



**SPENCER FOREMAN, MD**  
**In First Person: An Oral History**

American Hospital Association  
Center for Hospital and Healthcare Administration History  
and  
Health Research & Educational Trust

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**SPENCER FOREMAN, MD**

**In First Person: An Oral History**

**Interviewed by Larry Walker  
On November 14, 2007**

**Edited by Kim M. Garber**

**Sponsored by  
American Hospital Association  
Center for Hospital and Healthcare Administration History  
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American Hospital Association  
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Chicago, Illinois 60606

## CHRONOLOGY

- 1935 Born November 10, Philadelphia, PA
- 1957 Ursinus College, Collegeville, PA  
BS degree
- 1961 University of Pennsylvania, Philadelphia, PA  
MD degree
- 1961 Married June 10 to Sandra Lee Finkelstein of Williamsport, PA  
Children: Corinne (1963), Todd (1964), Cheryl (1966), Andrea (1971)
- 1961-1962 Henry Ford Hospital, Detroit, MI  
Internship
- 1962-1973 US Public Health Service  
Commissioned Officer (final rank – Medical Director)
- 1962-1963 US Public Health Service Outpatient Clinic, San Pedro, CA  
Medical Officer
- 1963-1965 US Public Health Service Hospital, New Orleans, LA  
Residency, Internal Medicine
- 1965-1967 Tulane University, New Orleans, LA and US Public Health  
Service Hospital, New Orleans, LA  
Fellowship, Pulmonary Disease
- 1967-1973 US Public Health Service Hospital, Baltimore, MD  
1967-1968 Assistant Chief, Medical Service  
1968-1973 Chief, Medical Service  
1971-1973 Director
- 1968 American Board of Internal Medicine  
Diplomate
- 1968-1973 Consultant, Pulmonary Disease, Baltimore, MD
- 1969 Subspecialty Board of Pulmonary Disease  
Diplomate
- 1973-1986 Sinai Hospital of Baltimore  
1980-1986 President & CEO  
1973-1979 Executive Vice President & CEO
- 1986- Montefiore Medical Center, Bronx, NY  
1986-2008 President & CEO  
2008- President Emeritus

## MEMBERSHIPS AND AFFILIATIONS

Accreditation Council on Graduate Medical Education  
Past Member

Albert Einstein College of Medicine  
Professor of Medicine  
Professor of Epidemiology and Population Health

American College of Physicians  
Fellow

American Hospital Association  
Past Member, Board of Trustees

American Jewish Joint Distribution Committee, Inc.  
Member, Board of Directors

Association of American Medical Colleges  
Past Chairman, Administrative Board, Council of Teaching Hospitals  
Past Chairman, AAMC Assembly  
Distinguished Service Member  
Executive Council

Baltimore Federal Executive Board  
Chairman-Designate

Biomedical Research Alliance of New York  
Past Chairman, Board of Directors

Central Maryland Health Systems Agency  
Past Member, Governing Body

Greater New York Hospital Association  
Past Chairman, Board of Governors

Health InfoSource  
Board of Trustees

Hospital Association of New York State  
Past Member, Board of Directors

Institute of Medicine  
Committee on PSRO Disclosure Policy  
Committee on Regional Health Networks  
Committee on the US Physician Supply

## **MEMBERSHIPS AND AFFILIATIONS (continued)**

League of Voluntary Hospitals

Member and Past Chairman, Board of Directors

Liaison Committee on Medical Education

Member

Maryland Health Resources Planning Commission

Commissioner

National Academy of Sciences, Institute of Medicine

Member

New York Academy of Medicine

Fellow

New York Botanical Garden

Member, Board of Trustees

Premier Hospital Alliance, Inc., Board of Directors

Treasurer

Vice-Chairman

Society of Medical Administrators

Past President

Ursinus College

Chair, Board of Trustees

US Prospective Payment Assessment Commission

Past Commissioner

US Public Health Service Clinical Society

Past President

US Public Health Service Commissioned Officers Association

Past Chairman, Executive Committee

## AWARDS AND HONORS

- 2008 Doctor of Science, hon. caus. (to be awarded in May) from Ursinus College
- 2007 Association of American Medical Colleges renames an annual award as the “Spencer Foreman Award for Outstanding Community Service”
- 2007 Doctor of Science, hon. caus. from Yeshiva University
- 2007 Doctor of Science, hon. caus. from Lehman College
- 2006 American Hospital Association Justin Ford Kimball Innovators Award
- 2006 Montefiore Medical Center names the Spencer Foreman Pavilion



## PUBLISHED WORKS

Foreman, S. Montefiore Medical Center in The Bronx, New York: improving health in an urban community. *Academic Medicine*. 79(12):1154-1161, Dec. 2004.

Foreman, S. Comments on Academic medical centers and the economics of innovation in health care. In: Aaron, H.J., editor. *The Future of Academic Medical Centers*. Washington, DC: Brookings Institution Press, 2001.

*Medical Education Meets the Marketplace: What Mix of Tradition and Innovation Can We Afford?* New York, NY: New York Academy of Sciences, 2000.

Foreman, S. Am I my brother's keeper? *Conservative Judaism*. 51(4):72-79, Summer 1999.

Foreman, S. Market forces and physicians: the author responds. *Health Affairs*. 15(4):222-223, Winter 1996.

Foreman, S. Managing the physician workforce: hands off, the market is working. *Health Affairs*. 15(2):243-9, Summer 1996.

*The Nation's Physician Workforce: Options for Balancing Supply and Requirements*. Washington, DC: National Academy Press, 1996. [Dr. Foreman was a member of the Institute of Medicine Committee on the US Physician Supply that prepared this report.]

Foreman, S. Social responsibility and the academic medical center: building community-based systems for the nation's health. *Academic Medicine*. 69(2):97-102, Feb. 1994.

Foreman, S. Graduate medical education: focus for change. *Academic Medicine*. 65(2):77-84, Feb. 1990.

New regulations and their cost implications experienced by the academic health center. In: *Conference Proceedings on the Regulations of Physician Training Programs*. Chicago, IL: American Medical Association, 1989, pp 147-154.

Intercouncil Working Party on Clinical and Financial Data Systems. *Case Mix Data: A Medical Staff Tool for Managing Quality*. Chicago, IL: American Hospital Association, 1987. [Dr. Foreman was the Chair of the Intercouncil Working Party.]

Foreman, S. The changing medical care system: some implications for medical education. *Journal of Medical Education*. 61(9, Part 2):11-21, Sept. 1986.

*Access to Medical Review Data*. Washington, DC: National Academy Press, Oct. 1981. [Dr. Foreman was a member of the Institute of Medicine Committee on PSRO Disclosure Policy task force that prepared this report.]



### **PUBLISHED WORKS (continued)**

Graduate medical education: proposals for the Eighties. *Journal of Medical Education*. 56(9, Part 2):1-145, Sept. 1981. [Dr. Foreman was a member of the Association of American Medical Colleges Task Force on Graduate Medical Education that prepared this report.]

Foreman, S. It's working in Baltimore. *Urban Health*. 7(3):8, 20, Apr. 1978.

George, R.B., Foreman, S., and, Duke, R. A new benzodiazepine for the treatment of emotional distress in cardiovascular disease. *Journal of the Louisiana State Medical Society*. 122(10):310-3, Oct. 1970.

Ramsey, H.E., Oster, W., and, Foreman, S. Endobronchial lipoma: a review of the literature and report of an unusual case. *The Annals of Otology, Rhinology & Laryngology*. 78(6):1281-90, Dec. 1969.

