepted for the job as display director at Purcel's from 1939 to 1942, which is when I was drafted into the army. In 1938 I married – we married, I should say – and in 1939 my oldest daughter was born.

P: Your wife's name?

W: Jane Peck was her maiden name. She was from New Haven, Connecticut. Her father had moved his business to Jacksonville in 1936. I met her while I was at Levy's. We had a courtship and married while I was still at Levy's and then I moved to Purcel's.

P: You said your oldest daughter was born in 1939. Give us the names of all of your children.

W: Well, her name was Jane Patricia. The second daughter was born in 1942, Susan Harris, named after my mother's mother. And the third daughter, who was born while I was overseas – who we thought and hoped would be the boy –

was named Michael Ann. Parenthetically, I received a Red Cross telegram when I was in the Po Valley with the Fifth Army. When I tore it open to read, knowing that it was going to tell me that my child had been born, the first word I saw was Michael. I threw it up in the air and said, hooray! I have a son! And Sergeant Phillips that was along with me said, Captain, you had better pick that up and keep it for a souvenir. So, I picked it up and read further that Michael Ann was born. She was born in 1944.

P: Obviously she has not been a disappointment.

W: No. None of them have and I have never regretted that I did not have a son.

P: How long were you in the service?

W: From 1942 until 1946.

P: What rank did you reach?

W: Well, I was drafted as a private and I was discharged as a major.

P: You went into Camp Blanding?

W: I was processed through Camp Blanding, then I went to an infantry replacement training school, and then I was sent overseas to Italy and the Fifth Army.

P: And from 1946 to 1949?

W: From 1946 to 1949 when I returned, I had seen what the value of an education was. Then when the war ended, I was offered a regular commission.

P: You came back out of the service, please continue.

W: I did not want to go back indoors. I enjoyed the outdoors. I liked the life that I had led as an infantry soldier, except after seeing combat, I did not want to stay in. But I was one of the lucky ones that was on the way back to the Pacific be processed when the bomb was dropped, so I was able to be discharged. My father-in-law said to me, why don't you join me and see how you like the import business? So I had the state of Florida as my territory, selling imported champagnes and wines. I enjoyed it and made a fairly adequate living at it. I was able to build a place – this one that we are in. I was making a fairly good living when three years later I became very dissatisfied. I saw what had happened to other salesman and I do not say this in any way disparagingly, I just did not want to wind up in my middle fifties or sixties with sore feet and without having enjoyed life. Really, I did not enjoy the life of a salesman although I

made good money. So, having my youngest brother at the University of Florida, and having had two other brothers who had already been to the University, I talked with my wife and my children. I said, look, I have all this money saved and I would like to go down on my G.I. bill and get an education. I thought that I was going to the business school. We pulled up roots and went up there and I enrolled. I managed to find several small jobs in Gainesville: keeping books and working for the University in the pulp and paper lab and on the campus police. I managed to pay the bills and was taxed the whole time.

P: Mike, when you came to Gainesville, you came in the fall of 1949?

W: Right.

P: And your plan was to enroll in the business school. Let me ask you first of all, where did you live in Gainesville when you first arrived?

W: When I first went over I lived with my brother for three months. I went over alone.

P: He was there as a student.

W: He was there as a student. He was a senior majoring in psychology.

P: So you already had three brothers who were alumni of the University. At least, one was in school and two had already graduated.

W: And my sister had graduated from Florida State College for Women. When she graduated from high school she went directly to Florida State College for Women and graduated in – I guess it would have been the late 1940s.

P: Well, it became FSU in 1947, so she was probably there at the time of the transition.

W: Yes.

P: You lived with your brother and then you moved your family down?

W: I lived with my brother for about three months. Then I moved my family down. During that interim, I had applied for and was finally accepted into an apartment in Flavel One.

P: Where was Flavel One?

W: Flavel One was located just south of the tower. That is about as close as I can approximate.

P: Where Jennings Hall and the Beaty Towers are presently located today.

W: Well, we called it the auditorium at that time. The Florida Gym was built back in the 1950s, I think, and we were just south of it. I understand there is now another gym.

P: First tell me about Flavet. What was it? How much did you pay for rent? Where did you live? What was your set-up there?

W: There were three Florida veterans' buildings. You had to be eligible for them as they were very low-cost housing. They were barracks that had come from various military encampments that had been moved onto the campus. I think the rental of a one-bedroom apartment was something like twenty-five dollars a month. A two-bedroom was something like thirty and a three-bedroom was thirty-five. Each of the villages had a manager. That manager was a student who worked for the housing department of the University. Dr. Harold Riker was the person who was in charge at that time [Harold C. Riker, Director of Housing University of Florida (1946-1972)].

P: Harold, you know, is still very active. He is still on campus.

W: No, I did not know that.

P: He is my neighbor.

W: Well, that is great. If you will give him my regards. He knew that I had a family. He knew that at that time I had gotten an hourly job paying me sixty cents an hour in what was called the pulp and paper lab. This was a project that was being funded by one of the major paper companies. Dr. Nolan [William S. Nolan, Professor of Chemical Engineering University of Florida (1946-1976)] was trying to make craft paper out of Blackjack Florida Scrub Oak.

P: Who was Dr. Nolan?

W: He was a chemical engineer who was in charge of this particular research project.

P: Do you remember his first name?

W: No. I think it was William but I cannot remember. When I had applied for this apartment, I had also applied for a manager job in the building. The manager's responsibilities were checking people – students and families – in and out of the apartments and maintaining the electrical, plumbing, painting, and other types of

things like that with the help of a student maintenance crew that we had a budget for. I was lucky in that I got that job when I moved, plus I got my apartment free, plus I think it was sixty dollars a month. So, with a free apartment, \$120 a month G.I. bill, and money that I was making keeping books for three little businesses down in Gainesville, I managed to pay income tax.

P: Who did you work for in Gainesville?

W: Well, I worked for Al Herdans who had a filling station on, I think it was Sixth Street.

P: Right near University Avenue?

W: Yes. Then there was an electrical company whose name I cannot recall. I also did a little bit of work for what later turned out to be Hugh Edwards; this was before they got involved in the major housing construction.

P: You did bookkeeping for them, too?

W: Yes. Also, even while I was manager of Flavet Village, I worked at night as a nightwatchman for the campus police. And during football games I donned a uniform and worked for the campus police.

P: What about your responsibilities at Flavet? Did anything special happen during that period?

W: I had a very close look at human nature. I learned to appreciate people. I also regard that time in my life as one of the best. Because the people that were in the village were in the same boat as I was with my family. We had common problems, we shared, we had the benefit of very low-cost things like the University's program where they brought in cultural events. I cannot recall what they are called now. I made some very, very good friends whom I keep up with. From our village alone came some of the people who have turned out to be leaders in all areas of the economic strata of Florida.

P: What about the furniture for your apartment? Was that furnished by the University?

W: Furniture was furnished by the University.

P: As manager were you responsible for distributing that to families?

W: Yes, and also for maintaining it. We were also responsible for installing the shower units when we finally got them in. It was part of my responsibility to maintain peace, to settle little family disputes as they occurred – and they did

occur. When television was still well in its infancy, some of the people had maybe a little bit better financial support than some of the rest of us, and so we had a few television sets. We would gather around in one apartment or another. It was just the experience of living with people that I think helped form my children's character.

P: Did the University supply the utilities, collect the garbage, and provide water?

W: Yes, that was done in all three Flavet buildings.

P: And the heat was gas heat, I presume?

W: The heat? Well now, I am going to have to think.

P: Well, I was just wondering. You saw it from a different perspective both as a student and as an administrator.

W: The electrical, plumbing, painting and the carpenter work were all things which we took care of through my student crew. The crew was paid an hourly wage out of my budget.

P: Where did the fire protection come from?

W: The fire protection came from the University itself. However, we never were forced to call on them.

P: How did you get to class?

W: I walked.

P: Of course, you were close enough to the main part of the campus.

W: Yes, and the farthest class I had could not have been more than a half a mile.

P: Was there a cooperative grocery store?

W: There was one right in my village. We were fortunate – the other two villages had some distance to come to. That co-op later became the cancer experimental unit.

P: Right behind where the journalism building is today?

W: Right. And the temporary journalism building was there, too. I guess it would have been to the north.

P: North from where you were.

W: I still have not thought of how we heated.

P: Well, you heated by gas. I was just asking you a question that I knew the answer to already just to get it onto the tape.

W: I just do not remember.

P: How did you adjust as a student? You had been away from the books a long, long time and there you were as an older person coming back after seventeen years.

W: It was not a difficult adjustment. I say this without blushing. My brothers, my sister, and I all took the army A.G.C. tests and we were all up in the 140s to the 160s. I guess that indicates that my heritage endowed me with an ability to grasp things. My high school grades were always good. In fact, they would have been even better if I had given them the attention that I should have. And when I enrolled, I enrolled with other students like myself who were veterans – older veterans. But I was also competing with younger people just out of high school and frankly, we had the advantage. We were more motivated and I think most of us, even if we were not more intelligent, we were at least able to apply that. So, I had no trouble with it. In fact, I set the curve on a couple of the C-courses.

P: You went through the C-courses?

W: Yes.

P: You received your Associate of Arts degree and then went into upper division?

