Interview with Dr. Arnold Melnick - Executive Vice Chancellor and Provost of the Health Professions Division

Arnold Melnick
Nova Southeastern University

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AM = Dr. Arnold Melnick

Nova Southeastern University

History of Presidents

Dr. Arnold Melnick

JP = Dr. Julian Pleasants

AM = Dr. Arnold Melnick

JP: This is Julian Pleasants. It is October 25, 2011. I'm at Nova Southeastern University, and I'm speaking with Dr. Arnold Melnick. Give me, just briefly, a little bit of your background. I know you got your DO from the Philadelphia College of Osteopathic Medicine in 1945, and you spend most of your time as a pediatrician in the Philadelphia area.

AM: Right.

JP: Explain to people who don’t understand what osteopathic medicine is.

AM: You started with the hard one, didn’t you? But, incidentally, I also have a Master of Medicine Science from the Philadelphia College and an MA in psychology from Temple University. I won’t talk about the BA, but I have that.
JP: And you took that MA because you thought that would help you relate to children?

AM: Well, it’s interesting. In the history of osteopathic medicine, there was no place for me to — I wanted to do child psychiatry. There was no place for me to learn. I couldn’t get into any medical programs. We had not yet developed any of our own programs. And I decided a degree in psychology would help me a little bit, so I went back and took it. And I think it did. It’s a good course to take.

Osteopathic medicine is one of the two universally recognized — I shouldn’t say “universally” — mostly recognized, MD and DO, degrees. It’s a profession that puts a lot of emphasis of the musculoskeletal system, but we don’t treat diabetes with that and we don’t treat brain tumors with that. We treat selected things with the profession.

We have come... When I graduated, we had almost complete hostility, denigration — all the negatives that you want to say. We weren’t recognized. Literally, we couldn’t walk into a hospital not only to take care of patients; we couldn’t walk into a hospital. Today it is
almost universal acceptance. In a publication, I'm drawing some of that. That essentially is what it is.

Today, it is recognized by every state the union. It is recognized by almost every hospital, including allopathic hospitals. I would say there probably isn’t an allopathic hospital in the country that doesn’t have at least one DO on its staff.

JP: And what’s the main difference between osteopathic and allopathic?

AM: Allopathic is the MD degree. Mostly they don’t like to be called that. There’s nothing bad about it. And an AO degree – they are the two that are recognized by the government. Every government job in every state is open to us, provided we have all the training. If they’re looking for a surgeon, they’re not going to take me. Provided the medical qualifications are there...

JP: But is there a difference in how you treat a patient, how you look at symptoms? I mean, obviously there is some difference between a DO and an MD.

AM: Not as much today as there was originally, because we were essentially cast back to doing what we did.
Manipulation is the chief tool, chief osteopathic tool of the osteopathic profession. It is not used in every case.

JP: Of the musculoskeletal system?

AM: It’s manipulation of the back and spine.

JP: To some degree — I know that it’s not a fair comparison — what a chiropractor might do?

AM: You’re right. It’s not a fair comparison. They do strictly manipulation. They can’t prescribe drugs. They are not trained in all of the same things we are. On a four-year course right over here… I devised it originally, so it’s the same as… Let me change that. If you compare one medical school with the other, you’ll wonder why they’re both giving the MD degree.

The Academy of Pediatrics, an MD organization, some years ago did a study of the number of total hours — clinical and academic — taught in pediatrics in medical schools across the country. It ranged from 15 hours total to 300-something. This when the dean was a pediatrician, this when the dean was a surgeon. So you really can’t say it’s the same as the medical curriculum, because they’re not all the same. I think you probably say the same thing on your bachelor’s degrees and your master’s degrees.
JP: Oh, yeah, sure. Well, now let’s talk a little bit about your relationship with Mort Terry. You were in the same medical class with him. Is that right?

AM: Yeah. We went to medical together and we were good personal friends. When we graduated, we got two of the coveted internships. The only internships in the Philadelphia area were at the Philadelphia College, was in osteopathic medicine at Philadelphia College of Osteopathy, an osteopathic hospital. They took ten interns.

The just-starting Metropolitan Hospital took three interns. Those 13 out of the class of ’45 were the only ones available locally.

JP: At that time, there were, what, five osteopathic medical schools, right?

AM: Right.

JP: So you really were limited in your options.

AM: There were few other places in the country for those who wanted them. Some of them got into renegade allopathic hospitals, or at least they were called “renegade” for taking DOs. [laughter] And some of them got into... We had a relatively large number of osteopathic
hospitals in other places, where there were no schools—Detroit, Ohio, etc. That’s it.

JP: And so Mort went to Miami?

AM: Okay, that’s right. I was in the middle. When we finished our internships—we all had to take a one-year rotating internship—I went into private practice. Mort developed for himself—this is interesting. There was no residency in internal medicine. He worked away—finagled is the word, but don’t write it as such—the establishment of a residency in internal medicine at the Philadelphia College.

I, by the way, wanted to do the same thing. I wasn’t successful. But the following year, they created a pediatric residency, and the chief—who was my chief, a nice guy—handed my proposal to the young man who was going to be the resident, saying, “Here are your suggestions.”

JP: So more to establish a new residency, as it were?

AM: Yeah. Now, Mort made friends very easily and he made friends with a lot of patients who were not his patients. And one of the men that he made contact with and talked with was a Florida resident. And when Mort told
him, toward the end of his residency, that he was getting married and he wanted to go to Florida on his honeymoon…

And he probably said, “I can’t afford it, but I’d like to go.” The man said, “I have an apartment in Florida. You’re welcome to use it.”

Mort came down here. He used the apartment. He visited all the osteopathic hospitals, all two of them — [laughter] and not the big one that there was recently — and stayed on. He was an outstanding internist. He was a good student and he was an outstanding internist.

JP: And he was essentially, for most of the time when he first came to Miami, was in private practice.

AM: That’s right.

JP: And as I recall, they would not let him in the allopathic hospitals. They wouldn’t let him see patients.

AM: That is true, but I don’t know that he ever tried. I don’t think he wanted to. He did on a couple of occasions. He took… Words elude me. It was a new training program as part of internal medicine and the government had a big center for it. That was the primary course. He took the course.
A year or so later, he noticed that Mount Sinai, in Miami, was announcing an advanced course and so he applied. This represents the entire relationship between professions. He got a call one day, “Dr. Terry?” “Yes?” “This is Dr. Smith. I see that you applied. You know that we can’t osteopaths in our program. We would like it if you withdraw your application.” And he said, “No, I won’t withdraw my application.” But he didn’t argue.

Now, Mount Sinai is a Jewish-based hospital. He immediately called the United Jewish Appeal. He was generous with his charities. And he said, “Cancel my contribution.” The next day he got a call, “Mort, this is Charlie Cowan. We’ve been thinking about it and we’re going to let you take the course.” [laughter] That was the status. I can tell you lots of stories.

JP: Well, I want to read here something he said: The Dade County Medical Society, as its official policy, prohibited MDs from consulting – or, the way they put it, ‘consorting’ – with DOs.

AM: Yeah, that’s true.