Kibelstis, J., and, Foreman, S. Management of respiratory failure. In: *The Proceedings of the Fourth Joint Meeting of the Clinical Society and Commissioned Officers Association of the United States Public Health Service*, June 1969.

Foreman, S., Weill, H., Duke, R., and others. Bullous disease of the lung: physiologic improvement after surgery. *Annals of Internal Medicine*. 69(4):757-67, Oct. 1968.

## EDITED TRANSCRIPT

**WALKER:** Today is November 14<sup>th</sup>, 2007. My name is Larry Walker and we're in the office of Dr. Spencer "Spike" Foreman, President and CEO of Montefiore Medical Center, a 30-site multi-service integrated delivery system, the principal teaching hospital for the Albert Einstein College of Medicine, and the dominant service provider in the Bronx, NY. Montefiore serves primarily the 1.4 million residents of the Bronx, one of the most economically distressed communities in the nation.

At the time of this interview, 30 percent of the population and more than 40 percent of children under 18 are below the poverty level. More than half of the population is uninsured or on Medicaid. Nearly one-third of the population was born outside the United States and more than half speak a language other than English at home. The Bronx has higher than average rates of many common health problems -- asthma, diabetes, heart failure and cancers, as well as high rates of HIV infection, AIDS, tuberculosis and substance abuse.

Dr. Foreman is certified by the American Board of Internal Medicine and its subspecialty board of pulmonary diseases. He is a fellow of the American College of Physicians and a member of the National Academy of Sciences' Institute of Medicine. He is a professor of medicine and professor of epidemiology and community health at the Albert Einstein College of Medicine.

Dr. Foreman announced his retirement in early 2007 after 21 years at the helm of Montefiore. He has had a long, rich and distinguished career as a physician and nationally recognized health care leader. He is sharing insights and highlights of his life and career and his thoughts about the future of health care with us today in this oral history interview.

Dr. Foreman, you announced your retirement as President and CEO of Montefiore Medical Center in early 2007. What were some of the thoughts and emotions that you experienced on that day?

**DR. FOREMAN:** I think the emotional aspect of retirement is yet to hit me, in part because my announcement of my retirement was a consequence of decisions and moves that were long in the planning. I felt very strongly that it would be a terrible disservice for me to walk away from the hospital I had led for 21 years without giving the organization sufficient time to prepare for that transition. The chairman of the board, who hired me in 1986, was still the chairman and we had served together all those years. It was quite clear to me that if I got out at 21 years—and I assumed that he would get out at that point—that there would be no bridge, no continuity to go from one era to another. So over the past year we put in place a whole series of moves, including having him step down, having him replaced by a young trustee with enthusiasm and vigor and energy, and then that trustee has led a search to identify my successor, which I'm told is almost completed, but not quite.

The idea of kind of walking away and leaving the place in the hands of my associates while the board ran around looking for my successor, I didn't think was an appropriate way to execute a transition. In industry, a chief executive officer's succession is often done internally, and the chief executive identifies somebody, either in the organization or brings somebody into the organization while he's in place as the CEO, to succeed him. In an

organization like this, where the chief executive is a physician, generally speaking, you don't have, in general, a real bench in the organization from which to draw, to look for a chief executive's successor.

**WALKER:** Let me take you back many, many years. I'd like to take you back to 1935. You were born in 1935 in Philadelphia, PA. Tell me a little bit about what it was like for you growing up in your neighborhood in Philadelphia at that time.

**DR. FOREMAN:** I think you have to recognize, first of all, not just what was happening in my neighborhood but what was happening in the world. Nineteen thirty-five was absolutely the depth of the Depression and 1941 was the beginning of World War II. So my early childhood was spent as the country kind of gradually got out of the Depression primarily as a consequence of the development of World War II.

The neighborhood was made up of middle-class folks. It was the kind of neighborhood where there were policemen, schoolteachers, small-business people and the like living there. My father was a schoolteacher. We weren't poor, we were broke, which is really quite different. Being poor is a socioeconomic state. Being broke is simply the condition of not having a lot of money or not having enough. I grew up in an era of shortages, of rationing and uncles and dads, not mine as it turns out, but others going off to war. And it was a difficult time for the country. That was reflected in every aspect of growing up.

I remember smashing tin cans in order to recycle the steel in them. When we were kids, they told us it was because tin had some value. It really had nothing to do with tin—it was to salvage the steel in the cans that was needed for armaments. And collecting animal fats in cans and turning them in to the butcher because fat was in short supply and it was needed to make soap. I have vivid memories of a childhood defined by war and shortages.

Even earlier than that—the earliest part of my childhood—I remember the icebox; that is, a refrigerator which was not electrified, it simply had a compartment for a big block of ice and “the iceman cometh,” as you may have learned from Broadway. But the iceman cometh with a big block of ice over his shoulder and dropped it into the refrigerator.

Many of the services in my neighborhood were still delivered in horse-drawn vehicles. The milkman came in a horse-drawn truck. Garbage was picked up by horse-drawn carts. Vegetables were sold in the alleyways by people hawking from horse-drawn wagons. It was a very different era.

But at the same time, my father, as I mentioned who was a schoolteacher, really couldn't make a living teaching school. I think teachers are barely able to make a living now, but this was an era of the pre-unionization of American schoolteachers; and, he and his colleagues barely made a living, so they worked in the summer in order to put bread on the table. He went to work in a children's camp in the Pocono Mountains, first as a counselor and the head counselor and ultimately as a director. So I spent my summers in a children's camp from 1936 right on through until I graduated from medical school.

But that gave me a whole different kind of experience. First of all, there was nothing down at the heels about being at a boy's summer camp in the Poconos. This was a place for more affluent families. Not being an economist at the age of seven, I didn't have any idea that there was any difference between the economic circumstances of our family and those of the rest of the children in camp, so I lived the life of a rich kid in the summer and enjoyed it. It was an enormous influence on me. I learned to—I don't want to get distracted around that, but that summer camping experience, which ultimately led me—Well, let me spend a moment or two, because I think it is important with respect to the rest of my career. When one finished as a camper, everybody wanted to be a counselor, and that was how you transitioned from your own camper days into your late high school years and college and so on. I didn't want to be a counselor. I didn't like taking care of kids. I liked kids, but I didn't like taking care of them. So I went to work in the kitchen as a waiter, and I worked as a waiter my first year. Now remember, this was a camp at which my father was the director but not the owner. I got some breaks, but I had no entitlements there. I went to work as a waiter.

The following year, I was invited to be the assistant head waiter and then subsequently the head waiter, and in those roles, which I followed for years thereafter, I ultimately morphed into a manager, and it was really quite an interesting experience. I had to leave the camp in which I grew up to do that, but I went to work at another camp as the steward, and I bought the food, I wrote the menus, I managed the kitchen staff, I managed the waiters, and before you knew it, I was in medical school, a dining room executive and kitchen manager.

And why did I do this? Was I crazy about running kitchens? No. Because the counselors made a hundred and fifty bucks for the season, and I made a thousand. It was purely and simply that I needed the money and the best way to make a buck in the camp business was to do something others could not do—you either had to be the director or the doctor or run the waterfront or the kitchen. The person who ran the waterfront was a really great person, so I ultimately married her, and I'm still married to her 48 years later. We met at a camp called Pinemere in Bartonsville, PA. She was the head of the waterfront and I was the head of the dining room and kitchen.

**WALKER:** How did those early childhood experiences shape the executive that you have become today and the commitment that you have to the health care field?

