



GAIL L. WARDEN
In First Person: An Oral History

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

2010

HOSPITAL ADMINISTRATION ORAL HISTORY COLLECTION

GAIL L. WARDEN

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**Interviewed by Diane M. Howard, Ph.D.
On January 13, 2009 and March 11, 2009**

Edited by Kim M. Garber

Sponsored by
American Hospital Association
Center for Hospital and Healthcare Administration History
and
Health Research & Educational Trust
Chicago, Illinois

2010

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Manufactured in the United States of America

Coordinated by
Center for Hospital and Healthcare Administration History
AHA Resource Center
American Hospital Association
One North Franklin
Chicago, Illinois 60606

Transcription by Mim Eisenberg
Photos courtesy of Rush University Medical Center Archives, the American Hospital Association,
and Gail L. Warden

EDITED TRANSCRIPT: First Interview on January 13, 2009
Interviewed in Chicago at Rush University Medical Center

DIANE HOWARD: Today is Wednesday, the 13th of January, 2009. My name is Diane Howard, and I will be interviewing Gail Warden, who is the president emeritus of the Henry Ford Health System, chairman and founder of the National Center for Health Care Leadership, former president and CEO of the Group Health Cooperative of Puget Sound, former executive vice president of the American Hospital Association, and former executive vice president of Rush-Presbyterian-St. Luke's Medical Center in Chicago, as well as many other accomplishments. Thank you, Gail, for being here.

GAIL WARDEN: Pleased to be here.

HOWARD: Could you please tell us where you were born and a bit about your parents and siblings?

WARDEN: I was born in Clarinda, Iowa, and lived on a farm the first eleven years of my life. I have three siblings – a sister, who I guess I'm closest to, and then two brothers, all of whom have been quite successful in their careers. My parents were very driven and industrious – hard-working individuals. My dad was a dairy farmer and my mother worked as a retail clerk in the little town near where we lived in my early years. When I was about eleven and a half, my family moved to Colorado because of my youngest brother's asthma. In those days, they thought that was the cure, to move to Arizona or Colorado to a drier climate. So we picked up and went to Colorado.

But the early years had a great influence on me because I went to a one-room schoolhouse. There was one other person in my grade and she was very bright. She pushed me very hard. I hated her the whole time because she was so competitive. But she had a lot to do with many of my accomplishments because she was so competitive. We both were quite bright and, consequently, were able, in a one-room schoolhouse, to move as rapidly as we could. We were always a grade or two ahead of ourselves up until the time I moved to Colorado. There, I found that the first year or two was pretty much everything I had learned. But, they had a policy about skipping grades, so I just kind of had to settle in. But that is my background and it's had a great influence on my life.

HOWARD: Could you talk a little bit more about going from Iowa to Colorado, and then talk about your early years in high school and how you selected health care as a profession?

WARDEN: We moved to Colorado and initially lived on a farm, then we moved into town. We were quite satisfied with our life in Colorado. I was a student athlete from the time that I was in junior high all the way through high school. I was All-State in two sports; and, my parents were very supportive of me. In Colorado where we lived, there was no place that was close. Consequently, all our games that were out of town were 50 to 75 miles away or further. There were many a night where my parents came to my games out of town, in football, basketball and baseball, and they got home at 3 and 4 in the morning and

had to get up and go to work again. They did it for all three of us boys and for my sister as well.

Being a student athlete had a lot to do with my decision to go to Dartmouth. I had very good grades and I had very good SAT scores. It was a great privilege to get a scholarship to an Ivy League school, to go to Dartmouth. That's where the whole story about health care begins, because I went to Dartmouth, and while I was there, I had two jobs. Because I was on scholarship, I worked in the dining hall in the morning and then in the evening I had a job in the student infirmary as kind of an orderly/clerk. I got to know the administrator of the hospital, because the infirmary was attached to Mary Hitchcock Hospital. The administrator of the hospital was the one who took a liking to me and let me work in the admitting office, where I could study as well as go to school.

In my sophomore year, I went to the counseling center at the college and told them what I was thinking about. They did a battery of tests and they said, "You need to be in some kind of public administration kind of role because that's what you're going to be successful at." So, with that in mind, I pretty much decided that I wanted to go into health administration in my sophomore year at Dartmouth.



Walter J. McNerney

talk to you again." That kind of stuck with me, so I came to Michigan. I'll never forget that when I was a student, he called me into his office and said, "Everything is too easy for you and you have great potential. If you don't put your mind to it, you're not going to accomplish what you have the ability to accomplish. I expect you to make a difference in your career." Of course, he ended up being a mentor and a very close friend. Probably the two greatest mentors I ever had were Walter McNerney and Jim Campbell, who was president of Rush¹.

Because I did that, I took courses that were going to help me when I went to graduate school. I applied to the best graduate schools, which at that point were Michigan, Minnesota, University of Chicago, and Yale. I was going to go to Yale, and the director of the program at Michigan, who was Walter McNerney, called me and said, "Why are you going to Yale?" I said, "Well, you know, it's an Ivy League school." He said, "If

you don't have enough sense to know that the best school is Michigan, then I don't want to

¹Walter J. McNerney (1925-2005) was 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 Hospital Research and Educational Trust, 1983, is in the collection of the American Hospital Association Resource Center. James A. Campbell, M.D. (1917-1983) was president of Rush-Presbyterian-St. Luke's Medical Center, Chicago, IL, from 1969 until 1983.



Dartmouth College graduation, 1960

HOWARD: Could we go back to Dartmouth and the University of Michigan? Tell us about influences at those universities, including Walt McNerney – what they did for you in shaping your vision for health care management?

WARDEN: Health care management was a relatively new field at the time that I entered it. There were only four or five schools in the country. They didn't have anywhere near the sophistication that the schools have now, either about who they should admit or what should be included in the curriculum. I was always interested in policy. As an undergraduate, I took a lot of political science courses and sociology courses and courses that I felt would help me when I went on to graduate school. When I got to Michigan, I found that it was the place to go because it was a place that really put great emphasis on health policy, along with health care delivery and payment.

At Michigan, I began to take courses that weren't in the curriculum, but which I felt would help me with my career, in Social Security and public policy. I used all my electives in other schools – I didn't take them in the health administration program. I had the pleasure of being a student of Wilbur Cohen's, and I'll come back to that later, to tell you a story about that. Wilbur Cohen was eventually secretary of HEW. He had a lot to do, along with Bob Ball, in creating Social Security and a number of other things.² But at Michigan I tried to take policy courses, and that's what influenced me to do what I did later in my career, after I'd been at Rush³ a number of years. I went to the American Hospital Association because I wanted to get involved and get kind of reenergized and up to date on policy. That's where I got to know Bob Sigmond⁴ and Howard Berman⁵ and some of these other people. Well, Howard worked for me.

² Wilbur J. Cohen (1913-1987) had been involved early in his career with the drafting of the Social Security Act and, 30 years later, was a key figure in the preparation of the 1965 amendments to the Act that created the Medicare and Medicaid programs. He was Secretary of Health, Education, and Welfare from 1968 until 1969. Robert M. Ball (1914-2008) spent much of his career with the Social Security Administration and was appointed Commissioner of Social Security by President John F. Kennedy in 1962, where he remained until 1973. Mr. Ball was instrumental in the creation of Medicare.

³ Rush-Presbyterian-St. Luke's Medical Center (Chicago, IL)

⁴ Robert M. Sigmond (1920-) served for many years as a liaison between the Blue Cross and Blue Shield Association and the American Hospital Association. His first oral history: Weeks, L.E., editor. *Robert M. Sigmond in First Person: An Oral History*. Chicago, IL: American Hospital Association and Hospital Research and Educational Trust, 1983, is in the collection of the American Hospital Association Resource Center. An updated oral history: Garber, K.M., editor. *Robert M. Sigmond in First Person: An Oral History Part 2*. Chicago, IL: Center for Hospital and Healthcare Administration History, 2009, is available here: www.aha.org/chhah

⁵ Howard J. Berman (1945-) served as Group Vice President at the American Hospital Association and was President of the Hospital Research and Educational Trust in the 1980s.