JP: That’s a pretty strict –
AM: At one point, Mort had a patient — and it wasn’t very often because, as I said, he was a great internist. He wanted some outside help and he contacted a friend of his, an MD internist, and asked him if he would come in on consultation, and he did. The following day, that internist got a call from the county medical society. “You broke the ethical rules. If you ever do it again, you’ll get an ethical suspension from the county.”

JP: So it was pretty harsh.

AM: Yeah. That’s the way life was.

JP: But it didn’t deter him.

AM: No.

JP: Not in the last.

AM: It didn’t deter me.

JP: Now, I’m a little unclear. He was in private practice, but my 1960 there was an osteopathic hospital in Miami. Is that right? Maybe it had been another hospital or something?

AM: The best I can say is —

JP: I know it says it was Biscayne General Hospital —
AM: Right.

JP: — then it became Osteopathic General Hospital.

AM: And he was a leader in both of them.

JP: In changing it from Biscayne to Osteopathic?

AM: Yeah. Well, it enlarged and it moved to across the street from our original college.

JP: And at that general hospital —

AM: What are you reading from?

JP: This is one of the histories of the school, probably something you wrote.

AM: Oh, Calm Outlook. No, this is much more recent.

JP: Okay.

AM: There’s no date on it, but the person who did the — this is Volume 1, Number 3.

JP: Okay.

AM: And there may be up to Volume 6 or something like that.

JP: Okay. And at this new osteopathic hospital, they would have had orthopedics and radiology and pediatrics?
AM: Everything.

JP: Everything?

AM: If they could get them. If there was no osteopathic orthopedist around, they would be without it because it’s one hospital.

JP: But in terms of what they wanted to get, they would get –

AM: Fully staffed.

JP: Fully staffed, yeah. Now, as some point, as this had developed, he was trying to get a bill passed through the Florida Legislature to establish an osteopathic hospital. He couldn’t ever get it passed by the legislature. Is that right?

AM: Yeah. That was totally privately owned.

JP: Yeah.

AM: And by the way, Mort Terry’s dream of an osteopathic college didn’t start with osteopathic hospital. It started the day he moved to Florida.

JP: Okay. So he had that dream before, yeah.
AM: He had two dreams: an osteopathic hospital and an osteopathic college.

JP: Yeah, medical school, you would say?

AM: Yeah, medical school.

JP: Okay. Now, at some point — and I believe this is probably the late ‘70s — he decided to sell the hospital to AMI, which is American Medical International — this was 1975 — for $12 million. And as I understand it, as part of the sale, it had to remain an osteopathic hospital. Is that right?

AM: That, I don't know.

JP: Okay.

AM: I don't know the details of the sale, but that’s —

JP: Okay. Well, in essence, this really — although it’s not a medical school; it’s a teaching hospital. Is that right?

AM: That’s a teaching hospital.

JP: Yeah, okay. Now, what is amazing to me is, in essence, he started SECOM just on his own. I mean, there were some other people, but —
AM: Mort Terry was politically the boss of everything osteopathic down here. He was the leader. Recognizing his talents and his drive, they made him leader and they followed him, just about everyone did. So when he said, “We’re going to start a medical school.” they said yes.

JP: Where did he get the money?

AM: The $12 million.

JP: Oh, that’s right.

AM: He sold the hospital with the idea of using it to start medical school.

JP: But then he bought the hospital back for about four million or something at a later time, did he not?

AM: I don’t recall that at all.

JP: Okay. So he used the $12 million from the sale of the hospital as the basis for this new — which is going to be a private osteopathic medical school?

AM: All the osteopathic medical schools at that time were private.

JP: Yeah, okay.
AM: There was mild government support, but they were private.

JP: So when he started this, it was not an easy thing to do, as you well know, to start up a medical school.

AM: I know. I was side-by-side with him the entire process.

JP: I know you were. And $12 million, when you think about it, sounds like a lot of money, but if you start a medical school that’s not a lot of money.

AM: Not if you’re an MD.

JP: Yeah. [laughter]

AM: How can I say it without being insulting?

JP: Let me say it for you. You were more interested in the achievement than in the money?

AM: Yeah. Let me give you an anecdote that illustrates the whole thing. It involves me. Mort and I, when we started, we watched every penny. One of my dearest friends, who I hired here, came in one day and said, “Arnold, I need some pencils. Can you sign this requisition?” And he tells this story constantly, Stan Cowan. I don't know whether you’ve interviewed him or not.
I looked at it and I said, “A dozen pencils? Stan, how many pencils do you use at one time?” He said, “One.” “Okay, for one.” And he loves to tell this story.

It is apocryphal, but it’s the way we ran it. That’s why $12 million was a lot of money, because we watched... As some universities go, they go very wild. “Oh, this desk, let’s get Japanese mahogany instead of this.” You know what I’m talking about?


AM: Yeah, new chairs. These are a year old. A lot of universities do the same thing. We didn’t do that. We pinched pennies all the way up. We never did without, did full teaching, but we watched the pennies.

JP: Okay. Explain how you got involved with him in Miami.

JP: Okay. As I said, we were friends. And every time Mort and Jerry would come up north, they’d come to visit us. So he called one day and he said, “We’re coming to Philadelphia.” I could tell you millions of stories. I said, “Fine. Come on over.” He came over. And actually he excused himself from the girls and he said, “I want to talk to Arnold.” And he took me in the other room and
said, “My board approved starting a medical school, and I’m going to be the dean.” I said, “Mort, you’re crazy. With your business sense, with your drive and with your desire to get this school started, you should be the president. Don’t bring in some damn strange president.” And his reply was, “That’s exactly what Tom Rowland,” who was the president of PCOM, “told me.”

Tom was a relatively young man and flipped slang around. What Tom actually said when Mort said he was going to be the dean, “You dumb son of a bitch. You’re the president. You’re not the dean.” And I guess right there on the spot, or else he had prepared to do it, he said, “How would you like to be the dean?” I said, “That’s a great offer. Let me think about it.”

JP: Now, you were getting ready to retire.

AM: I was what?

JP: You were getting ready to retire.

AM: Well, I had retired.

JP: Had already retired?


JP: Okay.
AM: This was in 1980.

JP: Okay.

AM: Either late ’79 or early ’80. I said, “Mort, I have to think about it.” And I took a couple of months. Don’t report this [laughs], but my problem — I knew I would love the job. I’ve always had an academic bent, just like Mort had. I didn’t know whether I wanted to leave Philadelphia. I knew I liked Miami, but I didn’t know whether I wanted to leave Philadelphia. In fact, I just came back from two months up there. And I didn’t know whether I wanted to go to work again, because I also know, like Mort, I’d never heard of the eight-hour day. I knew I’d be putting in 10, 12 hours a day to start.

When I made both decisions in the affirmative, that was a couple of months after he invited me, I accepted it. I came down in June of 1980, so that was fall of ’79. I did also something queer. You know how children get married and they move away from their families? My son got married three days before I moved. He got married and I moved, but he inherited a house at no cost. [laughter]

JP: That was a good deal for him.

