



JOHN W. BLUFORD III
In First Person: An Oral History

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

2017

HOSPITAL ADMINISTRATION ORAL HISTORY COLLECTION

JOHN W. BLUFORD III

In First Person: An Oral History

**Interviewed by Kim M. Garber
On October 14, 2016**

Edited by Kim M. Garber

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

2017

©2017 by the American Hospital Association
All rights reserved.
Manufactured in the United States of America

Coordinated by
Center for Hospital and Healthcare Administration History
AHA Resource Center
American Hospital Association
155 North Wacker Drive
Chicago, Illinois 60606

Transcription by Chris D'Amico
Cover photo courtesy of Dan White Photography, Kansas City, Missouri
Additional photos courtesy of John W. Bluford and Truman Medical Centers

EDITED TRANSCRIPT
Interviewed in Kiawah Island, South Carolina

KIM GARBER: Today is Friday, October 14, 2016. My name is Kim Garber, and I will be interviewing John W. Bluford, who is the founder of the Bluford Healthcare Leadership Institute and served for 15 years in leadership at Truman Medical Centers in Kansas City, Mo. Mr. Bluford also led the Hennepin County Medical Center for seven years and the Metropolitan Health Plan in Minneapolis for 16 years. He is a life fellow of the American College of Healthcare Executives and served as chairman of the American Hospital Association board. It's great to have the opportunity to speak with you this morning!

We like to start by remembering your family and others who influenced you when you were little. Your great-uncle, Ferdinand Bluford, was president of the Agricultural and Technical College in Greensboro, N.C.¹ His brother, your grandfather John W. Bluford, was a dentist. Did you have a chance to know them?

BLUFORD: We lived with my father's parents until I was in the third grade. Uncle Ferdinand would visit periodically, but I did not know him as well as my grandfather, of course. One of my memories is always seeing my grandfather, Big Daddy, at home in a three-piece suit and bow tie. I don't recall ever seeing him otherwise.

GARBER: Your father was a police officer and your mother was a teacher?

BLUFORD: That is correct.

GARBER: Could you tell about them and your maternal grandparents?

BLUFORD: I was fortunate because I lived in two worlds. One was with my father's family in Philadelphia and the other was with my mother's family in Columbia, S.C. I went up to the third grade in a Philadelphia public school. During the summers, I used to come to Columbia to visit my grandparents. One summer, with all the green grass and the wonderful weather of South Carolina, my grandfather and grandmother said, "Why don't you just stay here?" I said, "Deal!" I went from fourth grade through high school in Columbia. I had the benefit of knowing two cultures, south and north, and growing up with both sets of grandparents.

GARBER: What values did you learn from your parents and your grandparents?

BLUFORD: A strong work ethic. My father was not only a police officer in Philadelphia, he was also a fireman. In later years, he became a prison guard. My mother taught special needs kids in the Philadelphia public school system for 35 or 40 years – that's a hard job. I used to go to her classes during the holidays and talk with her kids.

My grandfather in Columbia was a postman for over 40 years and was also a handyman and

¹ Ferdinand D. Bluford (1882-1955) served as the president of North Carolina Agricultural & Technical State University (Greensboro, N.C.) from 1925 until his death in 1955. [FD Bluford Library. (2009, May 29). *Presidents & chancellors*. Greensboro, N.C.: North Carolina A&T State University. Retrieved from: <http://www.library.ncat.edu/resources/archives/leaders.html>]

mortician. He was quite a tennis player. I got some of my tennis skill from him.

GARBER: Who were your heroes when you were a boy?

BLUFORD: I had many sports heroes – from Jim Brown to Willie Mays. Others were close to home – family members, neighbors. Columbia, South Carolina, had a rich African-American middle class – dentists, physicians, professors, Ph.D.s – and they shaped the development of me and my peers. There was a close-knit community where everybody knew everybody. That was fostered in part because of the segregated system. We had teachers with master’s degrees and Ph.D.s in our junior high schools and high schools. My friends and I didn’t realize the value of that until years later. We were fortunate to have that kind of talent as teachers at that level. That’s because they couldn’t get jobs in other places. It really speaks to “separate, but equal” and “separate, but unequal” as well. We had the brain power, but we didn’t have the resources that the majority schools had.

GARBER: Brown v. Board of Education was handed down in 1954 when you were in elementary school. How did the State of South Carolina respond to the mandate to desegregate the schools?

BLUFORD: I think there was a non-response. There was no major evidence of Brown v. Board of Education until the mid- to late-’60s. The schools in Columbia didn’t integrate until my junior or senior year of high school. I recall having majority professors in my senior year, but I don’t recall a mixing of the student body. One of my lasting impressions is of leaving Columbia in 1967 to go to college, coming back two years later and seeing a truly mixed student body at my high school. That was foreign to me. The impact of Brown v. Board of Education took more than 15 years to take hold in that community.

GARBER: Was that non-response common in other southern states?

BLUFORD: My suspicion is it was common. I can’t validate that, but I wouldn’t be surprised if it was.

GARBER: You were a fine basketball player in high school.

BLUFORD: I’d like to think so.

GARBER: In other interviews, you’ve talked about the importance of the skills that you honed as a point guard in basketball for your later leadership career. Would you elaborate on that?

BLUFORD: Basketball was a passion of mine since the sixth or seventh grade. I played all the time. As you can see from looking at me, I was disadvantaged because of height, but I was awful quick, and I had a burning desire to win. I quickly learned that to win it had to be a team effort. My strength was bringing the component parts together on a team. It was understanding the strengths and weaknesses of players and putting them in a position to succeed that helped the team win.

Many of those same principles of seeing the court – seeing where people are and where they need to be – apply to leadership vision as well. It is about seeing where the next move is going to be but also the move after the next move. That is a responsibility of the point guard. I’ve used that mindset and that vision in my work for the last 40 years as a health care executive. I’ve applied it to selecting good people, putting them in position to succeed, recognizing their weaknesses and trying

to avoid having them get into situations where their weaknesses can be exploited.

GARBER: That’s an interesting point about trying to avoid putting somebody into a position where you’re going to emphasize their weaknesses.

BLUFORD: Nobody has a great day every day. You need to recognize when people are not on the top of their game and on those days, you shy away from them. You don’t want them taking the last shot, so to speak.

GARBER: Did you have any teachers or coaches who are especially memorable?

BLUFORD: My coaches have always had a major impression on my development because I spent so much time with them. Oftentimes, those were year-round relationships. Two people come to mind, Mr. Benjamin Trapp² and Mr. George Glymph³. Those two gentlemen were my basketball coaches at C.A. Johnson High School. During those years, our school had a preeminent basketball program in the state. Those two gentlemen were not too much older than the senior class they coached – they were recently out of college themselves. They did a heck of a job. One is still coaching today, and the other recently retired. They turned out several professional ball players over the years. What I got from the coaching of those two gentlemen was a sense of order, of discipline, of hard work and effort, of perseverance and teamwork. That’s why their programs have always been successful, independent of the players on the team.

GARBER: Did you have any experiences in high school that influenced your thinking about your choice of career?

BLUFORD: Yes, a biology teacher, Mr. Gillium, was one of my favorite professors. I think even in the sixth grade, I had science projects that won awards. I remember an electric lamp that I made. It was on a piece of driftwood. I wish I still had it. I also did a nice project as a senior on the effects of ultraviolet light on *Rhizopus* mold on bread.

GARBER: You went to college at Fisk University in Nashville. Fisk is an Historically Black College or University – an HBCU. What made you decide to go to Fisk?

BLUFORD: I had several opportunities to go elsewhere, including North Carolina A&T State College in Greensboro, North Carolina, which had a strong Bluford tradition. My mother had attended Bennett College in Greensboro, but my father had gone to North Carolina A&T, and my uncle was president there for 30 years. The A&T basketball team showed interest in me coming, but there were two things that turned me against that idea. One was Bluford Boulevard, and the other was Bluford Library. In my view, it seemed a good idea not to go to a place that had my name all over campus – too much visibility.

