

BMC-2

Interviewee: David R. Kenerson

Interviewer: Alan J. Bliss

Date: May 9, 2005

B: Today is May 9, 2005. I'm at the home at David R. Kenerson in St. Petersburg, Florida. I'm interviewing him for the Bayfront Medical Center Centennial History Project. Mr. Kenerson, would you please tell us your full name, and where and when you were born?

K: I'm David Ryder Kenerson. Ryder is my mother's maiden name. I was born in Winchester, Massachusetts on April 16, 1916. What else was [the question]?

B: Who were your parents?

K: My mother was Charlotte Ryder, and my father was Edward H. Kenerson. My father's father and my mother's father are both Dartmouth graduates in the class of 1876. When it came to my turn, I had an older brother who was the class of 1928 at Dartmouth. I had absolutely no choice at all, and I went to Dartmouth. I graduated from there in 1937 and took a fifth year to finish in the school of business there. My first job was in Concord, New Hampshire as a business manager of the New Hampshire State Hospital.

B: Just to make sure I have the facts correct on the record, you were born on April 16, 1916 in Winchester, Massachusetts, is that correct?

K: Right.

B: Is that where you spent your youth; your growing up years?

K: Yes.

B: Where did you go to school as a youth in Winchester?

K: Mostly public schools, but two or three years before I went to college there was a new private school, run by a Dartmouth man, of course, that my father wanted to help. I went through seventh, eighth, and ninth grades at the Water Well, we called it. I don't recall now, but it doesn't exist anymore.

B: What were your parents' occupations? What did your father do?

K: My father was a partner in Ginn and Company Schoolbook Publishing Company.

B: That's Ginn spelled G-i-n-n?

K: Right. Mother, I forget about her college work, but she was a teacher and she

taught out in the Midwest somewhere. They were smart people; both of them.

B: It sounds like it. Was your mother a Dartmouth alumni as well?

K: No, they didn't have women in Dartmouth in those days.

B: Oh, you're quite right.

K: That was horrible. The world turned over when [women were allowed in].

B: Well, it was a mixed marriage, but it had to be, I guess.

K: Oh, yeah.

B: What's your earliest memory of your childhood?

K: Probably when I was five or six years old.

B: Was it when you were a school student or before school do you think?

K: I don't know.

B: I'm wondering if you recall having an ambition for what you would become when you grew up when you were a child. Do you recall having a particular idea in mind about what kind of a job you would like to wind up having as an adult?

K: No, I never got too specific about that. Probably the person whom I admired the most was my older brother, John, who was the product of Dad's first marriage to Margaret Ryder. Margaret Ryder was older than my mother and she died in 1909 when the second child she was bearing, and John was her firstborn. He was born in 1905. He was [in the] class of 1928 at Dartmouth. So Dad had five years of not being married, but he married into a family of six girls and one boy. Of course, the boy went to Dartmouth, too. Dad was born in 1880, so he married Margaret Ryder, and I don't know when she was born exactly, but she was probably closer to his age than was my mother, Charlotte, who was a younger sister. After five years of batting around in Vermont and New Hampshire in his sales job for Ginn and Company, he used to spend weekends in Bellows Falls, [Vermont] where he saw all the other girls and the one son. So he eventually married Charlotte, who was my mother, and kept things in the family. So John is a three-quarter brother, I would call him.

B: I was going to say, more than a half-brother by some measure. That's a great story.

K: He went to Dartmouth and graduated class of 1928. I had several weekends

with him while he was in college. We went skiing together and so on. I really looked up to him. He was my mentor, I guess.

B: When you were attending Dartmouth for your bachelor's degree and your business degree, did you have ideas about what you were going to do once you finished up at Dartmouth?

K: No, not really.

B: You knew you were interested in a career in business?

K: To me, that was basic preparation for most any job, whether it was a non-profit organization or whether it was a business organization. I think that's the way my dad felt about it. I had no specific notions as to what kind of a career I would have. It happened that my first job was in a state hospital. That set the thing for me. The state hospital, you know, my dad has funny ideas. He thought that was great for me, in a relative protected environment. The man who was a superintendent was a Dartmouth man, so he could do no wrong. He was a very shrewd, soft-spoken guy, who some fast-talking New Yorker might consider stupid. He was a very acute, aware person. He could stand silence. If you didn't have anything to say and didn't want to add on to any remarks he made he'd sit there and wait for more. A lot of people couldn't stand that and would start babbling and make an ass out of themselves. Oftentimes when I was in his office and we got to talking, I would sit there silent and he would finally break down and ask me something else. [Laughter] I could stand the silence. He could, too.

I had been hired because the man who was the manager of the business areas of the hospital was not being loyal to him. He was playing politics down at the statehouse, in Concord, the capital of the state. That's why he wanted me. Six months after I got there he fired the guy. I took over in his place, and I made it my business to get acquainted with all the department heads and get around the place. I worked on the budget for the doctor. He and I had a pretty good relationship in terms of comprehensive information that I was able to pull out and get. My view of the budget so forth and so on. I guess I satisfied what he needed. He needed somebody he could trust, and I was new, young, and inexperienced, and that made me amenable to guidance I suppose. I don't think he ever had a worry at all about me. I'd discovered the world of hospital management magazines and started reading them for articles about hospital management. I began to get a focus on what I was going to do when I saw in the magazine a story of the University of Chicago's management MBA program in hospital administration. That caught my eye and I wanted to do that; to get an MBA in hospital administration. I did not want to go to Chicago particularly, because all they did was to tack on one year of study in their business school and they got an MBA out of it. The second year of the program was under the

mentorship of a well-known, outstanding, successful hospital administrator. It was carved out. I could see my avenue; where I wanted to go. The doctor, God bless him, asked me in 1940, would I like to go to the hospital convention in Atlantic City?

B: When you say the doctor, you're referring to [whom]?

K: He was the M. D. at the hospital.

B: At the state hospital in Concord?

K: Yes.

B: What was his name, do you remember?

K: Charles Dolloff.

B: Dolloff?

K: D-o-l-l-o-f-f. [He graduated in the] class of 1903, which happened to be my father's class.

B: Another Dartmouth alumni. That's another Dartmouth alumni in addition to the man you worked for who was the head of the hospital? Or was the doctor the same as the person who was the head of the hospital?

K: He was the head of the hospital. Dolloff was the head.

B: I see.

K: He was an MD, but he had his degree from Dartmouth in the class of 1903.

B: He was the senior administrator? The principle administrator of the state hospital?

K: Oh, yes, he was the boss.

B: Let me get this clear, backing up just a moment before we go into the MBA program in hospital management. When you were working at the state hospital in New Hampshire as the business manager, first as the assistant and then as the principal business manager, it sounds like you really had a responsibility of doing a lot more than just paying the bills and supervising purchasing and that sort of thing. It sounds as though you were responsible for overall capital budgeting and attention to revenues?

K: You couldn't call it that. I was too young to have all that. I could understand the budget. I knew what the figure said. I knew where the income was from and prorations. I knew what was being spent and the salaries and the personnel and all of that sort of thing. I had the time and the interest to really understand all the details of budgeting for the place. I think the doctor had a good comprehension too, but perhaps not so much in detail. My first work was to study the budget and prepare a budget for next year. I got there in the middle of the year, so there was plenty of time to do that. He had deadlines to meet coming in the fall for the state people. I grasped that and got an understanding of the departments and who was in charge. Whatever questions I had I could ask the doctor and he could straighten it up for me.