AM: I don't think he objected too much to it.
JP: Now, I understand from both Mort’s discussion of this event and when you guys got started, in essence, you were kind of copartners.

AM: Mort’s expression — and I’ll tell you more about it, but he said it to me one day, he said, “You know, I'm not the dean and you’re not the president.” He said, “I'm not the president and I'm not the dean. And you’re not the president and you’re not the dean.” Essentially, he was saying we were partners. I would say in all the years that I worked with him...

The first one is no question. We never had any real disputes. He confirmed almost everything I did and my expression to the deans when we had the other schools was, “Bring your requests to me. If you don’t like what I decide, you can go to Mort, but I’ll guarantee you he’s not going to rule in your favor.”

JP: But he was the final authority?

AM: He was the what?

JP: The final authority?

AM: Oh, yeah, absolutely, and I regarded him as such and I never tried to exceed that. Why should I when that authority gives me the freedom in almost everything I do?
If he had raised hell about something, I’d have gone his way.

JP: Now, here are you two guys – just two of you, right?

AM: Right.

JP: You’re starting a medical school. What do you do first?

AM: What did we do first?

JP: Well, you’ve got to have a building.

AM: Well, the hospital was still open. Earlier on –

JP: This is the osteopathic hospital he sold, is that right?

AM: Yes.

JP: Okay.

AM: Again, you have to understand that Mort was the dictator for everything, and he purchased... Across the street from the hospital, there were a number of homes and he bought them up because he had an idea to build an annex, which he eventually did. Just to give you an idea of Mort’s thinking, one elderly lady refused to sell. He
called on her. She was in her 80s. He said, “I’ll tell you what. I don’t want you to move. You want to stay here? I will buy your house, give you the money, and we get the house when you die.” Smart business. And that’s what happened.

So we moved in. They had built this annex building. I think they were using it as a nursing home on the opposite side of the street. And on the north side — the hospital was on the north side of one street and across the street the north side. The space in between was homes. So we set up offices there. It was Mort, me and a secretary. That was the whole staff.

What we did first? We did so many things, I can’t...

JP: Well, I guess you’d have to start hiring some faculty. Or did you guys teach all the courses?

AM: Oh, no. We taught pediatrics, but we weren’t up to pediatrics or internal medicine. But we used local doctors. There was a local orthopedist. He was head of the orthopedics department.

JP: Now, was he an MO or MD?

AM: DO or MD.
AM: Dr. Arnold Melnick

JP: DO, sorry, yeah.

AM: We were all DOs.

JP: All DOs?

AM: All DOs.

JP: So there were enough DOs in that area to staff the hospital?

AM: Right. The word is not “hire.” The word was “assign” teaching. But I think they had all — most of them at least had been whipped up by Mort’s plans, that they were glad to contribute their time.

JP: So these are practicing DOs who are going to take time out of their day to teach this course?

AM: Right. And that’s the way we started. Again, to come back to one of your original questions, medical schools don’t start that way. Hershey Medical School spent $10 million and ten years setting up before they opened their doors. Every school that we did, including the medical school, was done within a year to 18 months. We started the day I came down. Not that Mort wasn’t thinking and making plans, but we started to work the day I came down, which was June 6th or June 7th, in 1980. So we started
the school. The very first things we did were in June 1980. We took the first class in 1981.

JP: It took you one year?

AM: One year. And that class, they’re out in practice now for 30 years.

JP: So what were you using for classrooms?

AM: The auxiliary building. I forgot what they called it.

JP: That was a nursing home or something like that?

AM: Yeah. We used those rooms.

JP: And how did you get —

AM: Remember, we only needed one class, really. We needed an anatomy lab, a couple of labs, but for lecturing we only needed one class. And we started with 40 students. Mort and I worked —

JP: That’s a lot to start with.

AM: Yeah. I was just going to tell you that. See, you know things that I don't have to tell you. Mort and I figure out we were going to take 40, 60, 80 and 100. Our goal was 100, which today is out of the picture. We took
40. The American Osteopathic Association objected. I think the state association objected. “You can’t start a school with that many students. You’re not ready for them. Take 15 students or 18 students.” And we said, “Bye-bye.” We went to 40, 60 and 80. And as you know, we did it successfully.

JP: Now, where did you get your lab equipment and all of that?

AM: I'm trying to remember. We probably purchased it with the monies we had.

JP: Yeah. And so you had in this sort of nursing building, one teaching/lecture classroom, a couple of labs, and an anatomy lab?

AM: Right.

JP: And that was it?

AM: Yeah. Well, we had to get the bodies. We got them from the state. We had to hire faculty. By the way, I don't know how extensive you want to go, but people like Jerry... My memory for names... The chairman of the anatomy department was with us at the beginning, Harold...
JP: That’s okay. The name’s not important. The concept is.

AM: The dean of the medical sciences school was one of the first here. Lorie, she was an anatomy teacher, was one of the first. They can probably give you a lot more insight.

JP: Now, did you have to —

AM: No, excuse me. There was one other person.

JP: Well, that’s all right. The names are not important. Didn’t you have to be approved by the state medical association?

AM: No. They have no say. We had to be approved by the state.

JP: Okay. The state department of health or whatever it was? They had to give you a license to operate, did they not? You just can’t start practicing medicine.

[laughter]

AM: You’re talking 31 years ago.

JP: But then again...

AM: It was no problem. I can tell you that. And I can’t remember. I guess we had to have a state license.
Two people were very helpful to us. One was one of the leaders of the state senate. Again, I'm trying to think of names, but you just said names are not important, because I have trouble with names.

JP: No, they’re not.

AM: The other one was Fred Lippman. Fred was not associated with us, except as a friend.

JP: But he was a pharmacist?

AM: He was a pharmacist, but he was in the state legislature and he pulled the strings that we needed to be pulled.

JP: Yeah. Now, you’ve started this medical school and immediately you’ve got to get 40 students. Did you send information to all of the osteopathic hospitals? Did you advertise? How did you get your students?

AM: I only can remember one. It’s a young lady who was married to a young friend of mine, a schoolmate of my son’s. They came to see me one night. His father was a DO, a very busy practitioner. He introduced me to his wife and he said, “I have a problem. I have an offer to move to Florida and I would move to Florida, but she now would like her chance at medical school. She put it off until I
graduated.” I couldn’t say, “You’re accepted.” But I saw her grades and I knew she would be accepted. I said, “The odds are everything will work out. Take the thing in Florida.” And he did and she was in the first class.

JP: Were a lot of the members of the first class local, from South Florida?

AM: Mixed.

JP: And you and Mort determined –

AM: I’ve got to tell you – I’ve got to sneak this in.

JP: Okay.

AM: One of the members of that graduating class, the first graduating class, is now professor and chairman of rehabilitation at Harvard Medical School. That’s how far the acceptance has come.

JP: So you and Mort were a committee of two to determine who would be admitted to the medical school?

AM: No. A lot of things happened by serendipity. Maybe serendipity happens more often when there’s just one school and there’s not 20 schools to think about. A friend of ours from Philadelphia was a psychiatrist. He popped in one day and said, “Hey, I’m retired. I don’t have anything
to do. Is there something I could do around here, sweep the floors or do something?” He was a psychiatrist. I looked at Mort and he looked at me. What’s better for director of admissions? We said, “You’re the director of admissions.”

