

Interviewee: D'Alemberte, Talbot
Interviewer: Robin Sellers
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Sellers: Sandy, why don't you just start out by telling me what was going on when this idea of a medical school for FSU came up. I know it was derived from PIMS, but how far back were you aware that there was a formal move for it?

D'Alemberte: Well, Robin, in terms of my personal involvement, when I was interviewed for the presidency, the question always comes up, "What do you think the next steps are FSU to advance?" I identified a number of things I thought were important, but one of them was that we needed to look at medical education. So it was on my mind from the very beginning. But the real breakthrough occurred (I'm sorry, I don't remember the date; Myra Hurt can probably pull the date for us) – but I got a call from a legislator from West Florida —

Sellers: Durell Peaden?

D'Alemberte: Um-hum. He was on his way from, I guess, Walton County, somewhere in West Florida, to Tallahassee and he called me from the road. He asked me if I could meet with him when he got to Tallahassee. I met with him and an aide. I think we met at the Governor's Club; it may have been just for coffee. But in that discussion, Durell (who is a physician and a lawyer, as you may know) raised the question about whether we had ever thought about a full medical school. I told him that I had, that previous to that I'd talked to Myra Hurt. I knew what Myra's thoughts were about a medical school and I knew about Myra's strong commitment to primary health care, and I knew what she'd done to recruit the PIMS classes and how many of those people were really very successful physicians rendering primary care, including some in West Florida. So I think I was fairly well equipped for that first conversation with Durell because of my conversations with Myra. Following that (I don't remember whether it was the same day or not, but some time shortly after that), I arranged for Durell to meet with Myra. I'm pretty sure Larry Abele was with them as well. The idea of that meeting was to go through and give Durell some sense about what we were doing at PIMS. From that point on, Durell and I stayed in very close contact. Durell got John Thrasher interested. John was very well placed, because he was in line to be Speaker. He also had a really interesting background in terms of medicine. He was a lawyer, but he had been for a long time general counsel for the Florida Medical Association. So he knew a great deal about medicine. Actually, I think John's original contact with medicine – I think he was in Vietnam, and he was with a medical evacuation unit. He saw some pretty intensive combat and was involved in an awful lot of front line work by being in a medical evacuation unit. So this train of contact with medicine had been through John's career at that point. And John and I had been friends in part because when he finished law school, he went to work for Fred Karl. Fred Karl,

you may remember, had a serious medical problem – almost killed him. After he left the court, he had some emergency. I've forgotten what it was. He went to TMH and did not get very good care. But this happened at a time when Fred was chief counsel to an impeachment committee being run by the Florida House of Representatives back in 1975. So Fred, suddenly, was just deathly ill, and I'm called to come to Tallahassee, asked to take Fred's place as chief counsel for the impeachment of these Supreme Court justices. I was trying to figure out whether I should bring my own staff with me or use the staff that was up here. One of the people who was on Fred's staff was John Thrasher. So John and I worked together on the impeachment of Supreme Court justices in 1975, and had a very good relationship.

So in a way many of these stars fall into alignment because we'd already begun to think about medical education. My memory is that Myra and I talked about several models. One was adding a second year of PIMS. My memory (a little weak) is that's about the point that we were at when Durell Peaden said something on the same line. I think we were looking at the possibility of developing a plan to add a second year of PIMS. But we'd discussed all kinds of —. Most of my discussions were with Myra, but some were with Larry Abele as well, and I have no doubt that Myra and Larry were also talking some.

Sellers: I've gotten impressions off and on from some of the other people whom we've interviewed, that perhaps Larry Abele was not as enthusiastic about a medical school as some of the other people involved. Did you get that feeling?

D'Alemberte: Well, Robin, I almost think we have to take it in stages, because I think, early on, Larry was worried that if we reached for a medical school, that we would have to displace a number of our other priorities. And incidentally, at an early stage, that was some of the feedback we were getting from legislators. So I think in the early stages, Larry's assessment was that we'd better not push that far because we might not be successful. Again, I don't know exactly what was in his mind, but I don't think he had the enthusiasm early on that he later had.

Sellers: But he may have known a lot more administratively and what the problems would be than some of the other people.