B: To help us understand the nature of that work, how large was the hospital at the time you got there?

K: It was a small town; 2,800 patients.

B: 2,800 patients in the hospital?

K: Yeah, and probably a staff—I don't recall the numbers on the staff—I would say 1,000 maybe.

B: That's huge.

K: Oh, yeah. It was a big institution.

B: That's a giant institution. Even today that's a giant institution. But about 1,000 employees. Who managed the employees? Were they under the supervision of the doctor?

K: The employees reported to department heads. The employment process was governed by state rules and regulations. I don't think we had somebody that was called personnel director, but Dolloff, if we had one, was really the personnel director. Whether we had somebody with a job title that I don't remember.

B: You cut your teeth on a major institution.

K: Oh yes, but I was new. I had been through business school, I could understand figures, I could understand budget, and I could tell them what I saw, what I was looking at. I went out to the departments. We had a farm operation there. I went and visited with the farmer who was the manager of the farm. I could see what was going on. I could go down and talk to Dan Shea, who had been with them a long time and knew the hospital, and he managed inventory. He placed orders for whatever was needed. He had to go through the state purchasing agent.

B: That's S-h-e-a? Dan Shea?

K: Yes. A lot of the folks that were on the payroll lived at the hospital. Dan lived in a house along with a couple of other doctors in other houses and a lot of the important people, department heads, had living accommodations on the campus.

B: This was a comprehensive hospital . . .

K: [It was a] mental hospital, purely mental, and it was a place where local communities committed their patients who were off their rocker.

B: You said there was a farm; apparently the hospital owned its own produce facility.

K: To some extent, yeah.

B: I see, and that was locally there in the Concord area.

K: Yeah.

B: That's amazing; that's a huge institution. Well, you were about to discuss the doctors' acquiescence with your idea about this MBA in hospital administration, I believe.

K: How I got there was he sent—a professor of psychology who was on sabbatical, and during his sabbatical at the hospital for whatever reason, because he had a lot of crazy people there and he could talk to them—sent him to see if there were any candidates graduating in, what was it, 1939, 1940, that might like to come there and be this administrative assistant, or whatever he wanted to call me. So the faculty in Hanover thought about me for some reason and suggested that I might be a pretty good candidate. So, I had an interview with this professor. He was one of these jolly talkative types—did more talking than listening—but he formed some kind of favorable impression of me and reported back to Dolloff. I then got an invitation to come down and meet him; that was the longest personnel interview I ever had that was characterized by very little conversation. We would sit and look at each other and he'd ask a question and I'd answer it; I'd wait for him to go on and he'd wait for me to not be able to understand silence and to babble, but I didn't babble. If I had something to say I said it, and if I didn't have anything to say I'd sit there and wait for his next move. I don't know; I think he met his match.

B: You must have unnerved him at least, or at the very least, matched his ability.

K: Yeah, but I came through with honest answers to his questions, and he was an

astute observer of personality. He knew he was getting a straight skinny, and I guess he liked that. He needed somebody he could trust; that was his problem. This old buzzard there was unfair and disloyal as you could be.

B: From when to when did you work at the state hospital?

K: [I worked there from] . . .

B: Was it 1938 until 1940?

K: Yeah.

B: Then from there I have you as interim hospital administrator at Iowa Hospital. Am I reading that correctly?

K: Well, administrative assistant I guess. It was an internship really. At the state general hospital in Iowa City, where the University of Iowa is located and which had a big medical school with patients who came from all over the state—and the superintendent of that general hospital had organized a wholly owned transportation system to get these patients from all parts of the state into the general hospital. Instead of paying local ambulances to bring them, he organized a fleet of ambulances specially designed to bring people who were still in bed or would have to be lying down. They took out the front seat on the right hand side so they could put a stretcher in. That was a major investment in a transportation system that he organized and got permission for, and which was funded by state money, [but it] reduced the cost of transportation from local ambulances by fifty percent. That was substantial.

B: And this was part of your internship?

K: It all was accomplished—I didn't have anything to do with it—but he had a young man who had come to him to be the administrator of the children's hospital, and there was also a small mental hospital tied in with this general hospital. The man who had been the special guy at the children's hospital had left to accept a post down in St. Petersburg here at Mound Park.

B: How about that? Was that the first time you heard of this hospital down here in St. Petersburg?

K: Yeah.

B: That was quite early in your career.

K: Oh, yeah. But by the time I had become ready for a place like St. Pete, he had left to be the administrator of a big hospital—I don't know whether it was

- Pennsylvania, but someplace up north closer to his home.
- B: There was an administrator who left Mound Park in 1956 to take over an institution in Indianapolis, Indiana.
- K: Yeah, that was the guy.
- B: I'm trying to remember his name now. It'll come to me in a few minutes—I've got it in my other notes—but I know who you mean.
- K: That was the guy.
- B: So you had first encountered him at Iowa.
- K: Yeah, he was the head of me there. See, the funny part of it was that Mr. Neff, who was the administrator at Iowa, hired me as whatever you wanted to call me, because he could see me those four years at Chicago. I just assumed I had only a year to be there, and I was making plans as to what next I would do when my term expired, but his plan was to put me in the children's hospital on the cheap. I had beaten him to the punch because somebody who lived in Iowa came to the hospital in Iowa City to talk to somebody like me who was there as an intern or whatever you wanted to call me. He was employed by the Kellogg Foundation in Michigan, and they wanted another guy to come in over there. They wanted another guy to come in over there, in Michigan.
- B: Over there meaning at the Foundation, or the hospital?
- K: The college; the Kellogg Foundation supported rural Michigan hospitals with a very special kind of program. They paid the salaries of two key diagnostic people; the first was a radiologist, and the second was a pathologist. Their strategy of improving health in Michigan was to subsidize the radiology and pathology departments with qualified people, qualified doctors, so they at least got good diagnostic work done for the patients at those rural hospitals.
- B: Would this be a radiologist and so forth at each institution?
- K: Yeah, or maybe a combination of neighboring hospitals sharing a radiologist or pathologist.
- B: Sort of a circuit riding pathologist.
- K: Yeah, but it was the Kellogg Foundation's strategy—they got a hand from Carolina, who had a lot of work and experience in developing programs to help rural hospitals. So they were in good hands, but they wanted young people with training and college education and so on that could graduate and move into a local hospital as administrator. That was part of it, but the major emphasis was

getting qualified board member pathologists and radiologists to do the diagnostic work in two or three hospitals at a time that were close together.

B: What were they interested in hiring you to do?

K: [They wanted me as a] potential hospital administrator for a small rural hospital.

B: Had you at this point completed the MBA program in hospital administration?

K: I never got in as hospital administrator.

B: Oh, I misunderstood.

K: I got an MBA from Dartmouth College, and I had that by the time I went to work at the state hospital.

B: Oh, I guess I thought that the internship in Iowa City was related to a particular . . .

K: Well, in a sense it was, and because I was seeking recognition as an MBA in hospital management, but what Chicago had was a two year program: the first year was in business school and the second year was under the mentorship of an experienced hospital administrator.

B: But you already had the business school . . .

K: Yes, I didn't need that. My purpose of going to Iowa was to be under Bob Neff and his experience in hospital management.

B: So you did that on your own hook, although employed by the hospital in Iowa, but not as part of an educational curriculum.

K: No. I could say it was the same thing as the University of Chicago and the people in Michigan and the Kellogg Foundation who were looking for well-trained and educated guys to move into possible hospital administrators roles in Michigan. That was why they were after me.