But that had a lot to do with what I have done in my entire career. My extracurricular activities outside of my job have all been related primarily to health policy kinds of things. Now after I've retired, I'm totally immersed in health policy and teaching, and it really goes back to some of the things that I did at Dartmouth and at Michigan as an undergraduate and a graduate student.

HOWARD: What did you do after graduating from the University of Michigan?

WARDEN: I graduated in 1962. I had been in ROTC, the Reserve Officers Training Corps, which was a mechanism to see that you at least went into the military as an officer and not just as an enlisted man. When I graduated from Dartmouth, there was a two-year hiatus because I applied for the Medical Service Corps and I had been assigned to the infantry. If I had gone in the infantry, I would have gone right to Vietnam after 12 weeks' training. As it was, I applied to the Medical Service Corps and so there was this two-year hiatus. During that two-year hiatus, I worked at Blodgett at Grand Rapids, Michigan, which is now a new, different system. They merged a bunch of other organizations into it⁶.

At Blodgett, I started off in a fellowship kind of a program. Then I was the first director of medical education, which was kind of an interesting job. My job was basically to recruit students to come for residencies at Blodgett and oversee the programs in graduate medical education. Then I went into the service. I ended up in a military hospital at Fort Belvoir, which is right outside of Washington, DC, which is the community hospital for the military – for the Army anyway – in the military district of Washington.

HOWARD: What was your rank and how long were you there?

WARDEN: I was there for two years. By the time I left, I was a captain. The military was very interested in trying to recruit me into the regular Army. Because I was one of the few people that had a degree in health administration I was occupying a colonel's slot in the Dewitt Army Hospital. I was kind of the chief operating officer. Because I got to know all these colonels and got to know people in the surgeon general's office, they really went after me and tried to get me to go regular Army and said that they thought I'd be a general if I wanted to do that, because of my leadership qualities. While I was there, I got the two highest peacetime awards that you can get in the Army. The big project that I did was special duty to go around and get military hospitals that weren't accredited, to get them accredited. I did four or five of those while I was in the military.

HOWARD: How did you get to Rush University Medical Center?

WARDEN: When I finished the Army, I interviewed for two jobs. One was on the faculty at the University of Michigan and the other was here at Presbyterian-St. Luke's. That

⁶ Blodgett Memorial Medical Center and Butterworth Hospital merged to form Spectrum Health (Grand Rapids, MI) in 1997.

was when Norm Brady⁷ was the administrator or CEO of Presbyterian-St. Luke's. Dr. Campbell was Chairman of Medicine. Bill Dowling⁸—you know who Bill Dowling is?

HOWARD: Yes.

WARDEN: Bill Dowling, who ended up being an academic at the University of Michigan and then at the University of Washington, and I applied for two jobs – the job at Presbyterian-St. Luke's and the job at University of Michigan. He was hired at Michigan and I was hired here. My first job at Presbyterian-St. Luke's was running a unit manager program, because that was at a time when there was a severe shortage of nurses. They thought if they could reorganize the functions that take place on a patient care unit that it would be less burden on the nurses and would require fewer nurses. I became head of that program. If you go back in the literature, you'll see articles that I wrote back in 1965 about unit management.



Norman A. Brady

Norm Brady left when the campus was reorganized⁹ and Dr. Campbell became president. About a year after, Norm left and became a consultant, and they brought in a physician administrator, Ralph Adams, who didn't work out, to say the least. I was his administrative associate, which was kind of like a chief of staff. When he didn't work out, Dr. Campbell asked him to resign. Dr. Campbell said, "Gail, I'd like you to be the acting administrator of the hospital because we've got two or three senior people here that all would like to be considered for the job. You're the only one that doesn't have any particular baggage. You weren't at Presbyterian and you weren't at St. Luke's. We'd like you to do this job for two or three months until we can make a decision whether we're going to go outside again or whether we're going to hire somebody from here."

Well, in about three months, Dr. Campbell called me in, and the chairman of the board, who was John Bent, who ran the Hartford Bank. They said, "We'd like you to take over as administrator." I was 28 years old. That's what really jump-started my career.

HOWARD: How did you meet your wife?

WARDEN: When I came to Presbyterian-St. Luke's and I was in that unit manager job, Lois was 22. She had gone through the diploma program, so she was two years out of the program because she started when she was 17. She was a big wheel around Presbyterian-St. Luke's. She was the evening supervisor for all the surgical units. She and I did not hit it

⁷ Norman A. Brady (1919-) was executive vice president at Presbyterian-St. Luke's Hospital (Chicago, IL) until 1966, when he left to go into consulting.

⁸ William L. Dowling, Ph.D. (1937-) became an assistant professor at the University of Michigan in 1966 and moved on to the University of Washington in 1978.

⁹ Presbyterian-St. Luke's Hospital of Chicago resulted from the 1965 merger of Presbyterian Hospital, founded 1883, and St. Luke's Hospital, founded 1864. Four years later, in 1969, Rush Medical College was re-opened after having been closed since 1942, and merged with the hospital to form Rush-Presbyterian-St. Luke's Medical Center.



At Presbyterian-St. Luke's
Courtesy Rush University Medical Center archives.

off very well, because I was around there a lot in the evening because that's where a lot of problems were with the patient care units when we were trying to take over the clerks. That was before computers and we had Addressograph machines. She and I at first didn't hit it off well at all and then kind of accommodated each other. One thing led to another and all of a sudden we started dating, but we didn't let anybody at Presbyterian-St. Luke's know that until we announced our engagement. In the first two or three years that I worked here, I was known as Lois Johnson's husband. I had no status at all. She was the one who had all the status. Forty-four years later, we're still together.

HOWARD: You had a profound impact on Rush University Medical Center. Can you talk a little bit about your vision for Rush and the health system that you developed here?

WARDEN: In the early '70s, when I had been executive vice president, I guess, for four or five years, the movement for multi-hospital systems began – which now we call integrated health systems or whatever it might be. But a multi-hospital system in those days was an organization that owned more than one hospital and might have had an educational program or an ambulatory system. I worked with Dr. Campbell, and Marie Sinioris¹⁰ worked for me as a planner then, and we developed a vision called “The Rush University System for Health.” That's where a lot of the concepts that Rush has built upon started: the teacher-practitioner concept; the concept that the delivery system and the academic programs would all be in the same organization; the concept that there would be a mixed model of physicians - both full time and private practice; that there would be not only a medical school but a college of nursing, and a college of health sciences.

I was instrumental in starting the College of Nursing and the College of Health Sciences. I recruited Luther Christman¹¹ to come to be the dean of the College of Nursing. After having recruited him, we recruited Jack Trufant.¹² Jack and Judy Trufant came here. Jack then became very involved in the creation of the health sciences school. But that vision that Dr. Campbell and I had about the Rush University System for Health still exists. In

¹⁰ Marie E. Sinioris later became president & CEO of the National Center for Healthcare Leadership.

¹¹ Luther Christman, Ph.D. (1915-) was a professor and dean of the college of nursing at Rush University and vice president of nursing affairs at Rush-Presbyterian-St. Luke's Medical Center, Chicago. He later became an adjunct professor of nursing at Vanderbilt, where he had been dean of the college of nursing before coming to Chicago.

¹² John E. Trufant, Ed.D. (1941-), served as the first dean of the Rush College of Health Sciences, retiring in 2007 after 31 years of service.

many respects, many of the concepts have not changed that much. The people have changed and the structure has changed somewhat, but not that much.

We had an academic network and we had a hospital network. That's where we got involved with Christ¹³ and the other hospitals, which are now Advocate¹⁴, and how we got involved with the Associated Colleges of the Midwest, and there were actually several of those schools, where you could go for the first two years and then come to Rush Medical School for the last two years. But all that was part of the Rush University System for Health concept.



With Dr. James Campbell at Presbyterian-St. Luke's
Courtesy Rush University Medical Center archives.

HOWARD: You were also known for the closure of the old clinics and the conversion to private practice. Could you talk about that because you were a forerunner in that area?