D'Alemberte: I think that's right. But later, Larry was, in my judgment, very significant for getting the details worked out. He traveled to places like North Dakota in December [chuckles]. We went to look at these various models, and Larry went out and did a lot of the fieldwork himself. So with his typical diligence, he really was very good in going and working out the details. Myra was always the one who was – she's the, in my judgment, heroine of this piece. First of all, her philosophy in medical education is very sound, in my judgment. She understood a lot better than most physicians did where medicine is today. An awful lot of physicians thought it a mistake to have additional medical schools or additional physicians. A typical trade union kind of attitude that you see in so many professions, including law, I'm ashamed to say, from time to time. I give Myra credit for formulating the vision and having the energy to see all this through.

Sellers: You said that when you interviewed, you felt that one of the things that should be

coming down the pike soon would be medical education. Why did you feel that way?

D'Alemberte: Well, for some of the right reasons and some of the wrong reasons. The wrong reasons were that I thought it was unlikely that FSU was going to establish itself as a first rank research institution without medical research to go with its other research. So I could just look at the kind of research dollars – grant dollars – that were going to medical schools; and for that matter, even the private contributions that were going to medical schools. At the time I was looking at it, my memory is that about half of the money collected by the University of Florida foundation was going to its medical school. So it had this enormous endowment, but it was mostly for the medical school. Arts and sciences, really were not far ahead of where FSU was. But in the way you look at all these financial issues, medical schools looked like a good idea.

But I also saw, because I came from a rural county, from Gadsden County, and I had been involved with enough rural programs in legal services, I knew a little bit of the condition in these areas and I knew that there was a great shortage of physicians in small towns and poor communities even within large cities. So I did understand even then that there was a shortage of physicians. I did not understand how dramatic that shortage was. It was a much greater shortfall than I understood at the time. So I had mixed motivation. But part of it was just really the whole idea that if you were going to increase the measures by which the public assesses universities, that additional funds, both public grants and private donations, are likely to increase with a medical school.

At that time, back when I was being interviewed, I'd not thought it through sufficiently to think through the real dilemma that you have in looking at a medical school. That is, do you also intend to run a hospital. Once I began to think about it, and look at these alternative models – and I have a good friend who had been president of Tufts, and before that had been president of Michigan State – and he ran a medical school at Michigan State that had these multiple campuses that used hospitals in other areas, I think in five different areas if my memory's correct. And he recommended that model to me. So as I began to look at that model and we began to have people from those schools come and visit with us and tell us more about the model, the more that appealed to me. It also solved the political problem of trying to go to battle with people who were running hospitals and conducting medical practices. So rather than going in to competition with them, you'd set up a program that would cooperate with them. That came into play.

Sellers: Do you feel that was possibly one of the most important elements for getting the legislature to support a new medical school, and maybe for getting the AMA —

D'Alemberte: Not the AMA; it's hard for me to say nice things about the AMA or the American Association of Medical Colleges, which operate jointly, as you probably know, through a joint liaison committee. I'd have to say that at the beginning, the only way to describe them was as _____ [#140][??] committee to _____ [#140][??] competitors. They did not want to see expansion. It was incredible. You could go to their web pages, and published in their web pages were statements that if I'd been an anti-trust lawyer and had interests adverse to them, I think I'd just lifted the language off their web pages and put it in the complaint. Not only are they anti-competitive, they're up front about it! They don't want new

medical schools; they don't want additional medical students; they don't want to ease the access for people who've studied in foreign medical schools. You know, in Florida, we're highly dependent, even today, on graduates from foreign medical schools. About 37% of all our physicians have graduated from a foreign medical school, including Dr. Peaden. So if we did not have those foreign medical schools operating and coming here as students who come into programs within American medicine – a lot of them – to get their residency training and so forth —. But these web sites were indicating that we ought to cut back on all of that. Where would we get our physicians?

Sellers: Wasn't there a believe in the "industry" at the time that we had plenty of physicians?

D'Alemberte: That was their position. Let me think of his name – really important person – we got a consultant from Wake Forest who was their vice president – just a wonderful guy, and he had headed Wake Forest medical school and ran it's medical center. We asked him to do a study, which was an extremely important study, that was also supported by a local consulting group.

Sellers: When you say "we," who is the "we?"