**DR. FOREMAN:** Let me suggest to you that when I started down the medical school track, the idea was to get to be a middle-aged man with a gray fedora and a gray overcoat, drive a Buick and practice medicine. But what happened along the way were two experiences that changed me. The first was at 12 years old, I went to work in my uncle's retail store and learned how to use a cash register and learned how to wait on trade. He owned three men's stores in the Pennsylvania Railroad stations in Philadelphia: the 30<sup>th</sup> Street station, the Broad Street station and the Suburban Station. And I went to work there at 12, several afternoons per week, on weekends and at Christmas. That kind of sharpened me—it gave me a business experience that most kids didn't have unless you had a family business to work in.

And the second thing was this managerial business in the camps, which trained me to manage people and to manage goods and inventory and how to deal with all kinds of things, so when I became a doctor and went off and did my residency and did whatever—and we'll get to that, I think—but it became clear to the people who were employing me that I had leadership and managerial skills, and I got promoted at an accelerated rate which was breathtaking.

**WALKER:** I'd like you to think for a moment about the individuals in your early life who were influential in the success that you've had. Tell me a little about those people and how they shaped your life.

**DR. FOREMAN:** Two of them were my uncles. One was my father's brother, and the other was my mother's brother. My father's brother was an obstetrician. My mother's brother was a retailer, and it was in his store that I went to work as a child and stayed with it all through my growing-up years. But he was much more influential than just a guy who had a store in which I worked. He was a bachelor, and he lived in our home, so he was like a second father. He was a prudish sort of guy. In his own life, he wasn't so prudish, but with respect to mine he was, and so I got a constant stream of instruction about what I had to look like and how I had to behave and what I had to do and how I had to say—and I had him to thank for a lot of my understanding of business, and a lot of my character got shaped in his hands.

My father's brother, his youngest brother, was a physician and obstetrician, and I always loved my Uncle Si because he was a kind and lovely man. But in high school, as I began to really wonder whether medicine was something I ought to pursue, he gave me an experience in medicine that I could never have gotten without him. I began to make rounds with him on weekends. I went to the operating room and the delivery room with him. I saw patients with him. You know, anybody with a white coat who shaved could look like a doctor in those days. I mean, if you didn't look like you were 12 years old and you had a white coat on, you could go anywhere in a hospital. Now it's not so easy, fortunately. But in those days it was, and so I tagged along with my Uncle Si.

The most profound influence on me, and I won't labor it because I think it's self-evident, was my father. He was a very bright man. After he got his bachelor's degree and a law degree, he went on for a master's degree. He was very well educated, very smart, and a terrific guy to teach young people what they needed to know. He was an elementary school principal by the time he finished and nobody is more patient than an elementary school principal because it takes a lot of patience to do that. He was wonderful. So between those three men—my dad, his brother and my mother's brother—were really the most important influences on me.

**WALKER:** You mentioned your uncle Si, an obstetrician, and making rounds with him, following him around when you were in high school as you began to wonder whether you wanted to be a physician. Was it at that time that it began to become clarified in your mind that that was a career path that you wanted to pursue?

**DR. FOREMAN:** Oh, yes. I had wanted to be a doctor by the time I was 12, but I didn't know what that meant. You know, it was like watching television today and deciding,

for a child, that he wanted to be a policeman or he wanted to be a doctor, a fireman, whatever it is. It was a fantasy. But by the time I got to be sixteen, it was no longer a fantasy. I was beginning to study science seriously, and I was beginning to think about the road ahead. And so it was a very important time for me, because I was receptive now to the reality of becoming a doctor, as opposed to the fantasy of becoming a doctor.

**WALKER:** After high school and you moved on to your college experience, what are some of the memories that you have that stand out?

**DR. FOREMAN:** First of all, I was the quintessential urban killer as a kid. You know, once I decided I was going to do something, I was going to do it, no matter who stood in my way. I went to the all-academic high school in Philadelphia, Central High School, from which nearly every Philadelphia judge and every doctor of that era graduated. It was one of those great places—you know, like Bronx Science and Boston Latin. It was one of those. In fact, when I graduated from there in those days—I guess today, too—you got a bachelor's degree, a bachelor of arts degree now. In Abe Lincoln's time that degree would admit you to some level of graduate school, but it was just a historical relic by the time I got there. But it was that kind of school.

Now, in order to succeed there, and I succeeded there—I wasn't the number one guy in my class but I was in the top fifteen—in order to succeed there, you had to be a killer. By 'killer' I don't mean hurting other people, I mean driving you to get the work done, whatever it was. And I learned that trait.

I then went off to a little liberal arts college in Pennsylvania to take my pre-med training. This liberal arts college really wasn't much of a liberal arts college—it was mostly a pre-med factory. Now it's a liberal arts college. I chair its board of trustees now. It's a wonderful college now. It was not a wonderful college when I went there, but it was a great pre-med school. It was made up of kids from small towns, often semi-rural places in southeastern Pennsylvania and Delaware and New Jersey, and there were a few of us that came out of the Central High Schools of the world. The culture shock when I got to this place, of seeing all these nice kids coming out of these little towns, and here, you know, I'm a guy coming out of the city. I think that was the most startling.

The other thing was that I had no idea—we were so naïve in those days—I had no idea what it meant for this college to be affiliated with the Evangelical and Reformed Church. And what it meant, among other things, was that there was compulsory chapel and there were all kinds of things that were foreign to my upbringing. I'm Jewish, and I wasn't very observant, then or now. So I wasn't somebody who went to any kind of chapel on a regular basis, let alone a Christian chapel.

But anyway, so there was a culture shock, but it didn't take long to get over that. I was focused then, as I am now—I knew what I was there to do. I was there to learn the biological and chemical sciences and get into medical school. That was what my job was, and I was going to do it, and that's what I did.

**WALKER:** So the urban killer came out in full force in you.

**DR. FOREMAN:** They call it killer, and that has a connotation of kind of climbing up on top of other people's heads to get where you're going. And maybe I would have done that if I'd had to, but I never had to do that. The competition was entirely intellectual. It's like playing golf. You know it's your game. At the end of the day, you've got to take strokes off your game in order to get a good score. All I had to do was to do well for me. I didn't have to hurt the other guy. You know, if I got 100 in the test, I got 100. That was my score.

So in that sense I was never called upon to be a killer, but you did have to be competitive. When everybody else went out and drank themselves into oblivion you stayed home and studied. The difference between the pre-meds and the non-pre-meds at this college—I never said this before, but now that I think about it—the pre-meds began drinking Thursday night. Everybody else drank every night. That was college in the '50s.

**WALKER:** After you graduated from college and left that environment you moved on to medical school at the University of Pennsylvania. Think back to your first day as a student there. What do you most remember about that first day?

**DR. FOREMAN:** The anatomy lab, seeing the rows and rows of corpses laid out. No matter what you think you're prepared for, it is still a shock, unless you've had some experience that was comparable to it. Nothing in the biological preparation prepares you for that—I mean, cat anatomy or that kind of thing. The whole notion of looking at a room full of corpses was, I found, shocking. But it took only a day or so to get over it, and Anatomy was soon fun. More than fun—it was intriguing. It was a great joy. There's a lot of pride. You know, to be a medical student was a source of enormous pride, and to be a medical student at Penn, which was the most distinguished medical school in Philadelphia and among a handful in the United States, then and now, was a source of great pride. So I was very pleased to be there.

**WALKER:** You moved on from there to intern at Henry Ford Hospital in Detroit. How were your experiences different from those of a fresh new intern out of medical school today?