WARDEN: All you had to do was walk through the old clinics and say, "There's gotta be a better way than this." If we want care like this, you could go to Cook County across the street. That was always my feeling. The feeling was that if we could get the private practitioners to give a certain percentage of their time and see patients as private practitioners – and, of course, that's how the Professional Building got built – then the people who were used to sitting on clinic benches and being herded around like cattle all of a sudden could have some dignity and be seen in a private practice office. There were certain hours that the private practitioners had in the Professional Building that every week they would see clinic patients. Those patients were being seen in the same facilities that the private practice patients were being seen at. That's how we eventually eliminated the clinic. There were some very unfortunate kinds of things that happened along the way – one clinic administrator got killed in the clinic because a male patient was angry about the way he was being treated. All of that was related to the fact that our patients in the clinics were just not happy and they were being not treated with dignity. We felt we had to do something about it.

HOWARD: Could you talk about the west side of Chicago and the impact you think you had and Rush had in reviving the community?

¹³ Currently Advocate Christ Medical Center (Oak Lawn, IL)

¹⁴ Advocate Health Care (Oak Brook, IL)

WARDEN: In 1968, which was a couple of years after I got here, when I was just about to transition into being the administrator of Presbyterian-St. Luke's Hospital is when we had the riots. I can remember standing up on the top of the Jelke Building¹⁵ and the East Pavilion Building and looking out over the west side and it was all on fire. The National Guard was circling tanks around the hospital, protecting us so that the rioting and the fires didn't get to the hospital.

We felt we really needed to do something about what we were doing in the neighborhood. That was what resulted in, with the help of Joyce Lashof and Mark Lepper¹⁶, creating the Mile Square Health Center. Initially, we used a couple of old buildings on the west side, and then we built the clinic after we got the OEO¹⁷ money. That's where Iris Shannon¹⁸ and a whole team of other people came in who are still around here in one way or another. As a matter of fact, they just had a reunion for Mile Square which I was not able to attend.

That also was when it became pretty clear that we had to mend some fences in the neighborhood. The gangs used to come in and take over my office and smoke pot in my office. Thanks to "Hats" Adams¹⁹, who we brought on as a community organizer (who I used to always kid about having his office in his car in case we needed to get out of there fast), we eventually worked through a lot of those issues with the gangs on the west side and became – I wouldn't say friendly – but at least they accommodated us and we accommodated them, which was a big step for everyone. That was an interesting period.



Joyce C. Lashof, M.D. (top)
Iris R. Shannon, Ph.D. (bottom)

¹⁵ The Jelke Building at Rush University Medical Center, 1750 West Harrison Street, is a 15-story building constructed in 1965.

¹⁶ Mark H. Lepper, M.D. (1917-1994), was executive vice president of Presbyterian-St. Luke's Hospital and later dean of Rush Medical College. Dr. Lepper appointed Joyce C. Lashof, M.D. (1926-) research director of a study that led to the creation of the Mile Square Health Center, where she was the first director. Dr. Lashof went on to become director of the Illinois Department of Public Health and dean of the School of Public Health at the University of California, Berkeley.

¹⁷ The US Office of Economic Opportunity was established by the Economic Opportunity Act of 1964 as part of President Lyndon Johnson's war on poverty.

¹⁸ Iris R. Shannon, Ph.D., (1925-) was assistant chair of the division of nursing at Mile Square Health Center and wrote several articles about the Center including, Shannon, I.R. Nursing service at the Mile Square Health Center of Presbyterian-St. Luke's Hospital. *American Journal of Public Health*. 60(9):1726-1732, Sept. 1970. Full text free here:

<http://www.ajph.org/cgi/reprint/60/9/1726?view=long&pmid=5466722>

¹⁹ Reginald "Hats" Adams is currently the community affairs director at Rush University Medical Center.

HOWARD: But that started you off, and you're always remembered for establishing a relationship with the community and not living in an ivory tower. Could you talk a little bit about how you continued that community activity as you went on to the American Hospital Association?

WARDEN: I went to the American Hospital Association with several agendas. One of them was the fact that the nation's hospitals needed to reach out to their communities and needed to create community-based programs that benefited the communities that they served. That was everything from health promotion and disease prevention to trying to find mechanisms to create jobs – to do all the kinds of things that one would try to do if they were trying to bolster up a community. I think a lot of the communities that took advantage of those programs were communities where there was a large minority population or they were urban areas, although some were in rural areas, some were on Indian reservations, whatever it might be. So that was one of the first things we did, to try to get AHA to do more community outreach. Of course, that has continued now. If you look at their annual programs, they've got hundreds of these programs that they still foster or support in some fashion.

The other thing that we did—when I went to AHA, AHA was losing membership, and I told Alex McMahon²⁰ and the board, “You know, I think that one of the reasons we're losing membership is we're not paying attention to the special membership needs of the different constituencies that we have,” the idea that we had a small and rural constituency, we had a multi-hospital system constituency, we had a behavioral health constituency, we had a rehab constituency and several others. We needed to recognize that each one of them had special program needs and that they also needed to have an opportunity to come together on a regular basis and talk about what they were facing. Of course, that's what then resulted in developing what we called the centers, for multi-hospital systems, for rural health and all the others. All of those still exist. That probably was one of my major contributions at the American Hospital Association, that along with creating the policy shop²¹ and the work that Howard Berman did, and the revamping of HRET.²² That was badly needed. HRET as we know it today is – much of it is – a result of the changes we made back in the middle '70s.



J. Alexander McMahon

²⁰ John 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.

²¹ The “policy shop” refers to the work of the advocacy and public policy staff primarily located in the American Hospital Association’s Washington office.

²² Originally the Hospital Research and Educational Trust, later renamed the Health Research & Educational Trust.

HOWARD: Could you talk about the culture shock you experienced going from health systems management to more of a public policy, a national, focus at the American Hospital Association? What were your legacies at the respective organizations?

WARDEN: The culture shock was the fact that doing things and running things and delivering health care is one thing, but dealing with the policy issues that allow you to do that is something totally different. The reason these constituency centers have been so successful is because instead of just lobbying for hospitals, we started lobbying for these various constituencies. Rural hospitals have different needs than big urban hospitals or academic medical centers or whatever it might be. I guess the culture shock for me, in moving from Presbyterian-St. Luke's and Rush, which was largely a delivery/academic kind of setting, to AHA was to recognize that there are all these policy issues that have to be dealt with. We took for granted that all those things were being handled somehow and that we didn't have to worry about them, about payment and reimbursement, as we called it in those days, and also the fact that our delivery models were pretty outdated and our financing models were pretty outdated.

That's one of the reasons why I got AHA involved and interested in what was happening in prepaid care, which is what they used to call it long before it was called managed care – where an organization took responsibility for a population. Here at Rush, one of the things that I was involved in was the creation of ANCHOR – most people probably can't tell you what that means. It's "A New Comprehensive Health Organization." We created that organization not because we wanted to create an HMO or a prepaid health care organization – we thought that was a mechanism to solve our problems with the



negotiations with the union and to offer a good plan to our employees but not have them have to go off to other places. They could still get their care in the organization, because we believed that's where they ought to get their care. Of course, that then resulted in real growth in ANCHOR, and eventually the deal they did with Prudential and Aetna and others.

HOWARD: Could you talk about some of the personalities that you met at the American Hospital Association, because you were rejoined with Walter McNerney, and what that meant for your career?

WARDEN: Yes, Walter McNerney is actually the one who talked me into going to the American Hospital Association. He said, "You know a lot about health policy, and you're reaching a point at Rush that you have nowhere to go because Jim Campbell's going

At the American Hospital Association to be around for a while." The executive search firms were also telling me, "You need to move on because you've got a great start on your career, but if you stay too long, you're not going to be as desirable a product as you would be right now because you're kind of on a high." Then Walter McNerney and Alex McMahan had a discussion about the fact that there were a lot

of problems at the American Hospital Association and they needed somebody who had credibility in the field – in other words with people that ran hospitals – but who also knew something about health policy. They came to see me and suggested that I take on the AHA job.

Of course, when I did that, Dr. Campbell wasn't pleased at all that I was leaving, but I think he understood why I was leaving. I then went to AHA. People ask me, "Well, how do you know so many people and how do you have all these contacts?" A lot of that started at AHA because I had an opportunity to really mix with the policy people on Capitol Hill. I also had an opportunity to really get to understand how Washington works as it relates to health care.

