



WILLIAM T. ROBINSON
In First Person: An Oral History

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WILLIAM T. ROBINSON

In First Person: An Oral History

**Interviewed by Kim M. Garber
On December 10, 2010**

Edited by Kim M. Garber

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EDITED TRANSCRIPT
Interviewed in Chapin, South Carolina

KIM GARBER: Today is Friday, December 10, 2010. My name is Kim Garber and I will be interviewing William T. Robinson. Mr. Robinson spent most of his career in association work, first with the hospital associations in New York State and in Massachusetts and later as a senior vice president at the American Hospital Association. He also committed three decades to service to his country in the United States Army and the Army Reserves, retiring with the rank of Lieutenant Colonel. It's great to have the opportunity to speak with you today.

WILLIAM T. ROBINSON: Welcome to South Carolina!

GARBER: Thank you, I'm having a wonderful time here. You were born in 1927 in New York City. Could you tell us a bit about your family and what it was like growing up during the Great Depression and World War II?

ROBINSON: Both of my parents were immigrants from England. Dad had been Royal Navy, which he joined at the age of 16 with the rank of Boy. He went through all the major battles of World War I and was invalided out, this was like a medical discharge, from injuries he received. He immigrated to the United States and went through training to become an electrician.

Mother, at age 13, after her education was completed, went to work as a scullery maid in the local manor house in the Cotswolds. The lady of the manor was an American and her sister was married to Colonel D'Aubigne, an American. D'Aubigne had been with Theodore Roosevelt charging up San Juan Hill. Madame D'Aubigne took a shine to my mother and employed her as traveling secretary. Mother went all over the place with her; she was a wonderful woman. Mother immigrated to America when Madame D'Aubigne came home. My parents met in New York and were both still British subjects when I was born. But when I raised my hand and swore to obey the orders of the President of the United States, His Majesty King George VI lost interest in me totally.

Dad was employed at B. Altman and Company, Fifth Avenue and 34th Street in Manhattan. The store generated its own electricity, and that's why he was there. Mother lived to be 97 and her advice to me was, "Don't get old, Bill."

Your question about the Great Depression as a child – I had no idea it was a 'Great Depression'. I might have heard something, but what was formative of my values was my mother and father's complete strict upbringing. Truth, justice, and the American way, that kind of thing.

GARBER: Was your father employed all during the Depression so there were no economic hardships in your family?

ROBINSON: There were hardships. The company that Dad was employed with failed and he tried to get back to B. Altman where he had been. But they weren't hiring and he eventually went on relief and dug ditches and was paid \$3 a week. Things got tough. I remember one night at supper Mother and Dad had a cup of tea and my sister and I had bread and scrape-it. Scrape-it was made when you fried bacon and you would take the fat and put it in the icebox. We didn't have a

refrigerator – we had an icebox. When the scrape-it hardened, you put that on toast with a little salt and that was supper.

Dad eventually went back to B. Altman. By the time I went to St. Thomas Choir School in 1938, he was regularly employed and we had a nice apartment in Jackson Heights.

GARBER: Where is Jackson Heights?

ROBINSON: It's in Queens, about the middle of the middle of Queens. Later on, as Dad got some more money and we moved to Bayside, which is on the North Shore of Long Island, we had a nice little house, very nice.

GARBER: Did you travel back to England to visit relatives?

ROBINSON: Yes, in 1937. Mother and Dad had agreed with all the British relatives that after they'd been married 10 years, that they would come back and say hello. Dad had diphtheria and couldn't go, so I was dispatched. Dad had eleven brothers and sisters. He was the only surviving boy. I had to meet all of the aunts and all of the uncles and hundreds of cousins. It was very nice.

GARBER: What were your experiences during World War II?

ROBINSON: We lads growing up followed the action every day. Dad brought the newspaper home and we heard the news every night. We followed it and to a youngster growing up at that time, that's the way life was. There was never a doubt in anybody's mind that we would win. We did think it was going to go on for much longer than it did. Even the headmaster at Trinity School did not know about the atomic bomb. Of course, we were trained to believe that the headmaster knows everything about everything at all times! We expected that it would last for many more years than it did.

As a matter of fact, the invasion of Japan was not scheduled until November of '45 and it was in two phases, Kyushu in November and the Kanto plain, which is where Tokyo-Yokohama is, in March of 1946. Then, of course, it was a matter of conquering the Japanese. It would've gone on for another two or three years if Mr. Truman had not decided to employ the atomic bomb. I'm grateful to Mr. Truman – I'm here because he made that decision. The estimated casualties of Kyushu alone were 500,000 American casualties. That was just the first phase of the invasion of Japan.

GARBER: You were a little too young to have served during World War II.

ROBINSON: World War II ended December 31, 1946. The popular belief is that it ended in August 1945, but it didn't. There was the little problem of entering the island of Japan and disarming that home army. Then disarming and accommodating the army that came in from China and from Indochina. Fortunately, Douglas McArthur was an administrative genius, in addition to being a great soldier.

GARBER: Right around that time you started your college years at Trinity College in Hartford, Connecticut. What attracted you there?

ROBINSON: The St. Thomas Church Choir. Every year on the first Sunday in June, we'd go from New York to Hartford, Connecticut, and sing in the Trinity College Chapel. So, for seven years I had gone to Trinity College Chapel to sing. When it came time to go to college - no choice! That was in June of '45; the war was still on. I expected that when I turned 18 in October of '45 that I would be drafted immediately. But, at the end of my term, when I wasn't drafted, I thought, *I better join up*. I volunteered and went into the regular Army.

GARBER: You were 18 years old and you volunteered and you had completed how much college?

ROBINSON: Two terms of college – summer term and the fall term. So, I had a year of college behind me when I started.

GARBER: Could you outline for us what happened to you in the service?

ROBINSON: I volunteered for the Airborne and was told that I was too small - that if I jumped out of an airplane and the parachute opened, I would go up! So, I went off to basic training and volunteered for the Airborne again and was turned down. I wound up in Japan as general replacement and the 11th Airborne Division had been losing troopers because the senior guys were being sent home and the division commander would take anybody! So, I volunteered again and this time I was taken. They had a jump school going up in Northern Honshu. I spent the rest of my time at that jump school because after I had qualified, I became part of the cadre. We also taught how to load gliders in addition to jumping out of airplanes.

GARBER: You spent those first years of your service in occupied Japan?

ROBINSON: Yes. One of the great adventures that I had came about because the Japanese had interned Christian clergymen at the beginning of the war. They were required by General McArthur to release them. One, the Reverend Saito, was to be returned to his flock, located in a series of small fishing villages on the Pacific Ocean on northern Honshu. To have Reverend Saito returned with dignity, he was chauffeured by an American soldier in uniform in an American jeep with his daughters in the back. We went to the first village and the people were amazed. We went to the second village and the word has already spread. By the time we got to the third village, it was like the homecoming of the world. I enjoyed the Reverend Saito; he spoke English. Bringing him back was very exciting for me.

GARBER: You were in Japan for two years?

ROBINSON: Eleven months, two weeks, and five days, but who counts?

GARBER: And after that?

ROBINSON: Went right back to school. Dear old Trinity.

GARBER: Did you join the Army Reserve right away?

ROBINSON: No, I was discharged from the United States Army at Camp Stoneman in California. As I was leaving, there was a sergeant sitting at a desk smoking cigarettes, half asleep.

He said, “Hey, Corp, you don’t wanna join the Reserves, do you?” I said, “Hell, no,” and walked home. Never gave it a thought.

GARBER: You went back to school and what did you study?

ROBINSON: I was interested in history and in English, but I couldn’t make up my mind for a major. So, I had about the last degree that Trinity College awarded called Bachelor of Liberal Arts, which means that you went to school for four years and you didn’t have a major.

GARBER: How did you get your first job?

ROBINSON: During the last two years I was in school at Trinity, in the afternoons I was playground supervisor at a small school called The Junior School in West Hartford, Connecticut, grades 1 through 6. The head of the school, Mrs. Greene, a marvelous woman, had me out to her house one evening and I met Mr. Greene. Mr. Greene was a member of the history faculty at the Kingswood School, English Country Day, a very fine private school. I got along so well with Mr. Greene that when I graduated Trinity, he called up and said, “We’ve got a vacancy on the Kingswood faculty, do you know anything about English? And can you teach Latin?” I’d been taught Latin at St. Thomas Choir School so, yes, I could teach Latin. I went to Kingswood to teach English and Latin.

GARBER: How long were you there?

ROBINSON: Two years.

GARBER: What took you away from that?

ROBINSON: Economics. The guys who delivered milk to the doorsteps in those days went on strike and they got \$100 a week. My pay as an English teacher was something over \$100 a month. I thought, *good grief*. Besides, I’d become married. Barbara was expecting. As a part-time job, every night for the last year at Kingswood from 6 to 10 pm I went down to the Aetna and was part of their night shift, underwriting group life insurance. When I decided that I had to leave teaching and make some money, I just went to the Aetna and they were kind enough to put me on the day shift.

GARBER: How long did you stay with Aetna?

ROBINSON: Two years. I was immediately trained in inland and ocean marine insurance which is the best possible training you can get because it covers every field of insurance other than life insurance. I was sent out into the field. My territory was Kansas, Nebraska and western Missouri. The job was to teach the agents of the Aetna how wonderful inland and ocean marine insurance is and why don’t you write more of it for the company? That was fine. I enjoyed that very much, especially, as a colleague of mine said, he never understood the phrase, “amber waves of grain,” until he travelled Nebraska.

GARBER: But you had a young family and weren’t they still on the East Coast?

ROBINSON: No, we'd sold our house in East Hartford and bought a house in Prairie Village, Kansas. Barbara and young Mac came out. It was fine; we enjoyed it very much.

GARBER: After two years, another opportunity opened up for you. Was that your first time with the AHA?

ROBINSON: Yes. I had a phone call from John N. Hatfield, II, also known as JNH Deuce, but usually called J. We were fraternity brothers, good pals, and our wives were good pals. He said, "Up here at AHA, they're looking for someone who understands insurance and who can write in English. They want to write a manual on insurance for hospitals. That's what they want to write. Would you be interested?"

I went and met the great George Bugbee.¹ I was fascinated by him – he was quite a character. At that time, AHA was at 18 East Division, the former Chicago Latin School, and that was interesting in itself. Mr. Bugbee offered me so much more money than I was making at the Aetna. My bosses at the Aetna had a Dun & Bradstreet report done on AHA and sent to me, assuming that once I saw the Dun & Bradstreet, I'd realize that AHA didn't have any money – total assets \$500,000, total! – and that I would just say, "No, thank you." I knew that AHA was solid even if Dun & Bradstreet didn't think much of it.

J's father was John N. Hatfield,² the great, past president of AHA, and treasurer of AHA. I had met Mr. Hatfield, who was head of the Pennsylvania Hospital in Philadelphia, and he had given me solid advice which I have remembered all my life. The advice Mr. Hatfield gave was: that if you're in charge of something, set it up so that there is nothing that you *have* to do in order for the organization to function. You can't be the one who has to open the door or turn on the lights or answer the telephone. You have no routine duty so that you may save your time for exceptions and decisions and innovations. I thought that was great advice.

GARBER: Tell some more about your early experiences at the American Hospital Association. What did you find there?

