

**Interviewee:** Johnson, Tom M., MD.  
**Interviewer:** Karen Thomas  
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**Thomas:** Dr. Johnson, can you tell me about your professional background and what prepared you to work in this role as a consultant?

**Johnson:** I went to medical school at Northwestern in Chicago and took my training in Detroit at Receiving Hospital downtown and then the University of Michigan medical center. I was going to into practice in Scottsbluff, Nebraska. Instead I had the opportunity to come up to Michigan State where they had a brand new medical school. I went to “greener pastures” as they say in Michigan. It was very progressive. In fact, sometimes they changed things for change itself but I became really aware of the problems in medical education. The rote memorization and methods that we had at medical school were questioned. Michigan State really developed problem-based learning. I had an opportunity then to go out and set up the first community campus, Grand Rapids which is a unique town in medical education. I went over to Grand Rapids and set that up and then six years later became Dean of the University of North Dakota School of Medicine. North Dakota was going through interesting times and actually I was the fifth dean in four years at U.N.D. But it had been a two year school since 1905 and was in the process of converting to a four year school. I left there eleven years later having accomplished that task. It was an exciting, wonderful time. I returned to Michigan State as Associate Dean of the college under a really good friend of mine who was dean. A year later he was forced out of the dean’s office. I’d been dean, didn’t want to be dean and so worked under a new dean. In Kalamazoo, Michigan, the MSU medical campus was having a real problem and they asked me to go over there and calm things down. And I stayed five years and retired from Kalamazoo in ‘99. In the fall of that year, MGT and FSU representatives came to Kalamazoo. It was one of their stops on their trips going around looking at different medical schools. The person who had taken my job was not able to be there. So they asked me to come over and sit in and I really had a wonderful time. Myra, Dr. Hurt, was there, MGT was there, Durell Peaden was there. We really had a wonderful conversation and shortly after that MGT called me and asked me to come to Tallahassee and sit with them for a couple of days and talk about medical education as I saw it from my vantage point or my experience. And I did that. To me, a funny aside, I spent all day long in a conference room and people kept coming in and talking and talking and talking. You know I was doing the talking, they were asking the questions. And at the end Ken Boswell who owned MGT or started it came in and we were talking. I said to him, “My gosh, Ken, I didn’t know I knew this much.” He said, “Sonny, when you’re in the land of the blind, the one-eyed man is king.” I always enjoyed that. So that’s how I — that’s my background and how I got to FSU, or got to MGT, then getting to FSU is another part of the story.

**Thomas:** Okay. I have heard that Michigan State was definitely a model for FSU. That

even in the days that they're program in medical sciences, that they were drawing some of their goals and mission from Michigan State and saw it as a model. Could you comment on some of the similarities between medical education at FSU and at Michigan State?

**Johnson:** Well, I don't know what the medical education at FSU is now, but I know that setting up the model for FSU, it was actually really based on the Michigan State model except in a couple of the instances. One was Michigan State in its relationship to its communities, and there are five soon to be six, uses a corporate model. In other words they establish a corporation out in the community which consists of the hospitals in the community along with the university. And interestingly enough, Karen, you know it's been going for twenty-five years. In the beginning these corporations were the hospitals alone and excluded the university. The university was a guest and now the university is a full member of all of them as trust has evolved over the years. And I proposed this for FSU and they were — they did not want to have a model in which the community controlled the process. At MSU, the community never controlled the educational process but the community certainly had input. It was a need of FSU to retain control and that wasn't Michigan State's need. Other than that, another departure was that I'd really been unhappy with medical education as it's now evolved because medical schools aren't really medical schools, you know. They are health science or medical science centers and the medical students, in my opinion, are an excuse for the existence of the medical school who really purposes to do research, et cetera. So in graduate medical education there's a famous quote that says, the department chair or the people in the department say, "My fellows our residents, the students." And so it sort of puts it in the proper pecking order. I've always been very oriented toward medical students and their education and what they should learn as a base to become helping and caring physicians. We proposed the model and I don't know how much it's been adhered to, in which there would be no practice plan because what happens in medical education is that the rich departments get richer, the poor departments stay poorer. There are fiefdoms. Some departments have more money than the dean's office and they do whatever they damn well please. And so there is no coherence. I mean they're held together with a common need for a heating system and the departments go out and do whatever they want. We proposed a model for Florida State in which there would not be a practice plan. All faculty would be hired on a part-time basis with contracts and outlines of exactly what our expectations were in those contracts. The faculties, though, would sit down together and propose what are the objectives of the program in research. And in Florida, gosh, the opportunities were just legion. Health care delivery, geriatrics, delivery of rural health care, minority care. They were all just great subjects and you can involve the basic sciences in those, especially when you come to, for example, geriatrics. What are some of the biochemical, cellular factors on aging, etc. So we proposed this model and it would make the dean's office dominant, I admit that. It would make the departments work together, but the issue was it would be a medical school for medical students, not a research institute that happened to have medical students there.