At that same time, I became involved with the Institute of Medicine of the National Academy of Sciences in the fifth year after it was created. I was one of the early members of the Institute of Medicine. My early involvement was the result of my contacts with Walt McNerney, who was very active in IOM. I have chaired special study committees for them and have served on their Governing Council. In fact, I'm chairing their committee now on Redesigning Continuing Education in the Health Professions.

In the work of the American Hospital Association, we also had a need to be able to stand on our own from a policy standpoint, and that's why I recruited Howard Berman to come and run the policy operation for AHA. I also got involved with Bob Sigmond, who was an adviser to Walter McNerney. Bob and I and Howard worked together on getting the policy operation at AHA off the ground. As we did that, we went through the normal things that you do with an association. You had chairmen who come and go, just like me. I was the first person who ever worked at AHA who became a chairman of AHA, but some chairmen are better than others, and we learned how to cope with that. We did a lot to put AHA on the map from a policy standpoint.

We had Alex McMahon as the person who could really deliver the goods in terms of what was going on in Washington. He picked Rick Pollack²³, who's still running the lobbying side of AHA. All those personalities had a major impact upon the AHA as we know it today. We had, along the way, a lot of other characters that came and went, like Jim Houy and some others – Jim Houy was the communications guy.

But that five years or six years that I was at AHA was a very important part of shaping the rest of my career. I had had some interest in prepaid health care and when it became pretty clear that that was the direction things were going to go and one of the two biggest jobs in prepaid health care came open and I was recruited for it, I took it. I didn't know beans about prepaid health care, but I knew that's where things were going to go. Again, it's the kind of thing, the vision you have about your career. You gotta be where the action's going to be.

²³ Richard J. Pollack is currently executive vice president , advocacy and public policy, for the American Hospital Association.

So then I went to Group Health²⁴ and had a very successful career there. It was in trouble when I went there. I grew the organization. I bought a couple of other health plans. I took it statewide. I mended the fences between the board and the medical staff and also created a foundation so that they could raise money to do things they couldn't otherwise do.

Out of that whole process came another policy involvement because it was pretty clear that there needed to be some organization that could certify and accredit health plans. I became chairman of the Quality Committee of the Group Health Association of America and convinced the Quality Committee and then the board of the Group Health Association of America that there needed to be some kind of an accrediting process for health plans. That was when the National Committee for Quality Assurance was formed with GHAA's blessing. I created that organization, was the founding chairman, and recruited Peggy O'Kane²⁵ to be the executive, and she's still running NCQA.



While that was going on, it became very clear that we needed to get all the health plans to begin to focus on quality. I was asked to be on President Clinton's Commission on Quality and Consumer Protection in the United States, and ended up being a subcommittee chair, along with Kathleen Sebelius, who is now the governor of Kansas²⁶. Out of that came the recommendation that there be the creation of a National Quality Forum. President Clinton and Vice President Al Gore and Donna Shalala²⁷, who was the secretary of HHS, asked me to chair the committee to plan the National Quality Forum. I did that. Hired Janet Corrigan²⁸ to work for us and then we created the National Quality Forum. Ken Kizer²⁹ was the first CEO, and I was chairman of NQF for seven or eight years until I stepped down last year. So all of this is connected in some way.

HOWARD: It really is. What do you think was your legacy at Group Health Cooperative of Puget Sound?

WARDEN: I think my legacy at Group Health was the fact that I brought them into what was then the end of the 20th century in terms of technology and the way that they ran the health plan. I got the board reorganized. The board used to be elected every year, so

²⁴ Group Health Cooperative of Puget Sound (Seattle, WA)

²⁵ Margaret E. O'Kane has been the president of the National Committee for Quality Assurance since 1990.

²⁶ Shortly after this first part of the oral history interview was recorded, Kansas Governor Kathleen Sebelius (1948-) was chosen by President Barack Obama to become secretary of the US Department of Health and Human Services. She had previously served as the Kansas State Insurance Commissioner.

²⁷ Donna E. Shalala, Ph.D. (1941-) was the secretary of the US Department of Health and Human Services from 1993 to 2001, then became the president of the University of Miami.

²⁸ Janet M. Corrigan, Ph.D. is currently the president and CEO of The National Quality Forum (Washington, DC), which was established in 1999. Dr. Corrigan had previously been head of the National Committee for Quality Health Care and was with the Institute of Medicine.

²⁹ Kenneth W. Kizer, M.D. (1951-) was president and CEO of The National Quality Forum from 1999 to 2005.

you never knew from one year to the next – it was like Congress. Everybody was running for the board. Just as soon as they got elected, they were running to be board chairman or be on the board the next year. I got all that changed and put limitations on terms of the board. That was a major contribution.

I created the foundation. I created a Center for Health Promotion there and I created the Center for Health Services Research, which now is the premier health plan center for health services research in the country. Ed Wagner³⁰, who is an expert on chronic care, I recruited him to come and run that, from North Carolina. I also created the Center for Health Promotion, and I recruited another person to run that, Bill Beery³¹, who is still one of the experts on health promotion. So that, plus mending the fences among the various players, was my legacy there.

HOWARD: How many years were you there? How did you make the decision to move on to Henry Ford?



Celebrating with Stanley Nelson in 1988

WARDEN: I was there for eight years. The decision to move to Henry Ford³² was in many respects a no-brainer. I was a friend of the existing CEO, Stan Nelson, who was the one who recruited me to the position. He came out to Seattle and sat out on my deck overlooking the Puget Sound, watching the ships come and go, and said, “You should move to Detroit.” I said, “Why would I want to leave this?” But, it was an opportunity to take what I had done in my whole career and roll it up into one organization, because they needed somebody who had run an academic medical center, they needed somebody who had run a health plan. The Health Alliance Plan, the health plan that’s owned by Henry Ford, is bigger than Group Health Cooperative is now. There weren’t many people that had run an academic medical center and who had run a health plan. The health plan and the medical center, Henry Ford, were at each other’s necks all the time.

I came in. I got some fences mended. I made some changes. The academic side of Henry Ford had started to slip. You could tell it was slipping by the fact that they weren’t recruiting the house staff that they wanted, and there were some departments that were

³⁰ Edward H. Wagner, M.D. is the director of the MacColl Institute for Healthcare Innovation at the Group Health Research Institute (Seattle, WA)

³¹ William L. Beery is currently the director of the Center for Community Health and Evaluation at the Group Health Research Institute.

³² Henry Ford Health System (Detroit, MI)

weak, and a number of other things. Over a seven- or eight-year period, I turned over several of the department chairmen and reenergized the place from an academic standpoint.

I also changed the health plan and got a new health plan director, who was Cleve Killingsworth³³, who worked here at one point in time, who worked with me at AHA and worked for me in Seattle and worked for me five times. The first time was as a transporter here at Presbyterian-St. Luke's, because his father came to me and said, "My son is very bright, but I'm worried that he's going to get in trouble this summer because he doesn't have enough to do. Could you give him a job?" So I gave him a job as a transporter. Of course, I'm very proud of Cleve. He now is running Blue Cross Blue Shield of Massachusetts and has a very big job. He ran HAP and helped me get HAP turned around, the health plan at Henry Ford.



At Henry Ford Health System

HOWARD: Talk a little bit about Henry Ford and your legacy there and your relationship with the Ford family.

WARDEN: There's a lot of things that I accomplished there. Certainly, creating what it became. When I came there, it was called the Henry Ford Health Care Corporation. It had 23 corporations, all of whom were not linked. We had 23 pension plans and we had 23 CEOs, and I reorganized that whole scheme and created the Henry Ford Health System. I brought Health Alliance Plan into the Henry Ford Health System. It was sitting out there on the side, as a separate organization, as one of the corporations. I created the system, and I think I've been as responsible as anyone for the whole concept of integrated health systems and what that means, and I mean fully integrated, with financing and delivery, not just a string of hospital companies.