B: And successfully so, apparently.

K: And spoiled poor Mr. Neff's whole strategy. This appointment was up the first of September, so I made plans accordingly to see what I could do next, and this opportunity at the Kellogg Foundation came along, but Neff's plan was to put me in the children's hospital.

B: He must have been vastly annoyed at the Kellogg Foundation people.

K: And me. [Laughing]

B: But off you went to Michigan, then, with the Kellogg people. You went with them to what city in Michigan?

K: [I went to] Battle Creek.

B: Was that where there was a hospital that you worked at?

K: No, that's where the foundation was.

B: So you worked at the foundation headquarters.

K: They took me around to visit various places and so on. That wasn't a very worthwhile experience. Graham Davis was the program director; a real charming southerner from Carolina or Georgia. But they had nothing to offer me in terms of being an administrator of a hospital. So, in the hospital world— Bernice Larson was the owner of an employment agency in Chicago that specialized in hospital employees, including administrators, nurses, what have you. Her ads were in the hospital magazines every month and she would talk about an administrative need in so-and-so place.

B: What was her name again please?

K: Bernice Larson.

B: L-a-r-s-o-n. Alright.

K: I became one of her best customers because I was moving every two years.

B: You were in Battle Creek for one year with the Kellogg Foundation.

K: I don't think it was even a whole year. I don't remember.

B: It must have been in December 1941 when you were in Battle Creek at the time of Pearl Harbor. Does that sound right?

K: No, [during] Pearl Harbor I was still in Iowa City.

B: Was there any apprehension on your part that you might get drafted or wind up in service?

K: Oh yeah. The draft called me and they examined me and I was blind in one eye, or practically so, and they gave me a 4F rating. I figured that wouldn't last long

because I was perfectly able to see. Anyway, I went on to the Kellogg Foundation, and that was an interesting experience just to be exposed to Graham Davis, who was the director of that program, and to be able to visit some of the hospitals and meet some of the people. But meanwhile, Bernice Larson was keeping me apprised of administrator openings, and one was in Clearfield, PA.

B: Where is Clearfield?

K: It's in the sticks in northwest Pennsylvania, about fifty miles away from Pittsburgh, southeast of Pittsburgh, and maybe fifty miles northwest of the capital city, Harrisburg. Neff never talked to me about his expectations or hopes, and all I knew I had was a one year appointment, so I assumed that was it. I didn't see any particular great advantage in staying with him, even at the children's hospital, because that's a different operation than if you're an administrator in town and you had a local board of directors.

B: Bernice Larson referred you to at Clearfield Hospital in Clearfield, Pennsylvania, and that's where you were hired in 1942 it looks like. What was your position there?

K: Administrator.

B: That would be the senior administrator of that hospital.

K: I was the hospital administrator.

B: How large an institution was that?

K: Not bad, 150 beds maybe.

B: And it was a comprehensive hospital?

K: It was a general hospital, yeah.

B: How did it feel to be the principal administrator and captain of your first ship?

K: [It was] scary as hell.

B: How old were you?

K: What's the year?

B: 1942, you were born in 1916, you would have been really not even thirty yet.

K: No.

B: That's quite a responsibility for a man of that youth.

K: But you know, the chairman of the board at that hospital was a great gentleman, and his wife was equal. They didn't have any children, but he was the owner of a manufacturing concern in Clearfield that made whatever it was another factory in the place needed. He's a Princeton graduate, and to find a Princeton graduate in Clearfield, PA, was something unheard of. I never expected that.

B: He must have thought the same about you.

K: Yes, he did, both he and his wife did. They had no children.

B: Now let me interrupt at this point and ask about your family life. At this point had you become married?

K: Oh yeah, I got married in 1939.

B: Fresh out of Dartmouth. You must have been in Concord then.

K: We were in Concord, and here was this beautiful blonde that bounced up this walk to the main building where she had to go to her medical staff meeting. I got acquainted with her and we went dancing and started dating and so on.

B: What was her name?

K: Anita; she was the girl I married.

B: What was her last name?

K: Anita Reubens.

B: And you were married there in 1939?

K: Yeah. Her mother was mad as hell; I took her daughter away from her.
[Laughing]

B: That is the way of things.

K: We got married in Concord in the congregational church. My mother and dad came up from Boston, and my brother. John loaded the back end of the car with confetti unbeknownst to me, and when we arrived at the hotel in Boston and they opened it up to get my bags there, it was covered with confetti. The guy said, congratulations sir, I wish you many years of happiness. I went through the floor. We were trying so hard to be nonchalant.

B: Well, you were married in a congregational church, and that gives me a chance to ask about your religious affiliation, if any. Were you raised in a particular faith?

K: I was raised in Unitarian Church, and that was a question I got at lunch with the advisory board down here when I first came. This Baptist minister asked me what church I was from. I said, well, I was raised in a Unitarian Church, and his reply was, well at least we worship the same God.

B: Well, that was Christian of him. And your wife, was she of a similar background?

K: Yeah.

B: Well having established that you were married, your wife traveled with you to Iowa City and then to Battle Creek and now to Clearfield, where you are the administrator and the board chairman is a local manufacturer.

K: And a Princeton graduate, and that's probably the most important thing, because he sympathized with us and understood the things we were going through. Then I committed a cardinal sin; well I didn't, but Anita got pregnant. She had decided that she was pregnant when she came, and the doctor in Concord, New Hampshire, that she had a lot of confidence in, was no longer available to her. She didn't like any of the people in Clearfield. The head of the obstetrics department in Clearfield lived across the street from where we had an apartment. He'd come out on his porch each morning and hawk and spit into the bushes, [and he] had some kind of history of TB.

B: Oh boy, not very encouraging.

K: No.

B: So, we just told everybody that we were going back to Concord to have the baby. Meanwhile, we got acquainted with a doctor in the neighboring town, Philipsburg, Pennsylvania, who was a general practitioner but also a surgeon. She went to him for whatever prenatal care she needed. One morning she called me at the office. She said, David, I have just hemorrhaged on the floor in the kitchen, there's a puddle of blood all over the place, and I've gotten a hold of the neighbors upstairs. But it was a placenta previa, where the placenta was in the way of kicking or whatever and it caused a hemorrhage. So there was blood all over the floor and she had to get to the hospital and have a caesarean real quick. I drove her over to Philipsburg, which is about fifty mile drive; I got her to the doctor and he put her in the hospital and they did a caesarean. The next thing I know here was this twenty-two inch long slab of a boy baby on the counter. It was David. She was okay and he was okay. That evening I called the chairman of the board to tell him the good news and he decides, well that is most

astonishing news. There's this Princeton graduate here—he understood fully the whys of it and the limitations of the medical people in Clearfield. His best friend was a surgeon in Clearfield. They were two of a kind; they were intelligent, smart people, and they had a lot in common in many ways, but mostly I think in their appreciation for their abilities. Here was a Princeton graduate and here was a doctor with not only a college degree, but a medical degree, and they had a lot of things in common.

B: Was the board chairman distressed at your decision to have the baby elsewhere?

K: Of course he was, he was upset, but I knew what the consequences were going to be. I said, I know I can't stay here, and I'm going to be on my way as soon as I can. He understood that. So I went from there to Portsmouth, Virginia.

B: Now, did Bernice Larson help you with that move as well?

K: Sure, everywhere along the line.

B: Where was she based?

K: [She was in] Chicago.