**Thomas:** Describe your very first meeting with the people from FSU. You said that when you first met with them you weren't actually a formal consultant at that point. What did Dr. Myra Hurt, Durell Peaden, and the other people there, what did they say to you and what struck you about FSU as, you know, the first new medical school to be founded in the US in about

twenty years at that point?

**Johnson:** Well, I don't really remember that meeting too much except there was a lot of enthusiasm. That's what I do remember – the enthusiasm of this group that came and the very pertinent insightful questions that they asked. That's the general tenor of the meeting in Kalamazoo that I took away. Then I came down and was with MGT and for a couple of days, and then the next thing knew I was hired by Larry Abele. And that was important. I never worked for Myra. I was always working for Dr. Abele in the three years that I worked there. I think it's three years. I was always related to Larry Abele and the provost's office. That in itself created some problems but we can get into that a little later. I came down in '99 as I remember it for the MGT — I don't remember if I really worked for the university at that time. But then in 2000 I was down there a lot and that was the time of the big legislative decision. We were down there outlining a program, working with the people that were in the school and going before the legislature. That was an interesting experience for me, going before the legislature because — first of all it seemed that many in the legislature really didn't want to hear about the school. One committee chair said, "Well, make it short," that kind of thing. It seemed all the decisions were being made elsewhere. But I gave a presentation to a — well I gave a presentation to a sub-committee and MGT was there and everybody from the school was there. There was an orthopedic surgeon originally from Chicago who was sitting in the legislature as a senator. He was just ripping me up one side and down the other. And I suddenly realized here I am standing here, talking about this – I'm a carpetbagger. I don't have the authority to make pronouncements and this guy picked up on one of the real flaws of the medical school as proposed, which had nothing to do with Florida State but the fact that we were going to graduate these students. And positions in graduate medical education had been frozen in Washington. There were none available and that the state of Florida was really weak in graduate medical education. Where were these students going to go? They were going to out of state? Once they left, they'd never come back. And there was real potential truth to that. I was really uncomfortable, although everyone said, "You did a good job," and all that. But I was really uncomfortable appearing before the legislature and toward the end, they picked up on this and Larry started to appear before them. And I thought that was really appropriate because he could speak with authority — you know, he and I, Larry Abele and I spent hours together. We became personal friends. I really enjoyed him and etc., etc. He started to speak for the school and that was far more appropriate. At this time, should I just go on?

**Thomas:** Yes, please do.

**Johnson:** At this time one of the things, and I was down frequently and I can't tell you how many times I came in 2000 through the whole legislative process. I worked Talbot D'Alemberte, one of the most fascinating men I've ever met in my life, and going to the legislature with him was an experience that I'll never forget. You know, you couldn't walk ten steps down the hall of the legislature until someone would stop him and talk to him, and he talked to everybody. But I proposed, just to show you the national mood, I proposed that I take a trip to Chicago and talk to Harry Jonas, who was just retiring as the head of the accreditation committee representing the AMA. So I went to Chicago and went to AMA headquarters. And I just got blasted. What was

I thinking of? I knew Harry. He was dean when I was dean, and you know, we were old friends. What was I thinking? This is the worst thing that could ever happen. A new medical school, we don't need any new medical schools, on and on and on. And boy we're going to make them jump through hoops and everything else. It was really an experience, you know. And I thought, "Oh geez." And then after the... [Interviewer begins speaking]