D'Alemberte: FSU. His first name is Dick — it will come to me. When he came down, when I hired him as a consultant, he came to my office and we talked. He said, "You know, I'm not going to be of any use to you in this project because I really doubt the need for an additional medical school." I said, "If you were a person who were out advocating for new medical schools and said we needed new physicians, you would not be of any use to us at all. But you've got a distinguished record, you're well known, both you and your father were distinguished medical educators. If we can convince you, you might be able to convince some other people." So he came down. We spent a lot of time showing the data that we thought demonstrated a real shortfall in physicians. And of course, some of it's pretty easy to do; you had federal reports on underserved areas. You start looking at those underserved area, and they tended to cluster southeast and west of us, east and southeast, and then around Lake Okeechobee. And then some counties were designated as not being underserved even though there were vast populations within those counties that were horribly underserved. If you looked at Palm Beach County as a county, it looked like, gosh, they've got an enormous number of physicians there. But they're all over there living in condominiums; they weren't serving Imokalee and those areas. So we were able to convince him that there was a great need, and the real need was in primary care physicians, although we saw a shortfall in other areas as well. He finally came around, and when he did, he really was powerful.

Now, he gave a report and we made a presentation to the Board of Regents; the chancellor did not support us.

Sellers: Who was the chancellor at that time?

D'Alemberte: Adam Herbert. It really lead to an awful lot of political consequences,

Robin, probably beyond our project. I'm convinced that the people on the Board of Regents staff who were responsible in the area decided early on they did not want to see another medical school, and that they never really studied the documents. I don't make that charge against any individual; I just did not feel that people were going at this with an open mind. I think they decided there were so many needs of higher education in Florida, medical education already eats up so much of the available resources, we don't want more medical schools because of that; that ought not to be our first priority. I personally can understand that position; I don't think it's an unreasonable position. It's very close to what I take to be Larry Abele's original position, and that was that we don't want to imperil everything else for a medical school. Given the support that's going to higher education in Florida, it's really hard to argue with that position. It is not one, though, that looks at public needs for physicians or looks at the need for medical education.

Sellers: It's kind of a selfish stand.

D'Alemberte: Well, it is in one sense, although I give everybody I know who have taken these positions credit for really trying to look after the general improvement of universities. And I think it's not for any personally selfish reason, but I think it was the idea of identifying with existing institutions and not wanting to see new institutions created.

But I think I started off trying to answer your question about whether the model was important, and I'd have to say that ultimately I think the model was important. But if you look at this by stages (maybe at some point you and I and Myra can sit down with a chronology and we might make a little bit more sense out of this for you) – because at one stage it was just getting the _____ [228] [??] past the Board of Regents who refused to look at our report and to act on it. It just happened at a fairly dramatic time, right on the eve of a legislative session, and John Thrasher was really surprised by Adam Herbert. And Adam did not call John, and they were both from Jacksonville; they're very good friends.

Sellers: So he didn't talk to John at all about this?

D'Alemberte: He didn't talk to John before taking his position against the medical school.

Sellers: Was it typically his fashion to discuss things that were going to have —

D'Alemberte: Well, Adam stayed very close to John, and John had been a strong advocate for Adam becoming chancellor.

Sellers: So it was out of character for him not to discuss it?

D'Alemberte: Well, I think it was a little bit – first of all, it was a terrible political mistake, because ultimately he lost John Thrasher's support. The whole idea of replacing the Board of Regents was hatched about this time. When Adam had himself some political crises later, he didn't have the kind of support system that he might have had otherwise. And there was a really easy way for Adam to deal with this, and it really was the path that I recommended to

John after the Board of Regents turned us down. I said, “You’ve got a bill introduced by Durell Peaden, that has signatures from a majority of members of the House of Representatives. Don’t let it die. Just put in a study commission; give them a million dollars – I think that was the sum – to study the feasibility of a medical school and to bring back a report to the legislature. So John’s second year would be the time the report would come back. So suddenly we had money not coming out of the FSU budget. We had an opportunity to study medical education; we had a mandate to take a report back. And at this point, Larry Abele got very involved.

Sellers: Because the money wasn’t coming from FSU’s coffers.

D’Alemberte: Yes. At that point we’d been given the money to play, and we at least had some chance that if we put together the right kind of plan, then we would succeed. So at that point, that’s the stage I think Larry kicked in and became – I don’t know what his inner enthusiasm was, but I know that his outward performance – he was just excellent.