ROBINSON: It was a nicely organized operation. The divisions were called councils. There was a Council on Professional Practice, Council on Administrative Practice, Council on Blue Cross and Reimbursement Schemes. The rank in the organization below Mr. Bugbee was Secretary of the Council. The Secretary of the Council on Administrative Practice was Anne Friend, one of the pioneer women executives. Beneath her were committees. The staff rank below Secretary of the Council was Secretary of the Committee. I was appointed Secretary of the Committee on Insurance for Hospitals. The Secretary of the Committee on Insurance for Hospitals was responsible for preparing the *Manual on Insurance for Hospitals*.³ Ron Yaw⁴ was the Chairman, Blodgett Memorial Hospital. I'm graduate of the two-day course in hospital management at Blodgett, and the 20-minute course in medical terminology. AHA had specialists – I was the

¹ George Bugbee (1904-1995) was the executive director of the American Hospital Association from 1943 to 1954.

² John N. Hatfield (1897-1974) was president of the American Hospital Association in 1958.

³ *Manual on Insurance for Hospitals* was first issued by the American Hospital Association in 1940 and was updated in 1955 and 1965.

⁴ Ronald D. Yaw spent most of his career at Blodgett Memorial Medical Center (Grand Rapids, MI), retiring as CEO in 1974.

insurance specialist – there was an accounting specialist, a dietetic specialist – Isola Robinson, no relationship.

J. Hatfield was the Assistant Accounting Specialist. We did the manual and it was published. The review, which was published in *Hospitals* magazine, was by Bob Cathcart,⁵ who at that time was at the Pennsylvania Hospital in Philadelphia. He sent it out to Marsh & McLennan to check it for accuracy and it came back A+. Apparently there are no errors in this thing. But the job was over. There was what was called the Institute on Insurance for Hospitals, a one-day educational program, but there wasn't enough work for an insurance specialist. By then, Mr. Bugbee had gone to New York and Dr. Crosby had come.⁶ I went to Dr. Crosby and begged him to keep me. I said, "I'll do anything, I'll sweep the floors, Dr. Crosby, just keep me here. I like this."

In the fullness of time Howard Cook, who was Secretary of the Council on Allied Associations went to become the CEO of the Chicago Hospital Council and I became Assistant Secretary of the Council on Association Services. At that time, there were 11 states that had full-time state execs. One of the full-time state execs was Charles Morgan Royle of New York.⁷ I met Chuck after three years at AHA, which I enjoyed thoroughly. Dr. Crosby was one of the greatest men I ever met in my life.

But, Chuck Royle called and he needed an assistant. Larry Bradley,⁸ the head of the Genesee Hospital in Rochester, I had met because he was in the AHA House of Delegates and I liked Larry. When I was interviewed by Chuck Royle, Larry came from Rochester to Albany and we had the nicest time, during which I spilled my Manhattan and had to leave and wash my hands. Before I'd left the table, Mr. Royle had offered me a figure as a salary which was lower than what I was making at AHA. While I was gone I think Larry Bradley called AHA and asked, "What is AHA paying Robinson?" Because by the time I came back, my salary at New York was what I was making at AHA and it was wonderful! So, I went to work for Chuck Royle at the Hospital Association of New York State in Albany. It was there that I learned the beginnings of what I call, "the natural enemies theory," of association management.

The Hospital Association of New York State was formed in 1932. The dues were \$10 per year per hospital – not per patient day, not per bed – per hospital, regardless of the size. In 1957, when I went to work for the Hospital Association of New York State, they had accumulated a surplus of \$82,000. Can you imagine, from 1932 to 1957 they had \$82,000 left over and the dues were \$10. Now the question is how did that happen?

The answer is that a trustee of a small hospital in New York State turned out to be the Speaker of the New York State Assembly. He made sure, because of his interest in the hospital, that legislation inimical to the interest of hospitals did not pass. So, hospitals were exempt from workers

⁵ H. Robert Cathcart (1924-), spent nearly 40 years at the Pennsylvania Hospital (Philadelphia), retiring as president in 1991. He served as chairman of the Board of Trustees of the American Hospital Association in 1976. His oral history: Weeks, L.E. (ed.) *H. Robert Cathcart in First Person: An Oral History*. Chicago: American Hospital Association, 1988, is in the collection of the Center for Hospital and Health Administration History, located at the American Hospital Association Resource Center.

⁶ Edwin L. Crosby, M.D. (1908-1972) was executive president of the American Hospital Association from 1954 to 1972.

⁷ Charles M. Royle was head of the Hospital Association of New York State (HANYS) from 1953 to 1968.

⁸ Lawrence J. Bradley was director of the Genesee Hospital (Rochester, NY) from the mid-1940s to the mid-1960s.

comp. Hospitals were exempt from labor unions. Hospitals were exempt, exempt, exempt. It was lovely. Eventually, of course, he retired and all of a sudden somebody had to keep track of the legislature in New York. So Mr. Royle was hired. He had been the head of the Rochester Regional Hospital Council, which was a group purchasing program primarily. It wasn't long before Chuck needed help.

When I joined the staff of the New York association, I was the third employee. When I left there were 27, all because of the pressures of external forces on hospitals. They chose the association as their vehicle through which to cope with, especially, the legislature and regulation. We negotiated annually the welfare rates, as they were called in those days, what the state would pay hospitals for the care of the medically indigent. Chuck said that if that negotiation yielded to hospitals ten times the dues they paid us, we would never have to worry about membership. That was a value of the Hospital Association of New York State – that the increase in the welfare rates was about ten times what they paid in dues. So, it was a valuable organization and, of course, we had to respond to all of the other challenges that were coming along, strange things like hospital planning. It was a great tour.

GARBER: Jack Owen,⁹ in his oral history, mentioned something similar about associations. He noted that when the members are weak, it's better for an association.

ROBINSON: It is next to impossible for an institution to keep track of everything that's going on in the world. That's why they need associations. Jack Owen, incidentally, is perhaps the finest state hospital association executive America has ever produced.

GARBER: He was in New Jersey?

ROBINSON: Yes, he was. When he was on the AHA staff, I tried to persuade him to come to the Rochester Regional Hospital Council and he declined. Eventually, the New Jersey Hospital Association persuaded him to come to Princeton where his performance has to be described as brilliant.

GARBER: Do you agree with his point that if the hospitals in a given state are relatively strong anyway, they don't have as much need for an association?

ROBINSON: I didn't read Jack as saying quite that in his oral history. I read him as saying that, depending on the issue and whether or not hospitals could respond to it – take hospital planning or the Economic Stabilization Program of Mr. Nixon (which we called the “economic strangulation program,” incidentally),¹⁰ the need for the association may vary. He must have encountered in New Jersey things that I did not in New York or Massachusetts.

⁹ Jack W. Owen (b. 1928) was an assistant director at the American Hospital Association before becoming president of the New Jersey Hospital Association from 1963 to 1982. After that, he returned to the AHA as executive vice president in charge of the Washington office. His oral history, Weeks, L.E., editor. *Jack W. Owen in First Person: An Oral History*. Chicago, IL: American Hospital Association and Hospital Research and Educational Trust, 1988, is in the collection of the Center for Hospital and Healthcare Administration History, located at the American Hospital Association Resource Center.

¹⁰ The Economic Stabilization Act of 1970 was an attempt to control inflation through wage and price controls, including a freeze on health care service prices during 1971.

GARBER: You've mentioned at least two influential men – George Bugbee and Dr. Crosby. I wonder if you might describe their personalities?

ROBINSON: George Bugbee could have been a college president – he was education-minded. AHA was small enough so that he could know every detail. He did not have to subdivide as Alex McMahon¹¹ eventually had to.

Dr. Crosby was the personal embodiment of AHA at the time along with Kenny Williamson in Washington.¹² He was a dignified, scholarly, pleasant, enjoyable man. Dr. Crosby had that lovely combination of personal charm and fierce determination and discipline. He was a nice guy. He was tough as nails. He was a biostatistician. He could also be funny. Cathy Louks, of the staff, tumbled down the stairs at 18 East Division and didn't feel right about her knees when she got up. Dr. Crosby examined her and said, "I think she's alright, but let's take her to a real doctor."

I became what was called one of Crosby's boys. Jack Owen was one of Crosby's boys. Neely¹³ was one of Crosby's boys in Pennsylvania. TeKolste¹⁴ in Indiana was one of Crosby's boys. We thought that Crosby's insidious plan was that he was going to get one of his boys to be the head of every state hospital association in America. Then when he said the word, we would all jump to attention. He was a great man.

We came to really like Dr. Crosby because he came to SHAEF¹⁵ meetings and he came to the Caribou, which I'll describe later. At those meetings, he leveled with us as if we were equals. That's great for the head of the national organization when it comes to dealing with state level types.

GARBER: Is there anything else you'd like to add about your time at the New York association?

ROBINSON: I enjoyed New York thoroughly. There were some great men there at the time. John Connorton was the head of the New York City Hospital Association called Greater New York.¹⁶ He had a Ph.D., an amazing man, and I enjoyed him very much. He and Chuck Royle made a deal. Here's how associations live together. The biggest hospitals are in New York City. The richest hospitals are in New York City. The most famous hospital administrators are in New York City. But there is a state and there's a state legislature. How do you get along? Chuck and John Connorton agreed as follows: Fifty percent of the state association board would be New York

¹¹ J. Alexander McMahon (1921-2008) was president of the American Hospital Association from 1972 to 1986. His oral history, Weeks, L.E., editor. *John Alexander McMahon in First Person: An Oral History*. Chicago, IL: American Hospital Association and Hospital Research and Educational Trust, 1987, is in the collection of the Center for Hospital and Healthcare Administration History, located at the American Hospital Association Resource Center.

¹² Kenneth Williamson (b. 1912) was head of the California Hospital Association and the Association of Western Hospitals before beginning a long career with the American Hospital Association in 1943. He was head of the AHA's Washington Service Bureau from 1954-1972. His oral history, Weeks, L.E., ed. *Kenneth Williamson in First Person: An Oral History*. Chicago, IL: American Hospital Association and Hospital Research and Educational Trust, 1983, is in the collection of the Center for Hospital and Healthcare Administration History, located at the American Hospital Association Resource Center.

¹³ James R. Neely (b. 1928) had a long career in various positions at the American Hospital Association and later as the president of the Hospital Association of Pennsylvania.

¹⁴ Elton TeKolste was head of the Indiana Hospital Association from 1960 to 1983.

¹⁵ State Hospital Association Executives Forum, which is described in more detail later in this interview.

City. Fifty percent of every committee would be New York City. In return for that, Connorton would stay out of Albany entirely.

GARBER: Did that arrangement work out well?

ROBINSON: Very, very successfully. There's frequently a struggle between metros and states in the association world. Who is going to do what, with which, and to whom.

GARBER: You've mentioned SHAEF a number of times, and you have written a history of the organization that has not been published, it's in manuscript form, right?

ROBINSON: Yes. It was distributed one copy to each State Hospital Association executive.

GARBER: How did SHAEF come about? What was it intended to do?

ROBINSON: Once a year, the AHA held what was called the mid-year conference – it was in February. The elected heads of the state hospital associations and the elected Secretaries, with a capital S, of the state hospital associations, were invited to come to Chicago and hear what AHA was up to, what AHA thought were the major issues of the day. This afforded the states the opportunity to say to AHA, but have you thought of this and what about that? It was a marvelous exchange.

After the main deal was over, the state hospital association executives and the metropolitan executives were taken to AHA and put in a separate room and the AHA staff would come and they would tell us about what was going on and why this was going on and what else to look out for. It was a briefing session, very good. After some years of this, we began to get interested in each other. Instead of the AHA staff coming and haranguing us, we wanted to talk about ourselves to ourselves. A little rump group was formed called FARGO; the meaning of that acronym is secret. The last one who knew it, Ray Hurst of Texas, has died.¹⁷ So no one will ever know what it was. The chosen head, there were 11 of them altogether in the group, the chosen head was called Utmost. That was his title – Charlie Billings of Kansas.¹⁸

At one such meeting (I was then the assistant in New York), I heard that the state association guys were gathering together for breakfast and they were going to talk about something. I was not invited. I was not a state exec; I was an assistant state exec. But, I barged in and when they said, "No assistants," I said, "But I'm from New York." Ray Hurst of Texas, bless him, said, "Let him in." That's how I became one of the founders of SHAEF.