**Thomas:** Why was he so negative?

**Johnson:** Well, because there was this attitude in the country, the last thing we needed is another medical school. We've got a plethora, overproduction of physicians. And that was the modus operandi that was present in '99, 2000 before that. First new — you said it yourself. The first new medical school in what, twenty-five years. And the accreditation people did everything they could to discourage it. And Sandy, he sure made a gutsy decision to move ahead that scared the living bejeez out of me because I'd worked through those times of being accredited by them. You really had a tight lip, man, when they came around because they could keep you from developing your school, make you jump through hoops that were unbelievable. The national attitude was we don't need anymore medical schools. Here seven years later, we don't have enough. We don't have enough doctors, you know what I mean, and we're going to have to have more, etc., etc. But it's how times change. So we worked with Durell Peaden. He was really a driving force in all this. But at the university, my main interactions were with Larry Abele and with Laurel Brock who was a real help. She did everything that she could do and she worked over at the medical school that was in operation. And I'd go over there and worked with them, but mainly I worked over in — what's the name of the administration building where the provosts and president's offices are?

**Thomas:** Hmmm.

**Johnson:** Well, anyway, you know with the fountain out front that they always fill with soap and ... [Interviewer begins speaking]

**Thomas:** Right, right. That's near the Ruby Diamond Auditorium, I think you're talking about.

**Johnson:** That's right. So they gave me an office over there that I worked out of. So anyway that's that. One of the real, during that time period of time the whole issue with Tallahassee Memorial came up and I can't remember who the man. But he, you know he...

**Thomas:** Was it John Mahoney?

**Johnson:** No it wasn't John Mahoney. This is the guy who was the CEO, head of Tallahassee Memorial and he's the guy that, for example, when the university allowed the other hospital in town to advertise at a football game, he took and kicked all the nursing students out of the hospital. I mean petty, petty stuff. Well, he had the idea that he was not going to allow

FSU medical school to use that hospital unless they paid him tribute, a la Shands hospital which receives X amount of dollars from the state. I mean he wanted a lot of money to allow medical students in that hospital. He'd gotten that idea not only from Shands but from the fact that in South Carolina, in Columbia, South Carolina when they founded the University of South Carolina medical school, the hospital administrator up there held them hostage and made the school pay their due in the hospital. And that was a unique situation in American medical education. So he had the idea that this had to happen there. I just kept saying, "Hey don't worry about it. Go to your other communities that you want to go to and don't worry about this hospital." I don't know how it's all worked out. But one evening...

**Thomas:** The leadership changed and it did work out.

**Johnson:** Oh yeah. Good, good. There's always a town/gown issue, but still, I'm glad it worked out. Larry Abele and I went over there one evening and met with the medical executive committee and the board of trustees of the hospital. That was one of the best evenings that I think we've had because I was totally comfortable with that crowd. You know, that's where I'd spent my life and I gave a presentation. Then Larry talked a little bit about the university and we opened it to questions and they were just wonderful. It was a give and take and I think it really frustrated this guy. But that was really one of the best evenings, best times I had down there.

**Thomas:** And who was in the audience at that meeting?

**Johnson:** Well, who was in the audience was what they call the medical executive committee, and that's the physicians generally in the hospital who are the leadership in each department. If they have a vice-president for medical affairs, that person would be there. But it was the medical leadership in that hospital and then also the board of trustees was there that night.

**Thomas:** So they were very favorable then?

**Johnson:** Well, they were — they're never very favorable, okay Karen. Because they're always thinking that, "My God, this is going to be competition for us," you know what I mean. But yet they had good questions. We had good answers and we had a really positive give and take. I came away from that meeting thinking, "Boy that's really great. Now we got him in a corner," you know what I mean. But it didn't matter. You know it didn't come out with any conclusions. It was an informational meeting but it felt very positive. That's all I'm trying to say. So anyway, let's see, what should I talk about next.