B: Did she operate a company under a corporate name, or was it just under her name?

K: I don't know whether it was incorporated or not. It was Ann Bernice Larson; whether it still exists or not, [I don't know]. I doubt that it does.

B: She functioned apparently as sort of a professional headhunter for hospitals. Was that a big business? Were there very many people in the United States doing that?

K: Well, she was the only one advertising in the major hospital magazines. It was for nurses, especially nurses who were looking for head nurse jobs or superintendent of nurse jobs, or hospital administrators. She had a big following.

B: That's interesting.

K: She advertised and showed up at every hospital meeting; we would talk to her face to face.

B: So you met her, many times.

K: Yeah.

B: Was she a product of the medical profession herself?

K: No. Maybe a nurse, I don't know, but she knew people and she was very good.

B: These days I would expect it to be a pretty lively specialty in human resources consulting, but it surprises me, I guess, that someone became so influential in those days in hospital administrator placement. It sounds like she dominated the field.

K: She had that over fifty years ago; she started in business probably in the 1930s.

B: Well, that's remarkable. She influenced your career, I guess.

K: She had access to the hospital managers and board members; if they needed a hospital administrator . . .

B: They knew who to call, and she knew who to call. So you sent up a message when it was time to leave Clearfield and said, I'm in the market.

K: As soon as I got a new job I'd call Bernie and say, I'm only going to be here for a few years, keep your eyes open, let me know if something looks good.

B: Now why did you say you would only be there for a couple years? Would you consider staying longer in a good situation, or did you think it was best to keep moving?

K: Mostly because I would take any job if it paid more, which was always my objective, to increase my income faster than you might get it by raises. The other reason was to get located in the South, and they don't hire you down South for community hospitals. I learned that after several attempts to get a job in the South. I remember going to Gainesville, Georgia, for God's sake, and talking to this old ornery Confederate. I was not a happy camper, and neither was he.

B: What made you decide you wanted to be in the South, and when did you decide that?

K: Because my wife hates the cold weather.

B: But was she not born and raised a Yankee?

K: Of course she was, but she hated the cold weather. Get me the hell out of here, [she said].

B: She knew she didn't like it even though it was all she'd ever known. How did you

feel about it?

K: I didn't care much.

B: You could go anywhere.

K: I was born in Boston; that's cold and miserable too. I went to Dartmouth; that's pretty damn cold. I'd freeze my ears in winter walking across campus.

B: If you could live there, you could live anywhere. So, you've got your sight set on living in the South. Your next move after leaving Clearfield was to go . . .

K: Portsmouth, Virginia. I would take anything. There were disadvantages to Portsmouth, I knew that, but it was a little warmer down there than it was in Pennsylvania.

B: You were edging in the right direction.

K: Yeah, we were going in the right direction. The trouble with Portsmouth was, the chairman of the board had a daughter who survived infantile paralysis, but whose speech was affected and she had a job as a chief telephone operator. The woman who was head of the business office was shackled up with one of the board members. The poor administrator was in the crossfire between whoever. The only decent guy there was the chief of staff.

B: Did you find all this out before you accepted the job?

K: Of course not. I got an offer and I took it, and then I found out. But it was in the right direction.

B: Now, let me ask you this. You left Clearfield under circumstances that were understandable to all parties, but maybe a little disappointing to your former employer there. Did that saddle you with any baggage when you showed up in Portsmouth?

K: No, they probably didn't even know about it.

B: Okay, fair enough. Bernice Larson told you where the job was and off you went. They were ready to hire you.

K: They don't bother to if they get a good recommendation from Larson; they don't bother to check the local towns.

B: That's good enough.

K: So, Portsmouth was okay, and that lasted about two years. Then, strangely

- enough, I got an offer to come to West Jersey Hospital in Camden.
- B: Was that compliments of Bernice Larson as well?
- K: Everything was Bernice Larson. West Jersey Hospital was a homeopathic institution. Across the river in Philadelphia was the College of Homeopathic Medicine. So they were an off-brand bunch of doctors compared to the normal doctors. There was a big Catholic hospital in town and another big hospital where all the allopathic physicians and all the community power structure went.
- B: How large was the homeopathic hospital?
- K: [It was about] three hundred beds.
- B: What did homeopathic physicians do?
- K: They are the guys who carry their medicine in bags and give you a few drops and a glass of water and repeat six times a day. Their belief in medicine is if you imitate the symptoms you suffer from, it will get rid of them. But they were medical. My childhood was under a homeopathic physician, and every winter I got ear infections. He came and he punctured my ear drums to drain the thing.
- B: Good grief.
- K: Then they had a doctor downtown in Winchester who was specialized in colds, and he had a machine that could spray your throat and nose with hyderol and other God-awful things.

[End of Tape A, Side 1.]

- K: I lasted six years in Camden.
- B: And just to move forward in your career, your next stop was in Gainesville, Florida, as a grad student at the University of Florida. Your purpose in going to UF was what?
- K: Well, in a sense to get a Ph. D.
- B: In what discipline?
- K: Business; well, graduate work anyway. I was probably not too clear as to what I wanted to do, in a way. I thought the graduate work would get me to the South.
- B: Well, you certainly accomplished that moving to Gainesville, Florida. Your wife must have been very pleased.

K: Yeah, she liked that. And the interesting thing about it was that I got a job as one of the graduate students in the college, the Bureau of Business and Economic Research at Gainesville. I was a graduate assistant there.

B: Was Dean Matherly there when you attended the business school? Walter Matherly.

K: I think he was. The name is very familiar. But the head of the place had a wife who played bridge and who had a daughter who was known to Anita. So, Anita became a bridge partner of hers and through her she met the wife of the vice-president of the university. I was above the average age of graduate students by then, so all my papers had to do with hospital management, which they read with a great deal of interest, even including my observations about why people needed religion, which was my own personal theory.

B: Can you explain that for a moment?

K: Well, because religion for a lot of people is a crutch. There's a degree of certainty in it.

B: Did you see that as having a bearing on people's physical health?

K: Not particularly, no.

B: Did you see it has having a bearing on the practice of business management, especially with regard to hospitals?

K: No, I just felt that some people really need religion, and they need it because if they believe that God will guide them, then they are free to do so. If you don't believe that—remember I'm a Unitarian, we don't worship Jesus, but every other religion does. That was the difference.

B: So, at the University of Florida . . .

K: I had a hell of a good time. I was going back to school and reading books related to various course work and I completed all the course work they designed for a Ph. D. and I was admitted to candidacy, and that's as far as I wanted to go. I could care less about writing any dissertation or getting a degree, because it was just a grievous chore that would be irrelevant. I decided on a topic and found that a former Dartmouth professor was now head of a graduate program. He and his graduate assistants and graduate students chose the same topic that I did.

B: Trust a Dartmouth man to beat you to the punch, huh?