We hired a lot of people on that basis. We did not believe in search committees. The search committee was Mort, myself and maybe somebody else who had a candidate. If we knew the person could do the job and had the background, we hired him. We didn’t go through all that hullabaloo of searches.

JP: Now, when you started out, were you paying decent salaries? I know you guys were working mainly out of your own goodwill, but –

AM: Considering the deans of medical schools today get anywhere from $300,000 to $500,000 or more, I think my starting salary was $70,000. I asked for $100,000 and they said – the same way they always made decisions – “$70,000.” [laughter]

JP: Okay.

AM: Mort says, “I'm not coming down for the money. I'm coming down for the experience.” For non-professional
help, we paid going salaries. Our secretaries got what secretaries got.

JP: And you had to have a cleaning crew and people like that, yeah.

AM: Yeah. And we didn’t have many. We had those three to start for maybe six months and then we brought on other people. Most of the faculty and teachers were volunteers, except basic sciences. We had to hire them. Again, it was serendipity. We were working one day and a very nice lady, a typical grandmother type, walked in and told us her background. She was married to a former professor and chairman of anatomy someplace, and she trained under him. And she said, “Is there anything I can do? Can I come over one day a week and teach?” She was on the West Coast. We said, “You’re chairman of the department.”

JP: That would be Frances Higginbotham?

AM: Fran Higginbotham. You’ve got all the information. What do you need me for? [laughter]

JP: No, I want you –

AM: I didn’t know that existed.
JP: I want you to verify all this stuff for me. So once you have these personnel at the hospital, medical school, what do you do in terms of your four-year training? You've got to have some practical work starting, what, the second or third year?

AM: Well, the third year is was medical work. The first two years were basic science and medical science and then the last two years were clinical.

JP: So where did they do their clinical work?

AM: There were five or six osteopathic hospitals scattered around the state, and they were right in the front of the line as soon as they knew there was a school.

JP: And they were not yet accepted at the allopathic hospitals, right?

AM: No.

JP: So they had to do their clinical work at osteopathic hospitals?

AM: At an osteopathic hospital.

JP: Okay.

AM: Every one of our graduates got an internship.
JP: So there was one in Miami, right?

AM: Yeah, there was another small one. There was a small one that Mort originally started at, to go into practice when he came down here. It was run by two DOs, Paul — oh, the name’s not important. But that was a small hospital and it ultimately disappeared.

JP: Okay. So, in other words, if they were going to do their clinical work, they were going to have to leave Miami, right, and go elsewhere?

AM: Well, most of them did.

JP: Yeah.

AM: And some of them were from the Tampa area and they went to a beautiful osteopathic hospital in St. Pete.

JP: You’ve got your first class in and you’ve got the people to teach these basic sciences, what do you do about your second class? Now, you started with 40 and now, all of a sudden, you’re going to have 80. Don’t you need more than one classroom and more labs now?

AM: Labs, yeah, but one classroom.

JP: So you just used it all day long?
AM: I'm sorry. There were two. See, I'm off on the dates.

JP: But you’re still in the same facility, right?

AM: That’s what I'm trying to… I'm pretty sure we were there for a couple of years. What we eventually did… Here was the hospital. This was the street in here. On the other side was this nursing home here and this was open. We started to build in there things that we needed. We built two at that time beautiful new buildings — not huge by comparison, but —

JP: But big enough for your —

AM: But the buildings had a library, a large auditorium.

JP: It looks to me — and I think it’s kind of interesting in a way that the people who started Nova were similar to Mort Terry. Mort Terry was a good salesman, I would guess, and he was a risk-taker. I don't care if you have $12 million or not. Starting a medical school is a risky venture, is it not, with two people?

AM: We didn’t consider it a risk. We were cocky enough to think it was going to succeed!
JP: Well, but that’s part of the success, isn’t it?

AM: Yeah.

JP: If you had the ability and the commitment, and you obviously wanted to do a lot of work on it, and that’s what happened at this school. They went through a lot of bad circumstances where they were just about to close the doors.

AM: I realize that.

JP: The people –

AM: But we never had that.

JP: But you did have that same sort of commitment to this goal, your dream, right?

AM: You touched on what, to me, is a very important point. You may know the rule, “I learned it the hard way.” The first people to operate a new enterprise are there emotionally. They’re not there for money. Take a president… I’m trying to figure out what I can use for an example. As I indicated before, Mort and I would’ve worked for nothing, but when we brought an outside dean in, it was just a job. If someone had come along and said, “I’ll give you $100,000 more a year.” he’d have left. But it’s that
primary emotional group, which you well described, that ensures success, depending on how strong they are and how much cooperation they can get.

JP: Why was Mort Terry successful? Obviously, he was an intelligent man and hardworking, but —

AM: He came from a poor family. I knew his mother and father. He was from New York. He worked I guess from junior high school on. He saw that to make two pennies you had to work pretty hard. And I guess he just made up his mind that he wanted to succeed, which he did in practice as well as, of course, with this school.

JP: And he must’ve been pretty persuasive to get people to sign on to this project.

AM: He was both persuasive and — what do I want to say — influential. The DO sitting over there knew that when he was talking to Mort Terry that what Mort Terry was telling him was the truth, and if he had a plan it would be wise to follow it.

JP: And it must’ve been that his ability to promise people things and follow through got him a reputation of being a guy who could get things done, and when he says he’s going to do something, he does it.
AM: And you know Mort’s going to succeed, so you go along with it.

JP: Well, and once you got a leader who has this positive outlook and has succeeded, you figure, “Okay, I'm going to go with him.” We’ll get to this a little bit later.

I think one reason that Nova was willing to go with Southeastern is because they trusted Mort Terry. Is that right?

AM: I don't know. I don't know what the motive was. The merger made both schools. There’s no question about it. Both schools profited immensely from it, and I think the leaders realized that.

JP: And they would’ve had to have trusted each other. Otherwise, it would never have come to fruition.

AM: But that isn’t the only thing. We had discussions with the University of Miami.

JP: I know.

AM: We had discussions – and I don't want to demean anybody, but we had discussions with the first president here.
JP: Winstead?

AM: No, I guess it was the second one.

JP: Fischler?

AM: Fischler. He had a discussion. I was not in on it, but he had a discussion. And my report back was, “Sure, we’ll consider a merger, but we’ll be the bosses.” And Mort Terry said, “No, thank you. Goodbye.” Nobody bossed Mort Terry around. [laughter] And by the way, the whole time in our merger, nobody ever tried to boss him around. I think they recognized...

JP: Now, one of the things you do, in addition to starting out a full-size medical school, is very quickly, by the late ‘80s, you start opening a pharmacy school, an optometry school. That’s, again, sort of aggressive, is it not? You’re trying to get this medical school off the ground and so —

AM: I could say how that came about.

JP: Yeah. How did you get the pharmacy?

AM: The ideas are running through my head so fast I can’t keep track of them.