**Thomas:** You had mentioned that Durell Peaden was a driving force in getting the proposal through the legislature. Could you talk more about him?

**Johnson:** Well, he's an interesting man. You know he went to medical school in Mexico?

**Thomas:** Yeah.

**Johnson:** And he really had, it appeared to me, a sincere desire to have physicians come out who would serve the under-served. Excuse me a minute. [Clears throat] Who would serve the under-served. And I really enjoyed working with Durell. He would give us insights. He would run with the ball. You know that's mainly what I can say. I had an interesting experience, though. I came down there about two years ago. We were on our way to somewhere, my wife Jane and I, and we came there and Larry and his wife and Jannie and I went out to dinner. And my God, at this restaurant, we just picked a restaurant, there was Durell Peaden with someone. And he'd been my big bud. We saw him at the restaurant. When he was leaving he stopped at the table, he didn't know who I was hardly. That I found, well he's a typical politician and I let it go at that. But I found that really fascinating because we had been really working together closely in this whole thing. But that's neither here nor there. I can't say enough good things about Larry Abele. He was always supportive. After the medical — oh, the thing the medical school did that just scared the bejesus out of me was the fact that they had written in the bill that they must take and fund the medical school according to a schedule. And that sort of said, "Nuts to you accreditation." See what I'm saying — that that forced accreditation's hand and they sort of had a schedule and the number of students, etc., etc., etc. But that was what I said earlier, I think that was Sandy D'Alemberte's end run around accreditation, you know. He had the legislature put that in and therefore they moved ahead on it. They had to move ahead on it. That's when I think the people like the man who was so opposed to it, Harry Jonas and then later Bob Dougherty came in. Bob and I were big friends here at Michigan State, interesting man. But they came in and really worked through the accreditation problems that they had.

**Thomas:** Who is Bob Dougherty and what role did he play?

**Johnson:** Well, Bob Dougherty — he'd been at Michigan State. He went out and tried to start a medical school in Wyoming, failed by one vote, a long time ago. He then went to work for Indiana University but became dean of the University of Nevada school of medicine and was there for a long period of time and finally he left. And he was an interim dean at South Florida and then there was turmoil down there and he left South Florida. He became a consultant in medical education with Harry Jonas and then with a fellow who had been dean at the University of Kentucky with them. Harry really had an in with accreditation and Bob had been on the accreditation committee and had been chair at one time so they really had the credentials and the contacts. So they could move it forward. And I would think Bob Dougherty and Harry Jonas, if you want to get the skinny out of that you ought to really interview them.

**Thomas:** And when you say Dougherty was chair of the accreditation committee, was he on the AMA side or the AMC side or both?

**Johnson:** Well, he was on the AMC side because he also one year was chair of the dean's committee. In other words, the deans of all the medical schools would meet twice a year and for one year Bob was the chair of that group which is a pretty prestigious position. And then I'm almost sure he was on the LCME which is a Liaison Committee on Medical Education and that's

the group, you know, that makes all the rules and passes everything. I think he was chair of that also one year so he had the credentials.

**Thomas:** Now you said Harry Jonas was really opposed to it and it sounds like Bob Dougherty had spent a lot of his career trying to start medical schools or help new medical schools really get going. I guess, do you know why Dougherty was so pro-establishing new schools?

**Johnson:** Well, he wrote an article in fact about starting new schools that maybe you ought to Google it and try to find it. But it was really an interesting article and in it he says why we need more medical schools. I don't know what made Harry Jonas change his mind. Harry's a good guy, don't get me wrong. He was blowing smoke when I was in Chicago. He was towing the party line because he worked for the party, you know what I mean. But I had him down one time, he was there and I was there at the same time in the year, 2001, because year 2000 was the big set-up year. Then I was asked to come back in 2001 and Harry was down one time, and he was very positive about it, wanting to say, "Hey if it's going to be, let's make it as good as we can," you know. That kind of thing. Karen, one thing I want to talk about is, just a moment, I just noticed I made a note. I told you it was difficult a time before the legislature, but one of the things that the legislature could not get through their head that we were establishing a medical school not a health science center. You know there's a difference. In a health science center, you've got nursing. You've got graduate medical education, graduate basic science education. Everything in this mass of which nobody can trace anything and it's extremely expensive. But we said we could do the medical school for X amount of dollars and they would come and say, "Well, my friend down at the University of Florida says you can't even touch it for that. Look at their budget is \$400 million, and you're saying you're going to do it for, I forget what, \$40 million," or something like that or less than that perhaps. And I kept saying that, "Look. We're establishing a medical school, nothing more." This is what a medical school would cost and I think if they could ferret out their costs that it wouldn't be any more than this for undergraduate medical education. That's all we're talking about. But that was a tough sell, you know. That's just a comment I have. I never went out, I never got to go out to any of the communities because in 2000 it was all the setting up with the legislature and everything else and all the stuff. You know there's an interesting story about how with the legislature [Clears throat] it had passed the house. And the head of the Senate, a woman whose name I would never remember...