K: I couldn't stand the fact [that it was already done]; I didn't think it'd be acceptable

- to the local people.
- B: Had you proceeded with the dissertation, did you have a topic in mind?
- K: Oh yeah, I had a topic; it was the relationship between size and complexity of the organization. Of course, it's a stupid topic because every hospital from fifty beds to five hundred beds has to have the same services at least to some degree, and the organizational structure isn't going to be all that different. It's the number of employees [that differs]. I could predict the result, but it'd make a stupid dissertation.
- B: Well, your argument is that you can impose a management structure on any hospital and one will resemble the other in organization, it's just a matter of size. Well, you've taken us through your course work and finishing all the requirements, all but dissertation, at the University of Florida. What's next? The year is 1956.
- K: The personnel director downtown in the city of St. Pete called the city manager's attention to David Kenerson; he said, he's a bright guy, maybe he's the person to be the manager of Mound Park Hospital.
- B: Now that was in 1956, the same year that your former colleague from Iowa had just left for Indianapolis. This was the man that we talked about a few minutes ago who had been [at your old hospital].
- K: Yeah, the vacancy was there at Mound Park Hospital.
- B: Because he had gone up north to Indianapolis. I don't remember his name yet, and you don't either, but we'll get to that or I'll dig that out and we'll get it into the record. I'm not quite clear now on how they found out about Kenerson in St. Petersburg. [the name is Wilbur C. McLinn]
- K: How do you suppose?
- B: Bernice Larson again?
- K: Yeah.
- B: Oh, boy. The long arm of Bernice Larson reaches out to St. Pete; now she knows that you want to stay in the South, right?
- K: Yeah. I don't know whether I had heard about his leaving and volunteered a letter of inquiry to the hospital, but my name got to the personnel director and he called the city manager and said, here's a pretty good-looking guy who's taking a Ph. D. program at Gainesville. He might be good for us.

BMC-2, Kenerson, Page-20-

B: Now when you say personnel manager, this is someone who works for the city, not for the hospital.

K: [He worked for] the city.

B: Because you're a city employee at that point.

K: Yeah.

[interruption]

B: Mr. Kenerson, you have found out about the opening at Mound Park Hospital in St. Petersburg. The personnel manager at the city of St. Pete forwarded your name to the city manager, and was that Ross Windham at the time?

K: Yes. Ross Windham had been city manager for about eight or ten years at that point, and in the course of it he had gone through a lot of changes in the post-war period, and apparently had acquired a reputation as a take-charge guy. He probably had offended some members of the city council one way or another because he had to recommend something that they didn't want done, and he was successful in getting it done. I don't know anything about the specifics of any of those situations except that he had perceived in 1958 that the next election for city council would result in more adverse people on the city council, than he could survive. So he resigned ahead of it; he had a business on the side that he could move to, so he did.

B: But in the mean time, he hired you.

K: But he had hired me some time before that.

B: He hired you in 1956. He hired you as the principal administrator at Mound Park Hospital.

K: And Mercy [Hospital].

B: And Mercy. Now, those were two separate institutions—physically separate—but under the same management operation.

K: They were nothing but a department in the city government. The distinguishing characteristics of employment in hospitals were not recognized, especially, by the city. Operating under city rules and regulations and made getting good quality employees at the hospital difficult.

B: Was that the first public hospital that you had worked for?

K: Yes; well, aside from the state hospital in Compton.

B: Right, but in this case it's a city operation and your observation just a moment ago was that it was treated pretty much like any other city department.

K: Yes, it was under the auspices of a department in the city, and it operated under the basic personnel rules and salary ranges and so on of the city office.

B: Was there a deputy administrator who's responsibility was Mercy Hospital all by itself? Was there somebody that you had in charge there?

K: That was not existing at the time, but I gradually got some young hospital type people in who could use that experience.

B: Do you remember who it was that you got into that position?

K: The only one I for sure can remember—there were two, I can't remember the first one—the second one is still in town. Finally, after I left the hospital, he moved over to the children's hospital and was the general administrator there after Dennis left.

B: Dennis Sexton.

K: Yeah.

B: Did you find the people that helped you at Mercy through Bernice Larson, or did you find them on your own?

K: No, I got kids who had finished their graduate-level hospital management internship or residency. They were prospective hospital administrators who needed the experience of running a place, and those are the ones that I put in charge of Mercy.

B: Now, Mercy Hospital was the all-black hospital in St. Pete at the time you came here. Did you staff Mercy Hospital exclusively with black administrators and black staff members?

K: Not black administrators or necessary department heads, but they were mostly black employees.

B: Where was Mercy located at that point?

K: Where it is today.

B: About Fourteenth Avenue South I believe, right?

K: I forget the street address. Yeah, I think that's about right.

B: Well, having been born and raised a Yankee and having worked up North for most of your career, the first time you lived in what we would call the Old South was when you moved to Gainesville, Florida, and you were a graduate student at the University of Florida. Then you came to St. Petersburg for a job in a public hospital in what was really a racially-segregated place. Was that the first time that you had worked in a racially-segregated environment? Did that strike you as strange at the time? Was that a hard transition for you to make?

K: No. I knew what the rules were and what the expectations were, and I was disgusted with the attitude of the Southern whites, but I kept that to myself.

B: Everybody pretty much operated by the same set of rules.

K: Oh, yeah, but they were challenging the city's right to keep the blacks out of the beach down by the pier. They couldn't eat in certain restaurants; you know, it was other limitations like that. And of course, there was a degree of hypocrisy in the city itself. Ross Windham's attitude about it was—very pragmatic—we can't change the world. He instructed me that if anybody came to the hospital who was black and wanted admission, to call a taxi and get them over to Mercy Hospital. He also did not tell me that if Dr. Alsop and Corney Frangle, a white surgeon, had a patient who needed the special facilities of our operating room to take care of his particular condition, they could bring him over in a taxi and run him up the back stairs to the operating room and do it there.

B: You say he did not tell you that, meaning he didn't really address it one way or the other; he left it to your discretion?

K: He never told me about it, but I found out that's what was happening with respect to particularly some surgery related to kidneys and whatever. I don't know, it was some peculiar equipment available in our operating room that wasn't at Mercy. The thing that fascinated me was Corney Frangle. Corney was a general surgeon.

B: That's F-r-a-n-k-e-l.

K: F-r-a-n-c-l-e.

B: Gotcha, and the other name you mentioned was Alsop.

K: Dr. Alsop was the senior black doctor.

B: Do you remember his first name?

K: Fred. Dr. Frangle is white, Dr. Alsop is black. Cornelius was his name; Cornelius

- Frangle.
- B: Alright. You were about to observe something that struck you about those personalities in particular.
- K: Dr. Alsop had patients who needed surgery, and he always used Frangle. Frangle would come on over to the hospital, to Mercy, do the work there if it was suitable. Frangle apparently had an arrangement with Alsop that he was going to get paid probably a reduced fee, but Alsop was going to be able to have that available to him when he got there, which would be called fee-splitting, but it really wasn't that. Frangle told me that it would be fee-splitting under the norms of proper behavior of doctors in hospitals, but it was a godsend to the city and to the black patients of Dr. Alsop to have that quality of surgery available. I think the end justified the means, and if he collected the money, it wasn't his usual fee for that work, but it was a fee.
- B: I'm not sure I see what the controversial aspect of that might be.
- K: Because you don't split fees like that; fee-splitting is forbidden as far as medical practice is concerned.
- B: By tradition or by law?
- K: I imagine more tradition, but it's also part of the ethical requirements of the medical profession. Corney told me this in confidence, so I don't ever want to see it in print.
- B: Well, the transcript of the tape will contain your words, but you have the option to strike anything that you don't want to have in there.
- K: I don't want to see that on the record; it's irrelevant to the history part of it really. The management of Mound Park and Mercy Hospital as an ordinary department head subject to the same personnel rules and all other city regulations dealing with city employees. It was very difficult many times to observe all those things and still be able to get the kind of people you needed in the institutions. The obvious solution was observed by many, the doctors and other people, [that they should] remove the hospitals as an asset of the city, as a department of the city, and set them up under the direction of a non-profit corporation with elected board members.
- B: Now that's eventually what led to the foundation of Bayfront Medical Center, but this is something that was under consideration apparently as early as the late 1950s.
- K: [It was] long before, and was accomplished reasonably soon so that they got a board of directors appointed and turned over the operation of the hospitals to

them and got it out from under the city control. The only thing the city kept their fingers in was in capital funding for improvements or expenditures.