Sellers: So he was outwardly supporting it; he saw it as good for the university, whether he personally believed in it or not.

D’Alemberte: Yes. I think he went at it, in part, just as a matter of intellectual exercise. Here’s a biologist; how does medical education work, what do you need? I think he and Myra maintained a good relationship. I must say that Myra is just a great colleague. First of all, with me, she was always totally candid, and I have just the greatest admiration and respect for her. I already knew that we would get along very well. Sometime, I think fairly early in my tenure as an FSU president, I had a large donor call me and say that he very much wanted my help in getting his nephew into our PIMS program. I called Myra and gave her the outline of his grades; he’d been a good student at Emory, but he’d really not shown anything other than a verbal interest in medicine. He’d not done anything with hospitals or physicians to show that he was going to be a good candidate to be a primary care physician. I called Myra, and I said, “Myra, I’d never try to tell who to admit, but I’d appreciate it if you’d consider this young man.” Myra said, “Absolutely not.” [chuckles] She said, “We don’t take non-Floridians, first of all, and he’s now going to school at Emory, he’s actually from Texas. So we’re not going to break that rule just to have a wealthy man’s nephew attend.” So I think that was the right answer.

Sellers: The legislative process then, as it went along – I’m guessing that John Thrasher did get it turned into a study group and get the funding for it. Then how did that proceed and what was your involvement in it legislatively, if any?

D’Alemberte: First of all, John Thrasher had a very important deputy, person who was directing his staff, Steve MacNamara. Steve had been my assistant dean and then associate dean when I was dean of the law school. He was in effect chief of staff for John Thrasher. He’s a person who is somewhat unsung, and I doubt, for instance, that people like Myra know much about Steve’s role. But it was immense. First of all, Steve was there with John and me when I suggested that they have this study commission, and he saw to it that it got into the legislation and that it got approved all the way through. That was significant, Robin, because at that point

John Thrasher was having discussions with the governor's office, too. So John was very close to Governor Bush. Governor Bush was always supportive because of John Thrasher and Steve MacNamara. Steve was working with the governor's staff and so forth, making sure that everybody on the governor's staff understood that this was important to John Thrasher and to the governor. So we didn't have the kind of confusion you sometimes get with some staff person down the line stepping on your communication lines. So Steve MacNamara, in my judgment, was a really very important person in making this happen. [discussion about interviewing other persons not transcribed]

Sellers: So as this went along, the study, when completed, was presented to whom?

D'Alemberte: I think under the terms of the proviso in the legislation, I think it went back to the legislature. I don't think the Board of Regents voted on it. I think the legislature in effect took it out of the hands of the Board of Regents. Of course, there's an awful lot of complaining about that in the University of South Florida, University of Florida. People were complaining about the fact that this has not gone through the Board of Regents, without pausing to think that Bill Shands, Senator Shands, created the University of Florida medical school without dealing with anybody, and Terrell Sessums pushed through the University of South Florida medical school without ever —

Sellers: And they didn't recognize that? I can see them overlooking Shands, but their own school?

D'Alemberte: I think people were saying, "What in the world are we doing having a medical school without going through the Board of Regents?" The answer was, we'd never had a medical school. Even University of Miami, which receives very substantial support from the state for medical education, that came out as a legislative initiative, not anything from the state education authorities.

Sellers: Would it have needed anything at Miami, because it was a private institution? Would it have still fallen under the Board of Control or the Board of Regents?

D'Alemberte: Well, you get substantial public funding. You don't need it to start the medical school, but to take and give — Robin, I'm not sure — it would be interesting to check today. It would be interesting to me to see whether Florida State University or University of Miami receive more money for medical education. It's counterintuitive. It might be University of Miami.

Sellers: In all of the budget cut talk in the news now, there's talk of cutting funds for the new medical schools, and for the established ones, but University of Miami is not mentioned.

D'Alemberte: Well, the whole Jackson Hospital complex and the University of Miami medical school are highly dependent on state subsidies. I've not looked at that in a long time, but I was a legislator from Miami, so we supported that very strongly. But you're right, it's not

quite the same thing. But it would be something to ask, if you're going to provide educational funding to a private school, whether you at least consult with the government agency that deals with education.

Sellers: Where along the line did you actually begin to get the feeling that this was going to be a "go?"