I sent a letter to the athletic director at Fisk that said, “This is your lucky day! I’m coming to

² Benjamin Trapp compiled a record of 139-25 in the ten years he spent coaching at C.A. Johnson High School. He later went on to coach at other local high schools and Benedict College. [Benedict names new men’s basketball coach. (1999, June 6). *Onnidan*. <http://onnidan.com/98-99/news/benn0606.htm>]

³ George Glymph spent much of his career as an award-winning basketball and track coach at Eau Claire High School in Columbia, S.C. He later worked for the Portland Trail Blazers and the Indiana Pacers. [Bezjak, L. (2016, May 28). The unsung story of coach Eau Claire legend George Glymph. *The State*. <http://www.thestate.com/sports/high-school/prep-basketball/article80577652.html>]

Fisk, and I'd like to join the basketball team.” It was a great decision. At that time, some of the brightest African-American scholars in the country were going to Fisk. They didn't have as many other opportunities as they have today. Places like Fisk and Hampton University and Morehouse College in Atlanta were preeminent. Those were the Harvard and Yale Universities of the black community. I had an opportunity to exercise leadership potential and skill sets. I was the basileus – president – of my fraternity, the vice president of the Student Government and played basketball.

GARBER: You are part of the Omega Psi Phi fraternity. You are also a member of the Sigma Pi Phi Theta Boule?

BLUFORD: Yes, this is the oldest black fraternity in the country. Archon is the Greek word for “member.” I've been in that fraternity for the last ten years or so in Kansas City. It is an international fraternity and has a great networking program. I think President Obama is a member as well. Both of my grandfathers, my father, and four or five uncles were fraternity members with the Omega Psi Phi that I joined in 1968. It's a tradition in our family. That was another avenue for me in terms of developing and exerting leadership traits.

Fisk is very near and dear to me. I've served on their board for a couple of years. I go back to campus every year and recruit other students to try to get them interested in health care administration.

GARBER: How do you react to people who say that there's not a need for the historically black schools anymore and that they're dying?

BLUFORD: That's a struggle and a tough issue right now. Many of the HBCUs are facing that because many of them are private, and they don't have the public funding streams. Oftentimes, many of the better students go to majority schools. On the other hand, HBCUs are an incubator for leadership. Their students get more care and nurturing than if they went to the University of Michigan, for example, just because of the smaller size and history. Many of our leading African-Americans in business, in politics, et cetera, came from traditional HBCUs.

HBCUs that are getting state funding, like Tennessee State University or Florida A&M University, or North Carolina A&T University, are going to be fine. In fact, they're thriving and growing. Private schools like Fisk and Morehouse have a little tougher row to hoe – not because of the lack of expertise or the lack of benefit – but because of funding. I don't know how that's going to play out. I hope that they are preserved because of their historical significance, among other things, but they're going to have to grow with the times and not depend on that historical significance to attract good students.

GARBER: You were in high school and college in the '60s. Did you experience the Civil Rights movement?

BLUFORD: Yes, from the Woolworths lunch counters in Columbia to the burning of buildings at Fisk University after Reverend King's assassination. At Fisk, I was front and center in some of that activity – trying to quiet the storm on our campus. We lost a major academic building there, Livingston Hall.

GARBER: What happened?

BLUFORD: Someone lit it on fire because of the Martin Luther King situation. We had tanks coming on campus. Nashville was aflame at that time, and I was one of several student leaders who helped to quiet that storm. That's what really got me into the student government work.

GARBER: What did you learn from that experience?

BLUFORD: I learned that I had a capacity to lead, and that I wasn't afraid to make hard decisions. That struck a chord among a lot of my colleagues and classmates and faculty and helped push me along as a spokesperson for the university and, to some extent, for the cause.

GARBER: What a remarkable experience for you to have.

BLUFORD: It was a great experience. I love Fisk.

GARBER: I enjoyed reading about the Fisk Jubilee Singers and their history. I think that this is a good time to tie in your love of jazz. Would you like to speak to that a little bit?

BLUFORD: Five days ago, October 6th, I was in Nashville for Jubilee Day. I heard the Jubilee Singers sing in the chapel, and it was majestic. My love of music, specifically jazz, comes from my grandfather, T.J. Miles. He subscribed to the Columbia Record Club, and we got an album in the mail every month. I couldn't wait for that delivery. We had an old phonograph, and we would play music in a small den. We'd listen to Duke Ellington, Count Basie and Earl Bostic, Johnny Mathis and Nina Simone. There was always music playing. It was the same thing in Philadelphia. I had older cousins who were into jazz, and they introduced me to a lot of musicians – The Three Sounds, John Coltrane, Yusef Lateef, Miles Davis, Cannonball Adderley. I could go on and on and on.

My first album was purchased in the sixth grade – maybe the seventh. It was the John Coltrane *Giant Steps*. I still have that album today, and it sounds great. I'm an audiophile, and I've always prided myself in having state-of-the-art stereo equipment. People always ask if I play an instrument, and my response is, "Yes! I play stereo." That is a refuge for me. That's my quiet time. I do a lot of thinking in my sound room with my stereo and my music.

I'm so glad my wife has taken a liking to the music as well. We've traveled around the world to jazz festivals. It's a hobby of ours. Our favorite stop is Montreux, Switzerland, at the Montreux Jazz Festival. We've been to Copenhagen, The Hague, and Montreal jazz festivals and jazz cruises through the Caribbean – very nice experiences. Jazz is a universal language. It brings people together.

GARBER: During your summer vacations at Fisk you worked a number of places, including clerking in an emergency room.

BLUFORD: Yes.

GARBER: Do you remember the experience and is it something that young people can still do today during summer breaks from college?

BLUFORD: The basketball players always stayed in Nashville and played in summer

basketball leagues. I was an emergency room clerk for Hubbard Hospital,⁴ which was associated with Meharry Medical School. It's now called Nashville General Hospital. It had a profound impact on my interest in going into the medical field. At that point, I was a pre-med student. Working in close proximity to patients coming in with traumatic injury left an impression on me. It was fast paced, critically important, and you needed to make decisions quickly. It was my kind of thing.

I saw classmates come in and pass away because of traumatic injury. I had a gun put to my head! At that time, you had to pay \$15 just to get signed in. It was an administrative fee. This was before you would see the doctor. A patient came in and paid me the \$15, then went and had an encounter with the physician which didn't go well. She wanted her \$15 dollars back. Initially, I refused. She put a gun to my head, and I said, "Fifteen? Sure. Twenty? Whatever!"

That made an impression on me, but not what you might think. It was my self-confidence and calmness that made me say, "Okay, fine, we'll give you the \$15. It's not a really big deal." That's how I reacted to it, and I think that is a quality of mine that I've been able to maintain in stressful situations.

GARBER: You mentioned having seen classmates of yours come in. Do you mean classmates from Fisk died in the emergency room?

BLUFORD: Yes.

GARBER: Was it due to auto accidents? Gun violence?

BLUFORD: One was a football player who broke his neck on a trampoline. He was a big guy. His weight and the angle in which he landed resulted in his being incapacitated ever since. He didn't die right away, but there was another classmate of mine who was shot. He was scared to death, but he was still conscious and talking, and he recognized a friendly face. I assured him that he was going to be okay. That was calming to him and helpful at the time, but he was not okay and did not come out of that. That stays with me. I wonder whether he should have expired in that emergency room. That was long before we had all these quality measures and sophisticated equipment and so forth.

GARBER: Are you saying that had he presented at an emergency department today, he might have survived?

BLUFORD: I don't think there's any question about that – it was a small caliber gun.

GARBER: Does the opportunity still exist for college students to come to a hospital and

⁴ The George W. Hubbard Hospital (Nashville, Tenn.) was opened in 1910 to serve as the teaching hospital for Meharry Medical College. Over time, Hubbard was expanded and became a safety net hospital for a predominantly low-income black population. After years of financial struggles and debate about how to best provide care for Nashville's medically indigent patients, Hubbard Hospital was merged with city-owned Metro General Hospital to become Nashville General Hospital at Meharry. [Daniels, F., III. (2016, February 6). New plan needed for Nashville General Hospital. *The Tennessean*. <http://www.tennessean.com/story/news/2016/02/06/new-plan-needed-nashville-general-hospital/79894606/>; and, Satcher, D. (1990, February). The Meharry Hubbard and Nashville General Hospital merger proposal statement. *Journal of the National Medical Association*, 82(2), 83-85. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2625949/pdf/jnma00888-0013.pdf>]

work part-time?

BLUFORD: I started the Bluford Healthcare Leadership Institute to create a pipeline for minority talent, diverse talent, to enter the health care field. I go to historically black schools and bring 14 minority students to Kansas City for a two-week hospital one-on-one intensive experience. During the following summer, I place them in hospitals. So, yes, there is a way for those 14 students.