Dr. Crosby found out about this. What he was worried about was that if the state execs decided on a course of action, they could influence the AHA House of Delegates. The House of Delegates was one hundred wise men and women appointed proportionately by the states – New York had eight; Massachusetts had five. It depended on the hospital population. The state exec selected these people and Crosby was worried that we would turn into a shadow House of Delegates. He sent Jim Neely, who had been one of us. Jim had been on the AHA staff, then had

¹⁷ O. Ray Hurst (1924-2007) was head of the Texas Hospital Association from 1956 to 1986.

¹⁸ Charles Billings became head of the Kansas Hospital Association in 1939.

gone down to South Carolina as their first full-time state exec, then came back to AHA to worry about states on behalf of Dr. Crosby. He sent Jim Neely to break it up. That's the way Crosby said it, "Break it up." I can hear him saying it. Jim tried; he said, "You don't need this. We do this, we'll do that, don't, don't, don't, don't." He never had a chance, poor Neely. As I had mentioned, at lunch that day, there was an AHA staff member at every table so that the state execs couldn't mob up and talk some more about it. Boy, Dr. Crosby was really worried. But we formed SHAEF, and we swore that SHAEF would take no actions, make no decisions, make no recommendations, make no policies. The only decision SHAEF would make was where they were going to meet next year. That's the only decision.

Eventually after two or three years, Dr. Crosby believed us. He saw that we were good for each other and therefore good for him. He came and it was wonderful to have him. "We got Dr. Crosby! He's gonna listen to us and he's gonna tell us. Wow!"

SHAEF has always fulfilled that promise. Dr. Crosby always came. Alex McMahon always came. Dr. McCarthy¹⁹ came to meetings of SHAEF, which met once a year at some resort and then once during the annual meeting of AHA in Washington briefly. It was a great organization.

GARBER: Is it still in existence?

ROBINSON: Oh yes. They had their meeting this year in December in Hawaii, of course.

GARBER: Do I recall that you finagled a lifelong invitation?

ROBINSON: Every state has got a state exec now. We are beginning to get into the third generation. I'm second generation; Chuck Royle was first generation. We were getting into the third generation and the fourth generation. Ray Hurst, who was a very gifted rabble rouser, stood up at the meeting on Marco Island and proposed a motion that the founders of SHAEF have a permanent invitation to the annual meetings, "Wherever you guys decide you're gonna go." That was unanimously passed. Then Ray got up and said, "I propose another motion that our travel expenses be paid." It was unanimously instantly defeated. But I've taken advantage of it on two occasions in my retirement to go to SHAEF meetings. When SHAEF is 60 years old, I plan to find out who is the elected head of SHAEF and say, "Hello, here I am. I'm coming!"

GARBER: Are there other state hospital executives during '60s and '70s that you'd like to mention?

ROBINSON: Jack Owen. Chuck Royle, eventually succeeded by George Allen, in New York.²⁰ Newkirk of Ohio,²¹ Neely of Pennsylvania. Kinzer of Illinois, what a great, great, great man.²² He eventually became the head of the Massachusetts Association. TeKolste of Indiana; Whelan of California;²³ O. Ray Hurst of Texas. Boy! Actually every member of SHAEF. Some of

¹⁹ Carol M. McCarthy, Ph.D. was president of the American Hospital Association from 1986 to 1991.

²⁰ George B. Allen was head of the Hospital Association of New York State from 1968 to 1986.

²¹ Donald R. Newkirk became head of the Ohio Hospital Association in 1962.

²² David M. Kinzer (1920-1990) was head of the Illinois Hospital Association from 1957-1973 and then of the Massachusetts Hospital Association from 1973 to 1985.

²³ William M. Whelan was head of the California Hospital Association from 1967 to 1977.

the metro execs were extraordinarily good. I mentioned John Connorton, Howard Cook of Chicago, just superb association executives.

GARBER: In the mid '60s, you made another change when you were invited to accept the position of president of the Massachusetts Hospital Association. How did that opportunity come about?

ROBINSON: I was in my office at the Hospital Association of New York State and my secretary came in and said, "Do you know Mr. Reese James?"²⁴ He has asked, if you're not awfully busy, would you talk to him?" "No, I don't know Mr. James, but put him on," I said. He introduced himself as the administrator of the Winchester Hospital, Winchester, Massachusetts. He said that he was chairman of the search committee to find a new CEO for Massachusetts. Henry Brickman had retired.²⁵ Henry was a one of the first generation state execs like Harold Johnston²⁶ of New Jersey and Chuck Royle. He said, "Would you be interested in being considered?" It was the second sentence he said. Yes! I had been thinking about my future and Chuck Royle had promised me that I would succeed him in New York, but he had 10 years left to go. I'd already been there nine years and I figured that at the end of 19 years, everything that was wrong with me would be so publicly known that I could see the board saying, "Well, we'll certainly consider Robinson but this is a very big job. Let's hire a search firm and we'll explore America," and you know how it goes.

So, I said, "Yes," and I said, "Where did you get my name, Mr. James?" He said, "Dr. Crosby." We set up a time and then I called Dr. Crosby and said, "Dr. Crosby, I'm so pleased that you have recommended me for the Massachusetts job." He said, "Bill, I put about twenty names in for that job." "Well, thanks for including me on the list," I said. I suspect that I was number 20 because I was just an assistant. They had interviewed Newkirk of Ohio and Reese James really thought Newkirk was good, which he was. He was top. Newkirk turned it down because Massachusetts only had 100 hospitals or so and Ohio, holy smoke, has cities like Cleveland and he just wasn't going to go backwards.

Anyway, I went over there and there was this fellow named Dick Viguers, who had been in the AHA House of Delegates, and I'd known him in that capacity. Harry C.F. Gifford²⁷ was on the Selection Committee. Harry C.F. Gifford had been at the North Shore Hospital on Long Island and had been on the Hospital Association of New York State board. So I knew Harry C.F., I knew Dick Viguers.²⁸ There were three other members of the search committee and I got along with them. We had lunch at the Parker House and we were sitting down for lunch, the interview was at lunch, and Jack Harrison²⁹ of the Lynn Hospital said, "What do you drink?" I said, "Well, I'll have a martini." That pleased him because he and Reese James and Bob Simmons just loved having a martini at lunch.

²⁴ Reese E. James (b. 1915) was head of the Winchester Hospital (Winchester, MA) from 1959 to 1978.

²⁵ Henry Brickman was head of the Massachusetts Hospital Association from 1950 to 1963.

²⁶ J. Harold Johnston was head of the New Jersey Hospital Association from 1947 to 1963.

²⁷ Harry C.F. Gifford (b. 1919) served in leadership positions in hospitals in Glen Cove, NY, and Springfield, MA.

²⁸ Richard T. Viguers was administrator of the New England Medical Center Hospitals.

²⁹ John A. Harrison (b. 1926) was president of Lynn Hospital (Lynn, MA) for 25 years.

It was a cordial interview. I suspect that they had interviewed so many guys that they were getting weary of it. They said, "What do you think?" I said, "Based on your conversations, gentlemen, your primary issue is welfare rates. But there are other things which associations do." I began to tick off some of the stuff we did in New York, like the research trust and the organization for hospital auxiliaries. At the end Mr. James said, "You can have this job. Here's what we'll pay you." It was a lot more than New York. I'd asked the head of the Greater Boston Hospital Council what he thought the job was worth. I knew him because of the Council on Allied. He gave me a number and I said, "No, they'll never do that." But they did. They did. I was stunned. I went back and told Chuck about this, and he said, "Well, go for it." So, we went off to dear old Massachusetts.

GARBER: How did the New York and Massachusetts hospital associations compare?

ROBINSON: Massachusetts was a bit behind in the development of the state association because, like New York, there was a huge influence with the legislature and other elements so that the state hospital association did not have to grow. That influence was the Massachusetts General Hospital. That hospital had hired a lobbyist. It was considered great wisdom on the part of hospitals in Massachusetts to see what Massachusetts General Hospital had concluded based on the work of this lobbyist as to the best course and we'll just follow along. We won't have to do any of the work, spend any money. Charlie Dunne was his name. Charlie'll take care of all of us because he's taken care of the Massachusetts General Hospital.

As things developed with the new move toward hospital planning, the advent of Medicare, the advent of Medicaid, the change in the role of Blue Cross, Massachusetts hospitals needed strengthening. When I joined the staff of the Massachusetts Hospital Association, I was the fifth employee; when I left seven years later, there were 156. The requirement of Massachusetts hospitals for what a state association could do became apparent. Here's an illustration. I found in Massachusetts that the state knew more about Massachusetts hospitals than I did. Blue Cross knew more about Massachusetts hospitals than I did. The reason was that both Blue Cross and the state government had these newfangled things called computers. They could take in massive amounts of data and analyze it. I couldn't afford a computer, so I developed what we called the shared computer program. Eighty-five hospitals out of 106 pitched in and we shared a computer. We put up on the computer easy things like accounts receivable, payroll, and eventually medical record abstracting. It put the state association in an equal information position with those with whom we had to deal.

Dave Kinzer eventually sold that shared computer program for \$4 million to an outfit in King of Prussia, Pennsylvania. He used that \$4 million to pay off the debt I had incurred through unsecured debentures which we required hospitals to purchase so that we could have a headquarters building. There's a picture of it behind you, on the brass plaque. When I joined the association, we had two rooms in what had been the Boston City Club, now bankrupt. Two bedrooms, that was the office. With Mr. Reese James' help we got out of there fast and into an office building. That was described as a temporary location before we went up to Massachusetts Executive Park and built our own headquarters building, which the association still occupies. It cost, I forget how many million, but every hospital was required to buy unsecured debentures in the amount of four times their annual dues. That's where we got the money to build the building. I paid the interest on the debentures every year. Kinzer used the sale of the shared computer program to pay them off. That was great, just great. Dave Kinzer, my successor. But there it was.

Another anecdote: The association was negotiating with the state over what we called welfare rates, and I had had experience with this in New York. I went to my first meeting and there were the financial officers from 12 hospitals as the committee to negotiate. I sat and sat and didn't say a word. They negotiated with the officials, and the lawyers were there. When it was over, I asked them all to remain and I said, "Gentleman, we won't do this again. What's going on is that you are making up your minds in the presence of these governmental officials about what it is you require. But we're going to sort that out before we go in. There will not be 12 spokesmen, there will be one. You may select a spokesman, but we won't go in until you have agreed what he's going to say." That was the beginning of successful negotiations with the state and later with Blue Cross.

Funny story. We were negotiating the annual contract with Massachusetts Blue Cross, a splendid organization. It got a little contentious. One of the Blue Cross reps said, "Why am I dealing with you, Robinson? How can you speak for these hospitals? You got a power of attorney or something from these people?" One of the greatest mistakes he ever made in his life. We went to every hospital in Massachusetts and got power of attorney to be the sole negotiator on behalf of hospitals with Massachusetts Blue Cross. Our relations with Blue Cross were very cordial, of course. Henry Jones was the CEO of Massachusetts Blue Cross, great man.