**DR. FOREMAN:** It's remarkable how some things have changed so dramatically that they are indescribable. When you think of what medicine is and the technology of medicine, what we're able to do now—when I graduated from medical school, it was the Stone Age. But what was not so different was the delivery system. In fact, it is so much like today's delivery system, that's one of the principal problems with today's delivery system. It's still like it was in the fifties, forties, thirties, twenties and tens. I went to Henry Ford because it was different from the environment from which I'd come. I didn't like eastern medicine. It was very hierarchical and old fashioned and very stiff and very individualistic. I went to Henry Ford because they had the group practice there. They had that huge group practice. It was a Mayo Clinic clone. And I wanted to practice, or I wanted to learn to practice in an environment in which there was a whole different model in which patients came to the institution. All the doctors were full time and you learned in an environment of collegiality rather than a hierarchical environment.

And I fully intended to stay there when my clock ran out. At age 18, I had gotten a 2-S deferment, and that deferment was good for as long as I was in college or medical

school, and if I had switched to a different kind of deferment, to a Barry Plan, I could have done my residency, but I didn't. So I did my internship at Henry Ford, and then I had to go into the service. But I fully intended to come back and finish my residency. And then came what proved to be the most pivotal decision of my whole career.

**WALKER:** Was your service done at that time with the US Public Health Service Hospital in New Orleans?

**DR. FOREMAN:** No, I started in California. I didn't know where I was going to go. In those days, a physician could opt for Army, Navy or Air Force. I came home to Philadelphia to visit my parents one weekend and went to a movie and ran into a guy I knew from high school in a naval officer's uniform. I said to him, "Hey, when'd you join the Navy?" He said, "I'm not in the Navy." I said, "What are you in?" He said, "I'm in the Public Health Service." I said, "You're in a naval officer's uniform." He said, "No, look carefully. If you look at the emblems, you'll see it's slightly different. This is the Public Health Service." I said, "Tell me about it." So he did. He told me about the Indian Health Service and the Public Health Service hospitals that took care of seamen, federal prisons, NIH and a whole bunch of other things. Laid this whole thing out for me. And I said, "How do you get in that?" He said, "You enlist." I said, "And they'll take you?" He said, "They're dying to get guys."

So I got the name of the outfit and I called them the next—I guess it was two days later—and I told them who I was and what I was interested in. They got back to me like an insurance salesman. I mean, they couldn't get me information fast enough. They just called me right back up. "And where would you like to go, and what would you like to do" and so on and so forth. I said, "I'd like to be on the West Coast," because I'd never been there, "and I'd like to practice either internal medicine or psychiatry." They said, "the only hospital we've got is in San Francisco, and we have no billets available because it's such a desirable spot, and you're calling a little bit late. But we do have a spot for you in the Public Health Service outpatient clinic in San Pedro, California," which is the port of Los Angeles. So I said, "I'll take it."

I got my wife, who by this time was pregnant, and we headed to California. Moved to San Pedro. After six months there, I got a call from Washington, from the Public Health Service headquarters, [saying] "Look, we've been watching you, and you look like the kind of fellow we want to recruit into our residency programs." He said, "We're starting up a residency program with the Public Health Service in New Orleans. Would you come down and join?" I won't labor how I reached the decision to do so, but I did. I said, "Fine, I'll take it."

So my family and I moved to New Orleans, where we spent the next four years—two years in the Public Health Service Hospital in residency and two years at Tulane, in a pulmonary fellowship that the Service paid for. At the end of those four years, I owed them what they called payback time. I had an obligatory service obligation for having accepted the salary and benefits of being a commissioned officer during training and they assigned me to Baltimore, to the US Public Health Service Hospital in Baltimore, where I was the pulmonologist. There was no pulmonologist there.



It was a small hospital, about 225 beds. But interestingly, in those days it was a teaching hospital. There was a residency in internal medicine and in surgery and a few other areas, and there was enough activity there to justify those continued residencies.

In the spring following my having arrived there, essentially eight months out of my fellowship, the chief of medicine decided to retire, and the commanding officer said to me, “I want you to be the chief of medicine.” So I was jumped over 14 senior officers in the department to become the chief of medicine one year out of my fellowship. Two years later, I was the hospital commanding officer, and I spent two years in that post until I decided it was time to leave the Service and go into the private world.

And it was that point where I left the Public Health Service Hospital in Baltimore to become the president of Sinai Hospital of Baltimore. So that was really the transition. I was a young fellow. I became the director of the Public Health Service Hospital at age 35 and the director of Sinai at age 37. But I never would have dared do that except for the fact that I had confidence in my leadership skills and people told me that in the Service. They said, “You’ve got leadership skills. You ought to pursue that.” And that came out of the kitchens in the Pocono Mountains and out of the haberdashery stores in the Pennsylvania Railroad stations and this whole unrelated experience which prepared me to do things I never had any intention of doing. And here I was, as a young physician, running a big hospital, having come up a startlingly unexpected route.

**WALKER:** That certainly was a very fast rise from medical school to being the commander, for a very young man. How would you say those experiences that you had as you progressively moved from Philadelphia to Detroit to Los Angeles and then to New Orleans, and then to Baltimore -- how did all of those experiences together prepare you for the challenges that you faced when you came to Montefiore Medical Center in 1986?

**DR. FOREMAN:** First of all, I learned how to lead with ambiguous authority in the Public Health Service. When you’re a federal hospital executive, you really have no managerial authority. Hiring is controlled by Civil Service or the Commissioned Corps, you can’t fire, and you only have control over your expense budget. You don’t have any revenue budget. But you do learn, if you’re clever, how to work around those limitations. And I did. I learned how to get headquarters to do things that I needed to get them to do. I figured out how to get people to behave in ways that they weren’t interested in behaving, without threats and—you know, none of that stuff. Persuasion. So you learn that. That’s what I learned in my leadership time, first as the chief of medicine and then as the director of the Public Health Service Hospital.

But I didn’t know anything about hospitals. There isn’t any real connection in operations, except at the medical end of the enterprise, between a federal hospital and a private hospital. A federal institution is not responsible for its own revenue. It is responsible for its own expenses, but there’s no capital budgeting. At least there wasn’t in my time. So it was kind of a training experience, at best, that got you few skills.

When I got to Sinai, it was like getting into a cold shower. I mean, I had to deal with revenue and expense. The state of Maryland had just passed an all-payer rate review law, which meant that each hospital had to go through a full financial review from which the

state would prescribe your rates. And guess what? Sinai Hospital was the first institution in the state of Maryland to go through that, which took place four months after I got there. Now here's a guy—I couldn't read—I'd never even seen a balance sheet nor a P&L. Never! I mean, imagine that! And it wasn't a gigantic place, but in those days it had a \$30 million budget. It wasn't like a pushcart—it was a real place. And it was a wonderful hospital, and still is, by the way.

Here's a kid who had never even seen a balance sheet trying to run the third largest hospital in the state of Maryland at the time. [Dick] Davidson must have thought I was crazy. Anyway, we got there about the same time. No, actually, I got to Baltimore—I became the head of the Public Health Service Hospital the year he became the head of the Maryland Hospital Association. That was in 1971. We came together.

But when I got into Sinai, I found that Maryland's hospital environment was rather forgiving. Now, I'm a reasonably quick learner, but there was a lot to learn. I was not just theoretically but actually in charge of this institution, and in the first year and a half, I had an excellent chief administrator and chief financial officer, and these guys taught me the business. That is, what I knew was how to run the medical enterprise. I knew how to deal with the doctors. I knew how to deal with the medical issues of the institution. What I didn't know how to do was to deal with the business issues of the institution and I had to learn that. And I learned it. It took me about a year and a half or two to become reasonably facile at the broad management skills required. After all, there's only so far you can go with the managerial skills you learn as the head waiter in a Pocono Mountain camp. I mean, you do learn some things that are very useful, but you don't learn enough to run a big hospital.