Other than some kind of extraordinary program like this, though, it's not quite as easy for students to work in hospitals today. Let me think. As a hospital administrator, would I have hired a college student in my emergency room? No, probably not. Some kind of formal conduit like the program I just described is a good way to get a larger number of talented people interested in our industry. In general, young people know about doctors and nurses but then their familiarity with health care professions drops off dramatically. Major hospitals are like small cities, and every kind of talent is useful in hospitals, whether it's food service or imaging. There are all kinds of career paths in the health care sector. I'm very pleased with the program that we've put in place.

GARBER: Continuing along with your history, you received your degree in biology and were still thinking pre-med.

BLUFORD: That is correct.

GARBER: What got you to thinking about Northwestern University?

BLUFORD: I was a junior at Fisk on the way to Meharry Medical School. Totally by luck, I was walking past a recruitment area where a Northwestern University representative happened to be interviewing seniors. Somebody didn't show up for an interview, and the gentleman from Northwestern said to me, "Hey, what are you doing? Come here. Sit."

We had an interview, and I was quick to talk about all the leadership roles I'd had. The recruiter said, "You need to come to business school." I had no clue what business school was about. He said, "Look, you don't have to go to medical school. You don't need to be a doctor. You can come to our hospital administration program and then you can hire doctors. Hiring a couple hundred doctors would have more impact than you would have as a single practitioner." That was an interesting comment.

He said, "If you pass the graduate school entrance test, then I'll be in a position to offer you a full ride to Northwestern University for two years." In 1971, that was \$4,000 a year. I said, "That's interesting, but I really think I'm going to medical school." He said, "We'll give you \$250 a month spending change." "Deal," I said. That was the beginning of my entrée to the field of health care and hospital administration. That was an interesting turning point in my academic career, and ultimately in my professional career.

My dormitory at Northwestern was at 720 North Lake Shore Drive in downtown Chicago, adjacent to the medical school and the law school. I had a trying experience at Northwestern for a couple of reasons. First, it was a totally different environment from the segregated school system and undergraduate experience that I had had at Fisk. I can't say it wasn't diverse because they had a major influx of Chinese during that year. I had a Chinese roommate. In terms of African-Americans, it was very, very, very, very limited. I'd say a dozen at most, but I'm sure it was two or three folks short of a dozen, and none of them in the health care/hospital administration program, except for one young

lady. Her name was Sandy Sears, and she had a tremendous career at Jackson Memorial Hospital in Miami.⁵ We were it.

The other aspect of challenge was that in the hospital program, the majority of students were in their early 30s and working in hospitals. They were coming back to school to get the degree to help get that next promotion. They had experience and I did not.

I got through my first year in good standing, but I went to the dean of the school and said, “I need some work experience. I’d like to go work for two years. Would you hold my scholarship for me, I have a job offer at the Centers for Disease Control?” When I graduated from Fisk, I had a choice – grad school, med school or work for the CDC. I did go to Atlanta and got some training as an epidemiologist. They placed me in St. Louis as a venereal disease epidemiologist.

I had to learn to work with all kinds of different people and talk to them about sensitive subjects and convince them to allow me to take their blood and give me their contacts. I was a phlebotomist. I’d take the samples to the city health department at Fourteenth and Market in St. Louis to determine whether they were infected with venereal disease. That work carried me through some difficult neighborhoods. I worked hard on Sunday mornings, because people are at home then. Imagine some young guy coming to your front door saying, “Hi, my name is John. May I come in and have a little conversation,” while your spouse might be sitting there with you. I had to broach the subject of venereal disease and contacts, and get blood samples.

I was able to do that for two years, to the extent that I had a very high caseload, because that St. Louis region was a hotbed of venereal disease, and secondly, I worked it. I nurtured relationships with bathhouses. I was everybody’s friend. You’ve got a problem, call John. That was an underpinning, a nice base level for my ability to communicate and work with all kinds of different people.

Then I got a call from Northwestern about three years out, saying, “Hey, are you coming back or not?” Keep in my mind, I was making good money. I had gotten nice promotions while I was with CDC because of my caseload. Northwestern said, “If you want this scholarship, you’ve got to come back. If you do come back to Chicago, we have a summer opportunity for you at Cook County Hospital⁶ before your class starts.” As they say, the rest is history.

That was one heck of an experience, of an opportunity. I took full advantage of that and was very fortunate to have outstanding health care professionals and leaders serve as mentors. When I went to Cook County, it was in the middle of a renaissance. The Cook County Board had asked executives from Michael Reese Hospital⁷ to take charge of Cook County Hospital. Michael Reese sent

⁵ Sandy A. Sears served for 39 years in the Jackson Health System (Miami), including 7 years as chief administrative officer at Jackson North Medical Center (North Miami Beach). [Jackson Health System. (2015, January 21). Jackson North Medical Center celebrates dedication of the Sandy A. Sears Surgical Center. *Media advisory*. <http://www.jacksonhealth.org/advisories/15-01-21-sandy-a-sears.asp>]

⁶ Cook County Hospital, located on Chicago’s west side, was a very large safety net hospital for impoverished patients and a major teaching hospital. At the time John Bluford was there in the mid-’70s, Cook County was operating 1,495 beds. [American Hospital Association. (1976). *Guide to the Health Care Field*. Chicago: AHA.]

⁷ Michael Reese Hospital, founded by the United Hebrew Charities of Chicago, was opened in 1880 on Chicago’s south side. In the mid-’70s, the hospital was operating nearly 1,000 beds, but ultimately was closed in 2009. [Fifield, J.C. (Ed.). (1933). *American and Canadian hospitals*. Minneapolis: Midwest Publishers Company; and, American Hospital Association. (1976). *Guide to the Health Care Field*. Chicago: AHA; and, Illinois Department of

a whole team of folks including Mr. Bill Silverman⁸ and a very close friend of mine over the years, Mr. Robert Shakno.⁹ I worked directly under Bob Shakno. Bob was the chief operating officer. I learned the trade through those two gentlemen. I was the evening administrator, then later night administrator. In both of those roles, I was the top administrator on campus from three o'clock in the afternoon until six in the morning. I had the keys to the kingdom. Bob Shakno told me, "If you have any problems, don't hesitate to call." Over the course of two years in that role, I called him once. That was because the mental health building caught on fire. His response was, "Well, did you call the fire department?" We joke about that a little bit. I invited Bob Shakno to my investiture a couple of years back at AHA, and he came and had some nice words to say. I learned how to run a hospital from those two, and many of the principles and management-by-objectives instruments that they used, I used up until my retirement at Truman Medical Centers.

GARBER: You mentioned how difficult it was in Nashville during the '60s. It was difficult on the west side of Chicago also, although I realize we're talking about a little later period in time. The west side was and still is, to some extent, a tough part of town. There was an interesting house staff strike at Cook County in October 1975. I think you were there then.

BLUFORD: That is correct.

GARBER: Could you talk about that a little bit? I don't know if the record still stands, but at the time it was the longest doctor's strike in U.S. history.

BLUFORD: I believe that is the case. That time is a little fuzzy for me, but I do remember how nursing staffed up in response. I have the greatest respect for nurses. I learned how to run a hospital through nurses. Remember, I worked at night. I learned what to do and how to do it, and what not to do, from nurses in large part. I remember them holding that facility up during that period of time. They had to. It was down to the faculty physicians. Cook County Hospital was somewhere between 1,600 and 2,000 beds then. Each department had their own separate building. I think there were about 16 or 18 buildings on campus at that time at 1800 West Harrison Avenue in Chicago.

I was a junior new administrator there, so I wasn't necessarily in all of the board meetings where it was discussed what was going on with the residents. I was on the front line. I remember that I was the human gun collector. I was the human metal detector at Cook County Hospital in the emergency room.

GARBER: What do you mean by that?