I have to go back to the natural enemies theory that I learned in New York. The governor of Massachusetts, John Volpe,³⁰ was very eager that there be a rate setting commission for hospital rates as to what they would pay for welfare, which became Medicaid. He also wanted authority to approve whatever contract was agreed to between hospitals and Blue Cross. You can imagine the legislative wrangles. We worked on it, and worked on it, and eventually Governor Volpe agreed that the rate setting commission would treat us like a public utility. That is, they would have to make sure that we have enough money from welfare rates and the Blue Cross contract so that we could be financially healthy. Based on that, the Massachusetts Hospital Association agreed to support the creation of the Rate Setting Commission.

Wonderful! The future is assured. But then, Mr. Nixon is elected President. He selects John Volpe to be his first Secretary of Transportation and Frances Sargent,³¹ the lieutenant governor becomes governor. Shortly thereafter, the Rate Setting Commission becomes hostile toward hospitals and wants to cut, cut, cut. I went to Governor Sargent and I said, "Sir, your predecessor Governor Volpe assured us that the Rate Setting Commission would be like a public utility." He looked at me and said, "I did not make that deal," which caused me to understand for the very first time that we (hospitals) are permanent. They (government, all officials) are temporary. The Rate Setting Commission became one of the natural enemies of the Massachusetts Hospital Association that caused our development, from fighting with them.

After I'd been there just a few weeks, I went to pay a courtesy call on Dr. John Knowles, the head of Massachusetts General Hospital.³² He was a very nice guy and he said, "How do you plan to use me?" I said, "Dr. Knowles, if you're willing, I would use you as heavy artillery." He said, "What does that mean?" I said, "I will make no requests of you. I'd like to use some of your

³⁰ John A. Volpe (1908-1994), Republican, was elected governor of Massachusetts in 1960, 1964, and 1966.

³¹ Frances W. Sargent (1915-1998), became governor of Massachusetts after John Volpe resigned in 1969. He was then elected to a four-year term in 1970.

³² John H. Knowles, M.D. (1926-1979), at age 35, became the youngest individual to lead Massachusetts General Hospital. He later became president of The Rockefeller Foundation.

people, especially your financial people, and committees and so forth. But I will make no personal requests of you, until I am in deep trouble; and then I will ask Dr. John Knowles to come and give testimony or what have you.” I employed him once. The Rate Setting Commission was behaving very badly. So, I asked Dr. Knowles if he would give our testimony in front of the commission. He said he would. He came and was introduced and he looked at the five commissioners. He said, “The trouble with you people is – you are incompetent.” That’s the way he began. Talk about heavy artillery. Boy, what a relief. If I had said that, I’d have been through as state exec, they’d have had to have thrown me out. The hospitals could not have afforded to have their state exec speak that way. But Johnny Knowles ... pow, pow, pow, pow. It was quite effective. He described each one of them – why they were incompetent. “You’ve never done this. You don’t understand that. You know you were appointed just because you come from Oshkosh or something.” He just slaughtered them.

After he had gone through that he said, “Now here’s what I would like you to do.” Then he repaired all of this so skillfully. He said, “You could do this and I wish you’d spend some more time on that, and have you thought of...” Wow! I had great people like Johnny Knowles and many, many others. Harry C.F. Gifford again, because when I got to Massachusetts, Harry, who had been on the board in New York, was on the board there. I was safe in Massachusetts because of Reese James, who was aligned with what I thought, and Harry C.F. Gifford was right behind him, and Jack Harrison was right behind him. I knew that I had three years pretty secure in the bank. But it was just a great, great adventure.

GARBER: How did the Massachusetts General Hospital react to the fact that their influence was diminished to some extent as the Massachusetts Hospital Association became more influential?

ROBINSON: They aided and abetted in every possible way, especially by lending me their financial people to be on the negotiating committee and others in the nursing world and so on. They were big boosters of the Massachusetts Hospital Association.

GARBER: Is there anything else you’d like to say about your time in Massachusetts?

ROBINSON: I was awful glad that I had that job. I really enjoyed it. I learned a lot. I associated with some fabulous people like Harry C.F. Gifford and Dr. John Knowles and Reese James and many others. I acquired a superb staff. Some of them went on to great things, Bob O’Leary for instance.³³ I had taken him on at the Hospital Association of New York State and he came over after a year or so to the Massachusetts association and he built all the internal stuff. Bob O’Leary eventually became the head of the Illinois association and then became the head of one of the profit-seeking chains. He became famous.

CONVERSATION DURING THE BREAK

ROBINSON: Thinking about the manual on insurance for hospitals – ten years later, Dr. Crosby wanted to update all of the manuals. Eddie Miller, of his staff, hired me to update it in 1965.

³³ Robert W. O’Leary became president of the Illinois Hospital Association in 1974. He later served in leadership positions at St. Joseph Health System in southern California, Voluntary Hospitals of America, American Medical International, Inc., and American Healthcare Systems.

At that point, AHA was interested in other things than just hospitals – insurance and related health care. I was paid \$2,500 to revise the manual. I spent it to buy Barbara a convertible. It's still in the garage downstairs. A 1964.

GARBER: A 1964 what?

ROBINSON: Corvair.

CONVERSATION AFTER THE BREAK

GARBER: We were talking about your extensive experience in state hospital associations; and, there's another fellow well known to people who are familiar with the American Hospital Association and that's Dick Davidson, who was a state association exec in Maryland. You mentioned that you had an interesting story about Dick Davidson.³⁴

ROBINSON: In his first year at the Maryland Hospital Association, he came to our annual meeting of SHAEF in Las Vegas. He described to us the Maryland Hospital Association, which was run by hospital trustees at that time because it was essentially an outgrowth of the hospital planning movement. He told us about the trustees and how he had organized it and it was absolutely the opposite of how we operated. We operated through hospital CEOs. It was their job to communicate to hospital trustees. We had our publications and hospital trustees got them. We might use the hospital trustee occasionally, but the organization was not built on hospital trustees. After Dick had finished his presentation, I said to the state execs assembled, "I want you to take a good look at this guy because when we meet next year he ain't gonna be here." Davidson, of course put on a demonstration in Maryland which is the envy of the world, and eventually became AHA's CEO and performed magnificently. I was at the AHA annual meeting some time long into my retirement and I went to the meeting that he has there with the state execs and he told that story to them. Great stuff.

GARBER: In his oral history, Dick Davidson did mention the fact about the trustees being so important in Maryland. He mentioned that this was probably the only state hospital association that was running that way.

ROBINSON: At that time, yes.

GARBER: You've referred to hospital planning a few times. I wonder if you might speak a little bit about this movement in the United States? It started in the '60s, with comprehensive health planning and then evolved into certificate of need.

ROBINSON: It worked. In our city of Columbia, South Carolina, it is my judgment that we are superbly well served, but the hospitals have divided the work, so to speak. They have divided the work; the state did not tell them, "You will do this." There is competition, but it is cordial and healthful. One of the hospitals is designated to do heart. The Lexington Hospital, which is our

³⁴ Richard J. Davidson was CEO of the American Hospital Association from 1991 to 2007. His oral history, Garber, K.M., editor. *Richard J. Davidson in First Person: An Oral History*. Chicago, IL: American Hospital Association and the Health Research & Educational Trust, 2010, can be viewed here: <http://www.aha.org/research/rc/chhah/oral-histories.shtml>

local institution, has a heart specialist and a heart service, but they cannot do the exotic surgery. For years they tried to do it. They tried through the planning agency, they tried through certificate of need, they even tried special legislation to exempt them so that they could do this exotic heart surgery. Eventually, they persuaded the heart hospital to give up one quarter of its facility and permission to do all this. In return, they gave them lots of money, they gave them additional privileges, so that our local hospital can now do the emergency surgery. The idea of hospital planning like that, in my view, has worked. It is no longer, as far as I can determine, the aggravated subject that it started out to be.

In Massachusetts, the Governor appointed me to the Planning Commission as the representative of hospitals. There were other representatives, from business, industry, labor and the professions. I found it inter-esting, but exceedingly difficult to focus on any subject because of the different information levels of the people. But in summary, I believe it has worked.

GARBER: Let's move on to your second tour of duty at the American Hospital Association. What brought you back?

ROBINSON: The great man, Dr. Crosby, died. We were told that on his way to the hospital, he ordered the siren silenced. That was typical of him. As I mentioned in one of my papers, my reaction when Dr. Crosby died was not grief. He came to trust us, Dr. Crosby did, he leveled with us, even smoked cigarettes in our presence. He told marvelous stories. When he left us suddenly, my first reaction was not grief, but worry. He had left us before we were ready to fly on our own, the state execs. What a man.

AHA appointed a committee chaired by Dr. Russell Nelson, who was Dr. Crosby's successor at Johns Hopkins Hospital.³⁵ Dr. Crosby already had in mind who he wanted to have as successor, Dr. Nelson knew that. The committee reported and they had selected the one that Dr. Crosby had wanted. The board did not accept the recommendation. Dr. Nelson's committee thought they had been appointed to select and the board said, "No, you're only appointed to recommend and they appointed another committee."

GARBER: Who was that initial candidate?

ROBINSON: It's public information that the board did not accept the recommendation. They wanted someone else. The committee had selected Walt McNerney, who was head of the Blue

³⁵ Russell A. Nelson, M.D. (1913-2001) served for 21 years as president of Johns Hopkins Hospital (Baltimore, MD). His oral history, Weeks, L.E., ed. *Russell A. Nelson in First Person: An Oral History*. Chicago, IL: American Hospital Association and Hospital Research and Educational Trust, 1986, is in the collection of the Center for Hospital and Healthcare Administration History, located at the American Hospital Association Resource Center.

Cross Association.³⁶ We were told that Walt McNerney's successor at the Blue Cross Association was to be Alex McMahon. (Alex had been the head of the Blue Cross in the Carolinas.) But, there was an antipathy between hospitals and Blue Cross because of the Blue Cross plans' change in role as the paying agent for the federal government. I guess the board thought that while Walt was a great man, and he was a great man, that it was not a good time for someone from Blue Cross to come and run the American Hospital Association.

There was great rump session of state execs and some of the hospital leaders, organized by Ray Hurst – about 18 of us – who discussed who we were going to urge if they won't take Walt. We liked Walt, all of us. Alex McMahon was on our list and Ray Hurst was tasked to tell Sister Marybelle,³⁷ who was the Chairman of the new AHA Selection Committee, who we thought would be good. Alex was selected. Walt McNerney continued a distinguished career at Blue Cross and Alex, who thought he was going to Blue Cross, wound up at AHA, which leads me to my first Alex story, one of three.

When Alex was appointed, it was announced to the AHA House of Delegates. It was not announced to the hospital field, but at a meeting of the House of Delegates. Alex was in the House of Delegates as the Blue Cross delegate. He was one of the 100 wise men and women. It was announced, there was applause in the House, and he was invited to come up to the podium and sit. Alex said, "No, Mr. Speaker, I already have a seat in this House and I'm perfectly comfortable here," and he sat down. The House roared approval. That's the kind of personality Alex had. That's my first Alex story.

After Alex had been in office for three or four months, I wrote him a letter. I said that I realized that he had many, many things on his plate, but with the Economic Stabilization Program of Mr. Nixon and all of the stuff that that involved, that we were not being fed enough. We at the states were not being fed enough by the quarterly meeting of the Regional Advisory Board. One of your chairman officers comes to tell us what's going on and Dave Drake of your staff comes and tries to explain all of this to us. But, it just isn't enough.

I got a nice letter from him back and said that he appreciated the thoughts. Somewhere along the line, Alex decided that what he needed to handle the squirrely state execs (that's my expression) and he offered the job to Jack Owen. Jack didn't want to leave New Jersey, didn't want to come back to the AHA staff. Jack Owen would've been a perfect selection. Every state exec in America thought Jack Owen was a good guy. There were some others, Newkirk could've done it, Ray Hurst could've done it.