JP: Well —
AM: Anyhow —

JP: As I understand it, the pharmacies were having trouble getting pharmacists.

AM: Yeah, but there was a specific.

JP: Yeah.

AM: The administrator of what was then Osteopathic General was friendly with us and came over. One day he came over and said to Mort, “Mort, why don’t you guys start a pharmacy school? I can’t get pharmacists for my place.” That’s all he had to say. Within 18 months, we had a pharmacy school. Now, serendipity? Yeah. As soon as word got out, a couple of local... First of all, Fred’s a pharmacist, so he was very helpful.

There was one particular young man, much younger than I was, who had a very big going pharmacy and who spent a lot of time with us. And he was among the... He is now, I think, executive director of the New Jersey State Pharmacy. But he was very helpful. And, again, it was emotional. I don't think we ever gave him a penny.

JP: And obviously there was a niche, a need for a pharmacy school.
AM: Right.

JP: Because at that time, I don't know — there wasn't one at the University of Florida. There was one?

AM: Mm-hm.

JP: Okay, but there was not one — Miami didn’t have one, did they?

AM: No. There are still only two schools. The dean of Pharmacy School at the University of Florida stood up at a meeting when he heard about it —

JP: He didn’t want it.

AM: — and he said, “What are they going to teach, osteopathic pharmacy?” That’s a quote because somebody was there. He didn’t like the idea. But we moved and it was the second pharmacy school in the state.

JP: Did you have to build a separate building for pharmacy?

AM: No. One of the things we did was integrate — integrate, integrate, integrate, integrate. Let me give you the big example. If a university starts out and has, say, a medical school and then they decide to go for a pharmacy school, the way it’s done in academia is, “Okay,
now we’ll build over there. We’ll build a pharmacy school and we’ll have to go out and hire a dean and a business manager and an admissions director.”

Admissions is a good example. We had, until she changed jobs here, the only director of admissions in the United States that was responsible for six different health professions schools and maybe eight or nine degrees, and she knew them thoroughly. Any other place would’ve had eight or nine different deans.

JP: Yeah.

AM: Let me jump ahead a little bit. We have a school called medical sciences. What happened was Mort and I looked at it and looked at it and we said, “Here’s a guy who’s teaching,” and I’m going to make this up now, “nine hours a week in chemistry. We’re going to let him sit around the rest of the 40 hours and hire somebody else to team nine hours in the pharmacy school?” So we said, “No.” So we decided after — and that’s the way we assigned them as the schools grew.

Ultimately, after we became a university, we then created the school of medical science, and that school has two responsibilities. They were to accommodate all the
other deans with whatever they needed — now, I’ll emphasize that because I’ll tell you another story — and had also to run courses on their own.

JP: Would they do something like physician’s assistant courses?

AM: No, these were the basic sciences — anatomy, physiology, etc. In some cases, we had three schools and maybe we had to add a second instructor. I don’t want to say we always had our nose in the money, but… Well, we did. We watched our pennies because we knew what would happen.

JP: Because you must’ve been doing pretty successfully with the medical school in order to begin pharmacy.

AM: Oh yeah.

JP: What would you have charged? Do you remember tuition for medical students when you started?

AM: Ta-da! [laughter]

JP: Well, that’s okay. Just give me a ballpark figure. It’s changed so much by now.
AM: You’re going to laugh your head off when I read it to you. These are early catalogues. This was the medical —

JP: Oh good! Yeah. It’s good to have an image of it.

AM: Yeah. You can borrow mine. Notice I said “borrow” because they’re getting old. Marla Frohlinger, who was the admissions director, has a whole collection of these.

JP: Okay.

AM: I'm sorry. Take your time. But I’ve got to tell you the amount of money. I'm sure we put the money in here. Tuition: $10,500. You know what it runs today?

JP: $50,000?

AM: $40,000 or $50,000. This is Fran Higginbotham. This is Matthew Terry, Mort Terry’s —

JP: Mort’s son, yeah.

AM: — brilliant son. He’s one of the few people in the country that has a Master’s Degree in Medical Education. He was up at Michigan. I’ll tell you how I know Mort. One night about 11:00 my phone rings, and I
know Mort and Jerry had just had a baby when he was in Florida. “Yeah, Mort, what’s happening? What are you calling about?” He said, “Well, Matthew is sick.” And he goes to describe his symptoms and I said, “Mort, there are 1,000 good pediatricians between Miami and Philadelphia. Why are you calling me? I’d be glad to help.” He said, “Oh, I forgot to tell you. I'm at my sister’s.” He was in Philadelphia. [laughter] So that’s when I knew him. He was two weeks old.

As we started to move, I said – let me just tell you this – “Mort, I want to bring Matt in, but no nepotism. I’ll only bring him in if I'm his boss. I have the final say on anything involving him, you don’t.” Mort said okay.

JP: And he moved right up, didn’t he?

AM: We brought him in as an assistant dean. He had the background for it. This was one of my internists from Philadelphia who retired and it was the same thing. He dropped in and said, “Anything I can do? Can I teach a class or something?” He was the first chairman of medicine. This is the psychiatrist that we made admissions director.

JP: Now, you had one woman – two women.
AM: Yeah.

JP: And one African-American?

AM: He was on Mort’s board. Frank was formerly the finance director at the hospital. Bob [Klomnick] we brought in. He was the PR guy from the American Osteopathic Association. He was a personal friend.

JP: And that’s important, too. When you’re starting a new hospital and new pharmacy school, you need public information about what you’re doing.

AM: Oh, yeah, absolutely.

JP: Let me ask you one other thing that I thought was interesting. As soon as you started the college of pharmacy, right away after that you started the college of optometry. Didn’t that follow pretty closely after the pharmacy school?

AM: Remember, Mort Terry was an idea man and — I will take credit — I was an idea man, too. Because as soon as he said that and as soon as we got started, Mort looked at me and I looked at Mort, “What are we going to start next?” And that’s the way we lived for many years, “What are we going to start next?”
JP: And there was a need for an optometry school?

AM: There was no optometry school south of Georgia or someplace that was halfway up the United States.

JP: Okay. There was not one in Florida at all?

AM: No.

JP: Okay.

AM: None at all.

JP: Well, a huge need for that, obviously.

AM: Again, serendipity in picking people. We met with the state optometric association, three or four of them. One of them was quite sharp. He knew everything. He wasn’t in to education, but he knew everything about optometric education. He was the first dean.

JP: Now, whatever it is, the American Pharmaceutical Association, they have to give you accreditation, as does the –

AM: We got every accreditation without difficulty.

JP: Now, you’ve done pharmacy and you’ve done optometry. You then did what? What was next?

AM: The next –
JP: Didn’t you start a physician’s assistant program at some point?

AM: Yeah, and I can’t remember the order. Yes, I can. I can tell you in a minute the order of the schools. This was Mort’s idea. I wanted to alphabetize them. He said, “No, list them in the order in which they were established.”

JP: Okay.

AM: Now, I don’t have a later –

JP: Well, that’s all right. But there is a physician’s assistant program?

AM: Yeah. I told you about the college of medical science.