Also, I was able to reenergize the academic side, because I knew something about academics because of the role I had played at Rush. We didn't talk about it, but at one point, I was the provost here at Rush because the dean of the medical school and the dean of basic sciences couldn't get along, so Dr. Campbell said, "Ok, well, Gail will be your boss." I took that on for a while, about a year or so, to get things straightened around. I know something about academics and I had created the College of Nursing and the College of Health Science, and I set up the registrar system, and all these things that still exist at Rush.

³³ Cleve L. Killingsworth was president and CEO of Health Alliance Plan (Detroit, MI) before moving on to his current position as CEO at Blue Cross Blue Shield of Massachusetts (Boston, MA).

So my legacy was the academic, it was the health system, it was turning around the health plan. That was when I started becoming a national figure both on health policy and health delivery. I was on the board and then became chairman of the American Hospital Association while I was doing all these other things and creating NCQA, and the Quality Forum.

My relationship with the Ford family was a very good relationship. One of the things you learn when you're dealing with a dynasty like the Ford family is that you never forget where you came from and you never try to be one of them. You try to work with them, you try to advise them, you try to challenge them if they want you to do something that you think is not in the best interests of the organization, but you never try to be one of them socially or anything else. So my relationship with the Ford family was very good, and still is. I know all of them. I see them from time to time in social settings where a lot of other people are there. I don't do anything socially with them alone, but we still work with them. Some of them have been very helpful to me in my role as chairman of the Detroit Zoo. But it was primarily making sure I knew what they wanted; on the other hand, making sure that what they wanted is what was needed and not forgetting that I was hired help. I wasn't a member of the family.

HOWARD: Throughout your career, you have had a number of mentees that have followed you. Could you talk a little bit about your role as being a leader and then why you think it's important to really encourage a youth movement?

WARDEN: One of the responsibilities of every leader is to make sure that there are going to be the right number of people coming along behind you to perpetuate what you tried to put in place. You can't do that if you don't take responsibility for mentoring young people and making sure that they have an opportunity and have the same kinds of opportunities that you had. I got to where I am because of some skills and some knowledge, but I also got here because I had good mentors, like Dr. Campbell and Walt McNerney and others, who were there when I needed advice. So that's part of it.

The second part is just a feeling that what is right is that women and minorities have an opportunity to advance much in the same way that white males do. Therefore, you have to consciously think about that and not just hope that it will happen. You have to create opportunities for them, and you have to create structures that are going to help them move along, and you have to be willing to be their advocate but also their critic if they need some input because they're getting off track.

One of the great stories about Cleve is – you know, one of the biggest problems I had with Cleve in the first few years he worked for me, he wouldn't wear his shoes. He'd walk around the office and come to meetings with no shoes on. Well, you know, you gotta look like an executive and put your shoes on, at least when you come to meetings, anyway. You have to pay attention to what it takes to be successful and try to imbue that knowledge to the people that you're trying to mentor.

HOWARD: Could you talk about your successor at Henry Ford and how you were able to get her in that position?

WARDEN: Well Nancy³⁴ had been a fellow at the American Hospital Association and Blue Cross. That's where I first got to know her. I kept in touch with her after that. She actually worked for a good friend of mine, Al Gilbert³⁵, much of her career. When Peter Butler³⁶ went to Houston, which is where he was before he came here to Rush, and left as my chief administrative/COO person, I knew that I was five or six years away from retiring and that it was too early to anoint Peter, and I encouraged him to take this other job. But, at the same time, I knew I needed to start thinking about having people in my organization who would be candidates for my job.



With Nancy Schlichting at Henry Ford Health System

As it turned out, I groomed three of them: Nancy Schlichting, Cleve Killingsworth and Mark Kelly³⁷, who was the medical director. All three of them are quite capable of running Henry Ford. It was a matter of who was going to be the one that the board was most comfortable with and who the board felt could do the job. In succession planning you have the responsibility for making sure there's always one or two outside candidates that are considered, too, because one of the problems in a lot of

organizations is that they get too inbred, so you've got to make sure that you're looking out for that.

We ended up having a search. We narrowed it down to four people: Nancy, Cleve, Mark, and a person who now runs one of the big health systems on the East Coast. I stepped back then and said to the board, "I've got you to the point where you've got good candidates. You're going to have to make this decision. I'm not going to make it for you." A lot of CEOs make the mistake of trying to anoint somebody for their job. I was very pleased with the outcome. On the other hand, I knew that the other people would land on their feet. Cleve's got a larger, more prestigious job. Mark Kelly, the medical director, I think really didn't aspire to be the CEO, but he thought he ought to be considered. So the board made the decision and I was supportive of it. The day that she was announced, I stepped back, and I've stepped back ever since then. I don't get involved with how she runs the place or anything else. People try to drag me into it, but she's the CEO and she's got to run the place. Plus, I've got a lot of other things to do.

³⁴ Nancy M. Schlichting (1954-) is currently president and CEO of Henry Ford Health System.

³⁵ Albert Gilbert was president and CEO of Summa Health System (Akron, OH)

³⁶ Peter W. Butler was senior VP and chief administrative officer at Henry Ford Health System until 1997, when he became president and CEO of Methodist Health Care System (Houston, TX). He later became executive VP and chief operating officer at Rush University Medical Center.

³⁷ Mark A. Kelly, M.D. is CEO of Henry Ford Medical Group and executive VP of Henry Ford Health System.

EDITED TRANSCRIPT: Second Interview on March 11, 2009
Interviewed in Chicago at Rush University Medical Center

HOWARD: Would you tell more about your involvement with issues related to quality?

WARDEN: The National Committee for Quality Assurance has been the certifying and accrediting body for health plans ever since the late '80s. At one point, the organization consisted of me and Margaret O'Kane – Peggy O'Kane – who's still the president and CEO of NCQA. But that organization's expanded its scope to basically approve all health plans, whereas when we started we were just approving HMOs.

That work led to a next step in my involvement with quality, which was when I was asked by President Clinton to be part of a commission to focus on the quality of health care and consumer protection in America. One of the sets of recommendations that came out of that was that the National Quality Forum be created. It was an interesting time because some of the people that were involved with that are now in high places, namely Kathleen Sebelius, who's the new secretary of HHS. She was on the committee with me. And Nancy-Ann Min DeParle³⁸, who's now the health care czar at the White House.

We made recommendations about the creation of the National Quality Forum. Once that had been done, the next step was for the President to ask me to chair a planning committee to plan that. So I planned that and it was staffed by Janet Corrigan, who then did a number of other things at the Institute of Medicine. When NQF's first CEO, Ken Kizer, left, I talked her into coming back to be the CEO of the National Quality Forum. I chaired that board for seven or eight years and just went off two years ago. I still have the title Chairman Emeritus.

I have served on the board of the Picker Institute for almost 15 years. This organization focuses on patient centered care – as they say, care “through the patient's eyes.”

So that was the history of my involvement in quality. Of course, I was very involved in the quality movement in terms of total quality management, which was done here at Rush very well under Marie Sinioris' leadership. To this day, I'm involved in a lot of issues as relates to quality, and many of those are related to the Institute of Medicine. I was on the Institute of Medicine Committee on the Quality of Health Care in America, which authored *To Err Is Human* and *Crossing the Quality Chasm*³⁹. Since then, I've chaired two or three committees. I just finished being on a committee that made recommendations about the role of HHS in the future, and I'm chairing a committee now that is focused on continuing

³⁸ Nancy-Ann Min DeParle (1956-) was head of the Health Care Financing Administration during the Clinton administration and has been appointed in 2009 by President Barack Obama to be Director of the White House Office of Health Reform.

³⁹ Kohn, L.T., Corrigan, J.M., and Donaldson, M.S., editors. *To Err Is Human: Building a Safer Health System*. Washington, DC: National Academy Press, 2000. http://books.nap.edu/catalog.php?record_id=9728; and, Committee on Quality of Health Care in America. *Crossing the Quality Chasm: A New Health System for the 21st Century*. Washington, DC: National Academy Press, 2001. http://www.nap.edu/catalog.php?record_id=10027

professional development in the health professions. That committee is still active and will be rendering a report this fall.