I was giving a lecture to graduate students at a university on Long Island, the same university from which Dr. Carol McCarthy got her Ph.D. Harry C.F. Gifford was one of the adjunct professors at that university and he had invited me. As I left, a guy comes running up and says, "You've got a phone message." It sounded as if it was something important. It was: Call Alex

³⁶ Walter J. McNerney (1925-2005) was influential as president of the Blue Cross Association from 1961 to 1981, and as the founding director of the Program in Hospital Administration at the University of Michigan. His oral history, Weeks, L.E., editor. *Walter J. McNerney in First Person: An Oral History*. Chicago, IL: American Hospital Association and the Hospital Research and Educational Trust, 1983, and his archival papers are in the collection of the Center for Hospital and Health Administration History located at the American Hospital Association Resource Center.

³⁷ Sister Marybelle was the administrator of St. Mary's Hospital (Duluth, MN).

McMahon. He gave me a number and said he'd be in the dining room. He was at the Hay Adams Hotel in Washington, so I called him. He said, "I want you to come to Washington and talk to me to see if you will rejoin the AHA staff and help with the allied associations." I went and we talked for four hours in his office in Washington. We had the best time because I told him everything I thought and he was a funny guy. I came back and told Bob Tuveson,³⁸ who was the elected chairman of the Massachusetts Hospital Association at the time, from one of the Springfield hospitals, that if I am offered the job, I'm going to accept. Barbara was with me all the way. Barbara's like the biblical Ruth, "Whither thou goest, I shall go." Wow, I was excited!

When Alex and I parted he said, "Let's think about it over the weekend." On Monday morning, he called and said, "I hope after thinking about it over the weekend that you've decided to join us." I said, "Yes, sir." We then discussed when I'd leave Massachusetts; who would make the announcements and when. I said, "By the way, I assume you are going to pay me?" He said, "How about ...?" and he said the number. It was more than I was making in Massachusetts, so I said okay. It was just great.

I want to tell you about Alex; one of the reasons why he is the greatest guy since sliced bread. When Jack Owen went to work for Alex in the Washington office, much later on after Leo Gehrig³⁹ had retired, Jack said to Alex, "Are you gonna come to Washington? Are you gonna do this? You gonna do that?" Alex said, "No, no, you run Washington. If you need me to testify, you tell me I'll come and testify, but you gotta do it. You run Washington." I want to tell you the job description that Alex gave me, just three words: strengthen the alliance. Those were my orders. I wasn't given guidance. I wasn't told do this, do that, think about that. Strengthen the alliance. I'll tell you how I did it if you'd like?

But first, I want to tell you another Alex McMahon story. There was an organization called the Caribou. That started out as the big eight – the eight large state hospital association execs. Eight in terms of staff size or in terms of membership: like New York, California, Texas. We felt that because of our size, we had problems different than, say, the Alaska Hospital Association.

We got Dr. Crosby to come and talk to us. We got Ray E. Brown,⁴⁰ the great man, to come and talk to us. We wised up after awhile and realized the bigness was not all there was to it. There was contribution, what's going on. So, we let in Dick Davidson of Maryland and Pat Ludwig⁴¹ of Michigan, and eventually the Bob O'Leary and so on. It expanded so that there were 16 of us and we were called the Caribou. We were called the Caribou because Jim Neely made fun of the fact that I had left the caribou and had rejoined the AHA staff. He gave a lecture about the caribou and what magnificent animals they were, with huge horns. Then he gave each member of the Caribou a tie tack with a caribou with big horns. He gave me mine and he had cut the horns off. Alex thought this was an absolute riot. He roared with laughter.

³⁸ Robert F. Tuveson (b. 1927) was executive vice president at Baystate Medical Center (Springfield, MA).

³⁹ Leo J. Gehrig, M.D. (d. 2010) was a commissioned officer with the U.S. Public Health Service and served as deputy surgeon general in 1966. Later, he was with the American Hospital Association until 1980.

⁴⁰ Ray E. Brown (1913-1974) served for 19 years as superintendent at the University of Chicago Clinics (now known as the University of Chicago Medical Center). He later became a professor and director of the graduate health administration programs at the University of Chicago and at Duke, worked in leadership roles on academic medical center mergers in Boston and Chicago, and was a prolific author.

⁴¹ Patric E. Ludwig (b. 1939) was head of the Michigan Hospital Association from 1974 to 1985.

When I went back to AHA, I seized the Regional Advisory Board apparatus. Each of the regions had a regional director, and each regional director was very senior. John Quigley⁴² in New England. Jim Ferguson⁴³ in the southeast. John Hatfield, who had brought me to the AHA staff, had been the elected head of the New Jersey Hospital Association and was regional director of Region 2. Avery Millard,⁴⁴ who had been the CEO of the California Hospital Association. It was a fine crew. These guys were good. Dr. Crosby had selected them personally because of their prominence. They were to help hospitals understand. If some big problem came along and Hospital A didn't quite get it, they would call Dr. Crosby and say, "What's going on, Ed?" He would send a regional director to explain it. They were to go and explain to hospitals. I cancelled that order. I said, "You are no longer to do that. Your job is the quality of relationships between AHA and the hospital associations in your region."



American Hospital Association regional directors in the early 1980s. Back row (L to R): John Rivers (region 6), Donald Hinnen (region 8), Edward Weimer (region 7), James Daugherty (region 3), and James Ferguson (region 4). Front row (L to R): John Hatfield 2nd (region 2), Alan Monzano (region 9), Richard Young (Director of Regional Operations), Gaylen Newmark (region 5), and John Quigley (region 1).

⁴² John L. Quigley was head of the Massachusetts Hospital Association from 1964 to 1966.

⁴³ James E. Ferguson (b. 1919) became a regional director for the American Hospital Association in 1971.

⁴⁴ Avery M. Millard was executive director of the California Hospital Association from 1957 to 1967.

I got along great with the regional directors because I called them all together and found that they were required to report almost daily what they had seen, what they had heard, and where that fit within the AHA structure. I read some of this stuff and it said, “I saw so and so and we talked about this and it is an opportunity for cooperation and so on.” I said, “Abandon that. You are not out there to support the AHA staff. Quality of relationships – that’s your job.”

There were 52 state hospital associations, if you include the District of Columbia and Puerto Rico, 47 metropolitan hospital associations, six other national associations of hospitals, to say nothing of the Canadians. The entire dominions of Canada, they were all part of Region 5 out of the Chicago office.

The regional directors rejoiced. They liked the new assignment. Then I called Jack Owen and said, “I want you to be chairman of the Advisory Panel on the Alliance. I want you to tell me how we can go about fixing this,” because we were at war with each other. Jack came right back and said, “Yes, there are eight things which we must agree upon: education, legislation, regulation, and he ticked them off. After several meetings, they had revised the affiliation agreement between AHA and the states. The AHA Board accepted Owen’s work and we put it to the states saying, “You will sign it as it is. No amendments, no modifications.” The states collect the AHA dues and keep 10 percent as their fee. That was the inducement plus all the good stuff in the affiliation agreement that Owen had arranged. They signed it.

We eventually made similar arrangements with the metros, but it was that agreement in which we thrashed out who was going to do what, with which, and to whom. Way back, Chuck Royle told me that if Kenny Williamson, the AHA Washington chief, called up and wanted something from the New York association, I was to do exactly what Kenny said, no questions asked. That was fine in those days, but when things got contentious, we couldn’t do that anymore. It had to be done by agreement. All of the states signed on to it and that was very useful.

Jim Hague⁴⁵ had the regional directors sit in the board room with the AHA Board of Trustees every time they met so that not only did they understand what was going on, they saw it happen, and could explain it. It worked out very well. With those two moves, the reorientation of the regional directors and the affiliation agreement (thank you Jack Owen) we began the life that AHA leads with the allied.

GARBER: What were some of the key advocacy issues during the time you were there? This would’ve been from the mid ‘70s to the mid ‘80s.

ROBINSON: This leads me to another Alex story. One of the problems we were having with the states was that the boys in New York, having a lot more money than the boys say in North Dakota, were able to track events faster and influence events. Jack Owen in New Jersey had hired a Washington lobbyist to make sure nothing inimical to the hospitals of New Jersey occurred. I was

⁴⁵ James A. Hague (b. 1914) spent his early career as a newspaper reporter and later became an editor with the American Hospital Association periodicals. He eventually became the corporate secretary of the AHA. His oral history, Weeks, L.E., ed. *James A. Hague in First Person: An Oral History*. Chicago, IL: American Hospital Association and Hospital Research and Educational Trust, 1983, is in the collection of the Center for Hospital and Healthcare Administration History, located at the American Hospital Association Resource Center.

under orders from my board of trustees in Massachusetts to open up a Washington office. No wonder Alex had to move. Can you imagine? We'd have been like higher education. Everybody with their own scrambles.

Alex was asked publicly in a meeting, "Let's say you're going to give testimony on an issue, but I (it was a New Yorker who said it) don't agree with that. You can't speak for me." Alex said, "If that happens, I will give my testimony as follows. This is the testimony of American Hospital Association, blah, blah, blah. Here is a representative of the Hospital Association of New York State, and they have a different point of view, Mr. George Allen," and he would introduce the state exec to contradict his own testimony. What an attitude! That's one of the reasons I was so happy to go to work for Alex.



I found that this unlevel information was part of our problem. I took the problem to Ed Lanigan⁴⁶ who was the arranger of facilities at AHA meetings. I said, "Would you look into teletype so that we can put a teletype in every state association office so that when something happens they know about it instantly. Because the boys in Idaho were working on change two and the boys in New York had already gone to change nine. Lanigan said, "At the AT&T long line labs they are experimenting with a communication system."

We bought it and called it commo-net. The way it worked was that in each regional office there was a communication system like a conference call. We could talk to each other simultaneously. It was duplex. You could talk and listen just like a telephone. But from each of the regional offices to the state associations was a telephone which was simplex. You could only listen. When something happened, Alex would get on the air or Dr. Gehrig⁴⁷ would get on the air and each of the regions would bring up all of the states. We would have 50 states on the air and they received simultaneous information. It was high quality information because Alex did it or Leo Gehrig did it. Then the regional directors would poll the states. If you wanted to ask a question, you could click on a button and you could speak and everybody in the country could hear it. Fifty guys couldn't speak simultaneously. The commo-net, the affiliation agreement, and the regional directors are what strengthened the alliance.

Dave Kinzer in Massachusetts said, "Now wait a minute, Robinson, we are supposed to respond to Leo Gehrig in Washington? Leo Gehrig has a whole crew of people. You've got a whole crew of people. You're both talking to us about what we should know, what we should do. Whose orders do we follow, yours or Gehrig's?" I said, "Both!"

⁴⁶ Edmond J. Lanigan was director of the Division of Convention & Meetings at AHA.

GARBER: Your comments remind me of something that Jack Owen said in his oral history: that in association work there's a constant struggle to control the message and to avoid having all these different voices. Would you say that's the case or not?

ROBINSON: It was. Now, the speed of communication on computers, e-mail and so forth have eased that a great deal, just like commo-net eased the sharing of simultaneous information of high quality. While Jack was correct at the time he was speaking, I think it is no longer the case. Or, at least if it is, we don't see it. I read the Massachusetts publication every Monday morning. I read the AHA's magazine, I read *AHA News* every day to find out what's going on. I detect that the aggravations that Jack was speaking of, primarily caused by non-simultaneous information, have gone away or at least are not a problem to the same degree.

GARBER: Were there other things that you wish to talk about concerning your AHA experience?