JP: Yeah.

AM: That probably came first because we had to organize the basic sciences for all three schools. And while the deans had control of their own schools, everything had to be really approved by Mort.

JP: Now, when did both of you decide we’ve probably expanded as much as we can expand, and we now need some sort of institutional affiliation? Did you feel like you
needed that for academic purposes, for money, for what, stability?

AM: You see, we had worked to the point where we had three schools. Florida state law says if you have three schools you can be a university. So we became the Southeastern University of the Health Sciences. And that was the three schools.

JP: And you said at one point you did go and talk to the University of Miami and they were not interested, right?

AM: No. Well, the dean was very interested — and he remains a good friend to today — but the guy who was I guess the president at the time. I'm trying to eliminate the bad adjectives that I would use for him. He just said, "We’re not interested." We had an interesting meeting. Mort decided to invite them up to the school for lunch.

JP: Now, these were the Miami —

AM: The Miami group — the deans, the assistant deans and so forth. I guess there were 30 people. Half of them were comparable people. We had no facilities. Again, if were Hershey we’d have hired a big hall. I think we served sandwiches somehow. We had brought them in. I was sitting
at the table with a couple of assistant deans of the medical school, and about halfway through the meeting he said — and he leaned over because [unintelligible] — he said, “Why in the world do you want to have anything to do with us? What you guys did in 10 years we couldn’t do in 30 years, all the bureaucracy, all the red tape.” And he was right. I’d have loved to have been associated with Bernie.

JP: And, by the way, the University of Miami Medical School wasn’t very old at that time anyway, was it?

AM: It was pretty well established.

JP: It was, but it wasn’t 20 years old.

AM: I had occasion to seek neurological consultation for myself personally. I went to the chief down there. Details aren’t important. He examined me. He said, “By the way, I know the whole story on the merger. These guys are a bunch of idiots not merging with you.” That was their own people talking and a lot of them felt that way.

JP: Did you talk to the University of Florida Medical School at all?

AM: No.
JP: No? There are a lot of different stories about how this merger with Nova came about, and one of the stories was that when Mort was invited to Dr. Feldman’s —

AM: You’ve got the right story.

JP: Okay. Tell that story then.

AM: Okay. Mort was invited to Feldman’s instillation.

JP: Did he know anybody from Nova at that point?

AM: Well, he knew Abe and I think maybe he knew Steve.

JP: Okay.

AM: He was sitting next to Dave Rush, who was a very active person. He was on our board.

JP: And the Nova board.

AM: And the Nova board.

JP: He’s an attorney; is that right?

AM: No. He’s a businessman.

JP: A businessman, okay.
AM: If you ever want to write another history, Dave’s history is phenomenal. He made a lot of money. I think it was a—no; it was a program for the instillation. Mort took the program. “Why don’t we talk to him about a merger?”

JP: And gave it to David?

AM: And gave it to Dave. David went back and that’s when we started to talk.

JP: So he took it to Feldman?

AM: Yeah.

JP: Okay. And Feldman—

AM: Yeah, he was very cooperative.

JP:—responded favorably?

AM: He was the first and he reacted.

JP: And then what did you do at this point? All of a sudden, now you’ve got two institutions that are interested, but to merge is a complicated process. So who was in charge? I know Ovid Lewis did a lot of the work for Nova, right?

AM: No.
JP: No?

AM: He did some of it. The main people involved in dissecting the merger were Mort Terry, myself, Ray Ferrero, Dave Rush, Ovid Lewis to a small amount.

JP: And so Ray at that time would’ve been chairman of the board here?

AM: Chairman of the board.

JP: Yeah, okay.

AM: Yeah.

JP: So he was the main negotiator. I’ve heard that you were a pretty tough negotiator.

AM: I was? [laughter] I don't consider myself a tough negotiator. But we had no problem agreeing. They had the land and we needed expansion. They had the land and we had no problem moving the school up here. The major thing – and these were three things that I pushed, I have to admit that. I said, “The name of the university has to be Nova Southeastern University. It’s not going to be Nova University. Southeastern has to be in there.”

JP: And they agreed to that, did they not?
AM: They agreed to it. I sold all three ideas. In fact, if you notice things now, the “Southeastern” is downplayed a little bit from what it was originally, which I sort of predicted.

The second thing is we wanted representation on the board. They agreed to five representatives.

JP: And they had representatives on your board as well?

AM: Yeah. Our board was a subsidiary board.

JP: I understand, but it was the board of the health sciences center, right?

AM: Yeah. They agreed to five people on their board. The only sensible thing that I didn’t include in my demands was that they not enlarge the size of the board [laughter], which is a way to take... I'm not stupid completely, but a little bit. I missed that. What we finally settled on was a limit of ten years on each of those trustees. When it was suggested, the reason we accepted it... It was 1994. Mort Terry and I were 74 years old. “Ten years? That’s a lifetime! We’re going to be dead by then.” [laughter] So we accepted it readily. Little did we realize it would expire. So I wasn’t so smart. So there were three things.
JP: The name?

AM: The name.

JP: Board?

AM: The board. And that the retirement plan here, whatever they had, would be extended to Nova people on the basis of their employment. So in 1974, for example, I had 14 years with Nova. Their pension plan had to recognize me as having 14 years, which they did. It was no great concern.

JP: So all the Southeastern employees were now under the Nova retirement system?

AM: Right. And to my knowledge we didn’t fire anybody. You know sometimes when you merge you clean out people?

JP: Yeah.

AM: I don't remember letting anybody go.

JP: Now, what about some of the details? There are going to be different accounting systems, different calendars, different operating systems and different computers – on and on and on. Merging two institutions is
fairly complicated. How did you — did you just take sort of each item one by one?

AM: No.

JP: No?

AM: No. I think what we did is we said to...the one I showed you, the finance officer, “Go work it out with him. He’s the financial man. He knows the accounting systems.” There was no problem with it. We had our own accounting, by the way, for the first few years.

JP: So, in other words, the chief negotiators said, “Okay, we’ve got a problem with merging these two accounting systems. You accountants figure it out.”

AM: Yeah.

JP: Now, what did, in essence, everybody offer? Southeastern, at that point —

AM: Excuse me one second. The paper that I gave you before, just so you know what it is, is a good explanation of the merger. He was studying educational mergers.

JP: Okay. I have it here somewhere. I’ll find it.

AM: Okay. Well, you’ll know. You’ll see my name on it.
JP: So you brought a certain amount of money to the table and they provided the land?

AM: We didn’t bring the money to the table. We had five million dollars. I don't remember whether it was Mort or me. The five million dollars was put into a health professions division trust fund to be spent only by that board. I think it’s still there.

JP: Well, I have that Southeastern’s endowment was $35 million. Does that sound right? Well, Nova donates all of the land for the medical center, right?

AM: Well, I know what you’re talking about with the $35 million and I don’t... I’ve been trying to find this number. It has run anywhere from $47 to $100 million to build all the buildings in health professions division.

JP: And so Southeastern built that?

AM: We paid for the building.

JP: You paid for all of it. They paid for the land, as it were.