W: Right.

P: And that is where you and I first had a relationship.

W: Well, yes, in the C-course.

P: Right. Yes, you came into my American institutions course, which was the basic social sciences.

W: You may not remember this, and you may get a charge out of being reminded. There were three of us that were together – three students. We lived in the village and we sort of competed in the progress and final tests. We generally wound up in the same sections, I do not know how. And one night after we were

celebrating that we had pretty much set the curve on C-41, we went down to the Primrose. Was that it? Or was it the Whitehouse?

P: Well, we had both the Whitehouse and the Primrose Grill.

W: Well, we went to the Whitehouse to have dinner.

P: You were celebrating then.

W: We were poor students but we decided and our wives had urged us to just go and have a ball. While we were there we had a few drinks – one of us had a flask in his pocket. As we came out, we were telling a very dirty joke. When the punchline came and we broke into a big laugh, you were there. You knew us because we were in your section and there we were telling you the joke.

P: Oh, I had joined you?

W: You had joined us. Well, you had joined us as we came out. Knowing us as your students, you were congratulating us. But we were telling this real dirty story, broke into a real guffaw, and you laughed along with us. And just above us we heard a laugh and we looked up and there was President J. Hillis Miller [J. Hillis Miller, President University of Florida (1948-1954)] and he had heard the whole thing. And we will never forget how embarrassed you were.

P: That escapes my memory completely, I must have wiped it out.

W: Well, that is one of the things we always go back and talk about when we see each other over the years.

P: Who were the other two?

W: Ken Gilbert and Butch Durn, I do not recall his first name. Gilbert you may remember.

P: Where is he?

W: He is now down in south Florida out on the key. He has a debilitating disease and can barely function. They have not been able to diagnose it. His muscles have atrophied. He is unable to ambulate, or to do much except just barely feed himself.

P: What was his business when he was healthy?

W: I cannot remember. The last thing I remember was his going into a fishing camp business. I do not remember what he did when he left.

P: Where is Butch?

W: He turned out to be a schoolteacher. I think he went down to Marathon and was in the school system down there until he retired. He and Ken each had three children.

P: Some of these old students turn back up from time to time and say, do you remember me? And I think to myself, should I?

W: Well, you must have had many of us.

P: A lot of them over the years. When did you graduate, Mike?

W: In 1952.

P: I know the records show that you graduated with high honors in philosophy and in English.

W: Yes.

P: You did not, then, take courses in business as you had first planned?

W: I took courses on a graduate level in business after I had begun graduate work in philosophy. The main reason I did that was because I knew that coming up would be this relationship with the health center and I wanted some business courses. But, to get back to your basic question, when I enrolled as a freshman and after I went through the prerequisites and the C-courses, I discovered the other world of a liberal education. That was what I suddenly realized had been missing from my life. My mother and father both had good liberal backgrounds; enjoyed music and cultural things. As a kid coming up, I did not have the opportunity to do that, I was more concerned with athletics. I suddenly discovered liberal arts and that is when my interest changed.

P: Did you get a graduate degree?

W: No, I worked for two years. I got everything done but my thesis. I picked a thesis and worked on it some, but then this thing with the health center came. Also, candidly, I did not like my committee chairman. At some point I had at least thought about going on for a Ph.D. When I weighed the future with a Ph.D. teaching philosophy and the future that the health center thing was going to offer me, I realized that I was not cut out to be an academician. There was the struggle to do the thesis, and the interests that I had other than just becoming a teacher were evident. I made the decision that I had better just drop it and go

on and try to do more with the other opportunity that was being offered me.

P: Let's talk now about the health center and the hospital program. How did all of that begin?

W: It began when I had a telephone call asking me if I was interested in being considered for a position which was going to open up, as the administrative assistant to the incoming provost of the budding health center.

P: Who called you and when?

W: It was a call from the personnel department of the University some time in late 1953.

P: This call just came out of the blue? Had you been prepared for it in any way?

W: No. And when I went over to talk about it I was told that a number of names had been selected by the old IBM 360, the first computer I think that had been in the University itself. The provost, who turned out to be Dr. Poor [Russell S. Poor, provost for Health Center and Clinic (1952-1964)], and Dr. Harrell [George Harrell, Jr., Chief of Staff of Hospital and Clinic (1954-1966)], who was coming on board, had said they wanted an administrative assistant type. They wanted a mature person; someone who was older and had some business experience, and also had a liberal arts background.

P: The question I would like to raise here is, why the liberal arts background?

W: I think that this was basically the thinking of Dr. Harrell and Dr. Poor. They felt that the role of a medical school, which was a primary part of the health center, was to be a part of the university. They also believed that the medical school curriculum should involve particularly those areas of the liberal arts that make a well-rounded man. They wanted to start building a staff with that sort of background as they progressed into getting people aboard.

P: As I understand it then, from what you are saying and from my conversations with others, that Dean Harrell and his early colleagues felt that the medical school should be part of the greater university.

W: Yes.

P: Obviously that is one of the reasons they were insistent about having the school placed on the campus itself, so that there could be some integration of the medical students with the greater student body on the campus. Is that correct?

- W: Yes, and Dr. Poor shared that feeling with Dr. Harrell.
- P: They also wanted the faculty and staff to have a strong liberal arts background in addition to their own expertise.
- W: Or, if not a strong background academically, at least a very strong awareness of the part that is played by the liberal arts in the heritage of medicine itself.
- P: You went over for the interview. Who interviewed you?
- W: Well, my memory fails me at this point. Other than Dr. Harrell and Dr. Poor, I do not remember.
- P: And they told you that your responsibilities would be what?
- W: Generally to be an administrative assistant to Dr. Poor.
- P: For a medical center that was not yet in operation?
- W: Right. In fact the construction of the first unit had not yet begun.
- P: But the funding for the medical science building was in place and the contract had already been given to the construction company. So you were not there then in the planning stages for the medical center building?
- W: Yes, I was. I came in at the time when the dimensions – if that is the proper term – for the library, the allocation of space for the various clinical and pre-clinical departments, were being laid out.
- P: The specific site for the building, though, had already been established?
- W: Yes.
- P: O.K., and the money was in place?
- W: But work had not begun.
- P: Work on the building had not begun. So you were involved in the interior planning – the space allocation within the building itself?
- W: Right. But mostly I was involved with the administrative details of the provost's own relationships with the other families of the University. I was also involved with Dr. Harrell in his public relations activities of selling the concept of a medical school in Gainesville to the medical community of Florida – in fact, to the whole community of Florida.

P: Now as I understand it, there was a continuing unhappiness about the fact that the school was to be located in Gainesville. But that battle had already been fought, had it not?

W: It had been fought and the decision had been made that the first medical school would be at the University of Florida. The appropriations for the medical sciences building had already been made. So that battle was over. But there still remained many skeptics and these were in all areas of the the state.

P: So one of your responsibilities, then, was to talk to these groups from a P.R. point of view?

W: My responsibility was to assist Dr. Harrell and Dr. Poor when they talked to Rotary clubs, civic clubs, medical societies, and to people all over the state.

P: When you say assist, what did that mean?

W: To simply go with them and operate the slide projector. For the first seven or eight months, that was my job. Later, after I had accompanied them enough and they knew that I shared their feelings, was quick enough on my feet to respond to questions, could make a presentation, and would respond in a way they wanted me to, I was given the job of making talks to those smaller, less important groups of people around the state. I accompanied Dr. Harrell and Dr. Poor on many, many trips throughout the twenty-five, fifty, hundred, and hundred and fifty mile radii that were drawn as to where the population was concentrated in state of Florida.

P: Tell us about that for the tape.

W: This was simply a way to justify the location of the first medical school in Gainesville, other than the fact that it was a part of a university setting, which was the major reason. By drawing concentric circles to the east, to the south, and to the west, you could point out that a majority of the population of Florida lived within a two or three hour drive from the medical center.

P: Did not they refer to it as the sixteen county area?

W: Well, I do not remember the county area exactly. I think that it was just any area of a state that was within three hours' driving time.

P: We are talking about Orlando, Tampa, Jacksonville.

W: Yes, and if you drew a concentric around Gainesville to the east, Jacksonville, Daytona, Melbourne were within. If you drew it to the south even Miami was

within the three hour drive. If you drew it to the west, you had the big gulf area with Tampa and St. Petersburg. And then, to the real west, you could reach most of the Panhandle. The thrust being emphasized was that this would not be a hospital which would encourage its physicians to engage in private practice. It would be a hospital which physicians in the other areas of the state would refer to. It would be a referable hospitable only. It would not compete with a private physician in his own backyard, but would be available within a very reasonable driving time for patients who were referred from any area of the state.

P: Of course, one of the things the doctors were afraid of was the competition.

W: Very much so.

P: They were afraid that that would interfere with their own patients.

W: As I accompanied Dr. Harrell and Dr. Poor around the state and later made some trips on my own, I discovered that physicians fear competition or what they referred to as the "town-gown syndrome." Competition was feared so much that in the Jacksonville, Tampa, and Miami area, the physicians did not give it enough support. In the legislature they could not muster a majority from any one of these geographic areas.

P: Did you have any local support in these areas – in Jacksonville or Orlando – among the physicians? For instance in Jacksonville, who were your allies?