ROBINSON: One of the things being on the AHA staff at the level I was, the Senior Vice Presidents Leo Gehrig and me and the Executive Vice President, Joe Curl,⁴⁸ later Gail Warden,⁴⁹ sat at the Board table with the members of the Board. We did not have the vote, but we had the floor if we wanted it. To deal with the great minds and persons of the hospital world was a privilege. For example, Sister Irene Kraus,⁵⁰ who was elected chairman and the trade press approached her and said, "Now Sister, you are the first woman to be chairman of AHA. Are you gonna be called chairwoman, what are you gonna be called?" She said, "No, the bylaws say *chairman*, so I shall be chairman of the board. Besides, it's a man-sized job, which is why they picked a woman to do it!" It's a true story. I loved Sister Irene.

Alex assigned me all kinds of miscellaneous assignments: establish a program for hospital trustees, make sure we get along with the Council on Teaching Hospitals, lots of stuff. One of the things he said to me is, "I need a political action committee. I want you to establish it." I said, "All right I will do it, but I will have Horace Cardwell⁵¹ as my chairman or I won't." I gave Alex the same response when he said, "You've got to make an insurance company for me." I said, "I'll do it but I've got to have Horace Cardwell as my chairman or I won't." So I had Horace as my first HPIC⁵² chairman. Horace as the PAC chairman. People don't say no to Horace. He just talks them into it.

⁴⁸ H. Joseph Curl, who was executive vice president of the American Hospital Association, joined the HPIC board in 1985.

⁴⁹ Gail L. Warden (b. 1938) was executive vice president of the American Hospital Association from 1976 to 1981. His oral history, Garber, K.M., ed. *Gail L. Warden in First Person: An Oral History*. Chicago, IL: American Hospital Association and Health Research & Educational Trust, 2010, can be viewed here: <http://www.aha.org/research/rc/chhah/oral-histories.shtml>

⁵⁰ Sister Irene Kraus (1924-1998), Daughters of Charity, served as the AHA chairman of the board in 1980, at which time she was the president of Providence Hospital (Washington, DC). Her oral history, Weeks, L.E., ed. *Sister Irene Kraus in First Person: An Oral History*. Chicago, IL: American Hospital Association and Hospital Research and Educational Trust, 1988, is in the collection of the Center for Hospital and Healthcare Administration History, located at the American Hospital Association Resource Center.

⁵¹ Horace M. Cardwell (b. 1919) spent most of his career as executive vice president at Memorial Health System of East Texas, Lufkin, TX. He was chairman of the AHA board in 1974.

⁵² Health Providers Insurance Company, which is described in more detail later in this interview.

GARBER: Tell us more about him.

ROBINSON: He was an administrator of a hospital in Lufkin, Texas, and he had been head of the Texas Hospital Association and he had been in the AHA House of Delegates and worked his way up. He had been Chairman of the AHA board of trustees and got along just famously with Alex. He was a Texan's Texan. For instance, he had cattle. In an interview when he became chairman, they said to him, "How many head of cattle do you run?" He said, "Oh, I don't know, something under a thousand." It turns out he had 80, so his answer was truthful.

My favorite Horace story was that we were in a meeting in San Antonio and he was in the barber shop. I went to him and I said, "Horace, I'm gonna play hooky this afternoon. I'm not going to attend the meeting, I'm gonna go and rent an Avis car and I'm gonna drive out and see the Alamo." He said, "Boy, you wait right there." I waited right there and he got out of the barber chair and said, "Come with me." He walked across the street and there was the Alamo! I didn't know it was in the middle of downtown San Antonio.

It was a privilege to know so many great men and women, especially Sister Irene Kraus. You know she ran a system of 57 hospitals.

GARBER: Let's move on to your next assignment. Tell us about the creation of HPIC.

ROBINSON: Yes. Incidentally, the HPIC board was the ideal size. There were nine. Only one did not play golf, but that left two golf foursomes and somebody to drive the beer cart. Guess who drove the beer cart? Sister Irene Kraus, wearing her habit.

My fellowship thesis for the College⁵³ was about the relation between the hospital industry and the insurance industry from 1950 to 1990. Some reputations you try to live up to, some you try to live down. I've never lived down the reputation that I had written the *Manual on Insurance for Hospitals*. I couldn't live it down in New York; had to establish a group insurance program. We had 72,000 lives in it. I couldn't live it down in Massachusetts; they said, "We've got to do something in insurance," so I just added Massachusetts to the New York Program. When I got back to AHA and the malpractice crisis blew, Alex simply turned to me.

The crisis was that hospitals lost what was called charitable immunity. For years you could not sue a charity. Trial lawyers overcame that. For years it was just bad manners to accuse your physician of anything but wonderfulness; and, to accuse a nurse! But trial lawyers took care of that. What happened was that with the long tail of settling malpractice claims – 7 years, or 23 years in the case of a minor – an insurance company that established a premium for a hospital in 1967 might find the claims settled in 1974. The premiums were grossly inadequate and the insurers couldn't charge enough, fast enough, soon enough, to overcome it.

Many state associations had group purchasing programs for malpractice insurance, led by California. They had 600 hospitals insured with one company, Argonaut. Ohio had a program; New York had a program; there were all of these little programs. One day, Argonaut said, "We are not going to write hospitals anymore." My successor at HPIC, Dennis Olsen, pegged the insurance industry as follows, "The insurance industry does not act, it reacts. When it reacts, it reacts in

⁵³ The American College of Healthcare Executives

concert.” The moment Argonaut folded there were no insurance companies willing to write hospitals.

Sister Irene was then at Providence Hospital in Washington and USF&G (United States Fidelity and Guarantee) had been the insurer of that hospital for 36 years. Sister Irene went to them and said, “You’ve got 36 years’ experience with us. You know that we are insurable.” They would not do it. The great brokerage firm in New Jersey, Chubb & Sons said, “It is uninsurable because it is un-underwritable. You cannot predict now, based on experience, what it is going to be like 8, 10, or 12 years from now. Cannot.” Wow, panic in the streets!

The Californians were settled. Ohio formed, New York formed, New Jersey formed, Wisconsin formed, Minnesota formed, North Carolina formed. There were eventually 35 hospital-formed malpractice insurance companies. When all of this struck, AHA didn’t know what to do. So, AHA did what all associations do when they don’t know what to do, they called a meeting. They called a meeting of all the regional advisory boards simultaneously, followed by a meeting of the House of Delegates the next day, on just this malpractice crisis.

It turned out that seeing what was going on in the states, Jim Groves, who was the AHA insurance specialist, had started some months before to work on developing a mechanism for AHA. It was a reinsurance facility. Alex asked me to get involved in it. Jim explained it to the AHA Board of Trustees. The AHA voted \$25,000 so that he could keep going with this, get consultants and so forth. But AHA was absolutely overtaken by events, the moment Argonaut said, “We are out,” the time wasn’t there. But AHA did decide at that meeting of the House of Delegates to form its own captive insurance company.

Well, the history of HPIC. It goes on for years and years and years. Eventually, the company was incorporated in Illinois. The minimum capital of a million and a half was put up and the company was put on the shelf in case it was needed because the states had temporarily solved the problem. The premiums were enormous. HPIC kept poking along, poking along, and it was eventually concluded that if HPIC was used, it should be used as a reinsurer, not as a direct insurer of hospitals.

The crisis when Argonaut pulled out was an availability crisis. There was nobody around to write it. The states charged premiums so large that they attracted the reinsurers around the world to back them up. For a brief period of time it became profitable. The reinsurers were taking ever greater portions, making it easier on hospitals and on states. Then the same kind of thing happened, the premiums were insufficient five years later to cover the costs, so the reinsurers backed out. The moment the reinsurers backed out it became a capacity crisis. AHA was following this and we called a mass indignation meeting in Florida. Underwriters from London came, major underwriters from America came, representatives of the state companies came, consultants came, actuaries came. It was concluded that AHA had better get into the business at the reinsurance end to support these 35 states. The same thing had been going on in medicine. There were 39 doctor-formed companies and AMA⁵⁴ had a company.

⁵⁴ The American Medical Association

We were in a room with Stanley Nelson⁵⁵ and Robin A.G. Jackson who was the underwriter for the Merrett Syndicate in London. (A.G., we believed, stood for “Almighty God.” Robin A.G. Jackson.) He said, “You put up \$100 million and you can run this show. You put up \$50 million and you will be a major player. But if you’re gonna be useful at all, you better put up 25.” Stanley and I had been thinking of asking the board for another three or four million. But in Stanley’s words, “Sometimes it’s easier to get money when you ask for a lot than when you ask for a little.” So, we went to the board and asked for \$25 million.

Jack Skarupa⁵⁶ was the chairman of AHA at the time and he was on the HPIC Board. He said, “I can’t be on the HPIC Board and be neutral as chairman of the AHA board while you’re thinking about \$25 million. So, he turned it over to Scotty Parker⁵⁷ who was chairman of the AHA finance committee; he was the head of the hospital system of Jesus Christ of Latter Day Saints in Utah. Jack Skarupa asked, “Do we have the money?” Scotty said, “No, we don’t, but we can get it.” Then Skarupa said, “Is this a good thing for us to do?” The finance committee led by Scotty Parker said yes. So, when Jack approached the AHA board he said that the finance committee recommends it. The AHA Board approved. Dave Drake, who was our treasurer at the time, went to the Continental Bank and negotiated a \$20 million loan. Continental Illinois National Bank floated us \$20 million. AHA reached into its mattress, plucked out three and a half more million so that the company was capitalized at \$25 million.

Continental Illinois National Bank had helped AHA when we built the headquarters building. They financed it and made the head of the bank the treasurer of the American Hospital Association for a number of years. So, Continental had had good experience with AHA. They did the same thing when we built the west building, the second headquarters building, and came to help us for HPIC. One of the happy results is that we paid that note off. But we had \$25 million. The moment the Board said okay, I got up and left, went out to O’Hare and took the next plane to London. Got to London and said, “Here I am again. I’ve got the \$25 million, what are we going to do?” Alex had sent me to London in 1983, but this is 1985 that I’m talking about with the \$25 million.

I had been a Crosby fellow. Every four years, AHA selected an individual to go to London to live with the Nuffield Provincial Hospitals Trust, all expenses paid, to study anything they wanted. Anything. Walt McNerney was a Crosby fellow. Monsignor O’Brien⁵⁸ was a Crosby fellow. Dr. Russell Nelson was a Crosby fellow. Every four years. They all studied the National Health Service in England and came back and wrote a report. Alex told me, “You can go in ’82 or ’83.” I said, “I’ll go in ’83 please, sir.” He said, “What are you going to study?” I said, “I will arrange life so that I can get into Lloyds of London somehow.” I had known the guys who were running the California program and others well enough so that I was introduced into London to a treaty reinsurance broker, RK Carvill, a large treaty reinsurance firm. I got to meet Robin “Almighty God” Jackson. Robin actually let me sit in his box for two solid weeks and underwrite as if I were Lloyds of London. Barbara and I were there for three months and I really learned. I knew about insurance,

⁵⁵ Stanley R. Nelson (b. 1926) was CEO at Abbott Northwestern Hospital (Minneapolis) and later at Henry Ford Hospital (Detroit).

⁵⁶ Jack A. Skarupa (1928-2006) was chairman of the AHA board in 1985. He devoted his 38-year career to leadership positions at Greenville General Hospital (SC).

⁵⁷ Scott S. Parker (b. 1935) became president of Intermountain Health Care (Salt Lake City, UT) in 1975.