AM: They gave us the land.

JP: Yeah, and you paid for all the buildings.

AM: That’s where you got the $35 million.
JP: Including the parking garage, right? That was part of what you built as well?

AM: Yeah.

JP: Okay. So —

AM: It was, I think, five buildings and a parking garage.

JP: Okay.

AM: That was a one-time thing. That was a big project.

JP: In other words, the issue is: You didn’t have the land. It would cost a fortune to buy it. They had the land and they gave it to you. You had the money to build a center; they didn’t. So it’s a win/win situation.

AM: Oh, yeah. We fit like a hand and glove for almost everything.

JP: And part of the issue is in the merger they had to protect your employees so that when they came over they had to have comparable pay or comparable status. They were not going to be relegated to second-class citizens.

AM: No, I don't remember discussions about that. Nobody’s salary was reduced.
JP: And when you started, you had a separate budget, right? The health sciences division had a separate budget?

AM: Yeah.

JP: And Mort was the chancellor of the health sciences division?

AM: Right.

JP: Which, in essence, is autonomous?

AM: Right.

JP: It’s part of Nova, but it operates —

AM: Autonomously, right.

JP: Is that still the case?

AM: No. No, I think it comes out of the central office here.

JP: Well, this is the information I have, and I think this is what we were talking about. Southeastern agreed to spend $25 million to build a new campus. Eventually, it was $30 million for 336,000 square feet plus $5 million for the garage. So that would make $35 million?

AM: I think it was more than that. I’d have to ask somebody.
JP: Okay.

AM: Do you want me to find out?

JP: No. Actually, this is a copy of the agreement, the actual agreement, so this comes directly from that. And the bylaws were merged. One of the things that were interesting, I thought, was in the beginning the students could choose to have a diploma from Nova or a diploma from Southeastern; they had an option.

AM: I never heard of that.

JP: Okay.

AM: Or I forgot it, one of the two.

JP: Okay.

AM: I would never have agreed to it. That’s why I say I never heard it.

JP: Okay. The psychological studies were not in the med center. They were kept at Nova. Do you remember that?

AM: The psychology part?

JP: Psychology —

AM: Well, we didn’t have a psychology department.
JP: Well, I know, but there was some discussion that the psychology ought to be moved to the med center, and Nova wanted it kept as part of their campus. I guess the legal costs and all of that, you probably split that. There had to be some —

AM: Well, we had an attorney and they had an in-house attorney.

JP: You had to sell the Southeast Miami campus, but it never did sell, did it?

AM: No.

JP: And so finally the Fischler School moved into those buildings?

AM: Finally, after I nagged people long enough to use it for something. It was with great reluctance. But the Fischler School has been great, done a great job down there.

JP: Well, I under that this — the document says that when you merged you had 400 employees.

AM: I don't remember.

JP: Yeah, but that’s quite a few employees. You had to integrate them into the system.
AM: We had five colleges, so 400 employees is not a lot for five colleges.

JP: No, but it’s a lot if you’re going to merge.

AM: And the reason it’s lower than it would’ve been elsewhere is what I’ve said before. We doubled up. The guy who taught physiology taught it in every school.

JP: Now, in the end, the Nova faculty had to approve the merger and they did.

AM: Well, that –

JP: Did your faculty?

AM: No.

JP: No, you and Mort decided? [laughter]

AM: Mort Terry approved it. What else do you need?

JP: That was it?

AM: Yeah.

JP: I think you said earlier they dealt with him as an equal part of that is because they understood that he had a totally different position as chancellor of Southeastern Medical School than did the president of Nova,
who did have to answer to the faculty. So Mort had more authority. Would that be fair to say?

AM: More authority than whom?

JP: Than the president of Nova over his institution.

AM: Yeah. It was almost autonomous.

JP: Well, there was a board of trustees here that Feldman had to answer to. It was a little more complicated from the Nova side than it was from the Southeastern side.

AM: I don't want this to sound nasty. The boards voted. Our board voted the way Mort Terry told them and the other board voted the way Ray Ferrero told them. The best form of government in the world is dictatorship, but the really best from is benevolent dictatorship. Things get done.

JP: Yeah. Well, there was no surprise that Mort Terry and Ray Ferrero are two pretty strong individuals. [laughter]

AM: Yeah.

JP: Did they ever clash? I would think they were kindred spirits.

AM: I don't think they ever clashed.
JP: Now, once the merger takes place, one of the —

AM: Just before you go to that, let me just tell you this. It’s sort of an inside story. Ray and Mort and me — they called Mort and me to a meeting. It was held in one of the buildings near me, where I live. We had lunch. And one of the main things was – and this answers one of your other questions – let one of us know if Ovid Lewis interferes with anything. That tells you the way it was run. And Ovid did interfere with a lot of things, and I guess they got wind of it.

JP: Well, and you wouldn’t be surprised to know that when Ovid was president, Ray was chairman of the board of trustees, but Ray really ran the university.

AM: But apparently Ovid gave him trouble.

JP: Ovid was an intellectual and really didn’t want to be president. He just didn’t fit into that job. And so part of the responsibility ended up falling to Ray because he wanted to get stuff did.

Now, what is the major benefit of this merger for both schools?
AM: The major benefit? This became a major university. And for us, we were part of a major university instead of being “that osteopathic school.”

JP: So recognition?

AM: Yes, recognition, status.

JP: Financial?

AM: We’d probably have $150 million by now if we’d stayed where we were. And I don't mean that to brag. If they had turned us down, we’d have gone on the way we were. Well, we organized the dental school after the merger.

JP: Well, let’s talk about that. That’s an interesting thing. Dentals schools around the country were closing. There hadn’t been one opened in 25 years. How’d you guys decide to start a dental school? If you retired, you didn’t have anything to do. [laughter]

AM: Four letters: guts. No, let me tell you what happened. We have a dentist, Steve Zucker, who has spent his life in medical administration. He has a dental degree from the University of Pennsylvania. When we started our... I'm terrible on names. The program, it’s a federal program. We got a grant. We took him away from Virginia and made him director. So he’s been running it. He did a
calculation on how much we’ve made on that program – not how much we’ve made, but how much we’ve collected – it’s in the millions of government monies. But he also knows the dental profession.

So Mort and I said, “Steve, find out why these schools went out of business and why there have been no new schools.” And he did a very thorough study. His essential report was they were all hired when money was flowing like water from the government, and the people they hired went immediately – guaranteed, what do you call it? Tenure. The people they hired with all this money went on tenure. They could not fire them. They could only get rid of them by closing the school. So five of the six schools closed because of that, they had a glut of professors on high salaries and they couldn’t get rid of them, and it was eating them up. The sixth school, I can’t remember what it was.

He actually checked out the demand for dentistry and we also looked at figures that half the people in the United States can’t get dental care because they have no money. We got a call from the ADA. “What are you guys trying to do?” “We’re trying to provide dental education for in-state students and serve the public.” “Everybody
who needs dental care can get it.” Come on. So we went ahead and did it.

JP: In the state, University of Florida had a dental school.

AM: Yes.

JP: Miami had a dental school.

AM: No.