BLUFORD: I mean that during the evenings and nights, anytime someone came in with contraband, they called the night administrator. I'd have to talk with that patient or client or guest and say, "No, you can't bring that in here." I would take machetes and pistols to my office and hold

Public Health. *Notification of Michael Reese Hospital closure.*

<http://www.idph.state.il.us/about/hfpb/pdf/post%20closing%20Michael%20Reese.pdf>

⁸ William J. Silverman (1916-2002) served as executive director at Michael Reese Hospital from 1960 to 1970. He later served as director of Cook County Hospital until 1980. [William J. Silverman. (2002, June 30). *Chicago Tribune*. <https://www.legacy.com/guestbooks/chicagotribune/william-j-silverman-sponsor-guestbook/386072>

⁹ Robert Shakno was an executive at Cook County Hospital before moving to Hackensack Medical Center (N.J.), where he served as CEO from 1975 to 1985. [*The Akron Business Journal*. (1985, September 11). <https://www.newspapers.com/newspage/154246694/>]



John W. Bluford with Walter Cronkite

them for the patient upon release from the hospital. Here again, I leaned back to some of the skills that I learned as an epidemiologist in having tough discussions with folks. That led me to be very effective in working with tough clients to get their weapons from them.

It offered me some insight and skill sets when talking with Jehovah's Witnesses, for instance, who didn't want blood transfusions for religious reasons and were willing to die. I would talk them out of that. If it took all night, I'd spend all night. I'll bet I had more than a dozen of those types of conversations with Jehovah's Witnesses.

GARBER: I'm still caught up on the picture of you as a human gun collector. It surprises me that it wasn't an armed security guard who was given a task like that.

BLUFORD: It was a different time. I think there was a precinct right there at the hospital. This was the early to mid-'70s and the rules were different. We didn't have the signs posted, "No weapons allowed." People would bring their weapons in, particularly big knives.

GARBER: Machetes.

BLUFORD: Exactly.

GARBER: There were some larger-than-life individuals who worked at Cook County Hospital.

BLUFORD: Yes, I've met George Dunne¹⁰ because I used to go to the budget meetings. I knew Dr. Haughton¹¹ and became acquainted with Quentin Young.¹² I started at Cook County that first summer as an administrative resident. I had to go meet Dr. Haughton. I went over to his office

¹⁰ George W. Dunne (1913-2006) served for 43 years as 42nd Ward committeeman in Chicago and president of the Cook County Board from 1969 to 1990. [Ford, L., and Sjoström, J. (2006, May 30). George W. Dunne, 1913-2006, Democrats' gentleman power broker. *Chicago Tribune*. http://articles.chicagotribune.com/2006-05-30/news/0605300212_1_mr-dunne-cook-county-democratic-party-richard-j-daley]

¹¹ James G. Haughton, M.D., left a position with the New York City health department to become executive director of the Cook County Hospital Governing Commission in 1971. [Sibley, J. (1970, October 1). High health aide quits city post. *The New York Times*. http://www.nytimes.com/1970/10/01/archives/high-health-aide-quits-city-post-2dranking-official-to-take.html?_r=0]

¹² Quentin Young, M.D. (1923-2016) served as chairman of medicine at Cook County Hospital in Chicago during the 1970s. He was a life-long political activist, championing civil rights and national health care. [Eltagouri, M. (2016, March 8). Dr. Quentin Young, Chicago activist for civil rights and public health, dies at 92. *Chicago Tribune*. <http://www.chicagotribune.com/news/ct-quentin-young-dead-20160308-story.html>]

in a separate building, and I caught the elevator, and lo and behold, who comes onto the elevator but Dr. Haughton.¹ He is hard to miss – very tall. I introduced myself and said that I was coming to meet with him. The first thing he said was, “Why would you want to get into a business like this? There’s no money in it.” It was public record what his salary was. He was the highest-paid government official in the State of Illinois in the early ‘70s, and that salary was \$60,000. He was running a \$100 million operation. His colleagues in industry running \$100 million businesses were making more than \$60,000. I smiled to myself thinking, “Hey, if I could make \$60,000, I’m good to go.” I did have a distant relationship with him after that meeting.

The funniest story is that I was assigned to go put a padlock on Dr. Quentin Young’s office door one night because Dr. Haughton and Dr. Young did not get along. Some of the resident’s strike, in fact, was driven by Quentin Young. I had to go put a lock on his door in the middle of the night. I played a role in the ultimate conflict and ouster of Dr. Young from the staff for a short period. Of course, he’s gone on and had a tremendous impact on public health and otherwise.

The Medicine Department at Cook County Hospital at that time was 400 or 450 beds, something like that. It was a hospital in itself. With the volume of patients, it was always constant gamesmanship on how many beds were available for admissions. That’s what created some of the strife with the residents striking – too much workload.

GARBER: Yes, I saw reference to too much workload – being on call too frequently.

BLUFORD: Yes.

GARBER: Additionally, that the residents were being asked to do some things that other health professionals could do.

BLUFORD: Yes, I’m sure, but basically it was the hours of work. A lot of that has been remedied. The difficulty of the patient base at Cook County Hospital was phenomenal. You saw all kinds of stripes of life and the human condition with many of those patients. It was hard work. The acuity level was extremely high.

GARBER: Do you have anything else that you would like to say about your time at Cook County?

BLUFORD: The only thing I can say is that I loved working at Cook County Hospital. It was not unusual for me to spend a 16-hour day at Cook. I was single, young, with lots of energy and a thirst to learn. That was the place to do it. My regular paid hours were from midnight to six or eight in the morning, whatever an 8-hour shift was then. Then I’d stay during the day, because that’s when I could really learn from the pros who were running the hospital. I’d go to the business meetings, run home, get a little nap, come back and start all over again.

I used to love seeing the hospital wake up in the morning when the new fresh staff were coming on. It was a beautiful sight. I still like that, and oftentimes over the course of my career, whether it was at Hennepin or at Truman, I would be in the office at 5:30 or 6 o’clock, because I liked seeing the institution wake up.

GARBER: We’ve said somewhat negative things about Cook County, or at least talked about the challenges that Cook County faced then and still faces today. We should balance that by saying

that Cook County – now known as the John H. Stroger, Jr. Hospital of Cook County – is highly regarded as a wonderful place to learn medicine.

BLUFORD: It's a great training ground, absolutely.

GARBER: Could you please talk about the direction your career took after you got your degree?

BLUFORD: I got my degree in '75, and I worked at Cook County Hospital until 1977. At about that time, Bob Shakno, my mentor and supervisor took another job at Hackensack General Hospital in New Jersey. That got me to looking at different opportunities. I found out about a job opening in Minneapolis at a community health center. I took the opportunity to submit an application for this job at Pilot City Health Center to get a free trip to Minneapolis to visit Warren Simpson, a long-time friend, who became later became chief compliance officer at Hennepin County Medical Center.

I was asked back for interviews two and three times. By the third time, I was really liking this city, and getting an appreciation for what I might be able to do as the chief executive officer of this community health center. It was a very different environment from Cook County Hospital.

There were two or three different critical aspects to this opportunity and my decision to take it. First and foremost, all of my interviews were during the spring and summer of 1977, so I had no clue what winters were like in Minneapolis. It's beautiful there in the spring and summer!

Number two, the neighborhood health center, which is what they called them then, was part of Lyndon Johnson's War on Poverty and the Office of Economic Opportunity – OEO – and it was one of the first dozen or so health centers of its type that opened up around the country.¹³ Those programs were set up to fail because they were panaceas for everything – access to health care, access to jobs, access to training. They couldn't possibly be everything for everybody, but they tried to be. On top of that, the legislation required that 51 percent of the people on the center board had to be residents of the community and users of the facility. That's not a great formula for success, particularly if you have fairly unsophisticated people as patients.

There were a lot of problems centering around money and the inappropriate use of funding, and you're talking about federal funds, primarily – a lot of politics.

GARBER: I'd like to see if I understand the concept. If I'm an underprivileged person living in the catchment area served by this neighborhood health center, I can go there and see a doctor?

BLUFORD: Correct.

GARBER: I'm not paying anything for this?

BLUFORD: Many times, not paying – but there was a sliding fee scale, depending on your

¹³ Funding for the first two neighborhood health centers, located in Boston and Mound Bayou, Miss., was approved in 1965 by the U.S. Office of Economic Opportunity. [National Association of Community Health Centers. (2016). *About our health centers*. <http://nachc.org/about-our-health-centers/>

income.

GARBER: There were other services?

BLUFORD: Oh, yes, it was a comprehensive offering. Dentistry was huge. Behavioral health – huge, and acute care services, nurse practitioners, OB, pediatrics, family practice – that was typically the offering. It was also a major portal of entry for the WIC program – women, infants and children. It was a pretty busy place as a community health center.

GARBER: The money to fund this was federal government funds?

BLUFORD: Yes, grant money from the federal government through the Office of Economic Opportunity and local tax dollars. The facility was a county facility, but it had a community component to it, including the board, which made it very dicey and difficult to maneuver because of all the different constituencies and their wants and their needs and their level of understanding on what role they played.