⁵⁸ Rev. Timothy O’Brien (d. 1998) was the general director of Catholic Charities in San Francisco, among other positions. He served as president of the Catholic Hospital Association and of the California Hospital Association.

but I did not know about the worldwide reinsurance markets and how they function. But I did learn.

When AHA put up \$25 million, I went right back and said, “Here we are!” We were well received by RK Carvill, well received by Robin Jackson, and other underwriters, Vic Blake of CNA Re⁵⁹ and we were off. It worked very well. Horace had been succeeded as chairman by Sister Irene. Sister Irene was succeeded by Stanley Nelson of Henry Ford Hospital in Detroit. Great men. I could tell you HPIC stories forever and a day.

The Board of Directors of HPIC was a very unusual board in the association world. It was a compensated board. The members were paid an annual retention fee and a fee for every committee meeting or board meeting attended. The AHA board of trustees approved this. I asked for two things from the AHA board about HPIC. One was that membership in the American Hospital Association was not an underwriting criterion. Because you were a member didn’t mean that you were going to be insured. The insurance company would underwrite. The second was that we were going to be as insurance company-like and as association-unlike as possible. We had to leave the building because we were profit-seeking, taxpaying, and AHA had certain tax exemptions. So, we had to move out. That was part of the deal to show we were different. The fees paid to board members were modest. I looked up what was the lowest fee paid to the boards of casualty insurance companies in America and took the lowest fee. But it was just to establish the principle.

Alex just about let me pick my own board. I picked the likes of Sister Irene Kraus, Stanley Nelson, Monsignor O’Brien, Don Wegmiller,⁶⁰ Jack Skarupa, Ken Wesner, who was then chairman of the ServiceMaster Company, a billion dollar operation. Also, a tenured professor of finance from Northwestern University⁶¹ and the dean of the graduate school of business at the University of Arizona in Tucson. What a board! David Reed of Arizona.⁶² Bernie Lachner⁶³ eventually joined the board and I got Jack Owen on the board. Alex was on the board. The company grew to assets of almost \$120 million before Dick Davidson sold the company.

We participated in the reinsurance of hospital-formed organizations. We participated in the insurance of self-insured hospitals. We were what is called a following underwriter. The line slip would be passed around underwriters at Lloyds of London and someone would say, “10 percent,” which made him the lead underwriter. The others would say, “1 percent,” or “2 percent,” or “2 and a half percent,” or “four percent,” but nobody was on it until the slip was 100 percent complete. HPIC’s job was to wait and if a slip got 98 percent completed, we’d take the last 2 percent to make it real.

⁵⁹ CNA International Reinsurance Co., Ltd.

⁶⁰ Donald C. Wegmiller (b. 1938) was the president of Health Central Corp., then of Health One Corp. in Minneapolis. He later went into consulting.

⁶¹ Joseph A. Swanson, Ph.D., was elected to the HPIC board in 1977.

⁶² David A. Reed (b. 1933) was president of Samaritan Health Services (Phoenix). He was chairman of the AHA Board of Trustees in 1990.

⁶³ Bernard J. Lachner (1927-2005) was CEO of the Evanston Hospital (IL) and chairman of the AHA Board of Trustees in 1981.

In one case, Jerry Sullivan⁶⁴ was renewing hospital directors and officers liability insurance and he said, “I have to be able to tell people in London that the American Hospital Association’s company is gonna take 20 percent of this risk. If you let me say that, I promise you that I will get it down to 10 percent, which is where you belong.” This was one of the biggest chances I ever took in my whole life. I said, “Go ahead, Jerry.” Every day he would say, “You’re down to nineteen and a half, you’re down to seventeen and three-quarters,” and he did get me back down to 10 percent.

We made enough money to pay our claims, establish our reserves, pay taxes, and pay AHA money to pay the interest on the \$20 million and to amortize that loan. We were doing that well. Eventually, HPIC was involved with 3,800 hospitals. If you take out federal government hospitals, that was a rather large percentage of AHA membership.

We also did participate in the higher level limits of self-insured hospitals. An example is a Chicago hospital. We were on their risk in the layer: excess of \$5 million, and we had 20 percent of that risk. So, our maximum risk was \$1 million. They were sued because of a patient who, due to a medication error, was a vegetable. The hospital admitted fault, so it was only a question of what amount the damages were going to be. The plaintiff wanted \$26 million. That would’ve cost HPIC \$1 million.

We participated in the negotiations and we agreed that all of the insurers would offer the plaintiff \$6 million. The hospital was \$3 million self-insured, had a layer \$2 million X of three, a layer of \$5 million X of five, a layer \$10 million X of 10 and so on. A Cook County jury got so annoyed with the plaintiff’s attorney playing videos day after day of this poor guy in his vegetable state that they awarded \$1 million and a half or something like that. It was absolutely revolutionary. We got off. We didn’t participate. It didn’t cost us anything.

The other story in that line is that toward the end, we got permission from the AHA Board to be an underwriter in addition to being a following underwriter and we created a facility \$10 million excess of ten million, \$20 million, whatever. We involved the Generali (Italian company), L’Ancienne Mutuelle (French company) now called AXA Re, Hannover Ruck (a German company), as well as underwriters in London and America to create this \$10 million facility. It was our first full venture as an underwriter.

When I retired, Jerry Olney,⁶⁵ who had been a reinsurance executive in his own right for years, ran the company until Dennis Olsen came.⁶⁶ Dennis had been the liquidator of the AMA company. Dennis did a very fine job, but Dick Davidson eventually decided that the malpractice crisis was over, that the markets had settled down, that hospitals were able to buy insurance. Many were self-insured with excess covers. They got very sophisticated in the insurance world. The decision was reached that AHA did not need the company anymore. He arranged to sell it, which he did. I tried to buy it myself. I was retired, but I rounded up 15 of the CEOs of the hospital-formed companies and they said they could put up \$1 million each. I went to a brokerage firm in New York and got \$5 million. I was going to offer AHA \$30 million – \$20 million in cash, \$10 million in preferred stock. I was consultant to the MMI Companies at the time and the head of it,

⁶⁴ Gerald A. Sullivan, a Los Angeles broker, was the manager of the 600-hospital-member insurance purchasing group of California.

⁶⁵ Gerald M. Olney joined HPIC in December 1986 as executive vice president.

⁶⁶ Dennis W. Olsen became president of HPIC in 1989.

Rick Becker,⁶⁷ said, “You can’t be my consultant and trying to do that because I want to buy the company, too!” Rick was eventually successful and bought the company. I went back to being his consultant.

At HPIC, one of the things I did was take two of my directors and their wives to London when I went twice a year for renewals. I wanted to show the gentlemen at Lloyds the quality of my board and I wanted members of my board to see what was going on there. It was worth doing. I had an educated board. One of the underwriters in London was Roger Borley.⁶⁸ The first time I took a director over, I took Monsignor O’Brien, a priest. The second time, I took Sister Irene, a nun. The third time, I took Dr. Nesbitt, a physician. Roger Borley couldn’t figure all this out. Sister Irene brought one of her sisters and Monsignor O’Brien brought his brother as a companion. I brought the two professors together on one of these trips. They wrote a marvelous paper which is in the history of HPIC⁶⁹ as to their experiences in London. I couldn’t persuade Dr. McCarthy to join the HPIC board. She sent Jack Owen and he was, of course, a great member of the board.

GARBER: Was there anything else you wanted to add about the American Hospital Association?

ROBINSON: Well, it’s a great organization and it has been led by great people. I knew George Bugbee, Dr. Crosby, Alex McMahan, Dr. McCarthy, Jack Owen and then Dick Davidson, what a great man Davidson turned out to be! Rich Umbdenstock, who was on the AHA staff when I rejoined it. He was an AHA-Blue Cross fellow. AHA and the Blue Cross Association agreed upon two graduate students each year. They spent six months at AHA, six months at Blue Cross. What they did at AHA was follow Alex McMahan around. They just watched and saw what he did all the time. They carried his briefcase, travelled with him, saw meetings – kind of like a high-scale apprenticeship. Rich Umbdenstock was one of them.

GARBER: You’ve had the opportunity to be a leader in a number of different organizations. What are the key traits of a leader? Among those, which were your particular strengths and weaknesses?

ROBINSON: I was fortunate, beginning with the great John Hatfield’s lecture that I got when I was young, “Organize things so that you don’t have to do anything routine yourself.” I was fortunate that every organization I worked for was very well led. The headmaster at Kingswood School, what a guy! The man I worked for at the Aetna, his name was Pikowski, what a guy! Then George Bugbee, Dr. Crosby, Chuck Royle at New York. I had the good fortune of being associated with great men like that. Oh, and great colleagues like Jack Owen and Ray Hurst and Don Newkirk and George Allen. It more or less occurred. I didn’t go to school to learn how to do this. It occurred and I had these wonderful opportunities.

GARBER: You had wonderful mentors and examples. But then you became the head of organizations. What did you feel were your particular strengths as a leader?

⁶⁷ B. Frederick Becker became president of MMI Companies, Inc., in 1985.

⁶⁸ Roger Borley was a co-founder of Blackmore Borley Limited in 1997.

⁶⁹ Robinson, W.T. Adventures and perils: a history of Health Providers Insurance Company. Feb. 1992. This unpublished manuscript is in the collection of the American Hospital Association Resource Center.

ROBINSON: I think it was a willingness to leave people alone. I recruited George Allen to the staff of the Hospital Association in New York from Shell Oil Company as an accountant. George became one of the great leaders; he became head of the Hospital Association of New York State. I brought Bob O’Leary on to the New York staff, brought him on to the Massachusetts staff and he went on to a great career. Dixie Arthur,⁷⁰ of HPIC, left to go to Johnson & Higgins, came back to AHA, and took over a HPIC subsidiary and developed it into what is now the great program at AHA of partners.



At Fort Knox

GARBER: AHA Solutions.

ROBINSON: AHA Solutions. Dixie started that. I was lucky in picking people. I picked Dixie, and just left her alone. Dixie now is a major figure in the American Society of Association Executives. I left her alone. I would send her off to London and say, “I’m going to come over there and bring two directors with me. I want three days of meetings scheduled, morning, afternoon and night.” I didn’t tell her how to do it – just, “Go!” She wound up so well known in London that she would have dinner with the Chairman of Lloyds of London. I was lucky with picks like this. Her successor, Anne Bauer,⁷¹ was great. I had two or three women who were regional directors from time to time.

GARBER: We were talking earlier about your service with the Army. You remained a reservist for decades. I’d like you to speak a little bit about how you were able to do all that? To be employed full-time, to be a reservist, and also to achieve some measure of work-life balance – if you did! What role did your wife, Barbara, play in your career?

ROBINSON: When the Korean War broke out, I was convinced that what the Army needed was a corporal to parachute infantry, and that I would be recalled. But I had learned that if you were a non-commissioned officer during the dates of World War II, and if you had subsequently complemented a college education, you could go before a board chaired by a general officer and if you passed the examination, you could get a reserve commission. I figured that if I was going back into the service, I’d rather go back as a second lieutenant than as a corporal.

I got the commission. I was in the Connecticut National Guard. Within a year, we had moved to Kansas, so I joined the Kansas National Guard. Within a year or so of that, we moved to Illinois, so I joined the Illinois National Guard. After three years in Illinois, we moved to Albany,

⁷⁰ Dixie Arthur became HPIC’s vice president for claims and marketing in 1984 and went to Johnson & Higgins in 1987.

⁷¹ Anne Bauer joined HPIC as a claims manager in 1986 and became a vice president of HPIC in 1988.

New York, so I joined the New York National Guard. Then when we moved to Massachusetts, The Guard wouldn't let me in because I was a captain. They'd had second lieutenants, first lieutenants moving up and they couldn't give that captain's slot to a foreigner.

