

**From:** Mary Johnson  
**To:** [tn.health@tn.gov](mailto:tn.health@tn.gov); [antitrust@ftc.gov](mailto:antitrust@ftc.gov); [OLC-Cooperative Agreement \(VDH\)](#)  
**Subject:** To the Attention of John Dreyzehner, MD, MPH. Regarding: Mountain States-Wellmont Merger  
**Date:** Friday, August 11, 2017 12:52:55 PM

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Dr. Dreyzehner,

I am a Board-certified Pediatrician employed by ETSU (Johnson City, TN), and contracted to provide Pediatric Hospitalist (inpatient) services at Johnston Memorial Hospital (a Mountain States affiliate) in Abingdon, Virginia. I hold a non-tenured appointment with ETSU as an Assistant Professor of Pediatrics.

The job was originally billed to me as a "cooperative" endeavor across state lines to better serve the children of Southwestern Virginia. It was my dream job - something I could retire from.

And I dove "all in".

**Very seriously. I dove ALL IN. NO ONE can legitimately dispute that.**

Unfortunately very little of the scenario originally pitched to me has actually come to fruition. I was the original on-the-ground "clinical partner" that adapted and adjusted/worked nearly-double-time/took all the hits in order to keep the Pediatric service (as well as a fledgling Family Medicine residency program) on an even keel - while Mountain States executives (who as I understand it had literally begged for ETSU's help staffing JMH) consistently failed to adapt to glitches in the plan, and eschewed responsibility for anything. Negotiation (in the rare event it actually happened) ultimately translated to outright deception and dictation/worse on the part of JMH executives.

In my opinion, JMH/MSHA have used ETSU/the TN taxpayer as a fiscal punching bag to their own ends. In this "deal", I've borne the brunt of the punching.

I believe that the way I have been "handled" by both the state institution and giant corporation, across state lines, since my on-boarding in August 2015 . . . particularly by JMH/Mountain States executives (all the way up to and including Alan Levine) . . . would speak resoundingly against Mountain States merging with Wellmont until and unless it ensures that (1) merged managerial services are streamlined/made to be more responsive and efficient to the clinical employees/services on the front lines, and (2) professional employees (meaning doctors and nurses) are formally afforded much better treatment/consideration/protection by the management of what can only be regarded as be a giant apparently-state-endorsed/supported monopoly of public resources.

It is not that this merger could not ultimately be a good thing for the region . . . but (I think) certainly not the way senior management operates now. There would have to be much stronger/better Federal oversight - particularly in terms of fair/equitable/responsible/humane human resources management.

Alas, as a former NHSC provider, I am well-versed on the failures of Federal oversight - in their own programs - so I am not holding out a lot of hope on that front.

In my case, in this endeavor, the right hand has never known what the left hand was doing - and **communication between all of the corporate entities/executives involved in the managerial soup (namely, ETSU, ETSU Physicians, MEAC, JMH, MSHA, MSMG) is oftentimes seemingly-deliberately awful** . . . grand plans come and grand plans go . . . with each side playing off against the other in a never-ending game of legal/fiscal oneupmanship . . . while clinical employees (who cannot afford to engage/fight off the corporate lawyers) are trapped in the middle/black holes with nowhere to go for help . . . the classic "peeing over one's head and telling one it's raining" scenario.

If a clinician swimming upstream against this corporate-pile-of-logs object/protests . . . in any kind of fashion that might make anyone in management "look bad" to the outside world (say, during an attempted merger) . . . well, then you find yourself quickly targeted as "disruptive" . . . or "not a team player" . . . which in my case (after BEING nearly 2/4 of "the team" for almost a year) is just **pure unmitigated libel**.

In my opinion . . . based on what I've endured myself . . . and what I've seen other equally-dedicated MD's/providers go through at JMH . . . the organizations involved are very good at PR/ pitching/planning/hooks people into their noble "visions", but utterly terrible at day-to-day details and follow-through.

Clinicians on the wrong end of a bait-and-switch take a back-seat to top-heavy/high-dollar management. We're considered easily disposable . . .

. . . except that in Southwestern Virginia, doctors and nurses are most certainly NOT easily replaced.

My own experience in this "partnership" very specifically belies some of Alan Levine's public statements about what will happen after the merger.

In terms of the MSHA-Wellmont merger process, while local businesses seem to be salivating over this deal, I don't see the states involved asking clinical employees (of MSHA or Wellmont) what they think **in a manner that protects them from retaliation**.

The whole "public comment" mechanism puts a target on our backs - but the people making the big decisions appear oblivious to that.

I have given sending this e-mail/making this overture a great deal of thought - a number of months in fact. I can testify that MSHA's internal mechanisms of oversight and course correction are broken, and that the responsive "just culture" they boast is a myth.

Yet they want to merge and grow/expand their act.

Nothing changes unless someone inside and closer to the ground takes the first step of speaking out.

As a (TN) state employee whose services are contracted through a taxpayer-supported university across a state line to a Mountain States affiliate, in what was billed as a cooperative endeavor (on a much lesser scale than what is currently proposed between MSHA and Wellmont), I am willing to share the specific details of my experience in this "partnership" with the states of Tennessee and Virginia - as well as the FTC. But only with a representative,

and only in person.

Thank You,

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