D'Alemberte: Honestly, once the report came back – and it turned out that this year period of time was really very valuable to us. If we'd gotten the appropriations back when the Board of Regents stopped it, we could not have moved any faster. And we may not have had as coherent a plan. Because we took a year, and it took a full year to really put a plan in place. So how do you now convert from being a one-year PIMS program into a full —. What facilities do you need, what building will you need, how do you handle the transition from running a first year program which you already know how to run? You just don't have to report in any way through Gainesville in order to run it. But Gainesville was not doing anything anyway; we were running the program – Myra was running it here. And so, how do we now take it and add classes, faculty, facilities? And working all that out took that year. So at the end of that year, and when we presented the plan to the legislature, and I got assurances from Steve MacNamara and John Thrasher that they were going to push on this, it was pretty clear to me it was going to happen. You still always have questions about whether you're going to be successful at all the steps necessary. But we thought that the idea was significant enough and that the opportunity was there; if the funding was adequate —. And one of the criticisms we got from the other medical schools was that we couldn't possibly operate a medical school on the budget we were presenting, and we declined to ask for more money, saying, "Yes, we could, too." Larry Abele had gone through the budget figures really very closely and thought that other schools were really not being very prudent in the way they were spending money. And that also, they were probably using some of the funds they got to shore up their hospital operations. We weren't going to have the burden of running a hospital. That also took us out of a bunch of market risk. During this period of time, you had two or three medical schools that got into bankruptcy trouble. It was their health care delivery plans that got them in that trouble. And even University of Florida experienced some considerable problems in their Jacksonville hospital operation. So the more things went along, the better we felt about our decision not to do something we didn't know how to do, which was run a hospital, but to do the things we did know how to do, which was deliver educational services.

Sellers: At one time there was an attempt to use TMH. Was that strictly while it was PIMS or was that at the early stages of the medical school? TMH declined to get involved for a while.

D'Alemberte: Honestly, Robin, that was a power play. Herb Morgan was a lobbyist for TMH, and Herb and the administrator (what's his name) – it's my belief that they saw this as a possibility for getting very substantial funds for TMH. So they came forward with a plan at a potentially critical time that would add several hundred million dollars to the cost of a medical school. And essentially it was to improve TMH's facilities; to get state funding for the

enhancement of TMH was really what that was. My memory is that came about the same time we were having our troubles with the chancellor. So the study allowed us to get past all that.

Sellers: TMH did capitulate after a while, did they not?

D'Alemberte: Well, actually TMH never showed up to be supportive until after we got the medical school. And once we'd signed up significant numbers of people who had privileges at TMH, TMH withdrew their decree that medical students could not be allowed in TMH. Ultimately – I think it took a change of administration – but TMH today actually welcomes and cooperates with the medical school. And the real cooperation we're getting from the physicians who are running the programs there, handling the second two years of clinical work. And I've actually seen a number of these medical students out in physicians offices and in the hospital. So today I don't think there is any problem. Early on, I remember there was some reservations from the medical community generally about whether a medical school was somehow going to disrupt their practice.

Sellers: The bottom line is always competition.

D'Alemberte: That's right. But ultimately large numbers of the very best physicians came on board. We'd always had the support of local physicians in our PIMS program. They helped interview students and provided a range of services to the medical school. We're obviously greatly expanded that and associated a number of them with the medical school, and that's been wonderful not just here but in Pensacola and Orlando and Sarasota and other places.

Sellers: And I would think down around Lake Okeechobee, too, because that's so desperately in need.

D'Alemberte: Precisely.

Sellers: Tell me a little bit about what went on between Florida A and M and FSU when FSU started being interested in expanding — I know Florida A and M was very reticent about their participation in PIMS. What kind of problems —

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Sellers: I hate to always have to go into something like that, but it's a fact of life here.