So I focused on that, and by the time I finished 13 years at Sinai Hospital, I was as accomplished as an administrator as my colleagues who were business, non-physician administrators. And so when I got here, I was fully prepared to meet the challenges. What I didn't understand was how enormous the challenges would be, because Montefiore in the middle 1980s was a train wreck. My predecessor had been asked to leave because he went through four unsuccessful years as the president, and the place was dead broke. There was no money in the balance sheet, and there were systems all through the institution that were cracking and breaking.

There was a \$300 million a year revenue stream, no bottom line and no money in the bank. To contrast that with now, 20 years later, we have a \$2.2 billion revenue stream, we make about \$50 million on the bottom line, and we have about \$650 million in cash on the balance sheet. So that's been the story of the last 20 years. We've had a very successful run. It took enormous change here, but I never would have been able to tackle it without having had the antecedent experiences, because I came to the job already having come through the wars, so to speak.

**WALKER:** At the end of our time, we'll talk about some of those lessons that you learned from 1986 moving forward to a much more successful time here at Montefiore Medical Center today and some of the insights that you have for future health care leaders in order to learn from those experiences. But I'd like to take a bit of a sidetrack at this point — something totally non-health care related. Somewhere along the way in your life, you

developed a real love for motorcycles. Tell me what it was that spawned that love and what it meant to you.

**DR. FOREMAN:** There was a period of life at Sinai in which not everything was going as well I would have liked it, in the early '80s, and I was under a lot of stress, personal stress. Nobody was beating up on me, except me. But I was not happy with the way things were going, and I was not happy with what we were doing to solve the problems. And the pressure and stress of that got to be such that I came to need something dangerous to do. And the reason I felt that I needed something dangerous to do was because I was obsessing about my problems, and so I thought I needed to get into something that was so dangerous that if I took my mind off what I was doing, that I'd get killed, and that would focus me on what I was doing, as opposed to obsessing about what I felt were my problems.

And so I began riding a motorcycle, and before you know it, I was addicted to it. This was long before the gentlemen bikers were on the street. I mean, this was at a time in which most people who rode a bike were, you know, tattooed working men who were looking at the wrong kind of movie.

But for me, I was never interested in that. First of all, I never rode a Harley, which I thought was an awful motorcycle. I don't think it's awful anymore, but it was back when I got into it. I was into Hondas, Japanese bicycles, and ultimately went through five or six. I don't know how many I had. This became a major thing. I mean, I rode every summer weekend. I'd get up early in the morning. I lived in Westchester County, NY. I could drive to Montreal on a bike in one day and then come back the next.

But I never, never went less than 300 miles in a day on a motorcycle, and loved it, and would be doing it this weekend were it not for the fact that I've gotten a touch of an illness, which has taken me off the bike.

**WALKER:** I'd like to switch back to health care again.

**DR. FOREMAN:** I expect you didn't expect that answer.

**WALKER:** I didn't. Quality and quality transparency is clearly at the center of health care today. One of your former trustees at Sinai Hospital, Baltimore lawyer and civic leader, Eugene Feinblatt, has been credited with being the push behind the Maryland Hospital Association's groundbreaking Quality Indicator Project almost a quarter century ago. You headed the committee that launched that program. What do you remember about the genesis of that quality initiative?

**DR. FOREMAN:** I think you have to ask me what did I think about quality at that time. I thought quality was mostly a lot of bull. That is, I thought that the quality activities in the health care industry were all done pro forma, and it was still doctor driven. It was still focused on finding the bad doctor. It was the villain hunt. And it was quite clear to a number of us that that was not going to get you anywhere, that the PSROs or the PROs weren't—you know, you find a guy who was really bad and you take him out, and you still have problems because the problems weren't being created by the bad guys.

I didn't have a clue about this. What I knew was that what we were doing wasn't right and wasn't being driven by the hospitals. It was being driven by the doctors, and the doctors didn't give a tinker's damn about quality because it got in their way. Not that they wanted to be bad, they just didn't—I mean, they had their own focus. They were running their own small businesses. So when—I don't remember whether Dick came to me or however this got started, but when Dick and I talked about this, I thought, *You know, yeah, let me have a shot at that. I'll take that responsibility on as the chairman of that committee.* And we went to work and did some interesting things.

Gene Feinblatt was a lawyer and one of my trustees, but he was very active in the Maryland Hospital Association. He was also the guy credited, I think, with persuading the legislature to move to rate control for hospitals in Maryland. He's a very innovative guy, very smart.

**WALKER:** When you reflect on all of the decisions that you have made throughout your career, what do you recall as the most difficult?

**DR. FOREMAN:** I can't give you a decision. I'll give you some categories, okay? Categories of decisions, decisions that essentially hurt people one way or another: layoffs, for instance, taking on a strike, taking away some doctors' privileges. I'm not one of these people that fretted about making these difficult decisions. I make decisions relatively easily. But I was concerned about them. They were hard, and they had consequences, serious consequences, and I labored about them. I can't think of a single, monumental, this-was-the-toughest-thing-I-ever-did kind of decision, to answer your question. But whenever you do something that ends up hurting the community or hurting your own colleagues or hurting your own staff or making it difficult for them, you fret about it, or at least I do.

**WALKER:** Which of all of the professional accomplishments would be the one that you're most proud of?

**DR. FOREMAN:** That's the easiest one. There's an enterprise here of which I am enormously proud. I think it's the best thing I've ever done and that's The Children's Hospital at Montefiore. I built that Children's Hospital. Keep in mind that this is a very poor community and it's very big. There are as many people living here as in the city of Philadelphia. Philadelphia had three children's hospitals. We had none, and we had 400,000 children. So creating a facility, a specialty facility to serve the needs of the kids in this region, I thought was very important, and it's just been a rocket, taken off like a rocket. We opened in 2001.

**WALKER:** Were there any particular barriers that you had to overcome in taking on that kind of an obligation for Montefiore?

**DR. FOREMAN:** The biggest barrier was raising the money, because we don't have a rich community. There are institutions in Manhattan that are sitting among the richest people in the world. There's a hospital on York Avenue, which will go nameless, which has within 12 blocks probably a hundred billionaires. When people say to themselves, *You know, if I collapse at night, they're going to take me to that hospital,* they're favorably disposed to

helping that hospital be prepared for that event. So it's a lot easier when institutions are located in affluent neighborhoods.

To get people to give to us, we had to persuade them to help others rather than look to themselves, because most of the people who raised the money for us were not people whose kids would normally come here except if they needed some specialized care. And as it turns out, the more specialized the service, the wider the radius, so we're now getting kids from everywhere. But that wasn't the case when we were fund raising. We were pretty much a Bronx-based institution, and we had to raise about \$100 million. And we did. I got people—the board gave a huge amount of money.

**WALKER:** You've been widely recognized as an innovator, particularly in the areas of quality and community service, which you touched on, and in particular in this community, which has so many deep challenges that need to be met. What is the most innovative thing that you've accomplished?

**DR. FOREMAN:** I'll describe this very quickly. We put together here a multi-site integrated delivery system with primary care physicians throughout the community, about 300 of them that we put in place, backed up by a 1,000-person academic faculty. We put in a computerized information system throughout this business, and we took risk from HMOs by taking their subscribers at a discount and assuming their risk of managing care. We became effectively a very large HMO with 150,000 subscribers.