B: Because the city owned the property, and still does apparently, but leases it to the foundation or the corporation for a low amount of money.

K: Yeah.

B: When you came to Bayfront in 1956 and took over as administrator; we've said it's the first city-owned public hospital that you administered. What kind of shape were the finances in? Did you find that there was a solid budget? Your revenues were sufficient to meet all the obligations?

K: [nods head yes]

B: Alright. Did that continue along those lines? I guess I'm curious because I understand that public hospitals were a persistent problem for cities.

K: It all depends on who does the reporting, but the hospitals cry poor because, in fact, the price they charge the patients is not necessarily the dollars they collect, so there's a shrinkage between the gross income or the total income that often times is not enough to cover the total expenses.

B: In other words, the amount that you bill for services exceeds the amount that you collect?

K: Probably. We always talked about the all the charges we gave away every year to people with inadequate incomes.

B: Sure, indigent care.

K: But the cash flow had to be enough to pay the bills, so it was, charge more than enough so that the cash you get from that is sufficient.

B: How did you manage that given that some of your patients couldn't pay and some of them could, apparently?

K: Well, even for those who can pay and you're covered by Medicare or other insurance, you get enough cash flow out of that to meet your cash needs. The cash needs are really the expenses to run the place.

B: Cost of goods purchased, costs of salaries and wages.

K: And when you talk about three million [dollars] of free service, it sounds good, and it's true, but it doesn't mean you're running an actual three million [dollars]

cash deficit.

B: Alright. In the late 1950s, when you came aboard at Mound Park, Medicare had not quite been invented yet. So when it came to reimbursement from people other than the patients being treated . . .

K: We looked to the county government for appropriations for county patients and city government.

B: And health insurance companies.

K: And health insurance people.

B: So those were basically the three sources other than patient revenue, money that people actually write a check to the hospital for their care. Do you remember how much of an appropriation you were able to get from the county or the city?

K: No, I don't.

B: Was it really significant? Like twenty percent, thirty percent, fifteen percent of billings?

K: I don't know, I'd just have to go back to the record. I just don't remember.

B: Did you ever meet your opposite number at Tampa General Hospital in Tampa, the public hospital across the bay?

K: I don't know whether I did or didn't; I can't remember any names. I knew something about the salaries they paid of other administrators, which I found out and passed that information onto the board.

B: I guess I was just curious as to whether or not you felt that they had similar problems or similar circumstances to yours, being a public hospital.

K: If anything, it was worse for Tampa.

B: Why's that?

K: I think it was much more politicized. I'm not sure of that. You're getting to the point, though, that people are recognizing that the hospitals, for their own good and for the good of the patients they serve, must be managed by independent board of directors. That independent board of directors had its foundations around this time. There's another point I want to make. It's tied in with the structure of local government; who's on first, who runs the city, and how do we get him? Ross Windham was the first really independent-thinking manager that we had. He was way ahead of the politicians that wanted to be on city council.

He was smarter than most of them and he was successful in frustrating the things that they wanted to do; that's why he couldn't stay. But it led to a development of the realization that the hospital itself should be under an independent board of directors with authority for everything. It led also to the importance of getting a new kind of city manager. The change in city managers after they fired George Arms and Jack Mershon in those two key roles was the beginning of a new era for Mound Park.

B: Were there things that elected officials in St. Pete city government wanted to do that would have affected Mound Park that Ross Windham was able to deflect or head off or somehow change? Was Mound Park an issue for elected councilmen at the time that you were there?

K: Not especially. Only one, in a sense, called for more cash, more money. I wish I could remember the name, but you asked for people at the city; who was the new city manager that came from Texas, I think, and he lived over here on Snell Isle and died not too long ago. When I got fired because I refused to fire some black nurses at Mercy because Mershon, the business manager, wanted George Arms, the new city manager, to get rid of them. Arms told me to get rid of them and I said, I can't do that. So he sent me a letter and said, get your things out of your desk and get out of there.

B: Who was Mershon?

K: Mershon was the head of the business office at Mound Park, and he left. George Arms was the new city manager after Ross Windham. He wanted the job so bad he could taste it. Mershon was the guy who came to me on the first day of my job with a new organization chart for the hospital and showed all the department heads across the page all reporting to Mershon, Mershon reporting to me.

B: So he had sort of inserted himself between you and the management.

K: But I refused.

B: He tried to insert himself. Now you inherited him as the business manager at the hospital from your predecessor; he was on the job when you got here. Did you keep him on the job?

K: Hell no, he left. Arms wanted to be city manager, and he sold himself to the council as being a flexible and agreeable guy that would do whatever they wanted him to do.

B: Now this was after Ross Windham left.

K: Yes.

B: That was very soon after you came to St. Pete.

K: Well, no, it was about six years after I came, it was 1958.

B: Well, you came in 1956, I understand, after leaving the University of Florida in Gainesville.

K: Yeah, I came in 1956 and he resigned in 1958.

B: That sounds right. And during that period of time, George Arms had already been working for the city?

K: Yeah, he was the chief engineer for the city.

B: And Mershon was working at Mound Park.

K: He was at the hospital as the head of the business office.

B: He was the business manager; is that the correct title for him at the time?

K: I guess so.

B: So when you came aboard, Ross Windham was your supervisor, your boss, and Mershon worked for you at Mound Park Hospital. Now, after Ross Windham left and George Arms became the city manager, it sounds to me as though there was some collaboration, or at least dialogue, between Mershon and George Arms.

K: Oh, of course.

B: They knew each other.

K: Sure they did.

B: Mershon was somehow agitating in favor of having you dismiss some black nurses at Mercy. Why did he want you to do that?

K: I don't know, I didn't bother to find out.

B: Can you speculate at all about what might have been behind that?

K: Yeah, they wouldn't do what he wanted done. I don't know, I never went behind the reasons why, I just knew that if you really want to get things stirred up in Mercy Hospital, that would be one way to do it. I felt they were also the most

senior and responsible nurses there. While I wasn't thoroughly familiar with all the ins and outs of that, it just was all wrong; wrong from a public relations point of view. You don't take qualified black nurses and fire them just for no damn good reason. See, Mershon operated on the assumption that hospital administrators, if they are fired or laid off abruptly, they wouldn't stick around and go off to someplace else. Mershon did not know, and neither did anybody else know, that when we came to St. Petersburg, it didn't matter what happened, we were going to live here and make this home. That was our commitment.

B: You liked St. Petersburg a lot.

K: No, we didn't, we were sick and tired of moving every two years. We wanted to settle down and make this home, and that's what we did. So I did not disappear into the woodwork, and I stayed around. When George asked me to fire these people, I called up Dr. Alsop and told him what they wanted me to do. I said, I refuse to do it. Dr. Alsop was more responsible for George Arms and Mershon being fired than anything I did. He had the information, he had the clout, and he had the guts. Then with a new brand of city manager, a more professional city manager, they began to make progress in the city. The real things didn't change until that woman got to be the administrator, the president [of Bayfront Medical Center]. What's her name? Who hired you?