W: There were physicians in all parts of the state who definitely gave support. The reason I know this is because they would visit. Dr. Harrell had an advisory committee of physicians from all over the state. I remember Dr. T. C. Kathan and Dr. Edward Gerald. They were from Duval County and were very strong supporters. I remember a Dr. Eugene Pete from the Ocala area. I remember him very well as being strongly committed.

P: And Dr. Thomas in Gainesville.

W: And Dr. Thomas in Gainesville. Dr. Anderson, I remember, from the Tampa area. These were doctors who visited and with whom I had only indirect contact, but I knew that they were interested because of the support that was attributed to them.

P: I want to break in just a moment and go back to a personal question. You had graduated from the University. Where did you then move your family in Gainesville? Where did you live?

W: We bought a little home out in northeast Gainesville on Northeast Seventh Street. I do not remember the number now.

P: The children went to public school?

W: My children went to Stephen Foster grammar school and to the old Gainesville High School. There was one other school that the middle one went to which I cannot recall the name of. It is in downtown Gainesville.

P: Probably Kirby-Smith on East University Avenue. You lived in Gainesville until when?

W: Until 1958.

P: Did you stay in that same neighborhood?

W: Yes.

P: You have mentioned Dean Harrell and Russell Poor in your conversation. We have done a lengthy interview with Dean Harrell so we have a considerable amount of information on him. Unfortunately, Dr. Poor died and we do not have his voice or memories on tape. Tell us who he was. You worked closely with him.

W: Dr. Poor simply was vice-president for health affairs. His major responsibility was to develop the relationships with the University's family for all of the components of what was to be the health center. In essence his responsibility was to make sure that the pharmacy, nursing, health-related professions, medicine, dentistry – all of which would have their leadership from a dean – components got off the way they should have. But I think Dr. Poor's ultimate responsibility was to make certain also that the future members of the health center family would remain in focus and that the development of those colleges would come along in an appropriate way.

P: He came to the University from Alabama, I believe?

W: I think the commonwealth fund had had contact with Dr. Poor through work that he had done while he was at Oak Ridge. I think he did come from Alabama originally, but he came here from Oak Ridge.

P: You are right. He did come to the University from Oak Ridge.

W: But he had experience as what I would call a mediator; a person who knew how to get compromise affected among diverse people and units.

P: That is good. I wanted to ask you to evaluate Dr. Poor and that is what you are

doing now.

W: Yes, I think that was his forte. He had an ability to keep a long-range goal in mind and deal with the component parts of whatever that goal was. In this case it was the macrocosm of the University itself, the microcosm of the health center, and finally the atoms that made up this little unit that he was heading. He was a master at this. Dr. Poor was a person that you just could not get angry with and I never saw him get really angry.

P: It sounds like you got along well with him.

W: Yes.

P: You worked well together?

W: We worked well together. This sounds somewhat egotistical, but I am not just talking about me. He had a talent for finding people that could do the job and he could bring them out and get the most from them. As you can tell I had, and still have, a great admiration for Dr. Poor.

P: Did Harrell and Poor complement each other? Did they work well together?

W: They complemented each other very well, they worked well together. However, they were of two different temperaments. Dr. Harrell could be impatient. Dr. Harrell was a perfectionist. These comments are not made in a critical way. He was a person who demanded of others the rigid, complete, and highly intellectual performance that he gave. He was impatient with mediocrity or with poor performance. He had opinions. I will not say he was intolerant of other opinions, but he certainly was not too patient in listening to them. Dr. Poor was perfect for him. In a way he was a perfect guide for Dr. Harrell, to guide him through his relationships with other members of the University's family – deans of other colleges and all whom Dr. Harrell sometimes got impatient with because of their reluctance to accept him or recognize that medicine was a component part of the University. While I can relate some things, we probably better not say them on tape. Dr. Poor was a front-runner for Dr. Harrell. If Dr. Harrell alienated anyone or what he wanted to do was not being understood because he came on too strong, Dr. Poor had a facility for getting it done and making Dr. Harrell and whomever he had been jostling with both feel they had won.

P: Would you call Russell Poor perhaps a trouble-shooter in a way?

W: Well, he was a trouble-shooter, but that was not his main strength. He could shoot trouble when needed, but he was also a planner. He thought way ahead of where you were, yet he was so smooth and quiet. He went about it so quietly

that sometimes before you realized what was being done, he had already put it all together.

P: Where was your office?

W: Originally we were in a little temporary building.

P: This is before the medical school building was in place?

W: Yes. For two years we were in a little wooden structure that was almost directly south of the alumni tower and the old University Auditorium. I guess it had come from some military installation somewhere. That is where Dr. Harrell, Dr. Poor, and myself had offices, where the architects and representatives from Minnesota had their on-site office, and where Mr. Fulton's crew would come over. That was where most of the actual work was done.

P: Mr. Fulton was whom?

W: He was the architect to the board of control.

P: Guy Fulton?

W: Yes.

P: And who was Mr. Hamilton?

W: Jeff Hamilton [Jefferson M. Hamilton, Consulting Architect University of Florida (1948-1964)] was a consultant to Mr. Fulton. He was an architect. He was a consultant to Mr. Fulton and to Dr. Harrell.

P: Who did you relate to in the University administration? Who did you work with?

W: Well, initially we were pretty isolated. Then, when the budget for the medical school itself began to loom, I began to work with Bert Ames who was director of personnel [Burton W. Ames, Director of Employment Personnel Services (1948-1965)] and with George Bowman who was the business manager at the time – the vice-president for business affairs. Those were the two. Then George Bowman left and Bill Elmore [William Elmore, Vice-President for Administrative Affairs University of Florida (1967-19__)] assumed that position. Most of my relationships were with the business offices and the various sub-departments of the business office of the University.

P: And by business management, from a business point of view, what did you do? What were your responsibilities?

- W: Well, initially I was appointed as the assistant to the provost on January 1, 1954. My major responsibility was to keep whatever paperwork was necessary to keep the flow of paper to the various parts of the University – purchase orders and those kinds of things.
- P: Now that had to do with the operation of the medical center, not the construction of the medical center?
- W: No, that was really the operation of the health center, with just Dr. Harrell, Dr. Poor and the secretarial staff that we had.
- P: So construction was not part of your responsibility in any way.
- W: Not at that time. It became evident that there was a need for someone when the construction of the medical sciences building began. It became evident there was a need for someone on the health center staff to be a sort of liason with the architects and contractors and to simply keep the provost and the dean updated on the progress of the building, the development of the equipment list and how they were progressing.
- P: You were that person?
- W: At that point they promoted me. I guess that is the way to put it, they changed my title to assistant director of plants and ground. There was a director of plants and grounds for the University. They created a position in his department for an assistant in the health center and I was appointed to that.
- P: Did you continue your business manager responsibilities also?
- W: Yes, I had both. I was kept busy but it was enjoyable. As the building grew more and more to completion, as the equipment listing began to take forth, as a need for budgetary matters like the direct and indirect costs of operation of the various departments in the medical school began to be needed, I began to absorb some of those. And in so doing, I had direct contact with the director of purchasing and the director of personnel in the business office. I was also a liason between those University departments, the department of plants and grounds, and the ongoing work on the site of the building.
- P: Let's illuminate the things that you had no responsibility for. Curriculum. You had no responsibility for hiring faculty?
- W: Correct.

P: How about staff?

W: No responsibility for staff of the medical sciences or the medical school. That came later when the hospital appeared and I was made director of the hospital.

P: How about positions like janitor?

W: Well, at that point my only relationship with that was from a budgetary standpoint. I gathered information and put it down on paper through a sort of travelling residency that they sent me on to other medical schools. But, I had no direct responsibility for employment at all. Nor, for that matter, for anything in the medical sciences – which in essence was the library and the medical school. A year later, in 1955, I did assume some responsibility for job descriptions, interviewing, and budgeting for the hospital itself. At this point the hospital had not become a part of our schedule.

P: Tell me about your own salary during this period.

W: I think in my files I have got appointment papers. I should have looked them up, but I did not. I think that originally my salary as an administrative assistant was somewhere around \$4,500 in 1954. When I was promoted to plants and ground assistant, I think I went to \$6,500. These are from the top of my head.

P: I remember at the time that health center salaries were always considered the highest on the campus. People on the campus – faculty and staff – always thought that the medical school people were being paid outlandish salaries.

W: At the time that we are speaking there were no medical faculty on board other than Dr. Poor and Dr. Harrell. The secretarial and clerical help were appointed at the same levels for the same level of job as in other areas of the University. My salary was computed in the same way. The level of my salary had to be the same as it was in other parts of the University. That became a problem later on – not about my salary, but the level of some of the academic people did become a problem later.

P: What was your own staff?

W: I had one secretary, a young lady who was excellent. Dr. Poor had a secretary, and Dr. Harrell had a secretary. That was it until about 1955 or 1956. All of the janitorial engineers and maintenance, those things were furnished to us by the University in that little building we were in.

P: When you came aboard, Mike, in 1954 it was immediately after J. Hillis Miller's death. He had died in November of 1953. So you did not work for Dr. Miller at

all in any way.

W: No.