I'll just spend a moment describing this because it's going into the record. I believe very strongly that what's wrong with the health care system in the United States is that all of the incentives are to be profligate, to be high speed, and not to focus on quality. And the only way you challenge that is by getting global payment, either capitation through HMOs or some other kind of global payment scheme, where the provider is incentivized to reduce the utilization of services as opposed to simply running up bill after bill after bill and not focusing on what really needed to be done. You can't do that without sophisticated information.

So we built this system around what are called risk transfer arrangements. We went to each of the HMOs in the area and said, "Look, you transfer to us your contracts. You keep 15 percent of the premium, we'll take 85 percent, and we'll run the care as though we were you. The subscriber will never know you've left the picture. We'll run it on our systems. We'll do better than you and will be more economical."

We now run about 150,000 such contracts. It represents almost a half a billion dollars' worth of our business. We're very successful at it, and we've been able to get some control over utilization and overuse of everything: physicians, technology, all kinds of things. We're not as successful at that as we will be over time. But the creation of this enterprise, this 30-site delivery system with 300 primary care physicians and 1,000 faculty, with fully integrated information systems and risk is a wonder. Nobody has done this in the entire United States. Medicare says, nobody has done what you've done.

**WALKER:** Why do you think that is?

**DR. FOREMAN:** Because there's risk, because it's work and because, by and large, most hospitals don't control their doctors. The doctors work for Montefiore. They don't work for the medical school, and they don't work for themselves, although we have privately practicing docs and they're more than welcome—this is an army of full-time, salaried people. That takes me back to my Henry Ford days. This is Henry Ford writ large. And, in fact, Henry Ford does it in exactly the same way we do it, and maybe even better, because they've been doing it longer.

**WALKER:** What impact do you think it would have on health care across this country if everyone everywhere practiced management and practiced delivery the way Montefiore does?

**DR. FOREMAN:** First, I'm not sure that this is the appropriate approach for the whole country. I am convinced, however, that this is an excellent approach to a dense urban area, particularly one in which cash is in short supply. But you're talking about millions of people in this country in those circumstances: every big city and every poor neighborhood. This is not a model for rural America. At least if it is, I don't know how to make it work because I've not had any experience with it. But we have done it in urban America and it works.

I think if we could get large chunks of urban America on this kind of system, we could cut the cost of the delivery system and convert those saved dollars into broadened coverage. In fact, in my view, we will never get to national health insurance until we figure out a way to cut down on the cost of care. And this is the only way I've found that cuts down the cost of care, because what's driving care is utilization, not unit price. It's not that an X-ray costs \$12—it's that ten are taken when two might do the job and this is true for lab tests, EKGs and everything—that run the cost of care high. But the biggest waste of money is the preventable hospital admission.

So I think you've got to build incentives—first of all, you've got to put the hospitals and the doctors on the same page. The interesting thing about this is that this was a vision that Dick Davidson had when he took office as the president of the American Hospital Association. He and I talked about this extensively. This is what he wanted to do, but he didn't know how to do it because he didn't know how to give the hospitals control of the doctors. And the only way you get the hospitals to get control of the doctors is to build a system in which doctors are adequately rewarded and that they're happy to work in it. You can't beat them into it or scare them into it, you have to provide incentives to get them into it. And then you get them working in a system in which the incentives are structured in such a way that people hold back instead of spend every dime that's available and then some.

**WALKER:** I'd like to switch gears and talk some more about some of those challenges of today and some of your thoughts on ways that those challenges can be addressed, but I'd like to move away from health care again for just a minute and come back to that. I'd be interested to know what stimulated your desire to be involved with the American Jewish Joint Distribution Committee, which is an international relief agency, and the Brookdale Institute, a health and social services body that advises the government of Israel. What inspired your interest in that?

**DR. FOREMAN:** This institution, with the exception of the man who was the president for four and a half years in the early '80s, has only had three presidents since 1931. Can you imagine that? This is 76 years, there have only been three presidents here. The second president was a man by the name of Martin Cherkasky, who was a legendary figure, a giant in the health care business, one of the great innovators. By the time I got here, Martin was in his eighties and retired, and he had been involved with the American Jewish Joint Distribution Committee after the war and stayed with it right through to the present time.

But first a word about the JDC. It's the piece of American Jewish philanthropy that is raised through the United Jewish Appeal that goes overseas to Jewish communities in distress around the globe except in Western Europe. It goes into any community around the globe in which there was distress among the Jews. Now, Jews are a target wherever they are, but after the war, this was the organization that took the Jews out of the displaced persons camps and got them to Israel.

Martin Cherkasky was very interested in this and worked very hard and stayed with it after the war and ultimately helped them develop this Brookdale Institute, which I'll tell you about in a few minutes. But he was the *pater familias*. When I came here and began to get things moving along and he was in his eighties, he and I had a conversation about the future, and he said, "The JDC needs a guy like you." He said, "They need somebody, a physician who runs a hospital, because they have all kinds of needs for advice, for help, whatnot." He said, "I'm gone. I'm over. I'm history. Would you be interested?" And I said I would.

So he went down and introduced me to the organization, and I was immediately taken in as a member of the board. And then a funny thing happened to me, which I did not anticipate. I expected to be involved in Brookdale, which is a health and social services think tank in Israel that advises the government, and I did get involved with it and have been very successful. I've done all kinds of good things with it. But I also got involved with their outreach into the former Soviet Union. When the Soviet Union collapsed in 1991, suddenly there were a two and a half million Jews who were accessible for the first time, that no one could get to during Soviet times and who had tremendous needs. They could get out at last and many of them did, but over a million remained.

So I went into the Soviet Union as a volunteer consultant, and I began to evaluate the health and the social condition of Jews in places I had never heard the names of—I mean, in Siberia, in Kazakhstan and Kyrgyzstan and Moldova and Belarus and Ukraine. I mean, I've been all over these places. I went every year, spent close to a week trouncing around these areas meeting with our JDC social work teams and writing reports, and ultimately made a significant contribution, created an initiative for kids. It was one of my most satisfying things.

I did the things that Cherkasky had envisioned for me, but I then got off in a direction that nobody envisioned for me, least of all me. I got involved in going off to the Soviet Union, not only because I could but because both of my parents had come from that part of the world. My father and mother were both born in Ukraine, my father in Chernobyl before there was an atomic plant; my mother, from Kiev. And so I thought, *You know, I want to take a look at what the hell life is there.* And that's what I did. And before you know it, I became an expert—you know, the one-eyed man.

**WALKER:** It's so interesting how lives come full circle, from parents in the Ukraine to raising you in Philadelphia to you becoming involved with Martin Cherkasky to you then becoming involved in these philanthropic efforts and ending up going back to the place from which your parents came, doing good for Jews there.

**DR. FOREMAN:** Yes. Let me tell you another funny thing. It turns out that Cherkasky and his family lived in the same block in South Philadelphia as my father and his family, and my father didn't know him, but my Uncle Si did, the doctor. He knew him. There are threads that get woven in, in ways—none of this was ever at a conscious level. I didn't know Martin Cherkasky from a bar of soap. I met him for the first and only time before I got here at a Maryland Hospital Association retreat in a West Virginia mountain hotel, where they invited him to be the keynote speaker, and he was so grumpy nobody could believe it. I promised them if I ever get invited to go back and speak, I won't be grumpy. Anyway, everything that goes around comes around.

**WALKER:** You characterized Martin Cherkasky as grumpy. I spoke with someone who told me you were sometimes known as being what he called "a thumb in the ribs." What do you think that says about you as a leader or says about you as a change agent?