HOWARD: You've served on national committees and have been chairman of the Detroit Zoo. What have those board positions taught you about the role of boards?

WARDEN: I think I'm a pretty good chair. If I wasn't, I wouldn't keep getting asked to chair things! What it's taught me is if you have the right people on the board and if you have the right mission for that organization, that you can accomplish a lot – whether it was the Institute of Medicine committees or the Zoo or the RAND COMPARE project⁴⁰. This is a project that I've been chairing the last three years to develop a mechanism to evaluate health care reform proposals. It's being done by RAND and Leonard Schaeffer⁴¹ and I co-chaired that. All those committees – the reason they're good is because we got the right people and we had a good understanding of what we were accomplishing.

In the last two or three years I have also chaired the national committee that made recommendations on The Future of Emergency Medicine in the United States. That was another Institute of Medicine committee. That was an interesting committee because there were 41 people on it, most of whom were physicians, and all of them felt they knew more than anyone else did. I was able to get them all on the same page, and we rendered a very good report. As a matter of fact, it's one of the biggest reports⁴² that's ever come out of the Institute of Medicine.

HOWARD: A lot of the progress that has been made on a number of these committees has been because of your leadership. How did you bring all these opposing personalities together to get an optimal outcome?

WARDEN: First of all, I'm a good listener, which is what it takes to be a good chair. I try to make everyone who's on a board or committee feel like their input is



⁴⁰ The Comprehensive Assessment of Reform Efforts (COMPARE) project was conducted by the RAND Corporation with grant funding in 2007-2008 from the Robert Wood Johnson Foundation. The COMPARE initiative resulted in creation of a website of policy-related information related to health care reform, which can be viewed here: <http://randcompare.org/>

⁴¹ Leonard D. Schaeffer (1945-) was Administrator of the Health Care Financing Administration and then went on to head up Wellpoint, Inc., in the 1990s.

⁴² The Institute of Medicine's Committee on the Future of Emergency Care in the United States Health System published the following three reports: *Emergency Care for Children: Growing Pains*. Washington, DC: The National Academies Press, 2007. http://www.nap.edu/catalog.php?record_id=11655 *Hospital-Based Emergency Care: At the Breaking Point*. Washington, DC: The National Academies Press, 2007. http://www.nap.edu/catalog.php?record_id=11621 *Emergency Medical Services at the Crossroads*. Washington, DC: The National Academies Press, 2007. http://www.nap.edu/catalog.php?record_id=11629

important. But I also try to make sure that I shape the committee and push the committee to accomplish what it's been established for so that people don't go off on tangents or try to develop their own agenda. We try to get a good understanding from the very beginning about what it is we're trying to accomplish. That was the secret to this emergency care committee, because the surgeons wanted to do one thing, while the emergency physicians had different agendas. I got them all on the same page with agreement on what we wanted to accomplish.

One of the things I did with the committee was to recognize that there were issues in pediatric emergency care, issues in emergency medical services – which is EMS or ambulances picking up people and taking care of them – and a whole host of issues in hospital emergency rooms. Not the least of the issues facing emergency rooms was overcrowding and diversion and the kinds of things that happen when they can't handle all the patients that are coming in. So the report ended up being three reports. In doing it that way and dividing them up into three different groups, I was able to get all of them comfortable with the main part of the report and then gave them an opportunity to push their own agendas in those three different areas.

HOWARD: Let's talk about some of the national awards that you've received. You were elected to the Health Care Hall of Fame by *Modern Healthcare*.

WARDEN: Right.

HOWARD: You've been identified as one of the most powerful people in health care. What have those awards meant to you?

WARDEN: I'm a modest guy. I never went seeking awards, but they seem to find me. Probably some of the most significant awards that mean the most to me were the ones that I received when I was young, like being named one of Chicago's Ten Outstanding Young Men back in 1968 and then being named the Young Administrator of the Year in 1972. Those were particularly meaningful because that was a sign that I was being recognized for what I was accomplishing at the time that I was doing it. The Hall of Fame, the Distinguished Service Award of AHA, and ACHE Gold Medal – those really are awards that you get for having had a successful career and making a major contribution, and putting in your time. But they don't mean nearly as much as the ones that you get because you have made a major contribution.

One of the awards that has meant the most to me in Detroit is the fact that I was named a Distinguished Warrior, which is an award that's given by the Urban League to two people a year for what they've done to promote diversity and social justice. That award meant a lot to me and probably a lot more than some of these other awards that get handed out in the hospital community.

HOWARD: Can we talk a little about your work with various minority and women's groups? I know, for example, the National Association of Health Services Executives awarded you probably its most distinctive award for its 40th anniversary. You've always been known as encouraging diversity.

WARDEN: Yes. I've always felt like it's the right thing to do. I lived in a small town in Colorado. There was a little hotel there, and there was an African-American man who shined shoes, and my father took me over and introduced me to him. He was very nice to me and very friendly to me, and I used to go over there and listen to his tales. But it was an important thing that happened in my life when I was 11 or 12 years old, because all of a sudden it kind of told me that the color of your face doesn't mean anything. It's what the person is. As I developed my career, whether it was here at Rush and the kinds of things that Hats⁴³ and I did with the community, or whether it was every organization that I've been in, diversity has been one of my big agendas. I've tried to promote it, celebrate it and make a difference. I think that's what we would like all leaders to do. This year is kind of the capstone for all of us who believe in that kind of thing, to see President Obama be elected. I'm not sure I'd want to be elected at the time he's elected. He's got his hands full, but it's really quite an important thing.

HOWARD: You've always been known as having work-life balance. People have always looked to you because you've had a successful marriage, and a successful career as well as successful children. Could you talk a little bit about how you were able to have all that?



Lois Warden

WARDEN: I think it begins by selecting the right partner – or being selected by her in my case. She selected me. But if you have the right partner, you can get your head straight. I was fortunate that I married someone who really understood health care, because she had been an evening supervisor here for nursing, so she understood what I got myself into as a health care administrator. She also understood what the demands were going to be on my time and on my focus sometimes.

On the other hand, she was the first one to tell me when I was not paying attention to the children or to her or whatever it might be. We have this thing we call 'be here now,' which is when your wife or your spouse or your friend is talking to you and you're somewhere else – not paying attention to what they're saying. Then when you say, 'Be here now,' it means, 'Pay attention to what's going on right now – don't be paying attention to what's going on with the basketball game at the University of Michigan' or whatever it might be.

In some cases I'm not that proud of my balance because I'm a workaholic. Just like retirement – I flunked retirement. I've been retired for six or seven years and I'm as busy or busier than I've ever been. I still have people making demands on my time. I was telling Lois yesterday, "Did you read my horoscope today?" She said, "No, what did it say?" It said, "Only you can determine how you're going to spend your time, and if you don't manage your time, it's nobody's fault but your own." It was kind of a good message for me, particularly this week, because I've got too many things going on.

⁴³ Reginald "Hats" Adams

HOWARD: Do you want to talk a little bit about your children?

WARDEN: Yes. You know, I think they got the best of their mother, first of all, and perhaps the best of me. They're all bright. They've all been successful in their own right. They all got their degrees and their graduate degrees and have had good jobs, so we're fortunate. All three children are a little different.

Jay has, in many respects, followed my footsteps. He went to Dartmouth; he went to Michigan, and he got his MBA. He's very entrepreneurial. He would not want to do the kinds of things that I've done in working in a not-for-profit and breaking my back to try to make everything happen. He's more motivated from an entrepreneurial standpoint.

My middle daughter, Janna, is somewhat like that. She actually has her own company and my youngest daughter has her own company. The middle daughter does consulting for – she's kind of a multi-task kind of person. If you bring her into your office, she can fix whatever's not working, whether it's the technology or the HR issues or whatever it might be. My youngest daughter, Jena, also has her own business. She's a meeting and events kind of person, and she runs big meetings in D.C., at the Smithsonian and all kinds of other places. I'm very proud of them.

HOWARD: Let's talk about the National Center for Health Care Leadership. Can you explain why it came to be and talk about some of the behind-the-scenes controversies with some competing groups?