GARBER: In this unusual sort of governing board in which there was a requirement that a majority of members of the board were people who actually use the center, do you recall how the board chairs did?

BLUFORD: The governance structure at Pilot City Health Center was somewhat unique. It had two component parts, and they were in a joined physical facility. One was the health care delivery side of the social service component. That included the dentistry and the behavioral health and the WIC program, the pediatricians and so forth and so on.

Across the hall was the social service component. That was work training programs, all kinds of social service activity. That was the community board component. There was always turmoil with the leadership of that program, which was not unusual across the country because everyone had their idea on what the Great Society was supposed to be.

The health care component reported directly to the county board. The community folks on the social service side didn't necessarily appreciate that because they saw it as their program, both health and social services. The funding component for the health side of the deal came from the Hennepin County Board of Directors. I was hired by Hennepin County, was paid by Hennepin County, and I reported to the Hennepin County administrator.

GARBER: You did not have responsibility for the social service side?

BLUFORD: I did not have responsibility for it, but we had to coexist. You had to coexist. I was oftentimes a bridge between the social service community side and activists associated with that program and the county board. Remember, the initial funding for this program came out of the 1960s as a result of some of the social issues that were happening.

GARBER: I believe that there is still an entity there called NorthPoint Health and Wellness Center.

BLUFORD: Absolutely. I'm very proud of that, because they reside in the building that I had built before I left – a brand new facility. It's a beautiful facility, too. They're in the midst of

expanding once more, I believe, as we speak.

GARBER: It's no longer the same model of a program, right? It's a physician practice with other services.

BLUFORD: No, it is the same. The health care component is the same, expanded and perhaps even better, but the same. In terms of public policies, the OEO and the Great Society are some of the best things we've ever done.

GARBER: It's really great to hear somebody say something kind about a federal government program. At this point in your career you decided to get some more schooling.

BLUFORD: Would you like to hear a little bit about that transition? One of the reasons for our success at Pilot City Health Center was that I was able to connect our services with the tertiary care Hennepin County Medical Center downtown. There had historically been a town-and-gown tension. There was this little community-based health center. There was this big academic medical center. The two tried to talk with each other as little as possible. I came in with a different idea. It was clear to me that if we could create value for that hospital, we would be better for it because they had the resources. They had the expertise. They had the talent, and they had dollars.

Within the course of a year or two I was able to articulate to the hospital that they had this diamond in the rough out in North Minneapolis that could generate 300 deliveries a year for their OB program. They should nurture that and not have slippage of those admissions going to other community hospitals.

Through that I became a known entity within the hospital. One thing that I can't neglect to mention is that in 1979, I was very fortunate to have Catherine Disch¹⁴ walk into the health center and fill out an application to be a registrar. It wasn't until 2012 that Catherine and I parted company because she retired. Cathy was my number 2 person at the health center when I took a job as an associate administrator at Hennepin County Medical Center. I hired her to run all of the outpatient clinics. After several years, she became my COO at the hospital when I became the CEO, and when we went to Kansas City, Missouri, she followed as COO of Truman Medical Centers. So much of my success in the field is our success – Cathy and I – as we were a team for thirty-some years.

There was an associate administrator job opening at Hennepin County Medical Center that included the outpatient clinics, the admissions office. One of the things I negotiated was that I continue to have responsibility for the community health centers, including Pilot City Health Center. I also asked if I could have the OR and all of the portals of entry into the hospital – the crisis center, the emergency room – because I wanted control of everything about people coming into the hospital. There were a lot of systems issues and logistics that weren't running well. I figured that if I had responsibility for all of that, I would be noticed. They would either get better or worse, couldn't stay the same.

I was able to negotiate that. Shortly thereafter, my boss allowed me to go to Harvard

¹⁴ Catherine D. Disch, who had served for 13 years at Truman Medical Centers (Kansas City, Mo.), retired as executive vice president and COO in August 2012. [Truman Medical Centers (2012, Fall). A new structure: Cathy Disch has traded in her shoes for flip flops. *Pinnacle*. <http://www.trumed.org/files/publications/2012-fall-pinnacle.pdf>]

University for six weeks to a mid-career training program. I was about 31 years of age by that time, and I had a phenomenal experience. I was in a class of about 40 professionals, many of them a little older than I was, which was good. My learning curve and career trajectory went straight up at a 90-degree angle because of the exposure to my classmates and the teaching of the professors at Harvard. It was an international group, and that particular cohort had a lot of Saudi Arabians because of the oil money. I learned so much and was a part of a network of talented folks that has persisted all through my career.

GARBER: Six weeks doesn't seem like very much.

BLUFORD: Sunrise to sunset, all day, every day.

GARBER: What kinds of things were you studying?

BLUFORD: That was the beginning of the IT age. Everybody was talking about IBM and computerizing your financial systems – primarily in the registration process, not electronic health records yet. That was a big topic of conversation and case studies. The other topic was marketing non-profit institutions. I still have my notes from that class and I still refer to them. The thinking



John W. Bluford speaking before the Chamber of Commerce in 2006

was so far ahead. Those were the two things that I remember most – marketing and IT. We also had guest speakers – we had Senator Kennedy¹⁵ come and talk to us. I've used that model to set up my program for the Bluford Institute. It's two weeks as opposed to six. We've had Kathleen Sebelius¹⁶ and Rick Pollack¹⁷ come in and speak to a cohort of 14 undergraduate students. That's where that came from.

GARBER: Your program at the Bluford Institute is two weeks – an intensive experience with a small cohort of students and includes expert guest speakers.

BLUFORD: Exactly. The theory is: If you can see it, you can be it. All of these speakers come in and tell their personal stories, how they got to where they are, and then they talk about what they do. It's powerful.

GARBER: You referred earlier to “town-and-gown.” How do you define this frequently-used term?

BLUFORD: I think of it in terms of parochial neighborhoods, oftentimes minority neighborhoods, versus downtown, corporate, resource-rich institutions that feel they have the authority and wherewithal to tell people in the town what they need. That happens oftentimes with major academic medical centers and the schools associated with them and the community. The

¹⁵ Edward M. Kennedy (1932-2009) served Massachusetts as senator for 46 years. He championed causes related to health care, civil rights, voting rights and labor. [Broder, J.M. (2009, August 26). Edward M. Kennedy, senate stalwart, is dead at 77. *The New York Times*. <http://www.nytimes.com/2009/08/27/us/politics/27kennedy.html>]

¹⁶ Kathleen Sebelius served as governor of Kansas from 2003 until 2009, when she resigned to become secretary of the Department of Health and Human Services under President Barack Obama. [National Governors Association. (2015). Governor Kathleen Sebelius. https://www.nga.org/cms/home/governors/past-governors-bios/page_kansas/col2-content/main-content-list/title_sebelius_kathleen.default.html]

¹⁷ Richard J. Pollack is president and CEO of the American Hospital Association.

community is just that, folks from the community. The gown folks come in from all over with their degrees, they come and go all the time. Other than from an academic point of view, they don't necessarily understand the real needs, socio-economic determinants and problems of the community. That's how I would describe it.

GARBER: Have you seen instances of cities, of towns, where the academic medical center has overcome this?

BLUFORD: One is in Kansas City at Truman Medical Centers. Perhaps to an equal extent at Hennepin County Medical Center, too, because that was a major focus of mine – that is integrating the service that we had and gearing it toward the various constituents that we serviced. I'm proud of that.

GARBER: We will be getting to Truman pretty soon. I'd also like you to talk some more about Catherine Disch. I wonder if you might speak about her leadership style.

BLUFORD: I'll try and do that. First and foremost, I call her "CD" – Cathy Disch. CD was an extremely talented and competent executive. That's number one. Number two, she had a work ethic second to none. Number three, her temperament complemented my temperament perfectly. She's a very calm, understated person who doesn't look for attention, but is efficient and effective. I'm a little bit more out front. We both played those respective roles well in concert with each other.

Her retirement was planned so that we didn't both retire at the same time and leave the institution hanging. I left two years after she retired. We were saying that over the course of 30 years, there had been only about two or maybe three things that we disagreed on. That's phenomenal when you think about it. That's a long period and there are issues on a daily basis that we had to deal with. It's not that she was in lockstep with any ultimate decision that I might make, because she might have a different point of view. Once the decision was made, it was over. We moved on to the next. Two or three things kind of stuck. That's not a bad track record.