So, I went into the Army Reserves as an individual ready reservist and I went to school. I went to the Command and General Staff College, the Industrial College of the Armed Forces, the Air War College, all by correspondence and short tours of active duty at the schools. Eventually, I became part of the faculty of the USAR School in Boston. When we came back to Chicago, I couldn't even get into a reserve unit because I was now a major. Good grief!

I stayed and took tours as umpire for field training exercises for guard units and reserve units and active units. I eventually got to be field chief umpire. I was promoted to Lieutenant Colonel. My last tour was counterpart tour; the Assistant G-3 of the 101st Airborne Division went on leave. I came and sat in his seat, and it was still warm. We were locked in a vault underground doing secret planning. So secret that if you left your desk, you had to cover what was on your desk with a piece of paper so nobody else would see what you were working on. You had to be identified before you could get into the vault. I enjoyed that.

That was my last tour; then I got an order from the Department of the Army that said Order Number so forth, paragraph 1: You are retired. End of report. They gave Barbara a nice certificate appreciating that as a wife, she had been supportive. She is like Ruth, she put up with it. She only came with me on four of the tours when circumstances allowed me to get quarters. But, she enjoys the retirement. Every time we go down to Beaufort, we stay with those nice Marines at Parris Island. On the way up to Washington we stayed at Fort Lee.

GARBER: Let's speak a little bit to what you've been doing in your retirement. Didn't you get a masters degree?

ROBINSON: Yes, I have a master's degree in Military History, and I'm two courses away from a second master's degree. When that's finished, that will take care of all of the course work for my intended pursuit of the Ph.D. in military history.

We lived on Fripp Island and I served for 13 years in the Fripp Island Volunteer Fire Department. I served on the board of the Fripp Island Property Owner Association and got to be president. Had a grand time.

GARBER: What do you feel your legacy will be?

ROBINSON: I don't think there will be a legacy as such.

GARBER: How would you like people to remember you?

ROBINSON: Oh, as a state exec who got along with the state execs, and who also did some work in insurance with Sister Irene! Let me tell a story about her. When Sister Irene Kraus became chairman of the HPIC Board, she said, "H-P-I-C, Health Providers Insurance Company. That's *HIGH PICK*. That's what it stands for." The company became known as HPIC [pronounced *HIGH PICK*]. In America, among hospitals, among hospital-formed insuring

organizations and all of the brokers in London, it was not called “the AHA company,” it was called *HIGH PICK*.

I had my revenge on Sister. We formed a subsidiary of HPIC, which eventually Dixie Arthur ran, called Health Provider Services Company; it was a brokerage outfit. Sister Irene said, “HPRSCO, what does that stand for?” I said, “Sister, that spells *Presco*. The H is silent like the H in dog.” Sister was lovely.

Oh! I didn’t tell my favorite Alex McMahon story.

GARBER: Let’s add it.

ROBINSON: This is a true story. Toward the end of 1985, members of the HPIC Board, who had been past chairmen of AHA, went to Alex McMahon and said, “This is getting so big. We can’t have Robinson here just part-time with all the other work he’s doing with the Regional Advisory Boards and the regional directors and the political action committee, and so on. Turn Robinson over to us.” Alex said, “No, I’m going to retire.” (That was a known fact that he was going to retire the next year.) Then he said, “If I send Robinson to you, I will have to replace Robinson dealing with the regional directors and so forth, and that will be a reorganization. My successor coming in might want to reorganize and we don’t need two reorganizations. You can have Robinson 90% of the time.” That satisfied them and they went off. Mr. McMahon told me he felt he could do that safely because he now expected that I would work 180 percent of the time! That’s Alex! So I did 180 percent of the time and I kept track of it.

I was away two-thirds of the time. Two nights out of three, on an annualized basis, I was in a hotel room. Fortunately, for many of the meetings, especially the rendezvous in September in Monte Carlo for the reinsurers and the visits to London and SHAEF and the Caribou, the wives went. Barbara got to know London as well as she knows Chicago.

I went to Dr. Carol McCarthy after she had been in charge about six months. I had known her for years. I had known her when she was at Nassau Suffolk Hospital Council in New York and I’d known her when she was at the Philadelphia metro organization. I said, “There are two jobs here. I can do either one of them; but, I can no longer do both. If I were you, I would send me to the insurance company because I’ll be much easier replace with another state exec than finding an insurance type who had the Crosby Fellowship in London and knows all those people and so on and so forth. She agreed to that and sent me off to HPIC.

Now I disagree with Jack Owen. He said I left AHA. I did not. My paycheck said AHA. All of our staff at HPIC were paid by AHA. AHA was reimbursed by HPIC. But I didn’t have my own personnel department. Dave Drake⁷² was the treasurer of AHA. He was also the treasurer of HPIC. John Evans was the financial manager of HPIC. He is now the chief financial officer of AHA. Evans is a solid, great man.

⁷² David F. Drake, Ph.D. (1936-2011) became treasurer of HPIC in 1982. He retired as a senior vice president and secretary-treasurer of the American Hospital Association.

Carol McCarthy let me go to HPIC. I wanted her to join the HPIC Board, but she said, “I’ve got too many other things to do,” which you can absolutely understand. So, they sent Jack Owens aboard and Jack was a great director.

CONVERSATION DURING A TOUR OF HIS STUDY

ROBINSON: [Pointing out the AHA motto.] The historian in me wants to tell you the story of this. You recognize, of course, the great seal of the American Hospital Association. It is also the motto of the city of Edinburgh. We were touring Edinburgh with a guide and he said, “That’s the motto. I don’t know anybody who could translate it.” Being a Latin teacher, I translated it for him immediately: Without God we can do nothing.

Kenny Williamson moved the AHA Washington office out of the Mills Building, which was a rundown old office building, into Farragut Square. It was brand new, modern, glorious, glass, and in the board room, curtains were made and on all of the curtains was this AHA seal. There must’ve been hundreds of them in the curtains.

Years later when Dr. Gehrig moved up to Capitol Street, these had gotten old and tattered. His wife, Marilyn, got hold of them and made little cushions with these seals and gave them as presents. I asked her to give me one seal and I had it framed. When I left HPIC, I got a little plaque signed by Sister Irene as Chairman and Jack Owen as Vice Chairman.

I would urge you to get hold of David Drake and do an oral history. David was treasurer and also secretary and he was one of the very few survivors after Dr. Crosby died. When George Bugbee left, there was a turnover as Ed Crosby took over. When Crosby died there was another turnover. When Alex retired, there was another turnover that eventually included Dave Drake. But Dave was very long-serving. David was issue-oriented rather than, as I am, organizationally-oriented. And Mike Guerin, Mike could tell some stories!⁷³

I had two superb lieutenants in dealing with the regions and the regional directors. Eddie Miller,⁷⁴ who had been on the AHA staff for many years, and who eventually, in addition to other duties, became secretary of the HPIC Board. Dick Young,⁷⁵ who had been the Vermont state exec and came with AHA to be the Director of Region 5, and eventually became the head of the regional director apparatus. He was succeeded, as I understand, by George Bergstrom.⁷⁶

GARBER: Thank you very much for your time this morning.

ROBINSON: I’ve enjoyed it very much. I’m glad that AHA is interested in history. I believe that we need a book, a history of the American Hospital Association which would use these oral histories, which are so vital, to supplement, as Jim Hague said, the written record. AHA is a great, great organization and Rich Umbdenstock is doing a very fine job.

⁷³ Michael P. Guerin is senior vice president and secretary of the American Hospital Association.

⁷⁴ Edward J. Miller was director of regional operations at AHA before being brought on board at HPIC.

⁷⁵ Richard Young was head of the Vermont Hospital Association from 1967 to 1974.

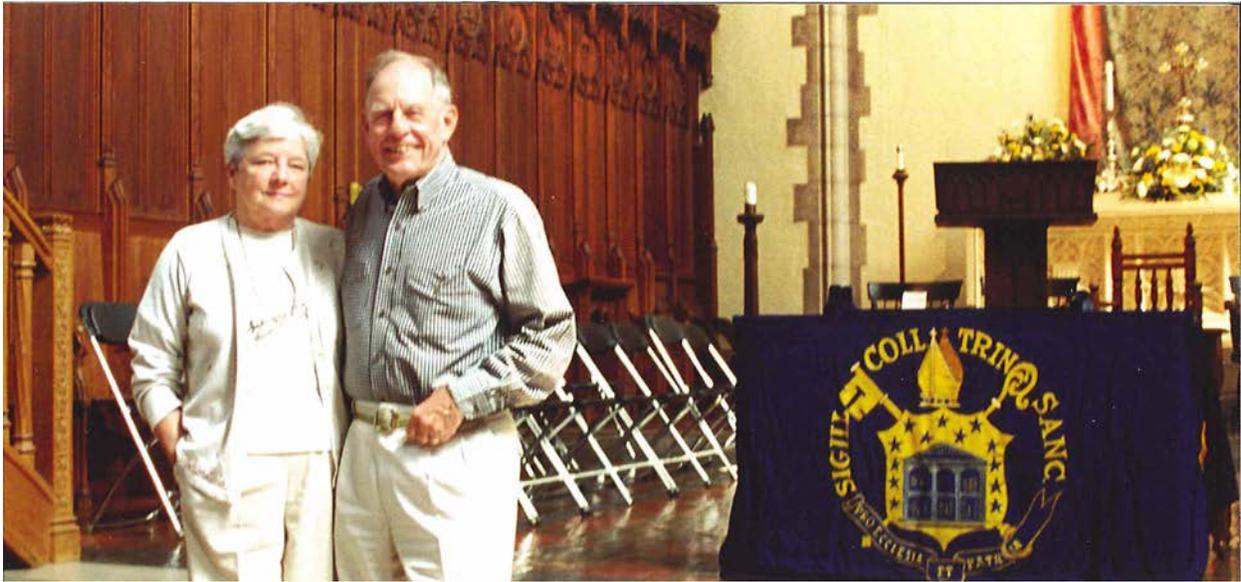
⁷⁶ George Bergstrom is vice president, member relations at the American Hospital Association.

CHRONOLOGY

- 1927 Born October 17, New York, NY
- 1946-1947 US Army
Pacific theater
- 1950 Trinity College (Hartford, CT)
B.A.
- 1950 Married November 22 to Barbara L. Lindsay of Wethersfield, Connecticut
- 1950-1952 Kingswood School (West Hartford, CT)
Faculty
- 1951-1981 US National Guard and US Army Reserves
Final rank: Lt. Colonel
- 1952-1954 Aetna Casualty and Surety Company
Field representative: Marine special agent
- 1954-1957 American Hospital Association
Secretary, Committee on Insurance for Hospitals
Assistant Secretary, Council on Association Services
- 1957-1966 Hospital Association of New York State (HANYS)
1957-1964 Assistant Director
1964-1966 Associate Director
Group Insurance Trust treasurer
The Hospital Forum associate editor
American Hospital Association Committee on Insurance consultant
- 1966-1973 Massachusetts Hospital Association
President, CEO
- 1973-1989 American Hospital Association
Senior Vice President
- 1977-1989 Health Providers Insurance Company (HPIC)
President, CEO
- 2002 American Military University
Master's (military history)

AWARDS AND HONORS

- 1991 Fellow, American College of Healthcare Executives
- 1990 Board of Trustees Award, American Hospital Association
- 1983 Crosby Fellowship, American Hospital Association
- 1981 Meritorious Service Medal, United States Department of the Army
- 1975 Certified Association Executive, American Society of Association Executives



Barbara and William Robinson

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