**DR. FOREMAN:** The slogan which was adopted here when I brought it back from the Association of American Medical Colleges, from Dick Knapp, which became the mantra of Montefiore for about five years, and even a joke, was that—the main thing is to keep the main thing the main thing. I began to sing that song five years ago until anybody in the place will tell you about it, because I thought that was a phrase that encapsulated a very important managerial principle for a not-for-profit institution, particularly those with multiple centers of real power, like hospitals, where competing interests can pull the organization off-track.

The easiest thing that happens in a place like this is that the various power centers begin pulling in their own direction so that the surgeons want operating rooms and the internists want GI suites, and everybody wants something else, and the community wants this, and the government wants that, and the board wants something else. And before you know it, you get one of these zigzag patterns, and if you're not absolutely determined to keep the place on track. You must define a goal and accomplish it, and it doesn't matter who you have to kill to do it, you gotta get it done. And that's the only thing that I can imagine, because I do insist that once we decide what we're going to do, by God we're going to do it, and if you're not pulling your oar, you're going to be very unhappy.

**WALKER:** It sounds like you're reflecting back again on that urban killer theme that you described earlier. You spoke earlier about the lack of change in the health care delivery system, even since the 1900s, and you've spoken also about some of the things you've done here at Montefiore Medical Center to change that. You also talked about the profligate, high-speed focus on quality mentality and also your view that we're never going to get to a national health insurance that really works unless you can drive down the cost of care and drive unnecessary utilization out of the system.



**DR. FOREMAN:** No, let me correct one thing you said. It's not that you won't get national health insurance that really works, it's that you won't get national health insurance. The government simply will not take on the exposure that comes with getting the last 50 million people in until somebody's got some confidence that the cost of caring for those people won't accelerate at the same rate as the people that they have to pay for now. So I think it's absolutely essential for the health of the country to get everybody insured, and it's absolutely essential to get costs under control in order to get them insured.

**WALKER:** What do hospitals and physicians and other, perhaps a multitude of other, stakeholders need to do to provide the leadership that's required to bring about the change that you think is necessary to really truly reform this American non-health care system that we have?

**DR. FOREMAN:** I think that there's only one enterprise that can assume the responsibility for being central in the health system and that's the hospital. It's the only enterprise with the economic resources and the expertise to play a central role. Now, not every institution can do this or will, but if we could get the larger institutions in urban centers to begin to look at—and some of them are, in truth—look at their responsibility for the community—and when I say “the community,” I don't just mean those people that walk through the front door of the hospital, I mean standing on the roof and looking in all directions and saying—these people, whether you know it or not, are dependent on this institution for their life and health, and that means you've got to see what their pathologies are and help them to address them and get services out to them, even if they don't know that they need those services.

Somebody in the organization has got to be responsible for thinking about the health of the community. If you say to a doctor, “How's Mrs. Jones's diabetes?” he'll tell you everything about Mrs. Jones. If you ask him, “Tell me about your diabetic patients. How do they do?” he doesn't have a clue because he doesn't aggregate his patients into a group that he analyzes. We do that here in a fascinating way, but I won't talk about that. But until you begin to look at the population and say—What does this population need? What do we know about the population? What could we find out about the population? And, how could we manage that data? Electronic medical records and computerized systems in health care are just beginning to bring about the revolution that they've had in every other business.

**WALKER:** Why do you think more hospital leaders don't take that kind of rooftop view that you described a moment ago? What is it in the way of barriers or rationale that causes so many to shy away from taking that responsibility?

**DR. FOREMAN:** It's not their bag. I believe that the big institutions have to be run by physician executives. Now, as I've said many times, if you can't get a physician who's an executive, you better get an executive who's not a physician because the key operating word is “executive.” But we don't train hospital administrators to be urban health care leaders. I mean, that's not what they're there for. Physicians have that to some degree, and they learn it in places like this. We have a lot of young doctors who are coming out of here now that we've trained that I think will be leaders in the future, who are superb and are thinking about these issues and measuring these things.

My only regret, and I think this is in answer to a question I think you were going to ask me at some point in this thing—my only regret is that it took me 20 years to get this place in the shape that it's in. I'd love to have 20 more years to spread the word, to get it out. But I won't. But I'm optimistic that my successor will make real inroads into that activity.

**WALKER:** Now, many people have used the phrase “state of the art” in a variety of different ways, talking about medicine and talking about health care and many aspects of that. You have talked instead about what you coined, “state of the heart” health care as it relates to your community. What does “state of the heart” really mean to you?

**DR. FOREMAN:** We are not a business, although we have to operate like a business. This place does not exist to make a profit for shareholders, although in some parts of the country that's not true. In fact, the hospitals do make profits for shareholders. This is a giant urban institution underwritten by tax advantages and philanthropy. And both the government and the philanthropists who support a place like this do so with the anticipation that we will do good for the community. Now, the good news for us is they don't define that. I mean, it's astonishing how much economic benefit we get from tax breaks and from how much money we collect through philanthropy, and nobody says, “This is what you're expected to do for that money.” Incredible! I mean, who would ever imagine that? But I believe that *we* know what needs to be done with that money, and so we at Montefiore do it.

**WALKER:** I would imagine that you have asked a question, a two-word question many, many times throughout your career, and that question would be, “Why not?” because a leader who does what you do has to challenge the status quo—

**DR. FOREMAN:** All the time.

**WALKER:** —and has to be willing to do that. What has asking those two simple words, “Why not?” helped you accomplish throughout your career, going all the way back to your internship at Henry Ford Health System and all the way forward to today at Montefiore?

**DR. FOREMAN:** Well, okay. My mother, may she rest in peace, imagined me to be a conventional doctor practicing in Philadelphia in general internal medicine and being somehow or another allied with my Uncle Si and the others in my family who went into medicine. By the time we were through, we had 11 Foremans in medicine. Eleven Foremans practicing medicine. I didn't want to do that. I didn't want to stay in Philadelphia. I didn't want to have a street practice. I didn't like—I liked my family, but that's not what I wanted to do. So the first thing I did was to go to Henry Ford Hospital for a complete break.

The second thing was: Why not take the residency at the Public Health Service hospital in New Orleans? The answer was, Why not? Well, it certainly wasn't a brand-name residency, and when I got there, I saw why. There were shortcomings. But through my own efforts, I made up the gap and taught myself what I didn't get taught. At the end of the day, that's what most medical education is, the doctor teaching himself.

The third thing was—well, I won't say—yes, I think it had to do with my first opportunity to be the chief of medicine at the Public Health Service Hospital. I thought to myself, *My God, I'm brand new. I'm wet behind the ears. I've got 14 other guys in this department who are more senior than I am.* But then I said, *Why not?* And ultimately took it. The same thing was true with the next promotion, to director. And finally, when I got the job at Sinai in Baltimore—I didn't tell you this story of the Sinai Baltimore job. I really didn't apply for the job as president. When I got out of the Public Health Service, I wanted to be a medical director because it was an opportunity for me to combine the practice of medicine and some administrative functioning. There were a couple of institutions in Baltimore that were looking for medical directors. I wanted to stay in Baltimore because I'd just built a house.

But the job I wanted was the Sinai job. They were looking for a medical director. And I had an interview with them, and it was great. It was a great interview. They loved me. You know, you have an interview and you know you've scored a home run, okay? I never heard from them. Nobody ever called. Days went by. Weeks went by. In the meantime, three other places were pressuring me to give them a decision. Finally I literally was on the brink of signing on with somebody else when these guys called me and said, "I guess you're wondering why you haven't heard from me." I said, "I thought I had a pretty good interview." "Well," they said, "the president of the organization has decided to retire, and we didn't want to fill the medical director's job until we had filled the president's job." I said, "That's certainly sensible." And they said, "We'd like you to be president." I said, "What??" Anyway, that was the biggest "why not?" of my career, because I could think of a thousand reasons why I was really not prepared for that job, and I wasn't. I really was not prepared for that job. I got prepared for that job by doing the job. It was the classic on-the-job training. So I think that was the biggest.