B: You're referring to Sue Brody.

K: Yeah.

B: Yes, the current administrator at Bayfront Medical Center.

K: No, she's the city.

B: Sue Brody?

K: Sue Brody is the administrator for the city, the city manager.

B: No, I think you'll find that actually we no longer use a city manager in St. Pete. The mayor is sort of functioning, effectively, as chief executive.

K: No, I'm talking about the head of the hospital.

B: Yes, the Bayfront Medical Center Institution.

K: Sue Brody is the head of that.

B: Yes, exactly. She's been on the job for, gee, about ten years or so now.

K: I admire her, I think she's done a great job myself.

B: I do too, I think she's really been superb and she's had her hands full—quite a controversy—with this Baycare outfit that they tried to get started some time ago. Not to make too much of an issue out of this, but it sounds as though your career at Mound Park sort of ran aground over this issue about these black nurses and this man Mershon, who had been your subordinate, but apparently went behind your back to the city manager to cause some trouble. Apparently, that led to a pretty publically controversial firing.

K: Oh, yeah, and the medical staff was horrified.

B: At both Mound Park and at Mercy? You mean the medical staff at both institutions.

K: Well, the attitude of the medical staff was that I was a professional person, a trained hospital administrator regardless of whether they thought I did a good job or not, and you just don't publically fire somebody like that with such lack of grace or consideration. Whatever the doctors and medical staff felt about me in terms of wishing I did some things differently than I did, they were basically fundamentally tied to give me support to outside influence.

B: The year that this happened would have been 1960.

K: No, in 1958 I got fired.

B: I have you as 1956-1960 as administrator at Mound Park Hospital in St. Petersburg.

K: That's right, but Windham left in 1958.

B: So you had to cope with George Arms for about another two years or so. Apparently his friend, or collaborator, Mershon. Do I have that name correct? It's M-e-r-s-h-o-n?

K: Yes.

B: Do you remember his first name?

K: Well, I always called him Jack.

B: Alright, I can find that out. So for about two years you had this administrator over you, your supervisor to whom you reported, George Arms, who apparently was a much more political sort of city manager than Ross Windham had been.

K: Mershon was the politician; George Arms thought he was but he didn't have the

smarts to pull it off.

B: In 1959, we saw the first examples of lunch counter sit-ins by black civil rights activists in southern cities. The first one was in Greensboro, North Carolina, [1960] and there were also some incidents of that in Tampa during the same year of 1959. Do you recall anything like that happening in St. Petersburg at the time when you were managing Mound Park?

K: Not specifically, no.

B: I guess the reason I'm asking this is because I'm wondering if perhaps this man, Jack Mershon, may have been motivated by concerns about activism by these black nurses at Mercy Hospital. Do you think there was any possible connection?

K: Oh sure, I don't doubt it, but my viewpoint was a northerner's viewpoint; I had no sympathy for segregation, per se. While I wouldn't probably be all that blunt about it openly, I just instinctively knew that you can't fire a couple of qualified nurses because they're black fundamentally, no matter what the stories were about them. Neither could you block them from swimming on Northshore Beach, neither could you block them from going into a regular restaurant. They were going to lose sooner or later, and the worst of it was that the hospital, because of the work it does and the lives of people who depend on the hospital, should not be subject to political vagaries of whoever's in power. It should be independent. The care and the hiring policies and the personnel policies should be blind as far as color is concerned.

B: You were the administrator at Mound Park during this time when this tension between the politics of public ownership of the hospital started to push up against the professionalism of practical business management of public healthcare. It sounds to me as though you're saying that the movement toward foundations and independent boards of directors really started to rise out of this passage in public health care.

K: Oh, yeah.

B: Do you think it would be fair to say then that the Bayfront version, the Bayfront Medical Center project that rose out of Mound Park Hospital was inspired by—at least in part—these tensions over civil rights and the equal treatment of employees and patients no matter what their race or background? Do you think that had something to do with pushing Mound Park and the city in the direction of turning it into Bayfront Medical Center, an independent institution?

K: I would have to say yes to that. The old days were gone, and it's too bad. But it was also changing in terms of city government and who was going to be the city manager, because we got a crackerjack city manager that really faced the anger of the black employees, especially in the garbage department, those low paid

jobs, but he came and got those things settled and off his desk in ways that no other guy [would do]. We had two successful city managers, as I recall, and I don't remember the names of either one. I changed from hospital manager into a salesman for Mutual Life Insurance of New York, where I had all my personal insurance. So I was soliciting business, especially, from the doctors. I was an employee of Mutual New York on a salary that equaled what I had been getting.

B: When you referred to the city manager who dealt with issues to do with garbage workers, I think you're referring to the garbage workers' strike action that came about, I think, it started in about 1966 or 1967.

K: It could have been earlier. I wish I could remember his name; would you call and find out who was the city manager in the 1960s that lived over in Snell Isle?

[Break in Interview.]

B: Mr. Kenerson, you were referring to the success of a later administrator in resolving some of the problems of race relations among city staff in St. Pete in the late 1960s. That city manager was Lyn Andrews; you consider him to be the first example of a really professional administrator in St. Pete, right?

K: Right.

B: Now by the time he was on the job, you were no longer at Mound Park.

K: No, I haven't been at Mound Park since 1960.

B: 1960, right. But it was during Lyn Andrews' administration that the move became serious to turn Mound Park into Bayfront Medical Center.

K: That's right.

B: Did you follow that process with some interest, I imagine?

K: Oh, I did, but I don't recall any specific details on how fast it was. The first evidence that I saw was the Sue Brody survival.

B: Well let me ask you this, you've mentioned a couple of important staff people who were associated with Mound Park when you were in charge; Cornelius Frangle, you mentioned, and Fred Alsop. We've talked about Jack Mershon. Were there other people who were on the staff that you thought were particularly helpful to you or important or were a significant influence on the success or troubles of Mound Park during the time that you were there?

K: Well, Alsop was very useful to me as a fired manager of informing the city

council on things they needed to know. Alsop was one of the original black doctors there, and one of the leaders. They only had five [doctors]; they've got thirty-odd [something] now. He knew, of course, the nurses that they wanted me to fire and so on, and he knew a lot of stuff that benefit that changing group in city hall. The extent of the publicity at the time that I got fired was extensive; somewhere I've got a big folder of all this stuff. It's not particularly relevant. But I moved on. I had a wonderful time as a college professor, and I was much better suited for that job than I ever was as a hospital manager.

B: I'm going to ask you about that in just a moment here, but a couple of other questions about Bayfront before we leave that subject completely. When you came aboard at Bayfront, you had been an administrator at hospitals up north, you had been associated with medical professionals in several places, do you think the medical professionals, nurses and doctors, at Mound Park were the equivalent in skills and training as you had encountered elsewhere?

K: I would put them at the top of the list of being up to date. They knew what was what; they were good people. Much more so than an isolated medical staff in a rural community.

[End of Tape A, Side 2.]

B: We're continuing the interview with David Kenerson. It's still May 9, 2005, at his home in St. Petersburg. We're talking about conditions at Mound Park Hospital in St. Petersburg. What about the physical plant? When you came to Mound Park in 1956, I understand there had been some substantial changes going on as far as expanding the size of the hospital. Did you find the physical plant good?

K: Yes, the fifth floor in the main building was expanded laterally. There was another building on the north end—I forget—they replaced the old original hospital. Those were the two major things that I think occurred.

B: Had those been done when you got here, or was that still going on?