P: And there was an interval there when John Allen, the vice-president, was serving as the acting president [John S. Allen, Interim President University of Florida (1954_1955)]. Did you relate to his office in any way?

W: Only as a messenger, that type of thing. Later – and I have forgotten just what Dr. Harrell and Dr. Poor called this – they engaged in an activity of meeting with the dean of each of the colleges and departments. For example, public relations which Ray Wyman was the head of.

P: He was head of journalism.

W: School of journalism. At times I would be present when these discussions were taking place and from time to time while they were accumulating a file and building toward getting acceptance by the entire University, I would be asked an opinion purely as having been a student. But no, I was not actively involved.

P: When the medical sciences building was completed, you moved into that. What were your enlarged responsibilities then?

W: Well, I think the medical sciences building was dedicated in 1956. I do not recall the exact date. But prior to that we had commenced work on planning the hospital and I had been appointed as director, even though the hospital was not even on paper. Dr. Harrell felt that since I had proven myself to him and to Dr. Poor and they knew what my abilities were in various areas, I would be able to absorb enough knowledge in advance and would have enough innate managerial ability and experience that I could be trained as a hospital administrator.

P: So he was taking the basic raw material and molding it to the situation?

W: To the time when the hospital would open. This was done after they had asked me if I wanted to tackle this, and of course I said yes. As a part of doing it, I was given an opportunity to travel around the country.

P: It was still in the planning stage when they offered you the position, right?

W: In effect, it had just begun in the planning stage. And I welcomed the opportunity. I jumped into it immediately with both feet. A part of it was to send me to other universities that had medical school hospitals.

P: Around the United States?

W: Yes. This trip took in universities and colleges as far as California and the state of Washington across the Northern part of the country; St. Louis, Tulane, LSU, Atlanta, some of the better schools up on the east coast, all the way to Minnesota and Milwaukee.

P: Well, as a result of bringing these ideas and concepts back to Gainesville, is the hospital in Gainesville patterned specifically after any one of these?

W: Generally the hospital was the product of Ellerby Architects from Rochester, Minnesota. Their specialty was planning and building health-related buildings, especially medical schools. They have done a number of them in the United States. The most recent one they have done was the one in Seattle. In large part, some of the concepts there were brought into the Gainesville structure. Some of the things that were included in the hospital itself were fairly new concepts which envisioned the practice of medicine as some parts of it are today, such as outpatient surgical facilities and areas that would house patient's families while patients were at the hospital or clinic. There were these kinds of concepts that were incorporated. The clinic area was looped, and there were differences of opinion on that. The architects had done _____ like the vertical concept of the outpatient clinic. Jeff Hamilton, the consultant, thought that Florida's structure should be more on a horizontal, one- or two-story level. A compromise resulted and that is how the outpatient area of the hospital came about.

P: Now, one of the things that Dean Harrell talked about – this is not the hospital, this is earlier, in the medical science building – was the relationship of the student to the laboratory and to the library as a new kind of a study/working kind of thing. Now, you had nothing to do with that kind of planning?

W: No, my contributions to that kind of planning was simply to go to other schools that had either that or another concept and report on what I thought were the advantages or disadvantages.

P: When you moved into the position of hospital administrator, did you give up your earlier responsibilities and did someone then take over or did you just broaden your base?

W: No, I broadened my base for approximately six months. At that point they got another assistant director for plants and ground. That was it. That was all as I remember at that time. There was no administrative assistant needed. However, within several months a new administrative assistant to Dr. Poor was appointed. His name was Charles Pruitt. And that is the way the staff grew.

P: Where is he now?

W: The last I heard, Charlie was in New York City. He was administrative assistant to the priests who were heads of a local cathedral. He was an operator in the same sort of sense that George Bowman was, or is. They took him to the Episcopal diocese in New York City and Charlie is up there with him.

P: Had your staff gotten larger as a result of these new responsibilities?

W: No.

P: Had your salary increased?

W: My salary did increase when I was appointed as director of the hospital. It was increased from \$8,500 to something like \$10,000, with the assurance that when the hospital opened and I became a full-fledged director, it would be made commensurate with similar positions in the southeast.

P: Did you stay there long enough for the hospital to open?

W: I left a few months before the opening dedication ceremony took place.

P: You continued your relationship with what is now Tigert Hall. They had moved in the meantime from Anderson, which was the original administrative building, to Tigert Hall. You continued to work in Tigert Hall with them. Was Bert Aames still there?

W: Bert Aames was there. He also had an associate named William Fore and I related directly with Bill Fore. Occasionally I would have some reason to see Bert Aames, who by the way I have a great deal of affection and respect for. I think it was mutual. Because we did work together on some things and I liked his forthrightness.

P: Who else did you work with in the administration?

W: Well, I worked with him and then later there was an assistant to Bill, Elmore, whose name escapes me. He later went with John down to the University of South Florida when he became president. For the life of me I cannot think of this young fellow's name.

P: Could you comment on your working relationship with Bill Elmore?

W: Generally speaking, it was difficult for me to work with Bill.

P: Because of his personality?

W: I would say because of both of our personalities. That, plus that fact, and this is purely speculation on my part, that Bill had a deep-seated and perhaps subconscious feeling that here was a young sprout that was being moved along too fast, and who really did not have the credentials to be the hospital administrator and therefore was not deserving of the attention and the money he was getting.

P: It is interesting because he had been taken on in the same way as Bowman's protege and had moved up the ladder and had stepped in when George left.

W: Well, that had to be sharpened a little bit by the fact that I did not have an accounting degree. I think Bill's innate feelings are that anybody that is a director and manager of any kind of situation like that should have an accounting bachelor's.

P: Now, during the time that you were in Gainesville at the University the first faculty came aboard. Did you have anything to do with the selection of those people?

W: In two ways. One, I was given the courtesy of interviewing; Dr. Martin, Dean Smith, and Ed Woodward, came on.

P: Estovsky came on fairly early. Tom Marin came on.

W: Well, Marin, Josh Edwards, Otis, Wilson – these were all medical school faculty.

P: You had nothing to do with the medical school faculty?

W: No, only with the clinical faculty. The pre-clinical faculty I had nothing to do with. In the clinical faculty, Sam Martin was the first head of medicine. I was given the courtesy of interviewing him. And later when a contract was offered, I was given the courtesy of giving an opinion. How that opinion was used I do not know. I did not sit in on the faculty selection committee meetings per se. But I do not think they had those until the faculty became pretty large. I was asked to evaluate the young gentleman who became librarian, Fred Bryant.

P: Once he was appointed it was his responsibility, and not yours, to decide where the bookcases were going to go, who the librarians were going to be, the hours that the library would remain open, and so on?

W: Right.

P: But, what about the setting up of the service operations, payroll, and all of the other things?

- M: After the information-gathering trip that I spoke about, my initial work with the hospital involved making up the first budgets for the departments. I had a small hand in the preparation of that initial budget which went, of course, to the University, then to the board of regents – or the board of control I think it was at that time – and then to the governor's office. Harry Smith was the budget director. I will never forget how disappointed and critical I was to Dr. Poor when we got back. We used my car to go over there because it was the biggest one that we had at the medical center.
- P: Going over to Tallahassee?
- W: Yes, to meet in the governor's office on our budget.
- P: This is LeRoy Collins [LeRoy Collins, Governor of Florida (1955_1961)]?
- W: No, Charley Johns [Charley E. Johns, acting Governor of Florida (1953_1955)]. Charley Johns had the temerity to sleep through the whole goddamned presentation. I am not kidding. He we are, Harry Smith is asking questions of those of us around and here was Charley snoring. So, I was really upset.
- P: For the tape you are showing me your head down on your chest and your eyes closed snoring quietly.
- W: I do not know where this tape is going, but I do not mind at this point in time. I am willing to be quoted. I was utterly aghast. Here I am, not a real young sprout, but compared to what I am today in age, I was just a kid. Being involved in this huge new adventure, I was just almost over-awed by Dr. Harrell, the fact that I was dealing in this kind of an area and at this level with the governor, and going over there for a hearing. And for the governor of the state of Florida to do something like that I was just flabbergasted.
- P: Were you ever called upon during the 1950s to do any lobbying in Tallahassee?
- W: No, I was not. Dr. Harrell and Dr. Poor as best they could used the lobbyists that were available in the University family or through the medical profession.
- P: Of course, it is a much more sophisticated process now and lobbying has become a big deal.
- W: Well, I am involved and have been involved in lobbying since I retired.
- P: But talking about the 1950s, you did not have to do any buttonholing of any of the legislators to increase budgets or not to do so something you did not want?
- W: I was not involved with that.