Coming here was not a big "why not?" I thought this was a great place. Lots of people tried to discourage me from coming here. I remember the famous line—when I came up here to interview and I got far enough along in the search where I could look at the books and talk to people and whatnot, a friend of mine, a smart guy, said to me, "You can't go there. The place is unmanageable." I said, "It's not unmanageable, it's just unmanaged." I said, "That's a big difference." I said, "This place can be managed. You can get a saddle on this horse." By the way, horses are another thing I love to do. I rode for fifty years. I said, "You can get a saddle on this horse." For me, it was not a big thing to persuade myself to take that job. I was thrilled that it was offered, so I grabbed it.

**WALKER:** There have been so many instances that you've spoken about where, as you've been talking about these things, one word has been going through my mind, and that word is "risk taker."

**DR. FOREMAN:** Yes.

**WALKER:** In everything, all the way back to—

**DR. FOREMAN:** Everything.

**WALKER:** —youth camp and all the way through your career experiences, you appear to be an individual who is more than willing—

**DR. FOREMAN:** All the time.

**WALKER:** —to undertake a big risk.

**DR. FOREMAN:** Let me speculate on that. My father was just the opposite. He was immensely risk averse, and he always had external reasons for that, the Depression, the war, ba-boom, ba-bah. There were always ten thousand reasons why he couldn't do what he wanted to do, okay? And they were probably correct. But I grew up with a sense that you get one time around the park on the merry-go-round, and if you're going to get that ring, you've got to reach up and get that ring.

**WALKER:** That leads me to a question about the future of health care in America. What really invigorates you and gets you excited about the future possibilities for health care, health care quality, health care delivery in America?

**DR. FOREMAN:** First, the science of medicine has moved with such speed and at such great distances that it's hard to describe what we teach medical students now as being related to what I got taught when I was a student at Penn. It's impossible to do. So we've got medicine itself exploding. Nothing happens in this country without a crisis, generally two crises, the second making the first one worse. We won't get out of Iraq until it's a total disaster, but we're about an inch away from there now.

I believe that the whole health care system needs to be restructured, and it will if it begins to collapse. Now, collapse as defined in what way? First, that the big manufacturing companies in this country force their workers to give up insurance. That will happen unless there's some relief. If we don't get our arms around the question of costs, we're going to have another collapse.

**WALKER:** The real question was, as you think about the future—what really invigorates you? And if a collapse as you have begun to describe it is necessary, do you see light at the end of the tunnel?

**DR. FOREMAN:** Do you know how forest fires work? They burn everything to the ground, and the heat of the fires pop the pods on seeds that have been around forever, and they send a shoot down into the forest floor and they begin to grow. I think there has to be a kind of a calamity before the Congress is willing to take the political risks of doing what a lot of people are not going to like. The problem with reforming the health care system is there isn't any way to reform it without pissing off half the world. I mean, we saw that when Mrs. Clinton made that *deus ex machina* that was going to—I'm very fond of Mrs. Clinton, and I'm very fond of her impulses to reform the health care system—but there's no question that the attempt that was made during the first two years of her husband's presidency was tantamount to trying to boil the ocean. Too many things tried to get done in a single stroke. But I do think we were almost at the point where people were ready to say—We're willing to do what needs to be done, until what they got to was just too complex. I believe in the next eight years, particularly if she gets elected but even if she doesn't, the pressure on the system from this crumbling health care insurance structure is

likely to push the Congress and any president in the direction of trying to reform the health care system.

**WALKER:** What advice would you give to young people today that are just beginning their careers in health care, whether it's physicians or as executives, the next generation of America's hospital and health care system leaders?

**DR. FOREMAN:** I think they need to focus on systems. They couldn't possibly get to understand the circulatory system one red corpuscle at a time. They can't do it that way. You have to look at the whole system. Doctors are trained to look at patients as though they were corpuscles, so they know everything about the corpuscle but they're not learning—I believe, and I'll focus my attention on physician executives rather than hospital executives—I think we have to open their eyes to what's possible. And the AHA should be reaching, in my judgment, to the young physicians and trying to give them experiences in either experiential residencies or internships at AHA or whatever. But if you want to grow corn, you've got to put seed on the ground, you've got to put water, a lot of things before the corn begins to come up. You can't expect the seeds to self-germinate in the package.

To the extent that we treat doctors regarding this kind of activity in that way, we expect them to kind of get it when they're too young to get it. They're too inexperienced to get it. Fifteen years ago, I said to myself, we have more and more people in this institution whom we call medical directors, who direct a program here and there. Some of these people do nothing but direct. Others practice medicine and direct. And yet we provide them with no peer group, no training, no anything to help them.

So I spoke to a guy by the name of Tony Kovner, who's a professor at NYU's Wagner School, somebody that I know and respect, and we put together something that's a lot like a graduate seminar, and it has all of our physician executives, medical directors meeting with me, my chief medical officer, Tony Kovner and each other, and they present and we discuss. We have rounds every month. I mean, this goes on—this is now 15 years. And they come. People beg to get into this structure. We make it as convenient as possible. It's early in the morning. Because I felt we had to create a peer group and a forum in which young physicians with any interest in leadership could learn something.

I am not enamored of the weekend MBA for doctors. I have found very few of them who've learned anything from those. When I say learned anything, I don't mean anything, but who were changed by that experience. And I think to be a physician leader, you have to be changed. You have to see the world through a different lens, in part because of the way doctors think—you know, one patient at a time, and in part because nothing in their background has schooled them for an analysis of systems, and nothing has introduced them to the concept of risk.

What do I think has accounted for the fact that every place I've gone has changed rapidly and, most people would agree, in a positive direction? It's because I'm not risk averse. You have to be able to speak truth to power. That's very hard to do. You have to be able to tell the dean you don't know what the hell he's talking about, or the board of trustees. You have to be able to say, "Look, this is what I believe, and let me show you the reasons. Let me persuade you if I can. But I'm sticking with it. Either join me or not." So

that may very well be the other explanation for the stick in the ribs. I've never heard that. But anyway, that's kind of my story—just a tough little guy from Philadelphia. By the way, Davidson is a tough little guy from Philadelphia too, only he's a big guy.

**WALKER:** We focused primarily in this oral history on history and on your reflections of your personal and your professional life. Let's fast forward a decade. As you transition into retirement, what do you hope your legacy will be ten years from today? What do you want people to say about Dr. Spike Foreman in a decade?

**DR. FOREMAN:** There are some things that we did here that nobody else did, but there are some things that a lot of other people did that we didn't do. What I would like to see happen here is that the platform we built be used to support a highly sophisticated tertiary care infrastructure. We've spent our time focusing on bringing health care to a whole community, and there's work that still needs to be done to get that completed, and that's obviously my number one legacy.

But the number two legacy is we've already begun to put into place the building blocks for a great tertiary care medical center, and I think in ten years it's entirely possible that this will be a cover story kind of place, having gone from here to there. But we're not there yet. We're not there yet.

**WALKER:** Thank you, Dr. Foreman, for sharing some insights into your life experiences and some highlights of your distinguished career for this American Hospital Association oral history.

**DR. FOREMAN:** You're welcome.



**Montefiore Medical Center, Bronx, NY**

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