WARDEN: The National Center for Health Care Leadership came about because in the early '90s, there was a lot of concern about the next generation of leaders. A lot of people who were running big health systems were approaching retirement age. We were really concerned about how we were going to find the next generation of leaders. Secondly, we were concerned about the fact that there wasn't enough diversity, ethnic as well as gender diversity, in the leadership of health care. Thirdly, we were concerned about the fact that there was a disconnect between the academic side of health care management and the practice side. There was a feeling that those kinds of things needed to be fixed.

We had a summit – it was about 2003 – in which we brought together about 40 practice leaders and 40 academic leaders in health care management. We spent three days talking about these issues. Out of that came a recommendation that there be an organization created that could focus on that. I had very good connections with the Robert Wood Johnson Foundation because I was on the board. I had created other organizations that they supported and they were willing to support the creation of the National Center for Health Care Leadership. Kellogg Foundation was willing to come on board and do the same thing.

As we did that, it became pretty clear that there were some issues that were going to have to be addressed. These included:

- What are the competencies and skills of a good leader?

- What are we going to do about identifying and promoting diversity?
- What are we going to do about the general feeling that this academic disconnect had taken place and that there wasn't much respect on the part of the practice field for the academics because they all seemed to be researchers and weren't connected with what's going on? To some extent, that's still an issue.

So we created the National Center for Health Care Leadership by asking Marie⁴⁴ to take on the presidency of it. Of course, for many people who had been asleep at the switch, in organizations like ACHE and AUPHA, this was about the worst thing they thought could happen in the world. Consequently, this was a big uprising about it. Several people felt there was nothing wrong with the academic programs, that they were producing good products and that we were wrong in criticizing them. They thought there were plenty of good leaders out there; we just weren't willing to recognize them because we were in the old boys' club.

Others felt that when we started talking about competencies and skills, we were trying to compete with ACHE.⁴⁵ We weren't really trying to compete with ACHE. We were just trying to fill the vacuum that they leave. To this day, if you ask the average man or woman how much it means to be a fellow of the College,⁴⁶ they will say it means a lot to them professionally. But having the FACHE credential is not as critical to boards and others who are hiring people.

I think that's all kind of settled out. They've recognized the importance of NCHL and what it's accomplished. The AUPHA⁴⁷ recognized that they had to change the requirements for programs in health care administration or health care management and policy, and that resulted in a blue ribbon committee which NCHL created. That, of course, resulted in the change in the accreditation process that John Lloyd⁴⁸ now runs.

So, it was a problem there for a while, but I think most of that's subsided. The biggest challenge that the NCHL has is the fact that we continue to have to raise money to keep the organization going because we don't have products that we can sell, although we accomplished some of that with the creation of this Institute for Transformational Leadership with GE⁴⁹, and that is going to bring close to \$1 million of revenue for us every year. But it still is a challenge. I just was talking to Marie in the airport this morning, on the phone, about it. It continues to be an issue.

HOWARD: Do you have any regrets, anything you'd like to have done differently?

⁴⁴ Marie Sinioris

⁴⁵ American College of Healthcare Executives

⁴⁶ Fellowship is a credential awarded by the American College of Healthcare Executives to health care administrators who have met educational and experience criteria and have passed an exam.

⁴⁷ Association of University Programs in Health Administration

⁴⁸ John S. Lloyd (1946-) has been president & CEO of the Commission on Accreditation of Healthcare Management Education since 2005.

⁴⁹ GE Healthcare and the National Center for Healthcare Leadership launched The Institute for Transformational Healthcare Leadership in 2007.

WARDEN: What I really wanted to do when I was young was to be a coach, but I don't think there was much future in coaching. I guess there could have been if I'd have been a really good coach. I was able to fill that vacuum by a lot of coaching that I've done of kids over many years. I don't do it anymore, but I did until about 15 years ago. That was always something that I regretted.

I think we all regret when we leave a place that we really like and go somewhere else where the opportunity is better, or because we feel like we've accomplished all we can accomplish, which is what I felt at Rush. I was hitting my head on the ceiling with Dr. Campbell, and I knew that Rush was always going to be run by a physician. But, he was not pleased with me when I told him that I wanted to move on.

One of the other things that I always wanted to do was teach. I finally have been able to fill that vacuum, too, because I teach at the University of Michigan now. I've been teaching for seven years at Michigan now and have my own course, and it's a very popular course. I just got the evaluations for the last quarter, and they're super, so that's something that I always wanted to do.

I hated to leave AHA, because that was an important time in my career, and I had a lot of good friends that I worked with, like Nancie Noie.⁵⁰ I had a great time running Group Health Cooperative of Puget Sound, but I reached a point where I had done everything I could for the organization and it was time to move on. Of course, then is when I got recruited to Henry Ford, because they were looking for somebody that could run an academic medical center and could run a health plan. There weren't many people around who could do that, so that's why I ended up there.

As much as I've enjoyed all this running around the country, sometimes I call myself up short and say, *Hey, you're crazy doing all this traveling and running back and forth.* Like, the last three years, I've made 10 to 12 trips to California because of the committee I've co-chaired for RAND. It was great for racking up miles, but it's a little hard on the body. We'd start at noon on one day, which was on our time; we would finish noon the next day, and then I would come back, so I really never got adjusted to the time.

But I always think that there are people who have it worse. I have a very close friend who's the global partner for Deloitte Touche and I don't know how he does it. Every week he's in Singapore or he's in India and we talk often. I never know when he's going to call or e-mail me because he's always on the road. But his body is able to handle all that.

HOWARD: What do you want your legacy to be?

WARDEN: I never really thought about it. I think my legacies are probably different things at different points in time in my career. To some extent, I left a legacy here at Rush. This building that we're in⁵¹ wouldn't exist if I hadn't been in charge of it, and

⁵⁰ Nancie Noie Thompson is currently with the American Society for Clinical Pathology.

⁵¹ The Armour Academic Center at Rush University Medical Center is located at 600 S. Paulina Street in Chicago.

getting it built, and it will always be around. I find it interesting that it's now got somebody's name on it. It used to be called the Ac Fac.

I left a legacy at AHA. I was the one who created the constituency centers, and those still exist for small and rural hospitals and health systems and all the others. That was a strategy that I created because we were losing membership because they didn't feel their needs were being attended to. By creating those constituency centers, we could address what each one of those constituencies needed. That was a kind of thing that was a legacy.

My legacy at Group Health, I think, was to get it on its feet. It was struggling. To get it to be a nationally-known health plan, and to have it take the lead on quality, was important. I think my legacies in quality are never going to go away, when I think about all the things that have happened because of my work.

At Henry Ford, my biggest legacy probably we're just celebrating right now. For 15 years, I fought with the certificate of need agency to get approval to build a hospital in a suburb where there needed to be another institution.⁵² I finally got legislation passed that allowed us to do that and get around the certificate of need requirements. That, plus kind of the legacy I left from an academic standpoint at Henry Ford, has been important.

There's no question that probably of my non-health care things, that my legacy of saving the zoo in Detroit, in the minds of everyone, is probably one of the most important things that anybody has ever done in Detroit. The city decided they didn't want to have it anymore. They weren't going to fund it. I negotiated with them. I was asked to become the chair. I negotiated with the city to get the zoo out from under the city, and then I convinced the region that the zoo was a regional zoo, not just a Detroit zoo, and that we needed to get the taxpayers to support it. It's now funded forever, going forward. That was really hard work, and it's probably as big a legacy as I could have in non-health care things, so I feel very good about that.

HOWARD: What advice would you give young people entering the field?

WARDEN: There's a little speech I give to my students when they're finishing graduate school. There are two or three things that I talk about. Number one: You have to decide whether you want to manage people or you want to manage ideas. If you want to manage people, it takes a different set of skills and that should drive what kind of job you should look for when you finish school. If you want to manage ideas, which basically implies that you're going to somehow be involved in policy, then that takes a different kind of person. So that's the first thing you need to sort out.

Secondly, I advise them to find something in health care that they consider really important and to devote some time to it, besides doing whatever their job is. That can be promoting diversity, it can be trying to address issues facing nursing, it can be trying to improve the educational system that we have in the health professions, it can be trying to find a way to address the problem of the uninsured – whatever it might be. But I suggest to

⁵² Henry Ford West Bloomfield Hospital (West Bloomfield, MI), a new \$360 million hospital, opened March 2009.