D'Alemberte: It absolutely is. Actually, with the medical school, the conflict between FSU and FAMU was not significant or long enduring. I could not say the same about the Engineering School. Fred Humphries at one point came to me and said, "Why don't we propose that you establish a medical school in conjunction with FAMU in the way we run the Engineering School?" I said, "Fred, simply because the way FAMU participates in the Engineering School, I would never agree to do a joint program with FAMU, particularly one that required technical competence because you guys have not lived up to your end of the deal in

engineering.” At that point we had had some studies that showed that they were taking a large number of students in but they weren’t graduating them, in part because they were not getting competent training in basic math and physics and chemistry and the other courses they needed to become engineers. Incidentally, I think FAMU straightened out a lot of that; I don’t think that’s true today. But at one point it was just a tremendous problem and such a disservice to the students they were taking into their program. But I told him precisely because of our experience with them with the Engineering School, we would never agree to do that. And so it really disappeared at that point.

Sellers: Myra Hurt in her interviews had said that even though they made every attempt to reach out to FAMU students to bring them into the PIMS program, that they found that when FAMU had really qualified students, they were suggesting that they apply to other universities rather than here.

D’Alemberte: I think that’s true. I don’t know whether that’s continued now with the medical school or not. I do know that we had a record of having diverse classes that has been admirable and finally even recognized by the AMA.

Sellers: So when did you approach FAMU — because obviously if this is going to be a program that’s going to reach out to areas that are disadvantaged and populations that are disadvantaged, you’re going to have to take into consideration the students who are coming to FAMU. So how did that outreach happen?

D’Alemberte: You know, honestly, it did not happen at my level. I was thoroughly jaded in terms of getting FAMU’s cooperation at an administrative level, and I’d known about Myra’s difficulties in attracting FAMU students. Honestly, I just assumed, Robin, that the problem would disappear once a medical school that wanted to educate minorities was available. Particularly where a medical school was going to take the kinds of initiatives that we were going to take. In our one-year plan, one of the topics we really paid a lot of attention to, and it was in this legislation which established the study commission, and it was there because I put it there, that we were to look at the issue of how medical education can attract more minorities. We studied several different programs and actually put programs in place from the very beginning of the medical school. You probably know about the efforts to take qualified minorities who have not finished all their pre-medical school education and put them through a one-year period —

Sellers: Sort of a preliminary catch-up.

D’Alemberte: And if they complete that satisfactorily, they’ll be admitted to medical school. I think that’s been quite successful in adding to our minority numbers.

Sellers: So basically you didn’t worry about it, you just put your program in force —

D’Alemberte: We were taking all the steps that we know how to take to bring minorities. These steps have been successful in other places that have tried them and have had significant

funding, and we were going to put sufficient funding in place to make those programs work. And for FAMU to be stand-offish at that point would just punish their students.

Sellers: So it was up to them. It was available to them, and if they took advantage of it, they were smart, and if they didn't, it was their loss.

D'Alemberte: And I thought in the long run they would probably come around.

Sellers: Was there ever any thought to working into the mix their pharmacy school?

D'Alemberte: There was at least some discussion at some point, but again, I don't think it went very far. I'm not sure it went beyond our campus. We clearly, within our assessment of where are the available resources, identified the pharmacy school as a asset, but I don't know – I can't think of any direct proposal that was made.

Sellers: Once the school was up and running, the building itself, the College of Medicine building, went up very quickly. How far back in the planning stages had you decided that the Florida High School area would become that location? What was Physical Plant's involvement in things?

D'Alemberte: I think it was during that year of the planning sessions, before we got our funding. And of course, that was necessary in order for us to begin to look at what facilities we'd need and how much would they cost and so forth. That was really quite a remarkable side event in itself, because remember what we had to do. We weren't going to lose the demonstration school, we weren't going to lose Florida High, but we were going to move it. And in order to move it, we had to have a site to move it to, and had to have a building on that site. And about this time, St. Joe shows up. St. Joe turned out to be a very difficult partner to work with, but luckily I had a general counsel named Alan Sunberg who was a very good lawyer and a very good negotiator. And working with John Carnaghi and Larry Abele, Sunberg ultimately put St. Joe in the position, "Do you want this school or not? If you do, you've got to agree to our terms and you've got to do it now and quit trying to put new terms on the table. We're not naive, we're not some institution that's without competent counsel, so don't think you can take advantage of us in these negotiations. And if we enter into a deal, you've got to guarantee us you're going to have the school up and ready to occupy before next school year," which will allow us to begin taking down some of the Florida High in order to start construction. So we got an agreement ultimately that required St. Joe to build and equip a school within eleven months.

Sellers: To your specifications.