It's not only how we perceived ourselves, but inevitably, the organizations that we served saw us as a team. It was always "John and Cathy," and oftentimes it was "Cathy and John," as I used to kid her.

GARBER: I don't think we talked yet about the Metropolitan Health Plan.

BLUFORD: That's a great subject.

GARBER: This was also in Minneapolis and was an innovative idea. At a time when the Twin Cities were known to be a hotbed for managed care – so we're talking now in the early '80s – you were in on the ground floor of a Medicaid HMO, the Metropolitan Health Plan. Could you talk a little bit about that experience?

BLUFORD: I *was* the ground floor. I was an associate administrator for Hennepin County Medical Center with a primary responsibility for overseeing all of the ambulatory care clinics. In 1979 or 1980, Group Health in Minneapolis went to the state legislature and convinced them that they should be able to enroll Medicaid recipients into their HMO. In doing so, the state and local governments would save a lot of money and, in their view, the Medicaid clients would get a first-class

experience. That was the first time that a major insurance provider in that community was competing, or threatening to compete, for Medicaid recipients. They got it passed.

There was the fear that many of our Medicaid patients would leave “the county hospital” and go to Group Health of Minneapolis and be just like every other patient because nobody would necessarily know they were on Medicaid. They’d just be a Group Health-er and have a Group Health card.

That motivated me to take action to get in that game of prepayment. The HMO structure was such that if Group Health got 2,000 Medicaid enrollees to sign on the dotted line, then at the first of every month, they would get X dollars in capitation payments for those patients. The capitation rate was predicated on the total expenditure for the State of Minnesota on the Medicaid population divided by the number of participants, less ten percent. In other words, if it was on a head-to-head basis, \$100 per month to see the Medicaid recipients last year, then when Group Health came in, the state would pay Group Health \$90 a month. The state saved 10 percent off the top. This is a great program, from the state’s point of view. Group Health was saying, “There’s a lot of waste in the Medicaid program. We can make do on \$90 a month.”

I learned of that. Nobody knew the Medicaid recipients better than my institution. I was saying, “Oh, yeah, we can do that.” This was a kind of ACA before the ACA.¹⁸ We said that we’d like to give our patients who are coming to us now an opportunity to sign up for a similar program. We couldn’t do it because we were a governmental entity. In Minnesota, a government entity could not become an insurance carrier. Health maintenance organizations are basically insurance companies.

I started a campaign at my dining room table in Minnetonka, Minnesota. I pulled a couple staff together and asked them to do an application to see if we could become an HMO. Then I went to the state legislature and lobbied for Hennepin County Medical Center to become a prepaid program – an insurance company, in effect – for our patients. I already had the patients. All I had to do is get them to sign on the dotted line. In the early ‘80s – I think it was 1983 – *Modern Healthcare* magazine listed us as one of the fastest growing HMOs in the country. Overnight, we signed up 35,000 people. Allen Johnson was the first financial officer of the Metropolitan Health Plan.¹⁹

For ten years running, that program had a net income of \$10 million, \$12 million, maybe as high as \$15 million a year. That’s unheard of in a county program. We used those funds to recapitalize a lot of the programs at the hospital and built neighborhood clinics throughout the city. It was a heck of a program. I learned a lot on the insurance side of the business. I had a separate office down the street from the hospital. It was all about managing money, as opposed to managing care at the hospital.

We became a model for public sector institutions across the country. It allowed me to serve as a consultant for a number of programs that are still in existence. Truman Medical Centers was one.

¹⁸ The Patient Protection and Affordable Care Act (P.L. 111-148) was signed into law in 2010 by President Barack Obama. It is often referred to as the ACA. [*Public Law 111-148: Patient Protection and Affordable Care Act*. (2010). U.S. Government Publishing Office. <http://www.gpo.gov/fdsys/pkg/PLAW-111publ148/content-detail.html>]

¹⁹ Trained as a CPA, Allen Johnson has served at Truman Medical Centers as chief financial officer since 1999. [Truman Medical Centers. *Meet our leadership: Allen Johnson*. <http://www.trumed.org/about/our-leadership>]

Before I started working there, I consulted on their HMO program. I consulted with Boston Medical Center, Grady Hospital in Atlanta, Denver General, The Med in Memphis, Tenn. Each of those institutions that I just cited, with the exception of Truman (which is interesting), still have those programs in place. I think that Boston Medical Center's plan generates as much revenue as the hospital does. It was pretty impactful.

GARBER: The Metropolitan Health Plan is still in existence?

BLUFORD: It's not as strong as it once was, but things change.

GARBER: What changed?

BLUFORD: I don't know the inside story why, but I know it's political, that they stopped enrolling county employees in the Plan. That was a major element of the original concept of the program. That represented a couple thousand lives – plus it balanced and legitimized their program, as opposed to being just a Medicaid program.

GARBER: Your career at Hennepin County Medical Center rocketed along. You didn't stay just the administrator of the intake portals at the hospital. You became the CEO.

BLUFORD: Yes.

GARBER: How did you make that career transition?

BLUFORD: It was quite easy because I was the deputy administrator before assuming the CEO role. It was a hand-in-glove relationship. I would argue that in many instances I was CEO-like, although my title was deputy administrator. I was definitely the inside-hospital guy, and my colleague Dan McLaughlin,²⁰ was the CEO, but did a lot of work outside the hospital. The transition from number two to number one was not a huge one for me.

GARBER: Do you have any comments about Mr. McLaughlin's leadership style?

BLUFORD: I learned quite a few things from Dan. I think the biggest difference is that I was not reluctant to make tough decisions that would not satisfy everyone. I never shied away from taking a hit if I thought it was the right decision to be made, as opposed to trying to please everyone all the time – which means you get compromised decisions. That might be one of the biggest differences between Dan and I. He is a very smart guy. I think he's still working with the University of St. Thomas. He's very good academically. We had a great partnership in that he gave me enough room to make those decisions.

GARBER: Hennepin County Medical Center was in some financial difficulty at the time you took over.

BLUFORD: Yes, like most safety net hospitals because of the disproportionate uncompensated care burden that they handle. We were able to make ourselves amenable and available to a broader patient population than just the vulnerable patient population. That's why it was so

²⁰ Daniel McLaughlin served as administrator and CEO of the Hennepin County Medical Center from 1984 to 1992. [LinkedIn. <https://www.linkedin.com/in/danielbmclaughlin>]

important that county employees and their families join the Metropolitan Health Plan, because they had to use our facility.

GARBER: Other than that strategic move, how did you make the Hennepin County Medical Center more attractive to the broader patient population?

BLUFORD: By negotiating contracts with third-party payers that we historically had not had such as United Health Care, which used to be Medica, and Blue Cross Blue Shield. We marketed ourselves so that the general patient population gained an appreciation of the level of expertise that a facility like Truman Medical Centers has. The other thing that played a large role in that, and it was just pure luck, was that nurses went on strike, except for Hennepin County Medical Center nurses. All of a sudden, we started getting an influx of patients from those other hospitals. They stayed with us for my entire tenure as a result of that.

GARBER: I heard you say the word “marketing” a moment ago and it made me think back to your Harvard studies.

BLUFORD: Harvard, yes. I think we were one of the first health care entities in that community to use billboards as a marketing vehicle. We did the same thing at Truman, too. It’s commonplace today so you don’t think about it, but it was unheard of in the early ‘70s and ‘80s.

GARBER: Before we leave Hennepin County and Minneapolis, is there anything else that you wanted to say about it?

BLUFORD: One of the elements and aspects of my growth and development at Hennepin was my ability to nurture relationships with the Hennepin County Board of Directors, a political body that I worked both sides of the aisle all the time. In fact, quite frankly, I didn’t know the distinction, whether they were Republican or Democrat. I just knew the personalities and made sure that they understood the challenges and needs of our institution. Secondly, that they got the benefit of things when things went well – that their names were on it.

I had great rapport and relationships with all of the county commissioners in Minneapolis and Hennepin County. I worked there for 22 years and, in general, I was in front of that body once a week asking for authority for something. One of the things I’m very proud of is that over 22 years and countless resolutions that I brought before that board, I only had one resolution that didn’t pass.

GARBER: What was that one?

BLUFORD: It was about having contraceptives in the high schools for our clinics in the high schools.

GARBER: I can see how that would be controversial.