- P: I would like you to speak a little bit about the relationship or the attitude of Dr. Reitz [J. Wayne Reitz, President University of Florida (1955_1967)] to the medical center.
- W: Frankly, I am unable to be too specific. When Dr. Reitz became president it was viewed with some, well I will not say alarm but there certainly was concern. We thought the University's "fair-haired boy" was the health center. Agriculture had been grinding axes – and perhaps rightly so – and as a land grant institution I know there was some concern on the part of the people in the health center. However, I think it never really became something to be too concerned about. I was not directly involved with Dr. Reitz. I did have relationships with Bill Elmore and people who were on his staff. But I was not involved with academics, the structure of the University itself, the faculty, tenure, and those kinds of things. I had no part of them.
- P: As you were part of the medical center's hierarchy, did they look upon Dr. Reitz by the end of the 1950s when you were leaving as a friend or a foe?
- W: Frankly, when I left I think if you were to rate friend as ten and foe as zero, I think he would have been somewhere around six.
- P: A lot of the construction money that was allocated to the University during that period we are talking about went to the medical school rather than to other areas of the campus, to the consternation and unhappiness of the other parts of the campus. But I think the general feeling was that Dr. Reitz was perhaps being too friendly to the medical school.
- W: Well, whenever that was discussed among the hierarchy, the feeling was not that a large part of the capital outlaid was going to the health center. What was the phrase you used?
- P: Instead of going to other areas of the campus such as engineering, law, and so on.
- W: I think the feeling was that it was going to that new member of the University which had no capital to start with. In order to assume its rightful place and be of the quality that the other members were, it had to have this.
- P: One of the things we stated earlier was the feeling of the medical community and people who ran the big cities who wanted the medical school in Jacksonville or Orlando and so on and their unhappiness about locating it in Gainesville. But there were a lot of people at the University in the 1950s who wondered if the presence of the medical school on campus would not eat up the budget__the

capital outlay, the salary budget, and all of the other things, and that everything else at the University would suffer as a result.

W: Well, naturally that was discussed often. In fact, there was a defensive attitude that developed about it among the faculty and among the hierarchy of the health center. However, the feeling was among them – and I shared it maybe because I had been brought up in that atmosphere – that it could only enhance it; that if these salaries were higher, that would have an effect of bringing up salaries within other parts of the University. I think that was sort of a defense mechanism. I have heard Dr. Harrell and Dr. Poor discuss this and point out what had happened in other universities. Of course, being a member of the family, I took what they said as gospel without investigating to see whether or not it was true.

P: Of course, a lot of construction money was spent on the hospital. Five and half million-plus dollars for the medical science building, plus the money that was allocated for the teaching hospital. It was a multi-million dollar project. Of course in the 1950s, that was huge, huge, huge.

W: Yes. The foundation, the structure itself, which was a separate contract, went over a million dollars. I think although the capital outlay went well over 13 million dollars, the same plant today would probably cost 180 million dollars. While that feeling existed, I do not think that anyone in the health center ever felt that Dr. Reitz was favoring that. In fact, I think there was a feeling that Dr. Reitz might have to tear here and there because of the pressure that would be exerted from the other parts of the University. That was always in mind when the budget was made up.

P: One of the issues that I know caused some controversy, and I guess as a hospital administrator you had to speak to it, was about having a chaplain in the hospital. I have heard that on a number of occasions. The question, because of the separation of church and state, was whether there should be a chaplain and a chapel within the hospital itself. Also the question arose about the relationship this person would have; whether he would be a member of the faculty or not. I would like you to speak to that.

W: First I would say that the two things are separate – a chapel in a large hospital or even a small one, and a prayer room, which in my opinion as a hospital director is the most important part.

P: So there was no controversy over that; that was in the original plans to have a non-denominational chapel. The inclusion of the chapel in the building was a natural thing.

W: It was one of the most used areas in the hospital other than the actual labs and patient area.

P: What about the chaplaincy itself?

W: I think that depends on the institution. In a religious institution where most of the patients and physicians are of one religious denomination, a chaplain probably is not needed because the clergy of that particular faith will respond. If it is a public institution. . .

P: Which the University of Florida was.

W: It has to be non-denominational. I think a full-time chaplain is an essential part of the staff for the very reason that there are many patients and families who are non-denominational. If one particular case needs religious counseling at a very tough time, they will need it immediately.

P: Now you are talking theoretically, and I want to be specific. Sam Banks [Samuel Banks, Chaplain for Health Center (1962-1970)] of the department of religion was appointed as the first chaplain at the medical center, at the hospital. Did that come during your period?

W: No, I did not know Sam Banks. But I will say this, theoretically or practically – and I had practical experience in the institution that I retired from – it was even more of a southern and a directly tax-supported hospital. I, against odds, finally managed to get a full-time paid chaplain on our staff. We got it by getting one of the local civic clubs to sponsor a non-denominational, full-time chaplain to begin with.

P: How can you find a non-denominational chaplain?

W: There are hospital chaplaincy programs in various institutions in the country. I think the University of Florida has one under Sam Banks.

P: But Sam Banks was himself a Protestant.

W: But, he could act as a non-denominational chaplain. The one we found was a retired navy chaplain. He was Methodist in background but his administrations to the patients who had no chaplain or religious affiliation of their own was on a non-denominational basis.

P: Up until the time that Banks was appointed, which came after you had left the hospital, I presume the patients at what was to become Shands Hospital depended upon the local ministry, like Preacher Gordon, to come into the hospital.

- W: I will just point out that the hospital plans included a chapel. And that chapel would have been available for whatever use would have been made of it by the health center and the community.
- P: I was really thinking of the person going into the patients' rooms and counseling and those kinds of things, rather than administering to the families of patients.
- W: A full-time chaplain can do this in lieu of the family's clergy. There are many, many times when the need for this kind of patient bedside activity occurs, but the availability or accessibility of the family's clergyman is non-existent.
- P: Do you remember any particular type of pressure or request to appoint a chaplain while you were at the hospital?
- W: No, I do not remember.
- P: In 1957 – I may be wrong by a year on the date – a committee was set up at the University by Dr. Reitz to examine the questions of where we were going from a religion point of view. Not a religious, but a religion point of view on the campus. It came to be known as the Sam Committee because I was on the committee, Sam Hill was on the committee and Sam Banks was on the committee. We examined everything from whether we should have a chapel at the University of Florida – not the medical center, but the University of Florida, to whether we should offer a Ph.D. program in religion, to the question of the chaplaincy at the medical center. I remember I endorsed the idea of a chaplaincy. I do not remember how it came to us, but I have just presumed all these years that it was requested by the medical school for us to examine and come up with some sort of a suggestion. Because shortly after you left when the next administrator came in, that decision was faced and a chaplain was appointed.
- W: Well, during my tenure the town clergymen cooperated in helping plan the chapel so that it could be useful to any denomination. That does take a little bit of planning. The various sacraments that are needed have to be available for some, and for others they have to be non_distracting. It is my personal experience that there is as much a need for this as there is for almost any other patient service at the hospital.
- P: The reason I was wondering was that Sam Banks served as the chaplain. One of the people that I have talked to who was very much opposed at the time to having a chaplain – and certainly one like Banks – forbade Banks to ever come into one of his patients' rooms. He presumably felt that Banks had gotten a little bit out of line in terms of the way he was administering to the person. This could have been just oversensitivity on the part of the doctor involved, however. But,

you did not have to face up to that question so long as you were here?

W: Not when I was there.

P: Was it while you were there Mike, that they gave it the name Shands?

W: No, that occurred I would say several years after.

P: Do you remember working at all with Senator Shands [William Shands, member Florida Senate (1941-1957)] in the 1950s?

W: Only on a couple of occasions when he went with us to Tallahassee when we were processing one thing or another – legislative or building matters.

P: During the 1950s, of course, the medical science building opened and the teaching hospital was under construction.

W: It opened in the late 1950s.

P: That is right and it was almost dedicated by the time you left. So there was a very vast expansion down there. How did this affect your day-to-day working relationship with men like Poor and Harrell? You were busy and they were busy. I am presuming that Harrell's duties as dean were more in 1958 than they had been in 1954; and I am presuming that Russell Poor had many more things to do and you had many more things to do. I am just wondering, to what degree were you able to continue to counsel on a day-to-day basis with Dr. Poor?

W: I thought that you meant that expansion had taken place later.

P: To begin with you were just a small cadre where you could talk to each other whenever you wanted.

W: Well, as you would expect, my duties became more and more concentrated on the problem at hand – the hospital. As the structure grew, the day-to-day relationships grew with the construction company people and the architects, who were in residence at the time. My contacts grew with the personnel, purchasing, and accounting divisions of the University that we were being forced sort of against our will to use. Those activities took up more and more of my time and I had less contact with Dr. Harrell and Dr. Poor of course. But, I had to maintain contact because there were decisions to be made by them.

P: Only them?

W: Only them. I assumed more and more and more of the responsibility, but they

had to make certain decisions that involved relationships with the faculty – for instance Dr. Harrell's faculty – or with the University personnel over in the business office area. Eventually there would be a point at which I would have to either say to those people, O.K., I will go your way or I am not going your way, I am going to let Dr. Harrell or Dr. Poor decide. For instance, certain kinds of equipment when we were planning. I would be sitting with the equipment people, let's say about a chair or a desk and we would say, O.K., we will put that on this, this or that. Some of the faculty would say, I simply am not going to accept that kind, or, I do not like that brand and I am not going to take it. Well, I had to talk over major decisions but I was wise enough at that time to know that faculty are powerful people.

P: I would not think they would want to stand in your way.

W: Yes they did. But there is no need to alienate them and so I would just put it simply, O.K., the rest of them all want this so if you want something else then let's go see Dr. Harrell. I would say in most cases Dr. Poor or Dr. Harrell would point out to the members about the economy or whatever reason to go along with what the rest were going along with and that would prevail. Occasionally they would say to the person involved, I agree with you, and say to me, Mike, he is right.