JP: They did not. So there’s not one in South Florida?

AM: Not one in South Florida and that’s where the population is.

JP: Exactly. You didn’t have to worry about a population base.

AM: We never saw any of that as a problem, getting students, getting patients. I brought down — and it would’ve been my endodontist and my son’s endodontist, a professor at the University of Pennsylvania, who was sort of getting ready to retire — not compulsory, but he was... I’m trying to decide if it doesn’t make anything to this story.
We were friends for years and they have a home in Florida. Every time they came down, we’d go to dinner and we’d say, “When I start the dental school, you’re going to be the dean.” Neither one of us believed it, neither one of us thought it would ever happen. In fact, the decision at that point was to open a dental school or a veterinary school, and I was a strong proponent of veterinary school. We even had a plot in Broward County picked out, something like 100 acres for animals. And Mort said – it was the one place we disagreed. We had no fight about it. He said, “I think we ought to do a dental school.” I said, “Okay.”

So I invited my friend to come down – again doing it our way. We didn’t vote on it. I invited him to come down – it didn’t cost us anything – to be chairman of the planning committee. Very, very smart guy, very nice – he impressed everybody so that when we came to pick a dean, we said, “I nominate Dr. [Oliet].” And I think Ray Ferrero said, “I second it.” There was no dissent. He was partially responsible for the success of that school.

JP: And it’s really probably the most modern, high-tech dental school in the country by now, isn’t it?

AM: Well, it’s among the first ten. I’ll tell you why. Because since we started the school, four new dental
AM= Dr. Arnold Melnick

schools have started, and there are about four to six more on the planning board. Interestingly, several of them are in osteopathic medical schools. So each school gets the latest, this week’s invention. We went over — I guess this was the only gift we ever had, but it wasn’t a gift. [Cy Oliet], myself and his associate —

JP: Are you talking about August Paoli?

AM: Who?

JP: What was the first name you mentioned?

AM: [Cy Oliet]. He was the dental dean.

JP: Okay.

AM: We were invited, all expenses paid, to a big manufacturing — the biggest in the world, manufacturing dental equipment in Germany. There were a lot of funny stories. We went over and we picked out the equipment. Again, we met the same kind of company. We were dealing with, I don't know, vice presidents or something. So I said, “Well, I would like this.” “Oh, we can’t do that.” So I said, “Well, how about this: Now we can’t do that.” The president walked in. “What’s going on?” I said, “Well, we can’t get…” “We’ll do it.” [laughter] Dictatorship again. It’s a family business. It’s the
largest dental equipment manufacturer in the world. They
will not reveal how much business they do a year or how
much money they make. I think it’s two brothers.

JP: Did you have to build a new building for the
dental school?

AM: We built a whole new building for the dental
school and we paid for that. We had the money.

JP: You had enough money at that point to pay for
that completely?

AM: Money was really never a problem. We even got
state money very early — again, through the influence of
Fred and —

JP: Hamilton Forman, was he one of the ones?

AM: What?

JP: Hamilton Forman?

AM: No.

JP: He was earlier?

AM: He was tangentially involved.

JP: Again, it doesn’t matter because I'm going to
talk to Fred tomorrow anyway, so he’ll tell me. Let me get
back to you. Once you come on this campus, how much longer do you plan to work, since you have already retired once and you’ve now been at this new game for quite a while? How long did you plan to stay?

AM: I didn’t have any specific plans. When the merger took place, I was 74 years old. I’m 91 today. I hadn’t thought about it, either for or against. And in ’98, that was enough. The main question I said to myself, “How many more schools are you going to establish?”

JP: You’ve done enough.

AM: Huh?

JP: You’ve done enough.

AM: Maybe if I were younger…

JP: So during that four-year period, what was your job, your main responsibility?

AM: I was the COO of the health professions division. Everybody reported to me except Mort Terry; I reported to him. And over the years we had problems with a couple of deans. The first dean of pharmacy left for another job after very few years. And Bill Hartigan, who took over, served for many years. Again, the way we hired — Bill
Hartigan came into town from wherever he lived, the Midwest someplace.

JP: I know you’re probably aware that the university would like to open a hospital in this area.

AM: I got that. Nobody has said it to me, but I got that feeling.

JP: Do you think that’s a good idea?

AM: I don't know.

JP: Well, the other hospitals, of course —

AM: Well, the one that was planned was kicked out.

JP: Yeah, that was done. But they still — maybe another five years down the road they want to revisit that decision.

AM: But speaking for us — and even though I'm retired I still feel —

JP: That’s what I mean.

AM: Speaking for us, opposition never bothered us.

JP: No, but do you need it?
AM: Need? Well, there’s so much involved. Graduate training, like residencies and so forth— I saw the numbers yesterday. I think hospital census has increased in the last ten years by two percent.

JP: Well, there are not enough patients, right?

AM: Oh yeah, there are enough patients. But see, the plan that they had at the other side—and I was not part of that deal— was for a 100-bed hospital. You can’t train enough people. You can’t do enough work. You can’t bring in some of these newer instruments.

JP: In other words, a 100-bed hospital is too small?

AM: Yeah.

JP: Okay.

AM: I don’t think you can really train—unless it’s a 100-bed pediatric hospital or a 100-bed specialty.

JP: Yeah, that’s different.

AM: And I don’t know how else you can do it. The way to do it, I guess, is the way Mort and I would’ve done it. Buy a hospital and expand it. Buy a 100- or a 200-bed hospital and then expand it.
JP: But if you did something like if you could open a cancer center, it might work.

AM: Yeah, almost any specialty.

JP: Yeah, a specialty would work.

AM: A specialty hospital. But to have all of the fields, it’s too much. If you had ten residency programs, you’re limited to ten specialties. So for a service to the public, I’m not sure it would help. It might. But I don’t think there is a strong need for it.

JP: Okay.

AM: I know the people with the educational programs would like it.

JP: One of the things that I’ve noticed that the medical center has done is provide a lot of services like dental care for poor people, for all kinds of psychiatric care or pediatric care, clinics for people who couldn’t otherwise afford it. And it seems to me that that’s a major contribution that the medical center has made to the community.

AM: Yeah.
JP: And that was always sort of part of their responsibility, as it was?

AM: By the way, the dental clinic — remember, the ADA said, “Where are you going to get patients? Where are you going to get students?” Our clinic has a three-month waiting list and you can’t get on the waiting list. You’ve got to get on a waiting list for the waiting list. We have the largest number of dental applicants of any dental school in the country.

JP: Now, is there anything that we have not talked about that you would like to discuss?

AM: I would have to think about that a long time. Do you have all of these?

JP: I’ll tell you what let’s do. Why don’t we do this? If you think of things, you can email Bob [Borgdorf], who is the head of the archives.

AM: Okay. I don’t know him, but —

JP: Well, we could arrange that. You might come up with something that you would like to have discussed. I don’t care how many times you do an interview — I forget to ask some questions I should’ve asked and other people
forget to say a couple of stories that they probably should’ve told. Well, anyway, let’s end it on that note.

AM: And let me also add, because you said you were going to do a draft of –

[End]