BLUFORD: Ultimately, it did get passed.

GARBER: How many were on the Hennepin County Board?

BLUFORD: Seven, and it was remarkably stable over those 22 years. Two of the commissioners are still there today.

GARBER: Did you find them to be knowledgeable about the health care field?

BLUFORD: Yes. The politics of Minneapolis is a little different than other parts of the country. They were full-time commissioners and were paid reasonably well. They were pretty knowledgeable folks, easy to work with in that regard. We were able to position the medical center in such a way that they saw it as a valuable asset, just like the libraries and the parks, things that they could be proud of. That's how we positioned ourselves.

The Chairman of the Hennepin County Board was John Derus,²¹ a great leader in his own right. Many folks saw him as a pretty tough customer, but he became a believer. Peter McLaughlin,²² who is still there, became a believer. Randy Johnson²³ was chair of the board for a while – he became a believer. I look back at those days very fondly in terms of how I grew under that kind of structure.

I remember one other resolution that created some consternation. That was when I tried to get a \$20 million contract with Siemens for radiology equipment. In the early '90s, \$20 million was a nice chunk of change. It was what I call a "buffet contract." In other words, we would pay them \$20 million, then for the next five years we could get as much equipment as we could eat, so to speak – MRIs, CAT scans, digital reading for radiology, including all the maintenance agreements, which is a big deal.

That went to the county board, and that was a big number for the county board to deal with. The question came up, "Why are we working with Siemens? Why aren't we working with GE, which manufactures right there in Wisconsin?" That caused some trepidation and some trouble. I'm almost certain that it didn't pass the first time because the GE folks were there trying to get the business. We got it done, and we were one of three entities in the country to have such an arrangement – it was Stanford University, Mayo Clinic and Hennepin County Medical Center. That relationship mushroomed. It was a big deal for the salespeople at Siemens. The implementation of the contract was successful, the doctors loved it and the equipment worked well. When I got to Truman Medical Centers in Kansas City, who do you think were the first people I called? Siemens. That ultimately ended up with me spending a full day with the President of Siemens International.

GARBER: We're going to talk about another significant career move. You left Minneapolis after spending a couple of decades there and moved to Kansas City. The place that you went is such an interesting place. It was formerly Kansas City General Hospital.

BLUFORD: Yes, as was Hennepin County. It was the Hennepin County General Hospital as well, many years before I got there.

GARBER: But Hennepin County was not a segregated hospital, right?

²¹ John Derus served on the Minneapolis City Council and later chaired the Hennepin County board. [Hennepin County Sheriff's Office. *John Derus*. <http://www.hennepinsheriff.org/book-pages/john-derus>]

²² Peter McLaughlin served in the Minnesota legislature prior to becoming a commissioner on the Hennepin County Board in 1991. [Hennepin County. *Peter McLaughlin, District 4*. <http://www.hennepin.us/your-government/leadership/4th-district>]

²³ Winning ten elections, Randy Johnson served for 38 years on the Hennepin County Board, longer than any other commissioner. [Smith, K. (2016, December 26). Randy Johnson, Hennepin County's longest-serving board member, retires. *Minneapolis StarTribune*. <http://www.startribune.com/hennepin-county-commissioner-randy-johnson-longest-serving-board-member-in-county-history-retires/408361076/>]

BLUFORD: Not in Hubert Humphrey's time! But de facto, probably, just because it was for the indigent and the poor.

GARBER: I hadn't thought about the concept of de facto segregation.

BLUFORD: Yes. People of means would have been going to the University of Minnesota or Fairview Hospital System or the Abbott Northwestern Hospital system, not to Hennepin County Medical Center. We changed that by increasing its quality quotient and improving its aesthetics and its environment. I'm a big one in that – you are what you look like. Much of the benefit that I brought to the institution was rehabbing the environment to make it more conducive and amenable and aesthetically appealing to a broader patient base.

One of my favorite sayings is that poor people don't like going to a poor person's hospital. I was always conscious of making my clientele feel appreciated and that they are provided with the same kind of amenities that any other hospital would have. The combination of the aesthetics and the influx of major cutting-edge technology like the Siemens program brought our institution into the mainstream of the delivery system of the Twin Cities. We spent hundreds of millions of dollars on improving the environment. That's paid off by diversifying the payer mix that the institution attracted.

A headhunter called and asked if I would be interested in taking a look at an opportunity at Truman Medical Centers. For many years, Truman had been run by Dr. Jim Mongan,²⁴ who was the CEO and also dean of the medical school at Truman. He ultimately ran Mass General and Partners in Boston. Dr. Mongan knew of me because he asked me to come down to Kansas City years before to teach them how to set up an HMO, just like Grady, just like in Boston, just like at Denver General. He was familiar with me in that role as a consultant for him.

He was also aware of the reputation that Hennepin County Medical Center had achieved, in part during my tenure. Hennepin County Medical Center had a great reputation long before I got there, particularly in some of the clinical areas in kidney disease and in their relationship with the University of Minnesota. My contribution to that environment was that I opened it up to a broader patient base. It was seen not only as an institution for the poor, but also as an institution for anyone who was sick.

I was 48 or 49 years old, which is prime time for people in this business because your next employer is saying, "He's at the top of his game, still has energy, he's got wisdom and he can be with us for ten years." I was getting a lot of calls from all over the country, particularly to come and do turnarounds in safety net environments – Grady, Detroit Medical, to name two. My response to all of these inquiries was always, "I'll talk with you, but you've got to come to Minneapolis and meet me in my office." Headhunters did that on Sunday mornings.

A headhunter would visit and we'd go through the typical interview process. Then we'd take a walk around Hennepin County Medical Center, and I'd say, "If I were to choose to come to your hospital, is this something you might want to be like?" Of course, the answer was always going to be yes, because I was very familiar with all of the major safety net hospitals around the country and I

²⁴ James J. Mongan, M.D. (1942-2011) served as executive director at Truman Medical Centers and dean of the University of Missouri-Kansas City School of Medicine from 1981 to 1996. He later became president of the Massachusetts General Hospital and of Partners HealthCare in Boston. [Dr. James J. Mongan M.D. (2011, May 8). *The Boston Globe*. <http://www.legacy.com/obituaries/bostonglobe/obituary.aspx?pid=150852015>]

knew where we stood. It was always near the top.

The headhunter representing Truman Medical Centers came, and the next thing I knew, I was on my way to Kansas City for an interview. There were a lot of people in that interview – the entire board, the sub-committee, the nominating committee – and then they brought in folks from the community. It was pretty awesome. That institution had a lot of problems. They had union issues. They had just fired the CEO, Dr. Anderson,²⁵ for a variety of reasons, and he was suing them. He had fired some chairs of clinical departments, most notably the chair of medicine and the chair of radiology, and the medical staff sued him. Then he sued the medical school. As a backdrop, the federal government was suing the hospital for Medicaid fraud. The morale of the hospital was at an all-time low, and the facility was not up to speed.

When I had toured that facility and heard of all the problems, I got excited because I said to myself – you can't mess this up. It's got to go up! I was serious about that – that was number one. Number two, there was clearly a great desire and interest on the part of the community to see that Truman Medical Centers be successful. That was very important. Three, there was a necessity for Truman to be successful for that community. Each of those things was very appealing to me.

Before Truman officially made me an offer, I insisted that I come to a full board meeting. I knew they were going to offer me the position. I was the candidate of choice. The headhunter had shared that with me, but I insisted that I come to a full board meeting before they hired me. Before I did that, I did a lot of research on Truman. I did some secret shopper stuff on my own – coming in at night. I'm very accustomed to being in hospitals at night – and I visited and talked with people before they knew who I was. I realized a lot of deficits that board members would not typically know about. I started with the Medical Records Department. It was a disaster. It was a joke. Anybody in our business knows that if you don't have a strong medical records department, you can't bill for services, and your quality is not that good either.

I shared those kinds of stories with the board when I asked if I could have a few words with them before their decision. I was bold because I thought that was necessary. I said, "First and foremost, if you hire me, there will be change. It might be good. It might be bad. I don't know. There will be change. That's my track record. Number two is that I have to have 100 percent cooperation with you, this board, in terms of who's running the ship. If there are any issues, whether it be in housekeeping or food service or clinical services that you are aware of, that call comes to me – not to the chair of the department, not to the union steward or whomever else. It comes to me. If I don't fix it, I'm the problem, not those respective department heads."