P: When did the doctors begin treating patients for which the hospital received payment? Was that while you were there?

W: I dealt with some very small bit of that while I was there, but only in a very mild way. I was involved with some research. . .

P: That is exactly what I am leading into. I wanted to ask you what role you played in establishing the fee system and the decision of what was to be retained in the welfare project.

W: Well, my role was to gather data.

P: How did you do that?

W: I went to other places and visited. As an example, I spent a good deal of time with Dean Wood – no relationship – at Emory because they had an academic relationship.

P: Academic enrichment.

W: Enrichment. It finally was the model that they chose here. On the other hand the _____ situation was so firmly controlled by Dean Davidson that it would not

have worked at Gainesville.

P: Did your office have to approve the leasing of a car on money allocated for a reception, a social affair, or travel?

W: Up to that time my office as hospital administrator had not had the need for that. Travel under the University system always had to be authorized by your superiors.

P: I really was thinking about traveling that came out of the enrichment fund rather than that controlled by the University.

W: Oh, I was not involved with the actual set-up, development, and putting into place at the University. I simply gathered the data.

P: So, your office had nothing to do with approving a contract with Brasington for the leasing of an Oldsmobile.

W: No.

P: That was done, and it obviously had to be done by somebody. It may have been done by the department chairman.

W: Had I assumed the position of administrator of the hospital, I would have done everything I could to have avoided it; let them make such a decision.

P: Support it or oppose it?

W: No, I would have aborted making the decision. I would not want any part of helping make that decision.

P: Well, obviously they are big decisions and some rules and regulations were set down. I am sure that even today they do not allow an individual doctor to just spend money from the enrichment fund. There has got to be some supervisory agents.

W: There is the faculty's fund. As a taxpayer, I once sung that government could make it reasonable the way their standards here were. And that the money would be used in certain specific areas, not just simply letting an individual collect these goods. Obviously that could interfere with his teaching.

P: As a hospital administrator in the 1950s, did your responsibilities stop at the front door of the hospital or did you have some responsibility for the maintenance of the parking lots, lawns, and landscaping, that kind of thing?

W: Well, this in some part was a factor in my decision to leave. Nominally, I had it, in actuality I did not.

P: Do you want to explain that?

W: As a director of a hospital I was responsible for all of the things that went on in the hospital except the actual medical care of the patients. The maintenance and policing of those areas of the hospital that were public, such as parking lots and other areas, were nominally my responsibility. But the people who did the maintenance and were on my payroll were not employed by me, nor did I have the real right to hire or fire. It was all done over in the big building. The campus police had the guardianship, if you want to call it that. If I was dissatisfied with it I could ask for additional help. But it was not my decision to say, we will do that. I would have to go and put my hat in hand and say, I would like to do this or that. You as a faculty member I know have had this kind of experience. When you do make a request, they throw _____ in light of the budget and because of the pressure from certain other people. At this point we can only have so many guards, and things are going to have to stay pretty much how they are unless we can get additional appropriation.

P: So you were being told by the lot?

W: Well, I was not there long enough insofar as the opening of the hospital and employment of its staff. Because remember, I left before the hospital actually opened.

P: Why did you leave at that particular moment in time after you had spent so much of your own time and had devoted so much of your energy to the construction of the hospital? Why leave on the eve of its opening?

W: There were two basic reasons. One, even though I was neophyte insofar as ever having run a hospital, I had been given the responsibility in advance that it is your hospital to run, you will be the one that will be responsible for the success of it. I felt I could not assume the full responsibility if I had the authority. It is just that simple. The authority for some of the major functions in the hospital, particularly the business office area and the fiscal aspects of the hospital were not mine to control, they were the University business office's responsibility. I know that there are strong feelings on the part of some University officials that that is the proper way. I will point out that over a period of time my successors and the successors in the management areas of the health center have accomplished the separation of the hospital itself from the University's business functions and created their own board.

P: Traditionally of course, the business manager of a university controls all aspects of the university. Traditionally then, if you accept that point of view, the

operation of the medical center including the hospital would have been under his operation, which is I am sure the argument that Bill Elmore would have made. Now I gather from what you are saying that a hospital is different. It is not the department of history, it is not running a student union building, or operating an athletic program.

W: That is right. The hospital is really an enterprise of itself, of its own. As such, those who are responsible for the success or failure of the enterprise cannot be expected to really make it successful if part of the management decisions are made elsewhere and if other offices can either delay or veto management decisions. They have to be made in that enterprise. That is a revenue-producing enterprise, which in large degree, makes it different from a college of engineering and the other members of the University's family. That was my first and basic reason.

P: That presumably means not a personal conflict necessarily between you and Elmore, but a difference of opinion or philosophy between the hospital and the business office.

W: That is correct.

P: Where did Poor and Harrell stand in this conflict?

W: I think that philosophically they were with me. In actuality that was a time when they could not afford to rock the boat with the budding relationship with the University itself – the business office, the president's office, and all of the other members of the University faculty that they would be calling on for support and understanding. I think they felt that that was not the time and that the issue was not great enough to take a stand at that moment.

P: Even though they knew that they might lose you in the process?

W: Yes. Because I think at that point, I nor even a very experienced, tried and true hospital administrator with a good track record would have had to made that decision, which was, let's do not at this point make an issue of this. Let's wait on down the road, until it becomes evident to those in the University that what you are saying and what we are feeling is true.

P: You indicated that that was only one of the reasons for you making the decision to resign and move on to something else.

W: I had a second and I think equally strong belief. By the way, even then the University was getting a lot of publicity; the medical center and health center were getting a lot of national attention in hospital circles. I had been in contact with people in other hospitals throughout the country. I had made contacts and

they had come to know me through meetings that I attended and so on. I had five other institutions approach me and I had turned them all down.

P: So you had other job opportunities.

W: Yes, and they would have meant more money even than the move that I made. But I felt at the time that I would not have been smart to make that kind of a career change because I had real hopes that we would open the hospital and that my concern about the University control would have been at least diminished if not done away with. When this Jacksonville situation developed, it came through medical people who were on the dean's medical advisory committees. It also offered an opportunity for some very long-range plans on the part of the dean and the provost that twenty years from the day that we opened that hospital in Gainesville, there would be a need for the expansion of the J. Hillis Miller Health Center and what is now Shands. For various reasons they both thought that it would be difficult to make that kind of expansion on the Gainesville campus. The Duval Medical Center County Hospital has certain characteristics that would have lent themselves very valuable to a long range program of expansion into a satellite campus for the medical school. After consulting with Dr. Harrell and Dr. Poor they told me that they felt at that time that probably my best decision would be to come over here; it would make me happier and it would also open up doors, they thought. Also at that time, one of Dr. Harrell's very close friends, Dr. Max Michael, was coming into Jacksonville to the Duval Medical Center to head up a program for a co-operative residency among the Jacksonville hospitals. They felt that Max and I together might do some good in preparing the way for expansion.

P: When you left Gainesville, was this a transfer or did you. . . ?

W: No, the two institutions were in no way related to one another.

P: So you ended your tenure with the University of Florida?

W: Totally new thing.

P: So you came to a new operation – new payroll, new everything?

W: Right.

P: When did this take place?

W: In July of 1958.

P: But it was obviously not an overnight decision, you must have been leading up to

it.

W: No, I was first contacted in November of 1957 and agonized over it. I visited Jacksonville – I visited the board of the hospital and was interviewed by them several times.

P: Of course, you knew Jacksonville. It was the city you grew up in.

W: That was my home. The board over here had been considering others, but it was apparent that they had set their sights on me. They made it a very attractive situation.

P: Did you lose or gain, dollar-wise?

W: I gained tremendously.

P: You left the Gainesville community in the summer of 1958. Who succeeded you?

W: Well, perhaps because of documentation of my concern about the University's control over the business and fiscal areas, there was nearly a year and a half or two years before they got a successor. They interviewed a number of qualified men; people from Duke, Chapel Hill, St. Luke's Presbyterian in Chicago, all of whom turned them down.

P: Who was the successor?

W: Altbazer. He had advised Dr. Harrell initially, early in the 1950s, about what to look for in a hospital administrator and so on, so Dr. Harrell knew him. He came down and acted as a sort of interim hospital director until Russ Jordan came down [Lemuel Russell Jordan, Director of Teaching Hospital University of Florida (1959-1967)]. Russ was director of clinics up at Duke University. I do not recall the exact length of time, but it was considerable. It was more than a year before they got a replacement for me. A number of qualified people turned them down. The reason I know this is because I would get calls from them and I would ask what the situation was there. I did not try to discourage them, I just gave them what I hoped was a factual account of the situation.

P: What was the working relationship between Harrell and Poor? Did it continue to be a warm, close working relationship?

W: As long as I was there it did. Toward the latter part of my tenure when the professional medical aspect of the medical school became more and more paramount – and in fact was a major part of the health center activities at that

time, with nursing coming on the scene and Dr. Poor in pharmacy beginning to have discretions about how things were going to take place – I think their relationship became, well I will not say strained, but at that point Dr. Poor had to arbitrate among Dr. Harrell, Dr. Smith [Dorothy Smith, Dean of College of Nursing University of Florida (1956-1973)] and Dean Foote [Perry A. Foote, Dean of College of Pharmacy University of Florida (1949-1967)], keeping in mind the total picture of the health center.