**Thomas:** Kathy Castor maybe?

**Johnson:** Who?

**Thomas:** Was it Kathy Castor?

**Johnson:** That doesn't sound right.

**Thomas:** Okay, sorry.

**Johnson:** But what had happened, I think it had passed the sub-committee and it was — and Bush had said that he would sign it or had indicated he would sign it. And it came to her office and she held it and held it and held it, until like two days before the session ended. The University hired a lobbyist to quote, talk her into it. And after they hired this lobbyist it came out for vote and passed. I don't know if that story's been told before.

**Thomas:** Interesting.

**Johnson:** Yeah it is, isn't it?

**Thomas:** I've also heard the names John Thrasher and Jim King from the legislature. Did you have interaction with them?

**Johnson:** Well, I had interaction sitting in the room with Sandy D'Alemberte, but real interaction with them, no because it was really an old boys sort of interaction between those others, you know what I mean. And they knew each other and they would talk. The only real interaction — boy you just reminded me of something. I had a wonderful meeting, again with Sandy and I don't know if Larry was there or not, but there was this group. We'd go down and I'd sort of be there as back-up, you know what I mean, sort of second string. But they'd come to a question. They'd say, "Well, what would we do in this case, Tom?" And I would give them an opinion, you know, and we'd move on. But there was a black legislator who had been a Navy pilot. He was this big, tall, handsome guy, wonderful guy. That was one of the, I'm sorry I don't remember his name, I think Laura Brock would know it immediately. That was one of the best meetings we ever had because, boy, did he have great questions. I think he had been on the fence, and after this group sort of went in and tried to answer his questions and everything, he voted for it. So you know, I think it was helpful in that way.

**Thomas:** Now I don't know if this particular legislator brought this issue up or not, but to what extent was Florida A&M and the issue of recruiting minorities into medicine a factor?

**Johnson:** In my experience, very little. Florida A&M was sort of negative on the whole [Clears throat] issue of the school in a sense. I felt they were kind of negative, but we had very few meetings with or worked with Florida A&M.

**Thomas:** Because you were working for FSU?

**Johnson:** That's right. And I think they came to this — you know, it's really funny. There was a big retreat and I think they came to it, but honestly, Karen, I can't remember much about that retreat. In other words, like another retreats it was something we had to do. And you know a lot of people came, and there were some really interesting people there. We talked about the different aspects of medical education. Anyway, I don't remember a lot about that retreat.

**Thomas:** Okay. Well, I ask them because I didn't know if the Black Caucus in the state

legislature brought these issues or tried to, you know, work as a block either for or against the medical school based on the issues I just mentioned. You know, factored into politics in other words.

**Johnson:** I think at one time there was an amendment introduced or something like that, that okay Florida State could have its medical school but we wanted the students who went there, since they were going to cost so much money, to pay back their education by serving in under-served areas for two years. Just like Mexican medical schools do that a lot. And this one thing I'll send you is this "Day One Medical Education", how should we plan to provide physicians to the under-served. And you know then, why should Florida State students suddenly have to pay back their education when no other medical students in Florida have to? And Sandy wrote this and it's really excellent. It's very short. He talked about the need to recruit minority students, rural students, and of course I was really in tune with that, having been at North Dakota. You know, rural North Dakota is a redundant phrase. And geriatrics, so I think that they covered it by saying, this is what we're going to do, work in geriatrics, etc., minorities and things like that. I never heard much problem with Black Caucus. There was more push, I think, for a medical school for Cuban-Americans.