D'Alemberte: Our specifications. We were flexible enough to agree to a design and construction method that was a little bit radical. If you saw those buildings being built, they're built on the ground, built like old tobacco barns, and then the walls are lifted into place and the roof put on top of it. And so that kind of construction allowed us to build pretty rapidly. It

meant that you didn't have to have all that scaffolding and people running up and down. They could just walk around and do what they needed to do at ground level. And that construction technique is used greatly in construction schools these days. So we ultimately had good success with that. We had to, first of all, convince the College of Education they didn't have to have their demonstration school next to them. We got strong complaints out of the College of Education, and I said, "Tell me now why you have to have a school here?" "Because our faculty uses that school for research, and we get grants for research." "Do you write a report at the end of those grants?" "Yes." "Let me have all the ones you've done in the last ten years." They brought a handful; small papers with small grants. I said, "This is pitiful. (A), you ought to be doing more grant work than this, and (B), this is not going to stand in the way of us building a medical school. Your people obviously are not using this, and if they are using it, it's a short distance over there, they can —." So people ultimately quit complaining about that. And again, I'm really proud of the way our people went about our building the school. Again, great credit to John Carneghi and all the construction people, and to the architectural firm and to the contractor. They all really put themselves into that project.

Sellers: It just all of a sudden appeared, finished.

D'Alemberte: Yes. I must say, finished and beautiful. They adhered to our construction standards, and I think it's a signature building.

Sellers: It blends in with everything else. And what was involved with finding your faculty then? Were you involved with that?

D'Alemberte: You know, I was involved only at the latter stages of some of these searches. Myra and Larry really led that. We had to go through, first of all, the question of to what extent were these searches being conducted with an eye to public colleges, too. Because one of the things I think everybody understands is there's at least a potential for bringing new scientists on board, that they would be able to connect with chemistry or with biology —.

Sellers: Was it going to be joint lines?

D'Alemberte: That was the original plan, and I think that's still true. Myra can answer that better than I. But remember back with PIMS —

Sellers: With PIMS they were attached to a different department and then they taught in PIMS.

D'Alemberte: And I think there's quite a lot of that — there was, at least while I was president, quite a lot of that in place.

Sellers: Myra was the first acting dean, and then, was it Joe Scherger?

D'Alemberte: Right.

Sellers: He didn't stay very long. Was he somebody who looked good at first and then didn't quite fit in, or do you even want to talk about that?

D'Alemberte: I think the ethics of this kind of interview require me to talk about it. Joe had absolutely every qualification we wanted as a first dean. He was really well regarded within medical education. And he had a great network of contacts. When he got here, it turned out he was a little bit lazy. Myra and others can probably tell you stories about a topic I don't think we're going to be able to get into fully today, and that's our accreditation fight. Back when we were going through our appeal to the liaison committee on medical education, putting together the documentation, I asked everybody working on this team to be prepared to work on Saturdays and Sundays. We had regular meetings, sometimes at Westcott, sometimes at other locations, for people who were working on various phases of this to come together, present what they had, and for us to begin to put together our final documentation. One Sunday Joe Scherger shows up in a tee-shirt and short pants and says he's got a golf date; he's taking a couple of medical students out to play golf, and just came in, looked in the room, and left. Myra said to me later, "At that time, I knew that Joe Scherger was not going to be around here very long." [laughter] Ultimately, he and the provost conflicted. I didn't fire him, but the provost did. And the provost can tell you about the issues he had. I think they went beyond the issue of — [interview interrupted] — Larry will talk about other issues; I think Larry had several other issues with him. But I was not fully surprised when Larry took that action. I think he may have actually taken it formally after I left the presidency, but I did not disapprove.

Sellers: [Time constraints require that the interview be wrapped up at this time] Anything that you think we need to cover right at the moment? Because we can add more or do a follow-up if we need to.

D'Alemberte: You know, Robin, probably the story you need to hear sometime is our accreditation battle, and it might be useful for us to pull some documents and chronology on that. Myra probably has it; I may even have it somewhere. But I think that might be useful to you. And at some point, you may want Myra and me to come together.

Sellers: Well, we can let you go then for right now.

D'Alemberte: The name I have not thought of – the name of that consultant from Wake Forest — his name will be on that MGT report.

Sellers: We'll wrap it up for now so you can get to your next appointment.

End