P: We are talking about Dorothy Smith, Dean of the College of Nursing, and Perry Foote, Dean of the College of Pharmacy?

W: Yes. As those new members of the health center began to become actualities, there were times when there was conflict or at least differences of opinion between the dean of nursing and the dean of medicine. There were times when Dr. Poor in his wisdom would have to make a judgment that was not what Dr. Harrell wanted. The same way with Dr. Foote. In the long run, Dr. Poor had the responsibility for the decisions that had to be made in view of the faculty of the University or the medical community of Gainesville. There were times when he had to make a judgment which I am sure was not what Dr. Harrell wanted.

P: It sounds to me throughout our conversation that you strongly supported Poor if there was an area of disagreement. Did you share his philosophy do you think more so perhaps than Harrell's?

W: Well, maybe it sounds that way. I have to say that I felt and I still feel that George Harrell borders almost on genius. His grasp of architectural matters, of engineering aspects, of mechanical things in a hospital and in a building is phenomenal. He has knowledge of the spatial relationships among departments, even as to what size an examining room is and how big an examining table ought to be. He has that kind of detailed information available in his mind. At the same time he comes up with conceptual things like carrels for the medical students in between the library and the hospital. He has those kinds of concepts. Medically, as a professional I am told he was really excellent. I think it is the areas of administrative judgments that I found myself supporting Dr. Poor. I think Dr. Harrell's management and administrative knowledge and ability, while they were better than most people, were not as good as Dr. Poor's. As an administrative type, I guess that you would expect me to say that.

P: Mike, obviously in an operation as complex as the medical center, there are going to be personality differences. We are not talking about robots; these are human beings and they are the products of their background and experience and so on. So you would have some differences of opinion between Dean Smith and Dean Foote and all of these other people. However, did you find any real personality clashes within the people making up the staff and the faculty that got

in the way of the operation of the school?

W: No. There may have been, but if there were I did not detect them.

P: Nothing that became so explosive that it created a problem for the school itself?

W: No.

P: Obviously there are personal things – divorces and all of those kinds of things involving the personnel. But that had no effect on the operation of the medical center?

W: No. Nor do I recall ever a difference of opinion that became so major that it caused ill feelings.

P: How did you handle, as the hospital administrator, the matter of integration which began to emerge in the 1950s?

W: I may be wrong, but in 1958 when I left I do not think the laws had been enacted, nor the programs such as affirmative action allocated. I think most of those, even if they had been passed, were not really enforced until the early 1960s, and some not until the late 1960s. So that was no problem at all. It never emerged as a problem.

P: In the planning for instance of clinics and hospital rooms and so on in the hospital, did the question of segregation arise?

W: That never arose. The criteria that were used were medical and that was all.

P: See, Alachua General Hospital was a segregated hospital in that there were clinics for blacks and clinics for whites at that time in the 1950s.

W: In the planning stages the hospital only designed patient rooms, patient floors, single, two bedroom, or multi-bedroom. In the clinics there were clinic spaces allocated to medicine, surgery, etc.

P: So you did not have a black waiting room and a white waiting room?

W: We never even discussed that.

P: In the emergency room, there was no black waiting room or white waiting room, as there were in the traditional southern hospital settings?

W: Obviously, had it not been the law and had it been legal to segregate and had a

need arisen, it is very simple to say this floor is for black, this floor is for red.

P: But you did not need to do that?

W: That was not even considered.

P: Were you at all involved in the family planning concept? The idea of taking the doctors and medical services out to the many poor counties around Gainesville?

W: No. The only way I got into planning of that sort was when it became a question of whether to do what the medical school in Louisville, Kentucky, did. That is, whether to create a central spot in a carrel for a student and then you bring the professors to him. Dr. Harrell's decision was you create a situation where the student can be taken through a logical sequence.

P: I understand that. That is not really what I was asking about. Originally when they decided to locate the medical school in Gainesville it was based upon the feeling that people could get to it. They had the roads, and within three hours you could get to Gainesville and it was no big deal. The question I am now developing is about taking the medical school out to the county – to the people who could not afford either the time or the money to come to Gainesville.

W: Well, that concept throughout the nation is no more than ten or fifteen years old.

P: So that came after you left Gainesville?

W: That was really, I guess you would say, sponsor-made – the idea of the outreach service came about when medicare came along. When cross-containment and the high cost of medical care became so paramount, solutions such as extended care, nursing homes and home care programs were devised. The outreach clinic is an outgrowth of the attempt to de-institutionalize much of medical care – to make it not only easier on the patient, but less expensive in an overall picture. So, I was not there at that time, no. But that is only ten or fifteen years old.

P: Were the 1950s also too early for the issue of feminism? The need of bringing women in – women doctors and so on?

W: Historically, it must have been too early. However, as in the case of color, that was a question which never arose. Things were fairly well compartmented. When you looked for a head nurse, the resources that you had were all women. There were not any male nurses that could become chief of nursing.

P: But when you were looking for a chairman of radiology.

W: I remember the first gentleman we interviewed was Dr. Herbert Carmen. He has

a private practice now in the Daytona Beach area. Then he was in Lexington, Kentucky at the University of Kentucky at. When we looked for a head of radiology, or a chief surgeon, there were not many female candidates. The first time to my remembrance that that arose was when they began discussing a need for a physical medicine, or physiatry. That was a concept that physical rehabilitation was a team approach, that it had to be other just physical medicine, or physical rehabilitation, you had to have all of the other people in on it. They did develop a specialty they called physiatry. When they became sold on this concept, Sam Martin knew a lady who was named Harriet something, who was one of the outstanding people in the country. Dr. Howard Brush at the Institute of Rehabilitation in New York had recommended her. I remember that she was one of the candidates that came and she was the one that they wanted. I left before she came on board, so I do not know whether she ever came on board. But, I sat in on some of the discussions and there was never any comment made, well she is a woman, she is a female, or what about that. She was a qualified physiatrist. I do not think that ever became a factor.

P: Even today as you look over the staff, there has always been and is a female as dean of nursing. But to my knowledge there are no other women deans in the college, nor have there been women deans.

W: That is probably true.

P: Or chairs of the departments either. I may be mistaken, but I do not think there have been very many.

W: Of course I have lost touch with them. I probably would not know who the chairmen of most of the departments are.

P: Well, I was really thinking of the 1950s when you were there. I agree that neither the question of segregation nor the question of feminism historically had yet really emerged.

W: I do know that the emphasis was on qualification.

P: What about support agencies? That may not be the right word to use. I am referring to organizations like the American Cancer Society. Were you the person who worked with those people?

W: No, at the point when I left, organ transplant resources, Easter Society, Muscular Dystrophy, and all of these various agencies were really not that active. The American Cancer Society and the American Heart Association were about the only two that I can recall that were active in the field of developing funds. The only activity I had was to set in motion the quest for an auxiliary – a pink lady

organization. I left before that really came to fruition, but Mrs. Miller, I think stepped into that breach.

P: She developed the patient service agency together with Virginia Myer.

W: Yes, I think she was one of the early ones that got the pink lady organization going.

P: Dr. Ray [Francis Earl Ray, Research Professor of Pharmaceutical Chemistry University of Florida (1949-1968)] set up a cancer building behind the present journalism building?

W: Yes. That was the only activity at that time for cancer. Of course, he worked with Dr. Harrell when they planned to set up two more clinics and two more registries.

P: Now, obviously there is much larger support from agencies; buying particular pieces of equipment and so on for their own special areas.

W: It is a situation where you have to seek those monies. Most hospitals have an active public relations, or what they call development departments who are beating the bushes looking for donations.

P: Now, none of that was in place at all when you were there?

W: No. In fact it probably did not get into place until 1959 or 1960.

P: Or even after that, the solicitation of private donations through the foundation.

W: No, none of that was going on when I was there.

P: That is a big thing now throughout the University.

W: Yes. It is a major source of funding, and with the federal funds drying up, it is going to become more of a problem.

P: What about your professional life after you left Gainesville? What happened to you then? You moved back to Jacksonville and moved into this new activity here.

W: I became the chief executive officer of the county hospital at the Duval Medical Center.

P: Where was that located?

W: It was located in Springfield in a poor section of the city, an underdeveloped and very old section.

P: This was on Eighth Street, behind St. Luke's hospital?

W: Right. When I came the hospital had lost its accreditation. The patients were for the most part indigent, black, and poor white. The hospital had the only medical, surgical, and other educational medical residencies in the community. The other hospitals have had a few but they lost them. The buildings were old, the equipment was dilapidated, the staff were civil service personnel for the most part, and the board was under Duval county hospital authority. It was called the welfare board, actually, and they also had responsibility for other welfare programs in the city. My first job was to get some adequate staff assistance – four of them to help me start getting the thing ready to get accredited. Once that was done my major activity consisted of trying to upgrade the equipment and the facilities through a series of renovative programs in several different parts of the hospital. The third area, and one which was the most challenging and yet the least rewarding, was to joust with the county and city civil service boards to get adequate performance and productivity out of staff that were largely poor producers, and relatively few who were really good employees. It was difficult to reward them because of the almost union setting that the civil service restrictions placed us under. While I was doing that I also had the problem of beginning to find medical professional resources to replace the voluntary services that the physicians in Jacksonville had been furnishing. For a number of reasons, but in large part because of the economic impact of the IRS restrictions, the doctors were finding it impossible to give too generously of their time out there to teach the residents and give services to the poor. I began a program in time to get the board and the medical community interested in some full-time positions. That presented a number of problems but, at any rate, we began that program. At the same time we began a program of trying to sell the community on a new hospital, which is now in place as University Hospital.