Working with schoolchildren in Detroit

all my students that when you get out of graduate school, you need to pick one or two things that you want to really focus on that are important to you. It doesn't take that long to become an expert, because everybody's trying to be a generalist. You're educated to be a generalist, and if you are educated to be a generalist, then if you're going to be successful, you've got to find something where you can make a difference. That's the kind of thing that I've done in my career.

It's interesting now, because the student population is a lot different. First of all, it's more women than it is men, and it's a lot more diverse, and those kinds of things make a difference. I have this story I tell the class, because I have a lot of Asian students. I guess there are a lot of Asian students everywhere. But it has something to do with how they're raised. I was talking yesterday with a young African-American student, a first-year student who was concerned about whether there's still racism in health care. I said, "Well, sure there is, but, on the other hand, it's not like it used to be. Anyone who's good can succeed." He was telling me about the fact that his father was in the Navy and he spent five years in Japan. I said, "What did you learn from five years in Japan?" He said, "Well, I guess the main thing I learned is that our parents in the United States – it doesn't matter we're of color or not color—our parents aren't near as rigorous as the Asian kids' parents are about education."

Then I told him I was at a dinner last year. I was sitting next to the president of MIT, and we got to talking about where their students come from. He said, "Gail, if I took the best applicants I have every year, they would all be Asian, because they're so much better prepared for engineering and science and technology." So all those things are considerations.

HOWARD: What are you looking forward to?

WARDEN: I don't know. Just probably continue to do what I do. We have a beautiful place in Florida, and we belong to a country club down there, but my idea of life is not to retire to Florida and play golf. I want to be able to continue to contribute. As long as I keep having these opportunities to do that, I will continue to do it if, God willing, my health stays good.

HOWARD: Is there any issue that we haven't addressed during the interview?

WARDEN: The only thing I would say is that when you think about all of us for whom you've done oral histories, there's more of a connection between all of us than what people realize. We aren't just a bunch of individuals. We are all connected. We all influenced each other. One of these individuals to whom I still remain connected and work with at Rosalind Franklin University is Ruth Rothstein⁵³. We think alike, have the same priorities, and are close friends.

That's probably one of the great things about the oral history project. You can see those connections weave through every one of their oral histories, because a lot of our agendas were the same, and we all knew each other. I hope the next generation of individuals' oral histories will reflect the same thing.

HOWARD: Gail, thank you very much for your time.

WARDEN: You're welcome. I enjoyed it.

⁵³ Ruth M. Rothstein (1923-) was for many years CEO at Mount Sinai Hospital Medical Center (Chicago) and later served as the director of Cook County Hospital (Chicago) at the time that a total replacement facility was built. Her oral history: Garber, K.M., editor. *Ruth M. Rothstein in First Person: An Oral History*. Chicago, IL: Center for Hospital and Healthcare Administration History, 2009, is available here: www.aha.org/chhah

CHRONOLOGY

- 1938 Born May 11, Clarinda, IA
- 1960 Dartmouth College, Hanover, NH
Bachelor of Arts
- 1961-1962 Blodgett Memorial Medical Center, Grand Rapids, MI
Administrative Assistant
- 1962 University of Michigan, Ann Arbor, MI
Master of Hospital Administration
- 1963-1964 Dewitt Army Hospital, Fort Belvoir, VA
Adjutant
- 1965 Married October 9 to Lois Johnson
Children: Jay (1967), Janna (1969), Jena (1975)
- 1965-1976 Rush-Presbyterian-St. Luke's Medical Center, Chicago, IL
Executive Vice President and Chief Operating Officer
- 1976-1981 American Hospital Association, Chicago, IL
Executive Vice President
- 1981-1988 Group Health Cooperative of Puget Sound, Seattle, WA
President and CEO
- 1988-present Henry Ford Health System, Detroit, MI
1988-2003 President and CEO
2003-present President Emeritus
- 2003-present University of Michigan School of Public Health, Ann Arbor, MI
Professor
Chairman, Griffith Leadership Center in Health Management and Policy

MEMBERSHIPS AND AFFILIATIONS

American Hospital Association

Chair, Board of Trustees

Chair, 100th Anniversary Committee

Bon Secours Cottage Health Services Foundation

Co-Chair, Capital Campaign

Director, Board of Directors

Citizens Research Council of Michigan

Director, Board of Directors

City Year-Detroit

Chair, Board of Trustees

Comercia Bank

Chair, Public Responsibility Committee

Director, Board of Directors

Dartmouth-Hitchcock Medical Center

Trustee

Detroit Economic Growth Corporation

Past Member, Board of Directors

Detroit Metropolitan Wayne County Airport Commission

Past Member, Board of Directors

Detroit Wayne County Health Authority

Chair, Board of Directors

Director

Detroit Zoological Society

Chair, Board of Directors

Director

Federal Advisory Commission on Consumer Protection and Quality in the Health Care Industry

Appointed member

Greater Detroit Area Health Council

Past Chair, Board

Health Research & Educational Trust

Chair, Board

Healthcare Research and Development Institute

Chair, Board

Institute for Healthcare Improvement

Member, Board

National Academy of Sciences, Institute of Medicine

Chair, Committee on Planning a Continuing Health Care Professional Education
Institute

Chair, Committee on Rapid Advance Demonstration Projects: Health Care Finance and
Delivery Systems

Chair, Committee on the Future of Emergency Care in the United States Health System

Member, Board of Health Care Services, Committee on Quality Health Care in America

Member, Committee on Improving the Organization of the U.S. Department of Health
and Human Services (HHS) to Advance the Health of Our Population

Member, elected

Member, Governing council

National Advisory Committee on Pursuing Perfection: Raising the Bar for Health Care
Performance

Co-Chair

National Center for Healthcare Leadership

Chair Emeritus, Board

Founding Chair, Board

National Commission on Civic Renewal

Member

National Committee on Quality Assurance

Director Emeritus

Past Chair, Board

National Quality Forum

Chair Emeritus, Board

Chair, Board

National Research Corporation

Director, Board of Directors

Pew Health Professions Commission

Member

Picker Institute

Director

RAND Health

Chair, Governance and Nominating Committee

Co-chair, RAND COMPARE Advisory Committee on Health Care Reform

Member, Board of Advisors

Robert Wood Johnson Foundation
Board of Trustees
Commissioner, Commission to Build a Healthier America
Emeritus Member, Board of Trustees

Rosalind Franklin University of Medicine and Sciences
Vice Chair and Trustee, Board of Directors

AWARDS AND HONORS

- 2009 The Gail L. Warden Award (renamed), formerly the National Healthcare Leadership Award, National Center for Healthcare Leadership
- 2009 Distinguished Service Award, National Association of Health Services Executives
- 2008 Heritage Hall of Fame, Michigan
- 2007 Hall of Fame, Modern Healthcare magazine
- 2006 Distinguished Warrior, Detroit Urban League
- 2006 Doctor of Humane Letters, hon. caus., from Rosalind Franklin University of Medicine and Sciences (North Chicago, IL)
- 2002 100 Most Powerful People in Healthcare, Modern Healthcare magazine
[Also, in 2003 and 2004]
- 2001 Health Quality Award, National Committee for Quality Assurance
- 2001 Top 25 most influential individuals in the health care industry over past 25 years, Modern Healthcare magazine
- 2000 Distinguished Service Award, American Hospital Association
- 2000 Walter J. McNerney Fellowship Award for Health System Improvement, Health Research & Educational Trust
- 1999 Gold Medal Award, American College of Healthcare Executives
- 1998 Thompson Visiting Fellowship Award, Yale University
- 1997 Second Century Award for Excellence in Health Care , Columbia University School of Nursing
- 1995 Doctor of Public Administration, hon. caus. from Central Michigan University, Mount Pleasant, MI
- 1992 International National Health Care Award, B'nai B'rith
- 1972 Young Health Care Executive of the Year, American College of Hospital Administrators
- 1968 Chicago's Ten Outstanding Young Men

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