K: They were in the process [of doing it].

B: Okay. I believe there was a building called Building A that had been demolished.

K: Whatever, but the architects' office was where I found the *Fifty Secrets of Magic Craftsmanship* that Dali wrote.

B: Who wrote this?

K: Salvador Dali [A famous Spanish artist; 1904-1989].

B: He wrote the *50 Secrets of Magic Craftsmanship*.

K: Yeah. I was fascinated with that and I borrowed it and I forgot to ever return it to that architect.

B: This was the hospital's architect.

K: Yeah.

B: And was that Mr. Bruce?

K: Yes; he was my architect too, for our house out at Brightwaters Boulevard. It wasn't him, but I got an architect to rearrange this house too. So that's worth your going to the library—the library at Dali Museum—and ask to see a copy of that *50 Secrets of Magic Craftsmanship*, because I gave it to them to for the information of the people who were giving tours.

B: Okay, I'll make a note of that. The physical plant, then, was expanding during your administration.

K: Yes, and completed after I left.

B: That process was going on while you were there.

K: The other major difference between then and now is the fact that [the] Children's Hospital moved up next door to us.

B: Oh, yeah.

K: They were connected at the underground level.

B: Yeah, that had not been there at all during your tenure, right? Did you ever meet during your time as the hospital administrator with any of the city councilmen or the mayor of St. Petersburg?

K: No, that was forbidden.

B: Oh, that was strictly the city manager's job to talk to them.

K: Well, I could talk to the city manager.

B: Yeah, but he would do the talking to the elected officials.

K: Yeah.

B: Okay, gotcha. Do you recall any of the names of those elected officials who were

particularly concerned with the hospital? Was there any issue that related to . . .
K: Not now; I would recognize the names.

B: Okay, that's good enough. Let me ask you this. Healthcare administration during your tenure at Mound Park has turned into something different—I think at least it's fair to say it has with the advent of Medicare and Medicaid; with the advent of such things as managed care and health maintenance organizations. What do you think has changed that's been the most important in health care administration since you were in the organization?

K: I think it's relationships with the government, especially those from whom they get money—Medicare, Medicaid. Otherwise, it has to do more with keeping up to date with facilities and equipment that have developed since then. We had a pretty good capital budget you know.

B: Healthcare is an expensive business; it keeps getting more expensive. What do you think has changed the most in healthcare delivery, not just the management, but the actual performance of healthcare services? It's gotten more expensive, as you say.

K: I think that's the major job, of course. I don't think it has changed all that much except as new developments and new medicines and new things are available and get used. It's still a mammoth job to take care of the indigent.

B: When you were in charge of Mound Park Hospital, you got some money from city government and some money from the county government. Did you ever get any money from the federal government or any federal agencies at all?

K: I don't think so.

B: Now, we have federal agencies, such as we've said, Medicare and Medicaid. Do you think that the United States is moving toward a situation where there will be more involvement from the federal government in paying for healthcare?

K: I'm not familiar enough to know or have an opinion worth anything. I suspect it's going to increase.

B: Do you think it should be that way, or should it stay strictly a private business?

K: I don't think there's any substitute for federal dollars; you don't find it locally.

B: Well, you went on then to a career in the academy, in higher education, at the University of South Florida at the Bay Burrow campus, what's now called USF St. Petersburg, and taught in the business program there for just about—after you started there in 1967—you taught up until 1993. That was a long career in

academia. Did your background as a medical administrator inform your teaching of business practices in business school do you think?

K: No, Mr. Drucker did.

B: You're referring to Peter Drucker [a management theorist who created many of the terms used in business practices today], the author of—what was his famous book?

K: *The Practice of Management.*

B: *The Practice of Management.* Let me turn the same question around a little bit. Do you think that business texts, such as Mr. Drucker's, ought to inform the thinking and the practice of people who are in healthcare administration?

K: Drucker just gave us a vocabulary and a point of view, but good managers always behave the same: they anticipate problems, they set out potential solutions and goals that they want to meet, and go about doing it. It's a new vocabulary, but successful managers always manage by objectives well planned, well thought out; they didn't need Mr. Drucker.

B: Was that the way that you thought about your mission and your objectives when you were managing a major hospital such as Mound Park? Did you have management objectives that guided your thinking?

K: It affected my thinking and my hopes for what I wanted to accomplish, yes, how well I accomplished it and so on. I didn't make a formality out of it, and as far as teaching was concerned, I tried to get the students to think that way in terms of the specifics of the course they were with and to outline their own plan of attack or activities that they would feel they had to do if they were going to be successful.

B: Backing up to the Mound Park situation one last time, do you recall any particular goals or objectives that specifically pertained to your responsibilities as the administrator there?

K: I don't think I was ever all that clear about it, but I think Sue Brody does a masterful job of outlining her goals of what needs to be done and following through.

B: Would you say that healthcare administration is a business pretty much the same as any other business in the United States these days?

K: I think the process is exactly the same as any successful management process. It deals with health and the safety of individuals, but the process is the same

whatever you're running. I think it's a universal process and I don't think there's anything all that peculiar or special about hospitals. There are things you have to watch out for and there are limits to what you can do, but the process is the same.

B: Most businesses are concerned with making a profit—they have to stay in business.

K: Hospitals are in exactly the same position; they've got to make enough cash flow to pay the bills.

B: Well, they have to make enough cash flow to pay the bills, sure enough, and every business has to do that, but one of the reasons that businesses have to make a profit is so they can not just pay their expenses.

K: They [want to] replace the capital.

B: Attract the capital, exactly, and draw it in. Do you see healthcare and hospitals in particular as having the same challenge to make enough of a profit to attract capital?

K: Yeah, that's why you have fund-raising committees.

B: Or a foundation.

K: Or what you call development offices, sure you do.

B: So it's a different process, but the same objective at the end of the day.

K: Same process, but different objectives. Look, the lady comes up here from the central office of Presbyterian retirement communities—she's a development party, she's got to account for additions to the endowment fund to take care of people whose money runs out. I got a letter from her now; I feel guilty that I haven't made a pledge. But she's there, and there's four or five people all devoted to raising money. Are you going to have a chance to talk to Sue Brody?

B: I believe so.

K: After you've had a chance to talk with her, give me a call, will you?

B: Okay, I will. Well, we're about at the point of concluding this interview, so I would ask you, is there anything that you would like to add to your comments for the benefit of people who are particularly interested in the history of Bayfront Medical Center and Mound Park, it's predecessor.

K: I have not read it myself, but I would like to read Ray Oswald's book about St. Petersburg, and I never had, and I think that would give them a focus on the history of Mound Park. It might be helpful.

B: Okay. Anything else you would say to the people of Bayfront and the community that depends on it?

K: Not really. Institutions have a way of surviving come hell or high water; I think this one will too. While I am an admirer of Sue Brody and what she's accomplished, that's not universal among all people—some people I guess don't like her for whatever reason, but I think she's had a high focus on goals and objectives and has made a difference.

B: Well, you couldn't have taught her any better then.

K: What?

B: You couldn't have taught her any better if she had been your own business school student then, I guess.

K: Yeah.

B: Alright. Well with that David Kenerson, I say thank you for your time today and thank you for contributing to this project for Bayfront Medical Center.

K: Just remember, I want to hear your final report.

B: You're going to get a copy of the transcript and it's yours to edit. We discourage you from cutting too much, but you take a look at it and see what satisfies you. With that, we're going to bring this to a close. Thank you.

[End of Interview.]