P: How long did you remain in that activity?

W: You mean until I retired. I was executive director of the Duval Medical Center and later University Hospital from 1958 until 1980.

P: You retired what month in 1980?

W: In July of 1980.

P: What did you do, in addition to that activity, between the time that you left Gainesville and the time you retired? Were you doing consulting work during

that period also or was this a totally full-time activity?

W: This was a full-time activity. However, I was very active in professional levels of hospital activities on the national, the state, and the local level.

P: I see from your vitae that you had a number of professional involvements during that time.

W: But those were all voluntary. They were all serving the hospital business as a whole, such as president of the Florida Hospital Association, as a delegate to the American Hospital Association, and a number of those kinds of activities. Local government, state government. . .

P: These are the honors and recognition that you got as a result of your professional standing?

W: Right. And in so doing I gave some leadership or had some impact on the legislature. I think I am proudest of the fact that I was engaged in post-graduate education of hospital administrators.

P: Did you have any kind of a formal professional relationship with the medical center at the University after 1958?

W: At first it was very informal, in that I went over to the program and gave lectures on a sporadic basis, nothing regular. Each year their class would come over and spend a day at our hospital and I would spend two hours with them discussing what hospital and health administration was from the real-world viewpoint. Each year I took a student who was in his last year of his masters' program and that candidate would spend a year as a resident in hospital administration under my tutelage. I had twenty-four of those and they are now running hospitals in various parts of the country. Some of them are planners, some of them are educators; they are in various parts of the health field.

P: Specifically at the University of Florida, had you served as a consultant in any way with them – in building expansion, innovation programs?

W: No, not with the hospital or the medical school. I have served as a adjunct instructor with the program in hospital and health administration.

P: Have you been called upon by the University in terms of supporting – not personal giving of money, but helping them to raise money, that sort of thing?

W: No.

P: The [Alumni] Foundation has not solicited your corroboration in doing things like this. So, you have had no formal relationship with the medical center since the end of the 1950s, except you did come over upon invitation to give lectures and you worked with programs here in the Jacksonville area?

W: Right.

P: But it seems as though you had a busy two decades during the 1960s and 1970s; very fulfilling from a professional point of view.

W: I have. The first ten years were possibly the most enjoyable in that my board and I had the destiny of the hospital. In 1968, Jacksonville consolidated and our hospital and its board were swept under city government. I began to joust with the city personnel and other service departments who tried to assume the same sort of domination that I had disliked at the University of Florida. The city council had dominance over our budget and because I refused to concede to requests that were not in the best interest of the hospital, I incurred the animosity of some members of the city council. I engaged in pretty much a public battle with them in order to keep our hospital afloat. As the board and I viewed it, we had built a faculty of full-time physicians that when I left, was more than 150 full-time, highly qualified, professional physicians. Our relationship with Gainesville's faculty and all had improved and things were accomplished in spite of the fact that we were battling city hall for trying to manage our hospital. I have had satisfying years seeing University Hospital grow and become a center of medical education as well as becoming a hospital and a set of clinics that really offers excellent medical care.

P: What have you been doing the last six or seven years?

W: When I retired I thought that I would retire to the yard and the golf course. I had no more announced my intention when I was contacted by a number of firms who wanted me to represent them – hospital consulting firms. It appears they had inquired about me and had been told by my peers in the business that I had their trust. Consequently I have formed a little corporation of my own as a consultant, Mike Woods, Inc. The majority of consulting work that I have done has been to open doors for a very well-known firm that I contracted to represent on a part-time basis, Robert Douglas Associates out of Houston. When I retired a group of hospital administrators in Jacksonville who had been asked to form a metropolitan hospital council came to me and asked if I would help form it and be their honcho. I think I had their confidence and respect. So we formed it. We are chartered to be a political action committee. My duties for them involve maybe three or four days a month. The hospital directors only get together on common problems, whether local, statewide, or national. I still attend meetings of the Florida Hospital Association and the Regional Board of AHA and those

kinds of activities. So I still keep my hand in.

P: Were you at all involved in the Mayo Clinic coming to Jacksonville?

W: No, other than in expressing my opinions to the press. To anyone who asked I was not. You see, through my little job as executive officer of the Jacksonville Area Hospital Council, I am representing all nineteen hospitals in Jacksonville. So I would have a conflict of interest to really become involved in doing anything that did not have the full blessing of the council. I think you must be well aware that all the members of the council were not in favor of the Mayo Clinic.

P: As you stand now, seventy-five miles from Gainesville and aware of the expansion and growth of the medical center there, how does it look to you? Is it going in the right direction? Has it departed too much from the original philosophy and aims and goals that were set up in the 1950s by men like Harrell, Poor, and you?

W: Well, Sam, I really do not know.

P: It looks like a colossal thing when you just look at the building.

W: Well, if I recall it was emphasized to the medical community of Florida that basically this was to be a medical institution of trained family practitioners. In those days the words "family practice" were not used, it was a little different title. General practice was the word then. Whether or not the University's medical school is producing family practitioners I cannot say.

P: Or doctors with a liberal arts background, which is one of the things that Harrell emphasized.

W: Well, that also I cannot say because I do not know what they are requiring in the way of admission; what the admissions committee is looking for and who they are accepting. I want to emphasize that while I was at University Hospital, I frequently held the University of Florida as far as I could at arms length when relationships between the two of us were being discussed – the utilization of University Hospital in Duval County as a satellite campus. There have been negotiations that have taken place over a period of years. I felt they were all too beneficial to the University of Florida's Medical School and not at all as beneficial to Jacksonville as they should have been. There was no quibbling and that is how I felt it should have been approached. I have never felt that Jacksonville should not be in the plans of Gainesville. I have always felt that Gainesville should look to Jacksonville and University Hospital as the next step for the University of Florida's medical school program. At the time that I was involved I felt that we were not getting what we should have been in exchange for what we

were offering. I think the most important aspect that is frequently not understood by people in Jacksonville particularly is the University's need for extremely valuable assets that they would get for undergraduate medical educational purposes – the first four years. See, most people in Jacksonville – at least those that I have contacted; politicians, board members, community leaders – think of our University Hospital as a place Gainesville needs for post-graduate medical education and residency programs. Gainesville does not need us for that – I still say us. They really need us for the expansion of the medical school undergraduate program itself.

P: Mike, as we are now at the end of this long conversation that you and I have been having today, from a personal point of view do you feel that you made all of the right decisions for your own professional life? Going into medical education, going into many of the things you have done? Do you have any regrets?

W: No. No, I do not think I made the right decisions always. There is one wrong decision I think I made. I did not go to law school. As I have looked back over my life I wonder if I really decided when I made that decision not to go to law school.

P: You mean you would have preferred being a lawyer?

W: Put it this way, I have had a lot of experience and dealings with lawyers through testimony suits and legal matters that hospitals have been very much a part of, and I have had people tell me that I would have made a hell of a good lawyer. As I have looked back on my life and my basic assumptions and all, I sort of feel that I probably would have. I think I would have. I will not say I made a wrong decision, I am just going to say I am not sure I made the right decision. From that point on though, I would not change anything.

P: You do not feel discontented or unhappy by the looks of you.

W: Oh, no. I think the decisions to go into the health center and to come to Jacksonville – even though I had some agonizing moments, particularly the way the press treated me – were right. But I am sure there are a lot of people who have read press items about me when I was jousting with the city auditor who later became the administrator of University Hospital. Within six months time there was a grand jury investigation and he was told to get somebody into the hospital that had hospital experience. I hope you will not use that.

P: That is fine. You are giving your personal opinion about things.

W: Even though I fought hard and was maligned, my ethical and moral concepts have been stuck with. I think that University Hospital was built by Mike Wood or

at least has gotten there largely through Mike Wood's efforts. The faculty, the programs, the full-time people, the things that go on there I had a hell of a lot to do with. And so, I look on that as an accomplishment with a great deal of satisfaction. I still wonder what would have happened if I had gone to law school. I may have been richer.

P: I want to tell you how much I have enjoyed this. It was a very fine experience for me and I think we have gotten a lot of things I wanted to get. It has been a good interview and you have filled in a lot of the holes. You are just one of many that I will be talking with and one of many I have already talked with. All of the pieces of the jigsaw puzzle pulled together make up the history of the health center.

W: Well, it has to be fascinating. I was a little disappointed in the health center series – the five volume set by the commonwealth.

P: I did not even ask your opinion of John McLaughlin and people like that.

W: I was very fond of John. I never had conflict with him there, but in some classes.

P: That is right because he was chairman of sociology for many years. His wife is now remarried, Mrs. Ring is a very close friend and in fact she is a retired faculty person and does some interviewing for us in oral history. Not the health center, but other projects.