**Thomas:** At FIU?

**Johnson:** Yes, at FIU. That did come up peripherally in discussions.

**Thomas:** About whether if Florida were to be establishing a new medical school, it should do it in Miami rather than Tallahassee?

**Johnson:** Well, yes, and that FIU should have it. Yes that did come up. But the cards had all been laid out, you know. You brought up those names of Thrasher and others, they were very in tune with the school. So anyway it passed and...

**Thomas:** Can I ask you a quick question? Sorry.

**Johnson:** Yeah sure.

**Thomas:** I understand that it did not pass the first time through the legislature and that it did pass the second time. Is that correct?

**Johnson:** I don't know the answer to that because, let's see, geez I thought that it pretty much with it through, unless they had made a half-hearted attempt before I was involved.

**Thomas:** I think that must have been the case because I think there was — there'd originally been some talk of, the first time through there were some people who were saying they would only approve a two-year medical school at FSU. And they said, well that's not even worth fighting for, then they went back. Perhaps that the point where they hired consultants and

started over.

**Johnson:** Yeah and hired MGT.

**Thomas:** Um-hm. Now tell me about MGT. Is MGT main business, I know they're a consulting firm but do they do a lot of work with medical schools, or how did you get involved with MGT?

**Johnson:** Well, I got involved because they came up to Kalamazoo. They were, you know, working with FSU, originally started out. And the first time I ever had any meeting with FSU was through MGT who set up this whole trip to Michigan State, and they'd gone to the University of North Dakota and South Dakota. They'd gone to a lot of community based medical schools. I think that designation is really wrong. It's a community university integrated school because it's not community based. But be that as it may, that's just a little flaw in me. So that's the first time I met with, you know, met MGT. They had a representative at this meeting that, as I said, Durell Peaden was at and Myra Hurt was at and some other people. And MGT hired me to come down to talk to them for the two days, and then FSU hired me in the beginning of 2000.

**Thomas:** Now had you done any consulting like this previously?

**Johnson:** Well, very little. I had consulted in the University of South Dakota early on but that was strictly to set up a curriculum as they developed their new medical school. I think that was sort of essentially it. I had retired by the time I took this on. So I can't remember if I'd done any other minor — but I didn't consider myself a consultant or that wasn't my business. I'd just retired and had the time. So anyway, I think the really interesting thing was so it passed, and we worked some more setting things up and getting things going. I don't remember all the details there. But a number of times, Larry had asked me would I be dean? And I said, "Larry I'll tell you something. If I was ten younger and I didn't have my cardiac problem, my heart problem, I'd take it in a snap because I think it's really an exciting venture and that it's going to go and it's a lot of fun," and all that sort of thing. And you know, my experience had been developing new medical schools and especially like they had that PIMS program. That was like the University of North Dakota with its two-year school since 1905. But anyway, so I was put on the search committee. Well, my heart problem really came to the fore and I was never able to attend a meeting. Then January 5th, a day that will live in infamy, at the Mayo Clinic I had my aortic valve replaced and double by-pass and all that sort of thing. So I never really made the committee meetings. I reviewed all the people and gave recommendations but I really recovered rapidly. I was called in April, maybe, March, April to come down because there had developed a rift between the Provost's office and the medical school. Sort of the old medical school adage of give us money and leave us alone. I don't know who was right or wrong. I don't really care. But there had developed a rift between Myra and Larry, it seemed to me. I mean, because I came down to help straighten this out and see what could be done. We spent a lot of time, but I was working for Larry. During that period of time there the dean's search was winding its way through. There were essentially two candidates and one of them, I got to interview who's whole

life had been spent in research. [Laughs] He was the head of the Howard Hughes Research Institute and here he wants to come in, this physician come in and develop a new medical school that was community based. He had no experience in medical school education. He was a researcher. And I thought, “Wow. That’s — and when I interviewed him I thought he, personally, was condescending to me. And so the other candidate who became dean I was told wanted a tremendous amount of money. I don’t know what they ever paid him, but Larry was adamant he wasn’t going to pay him that much. I think he said — but anyway I said, “Look the worst thing that could happen to this school is that we [Clears throat] don’t hire a dean at this point and we go back and start the search over again. That will be a disaster.” So I said, “Look Larry, I feel a hundred percent better. I’ll toss my name in. I’ll come and set up and stay for four years or five years and then, you know, you can get a permanent dean.” And so oh great and we went. And as far as I was concerned, I talked to the President and I was offered the job. My wife came down. They got a realtor involved and everything and I was going out looking for houses. We’d agreed upon a salary. It was Easter time, in fact, because I went to Easter dinner to my friend’s house in Jacksonville, and I came back. I’d been there over the weekend. I came back and had Easter dinner with Larry at his house and everything was on track. I had to go before the search committee. It was obvious that the search committee was unhappy with my appearance – they didn’t even ask me any questions. They sort of, it was talked about the medical school and I sat there. It was an unusual experience. They didn’t ask me anything. Larry wanted me to go before the committee but said don’t worry about it. So to make a long story short, a week later I was in Chicago at a reunion at Northwestern and I got a call from Larry saying that the search committee had voted against me and he couldn’t turn it around and therefore I couldn’t be dean. I wasn’t upset. I wasn’t angry. I was, frankly I was relieved. And so the next Monday I went back down there because I was scheduled to go down there and work. And we went down and set up by-laws and did a lot of detailing work and everything. But what I understand was — I have to insert that six months after I had my surgery, in June I went water-skiing up at our cottage. I just did that to show off, you know what I mean. But what I was told was, is that some people really didn’t want me to be dean and they convinced the President that I could die at any minute because heart surgery was so serious. I was told that Sandy said, “Well, he can’t be dean. He’s going to die.” But that’s what I heard from... [Interviewer begins speaking]

**Thomas:** Well, you’re still around, aren’t you?

**Johnson:** Huh?

**Thomas:** I said, you’re still around, aren’t you?

**Johnson:** Yes and I ride my bicycle twelve, fourteen miles a day, you know. So I think I’m doing all right.

**Thomas:** What do you think the real reason was?

**Johnson:** That I had been identified as Larry’s close friend and I that would kow-tow to

Larry as dean and work against the people who were in the medical school already. I think that's the real reason and that this story was developed about how I could die. As you know, Myra Hurt's husband is a thoracic surgeon in town. Also from town and on the search committee was the head of The Florida State Medical Society, who was the President's doctor, who was Sandy's doctor. I think that's what happened. Maybe it was that truly they didn't want me for whatever reason. But again I had taken it because I didn't want them to go through a — I had thrown it in because I didn't want him to go through a search. So I was relieved, enough said.

**Thomas:** Can I go back to what — you said that you were called in to help deal with a rift between Larry Abele and others in the university over, could you talk about what that conflict was and how it was resolved?

End of Side A

**Johnson:** Well, I think the conflict was the fact that medical schools are famous for the statement, give us money and leave us alone. And they were developing programs and I think they hadn't kept Larry involved and informed. And he had some of his own ideas and again, I think the world of Larry Abele. I think the world of being able to work with him, it's so easy. So what the conflict was between the group over there, the real conflict — you know, there are all these incidents. It's like divorce. You got all these incidents. But incidents don't mean much. It's the real behavioral issues or there's a fundamental flaw in the relationship. I was never able to figure that out. I was only there, as I said earlier, a carpetbagger. And yet we were able to work together and get some things done. I can't tell you what the real issues were. You'd have to talk to Laura Brock who was really — boy, she's a fascinating individual, and she was privy to all of this. But it's done well and from everything I read in their literature that they send me, when they want money, they've done well and I'm real pleased.

**Thomas:** Can you talk some more about accreditation and why that posed such a challenge? Certainly you have mentioned previously that the AMA and Harry Jonas was very difficult to convince at first, but could you talk about the issue of accreditation and how it affected the early development of the school?

**Johnson:** Well, first of all, I want to clarify something. Twenty years ago or so the AMA was separated from accreditation as was the Association of American Medical Colleges. It used to be that they passed on all accreditation. They no longer do, but they appoint the members to the Liaison Committee on Medical Education (LCME). Now a new school goes directly to the LCME. And the LCM oversaw the development of many new medical schools in the 60s, 70s, 80s. The AAMC side had a man who was the, wow he was feared. I mean feared. He was the head of accreditation for the Association of American Medical Colleges and the LCME. He was the secretary and the AMA secretary was the nicest guy in the world who really didn't care, you know what I mean. He was just laissez-faire. And so schools absolutely feared accreditation. New schools were put on probation. They were made to jump through hoops that were unbelievable. People were sent to gather the information on the schools who were anti-new school — there was a man sent to Michigan State who was very anti- this type of school, this

community based school. So accreditation was something to be feared and that's not all bad, okay. Because the last thing you want is some touchy-feely medical school without a substantial educational program that somebody's established or without adequate evaluation of the students and the program and everything. So much of it was very, very good but it was tough. And I think that the school, when it was being developed, there hadn't been any new medical schools. The whole tenor of the country was we don't need any more medical schools. So accreditation would have been one way that they could have really set up hoops to jump through that were impossible. So you know, the fact that when they developed — when the school passed, my understanding was the University of Florida said, "Well, that's nice you got a school now. We're not going to take your students anymore." So they didn't have any time to set it up and they hadn't been accredited yet. And that's where I think Sandy was so — and I don't know if it was just Sandy, the President or not, but he was so smart to get that written into the bill that in order to do this, they had to do this, this and this and accreditation you better come along. And you know, accreditation did give them a problem. They didn't accredit them the first time and they had the meeting in December of 2001. And the reason I remember it, we were up in northern Michigan at our cottage for Christmas and Sandy called me and said what a wonderful visit that they had had and they wanted to thank me for everything I'd done, et cetera. The accreditation team had a nice visit and voted, didn't pass FSU. That's when I think they hired Dougherty and Jonas to come in and help. That's all I know about that.

**Thomas:** As a historian, I've looked at FSU and it seems like they're both very innovative in trying a lot of new things such as their emphasis on technology, but they're also reviving a lot of older ideas from the '60s and '70s. Would you talk about to what extent do you see FSU as doing something very new and very different from any other medical schools and to what extent do you see FSU, maybe, reviving some old ideas.

**Johnson:** Well, I would comment is that I really can't answer your question.

**Thomas:** Okay.

**Johnson:** But I want to make a comment is that that was really the exciting thing about FSU is the ability to experiment, do things, change things and have the focus on the medical student and the fact that you want to recruit some physicians that are helpful and caring but scientifically educated, you know, that are critical of what they see and do. And so I hope they've done that. They had a real opportunity to do it. That's be my only comment, Karen, because I have not kept up with the program. Same way I was in North Dakota for eleven years and once I leave, I leave. I haven't kept up with their program either.

**Thomas:** Do you have anything else that you wanted to add at this point?

**Johnson:** Well, I don't think so. I made some notes — I woke up early this morning, that's what you did for me. I woke up early and made a bunch of notes and then went back to sleep. But I think we've covered everything that I could remember and you know, that I thought was key.

**Thomas:** Well, thank you. Quick question, when you said that you were offered the dean's job around Easter, do you remember what year that was?

**Johnson:** Yeah, 2001.

**Thomas:** 2001, okay thanks.

**Johnson:** And the other thing was one of the things that did help us, in setting up the school, just throw this in, was that the Mayo Clinic in Jacksonville which I don't think followed — there was no follow through. I don't know that there's any relationship. But they were very positive about the school and that was helpful. They had a very sharp legislative lobbyist and he was very positive about the school, and in fact spoke positively about the formation of the school whether or not there's ever been any follow-up with them or whether they're involved in the program. At one time I'd heard they were. So well that's about all I got.

**Thomas:** Okay. Well, thank you so much for your time.

**Johnson:** You're welcome.

End of Transcription