A couple people swallowed on that, they were saying, "Now, who is this guy?" However, they bought Step One. I got my mandate to change. The second critical aspect of my accepting the position was that I went back to Hennepin and said to five or six of my key C-Suite partners, "How would you like to go to Kansas City?" Although some had never been to Kansas City, they all said yes. I mandated that they come down and spend a weekend before they made the decision, and they did. The most telling aspect of those conversations with the staff who ultimately followed me is that

²⁵ E. Ratcliffe Anderson, M.D., served as a Pilot/Flight Surgeon in the Air Force, rising to the rank of Lieutenant General and the position of USAF Surgeon General. Upon his retirement from the Air Force, he became dean of medicine at the University of Missouri-Kansas City. [Fisher Center for Alzheimer's Research Foundation. (2016). *Board of trustees: Dr. E. Ratcliffe Anderson, Jr.* <https://www.alzinfo.org/about/bios/dr-e-ratcliffe-anderson-jr/>

this was not a job, this was a mission. Everybody bought into that.

I told everyone who came with me that I expected them all to have home ownership within 90 days of coming to Kansas City. That was intended to be a message to the 3,000 people who worked at Truman and to the community at large that we were going to be there for the long haul to make a difference.

It was a tremendous experience with a contentious board. I had honed my board skills with an elected body in Hennepin County. Truman is a not-for-profit 501(c)(3) – it's not a public hospital any more. It has county funding and city funding, but has its own independent, self-perpetuating board.

At the time that I went to Kansas City, the board numbered over 50 people – a lot. My famous comment upon first meeting them was, “This is not a board, this is a zip code. There's a lot of people in this room.” We ultimately got that board down to 31, or 34 people, something like that. It was a representational board. The mayor of the city appointed seven people, the county executive submitted a certain number of people on the board, the medical staff had membership, two employees were on it, the medical school had membership. Then you've got to have independent people to balance that out. You get 30 people real quick that way.

It all worked out because they were committed and on the same page. That's where some of my point guard skills came into play in terms of massaging egos and bringing people into one tent for a common goal.

There were three simple objectives that I had for that institution on Day 1. The first was that it was going to be a clean environment. Secondly, that it would be an aesthetically pleasing environment. Third, that it was going to be a quality environment. Cathy and I and the rest of the team spent the first two months trying to talk to 3,000 employees to find out what their issues were and what their vision for the institution was. Two months later, we came back in big town hall meetings and said, “This is what we heard from you. This is what we have in mind, and this is what we're going to do about quality and an aesthetically pleasing environment.” We later added technology as a strategic asset.

In an institution that had a 30 to 35 percent bad debt rate because of uncompensated care burden – which is grossly disproportionate in that community – we were still able to build half a billion dollars' worth of infrastructure in that institution, starting with Siemens, and made a significant difference in that community.

The other thing that we were able to achieve and implement is what I shared with the rest of the field during my investiture, and that is *thinking outside of the bed*. We were a little bit ahead on the front end of the notion that hospitals need to redefine themselves and can't be contained within the four walls of the facility. We had a number of community outreach programs that to this day are still thriving and doing well.

One of them – and this leads to my second area of interest which is socio-economic determinants of health – was that we negotiated a relationship with US Bank to open a full-service branch within our building. In the urban core, there are not a lot of banks. I wanted to set up direct deposit of employees' pay, but many did not have checking accounts to deposit into. Many employees



John W. Bluford at Farmer's Market sponsored by Truman Medical Centers with other co-sponsors

used cash stores to conduct everyday life. I assigned Terrance Goldston,²⁶ who was a recent graduate of Morehouse College, to do a study on use of cash stores, and we found that many of our employees were paying \$1,200 or \$1,500 a year in fees just to pay their bills because they didn't have checking accounts. For entry-level positions, \$1,200 or \$1,500 a year in fees was more than their cost of living increase. It was phenomenal.

We convinced US Bank to come in, and they were required to offer everybody a checking account. That has blossomed into one of the best things we did. Not only have there been more than \$3 million in loans to employees and about the same amount in deposits, but also the community at large now comes into Truman Medical Centers just to use the bank. That's just one example of how health care and hospitals, because they're such valuable resources in their communities, can make a difference in the everyday lives of their constituents.

We did a number of things like that. The farmer's market gets a lot of play. We were doing clinics and educational sessions in the libraries. We did school-based clinics, which is not necessarily a new opportunity, but we did a lot of them. We had about fifty billboards throughout the urban core that used to be used for cigarettes and beer commercials. We put up very positive statements about health, not crass advertisements for Truman Medical Centers. It made the community feel better about itself.

²⁶ Terrance Goldston became an IT business operations analyst at Truman Medical Centers. [*LinkedIn*. <https://www.linkedin.com/in/terrance-goldston-338b5710>]

We did an art museum in a hospital, or hospital in an art museum. I think that the hospital has a collection worth well over \$1 million. It's beautiful. We had people from the community who had never thought of setting foot in Truman Medical Centers come just to take a tour of the art, with national exhibits from Fisk University and other places. People like Richard Umbdenstock,²⁷ Governor Michael Leavitt,²⁸ and others who had been in hundreds of hospitals were always complimenting us on the presentation of that environment.



John W. Bluford with Kathleen Sebelius touring the art collection at Truman Medical Centers

What's significant to me about this is that it is about showing respect for the people you serve. Patients come in and see that kind of environment, and many of them ask, "Who is this for?" The answer is, "It's for you." That helps in the psychology of health.

There was the Corporate Academy set up by Marjorie Smelstor.²⁹ We decided to be an institution of learning and brought in many of the local universities to teach courses onsite. We had employees getting high school diplomas, college degrees, masters degrees. I'll never forget, a 50-year-old employee, a white male – this is significant because when we set up this program, we thought we would be working with entry-level positions and a lot of young minority employees. He stood up in a public meeting to say that he just read his birthday card from his granddaughter for the first time because he couldn't read before.

Those kind of programs mean as much as any clinical intervention in terms of the health of a community. It speaks to population health. We were at the forefront of that, in the intermingling of public health and acute care services.

GARBER: You've been quoted as saying that you're proud of "helping to change the culture of the organizations that you've led, helping them to become more competitive, customer-service oriented and innovative." How do you go about changing the culture of an organization?

BLUFORD: By example and walking the talk and believing what you're trying to convince others to buy into. I always perceived my institutions as valuable community resources and assets. I spent a lot of time educating the broader community on what that meant.

A lot of people think of general hospitals as being places of the poor. They're glad to have

²⁷ Richard J. Umbdenstock was president and CEO of the American Hospital Association from 2007 to 2015.

²⁸ Michael O. Leavitt served three terms as governor of Utah and was later named secretary of the U.S. Department of Health and Human Services. [*Biography of Mike Leavitt*. <https://archive.hhs.gov/secretary/dhhssec.html>]

²⁹ Marjorie Smelstor, Ph.D., was hired in 2001 as chief acceleration officer at Truman Medical Centers. [Rossi, S. (2005, August 22). Chief acceleration officer. *The Big Picture*. http://mhanewsnow.typepad.com/thebigpicture/2005/08/chief_accelerat.html]

that so that that constituency can get service, but that's all they see. There's a term that I frown upon, about serving "devalued lives." That has connotations associated with it. I have always worked very hard to change that viewpoint and have people consider that, "Our hospital is a \$500-million operation that employs 4,000 people in this community. Our hospital spends \$100 million locally on commodities and supplies. Your company might not do so well, Mr. Linen Service, if we didn't buy \$200,000 worth of service from you every year."

I spoke to every business leader one-on-one, every faith-based leader one-on-one, every elected official one-on-one in the first six months of my tenure at Truman Medical Centers, bringing them into our four walls and sharing with them our vision and what we needed to do a good job to help them. If we're strong, you'll be stronger, Mr. Banker, because we're going to do our payroll deposits at US Bank. Through expressing the business viewpoint of what hospitals represent in their communities, forward-thinking civic leaders got it and were instrumental of the turnaround of our hospitals, both Hennepin and Truman.



John W. Bluford with artist Christopher Radko (right)

You just need a couple of victories for your staff to say, "That's us on the front page of that paper about something good we're doing. This is a good thing!" Our high-water mark was in 2005 when University Health Consortium recognized us as one of the top five academic medical centers in the country. That was Truman Medical Centers and Rush in Chicago, the University of Wisconsin, Mass General and the Mayo Clinic. That was pretty high cotton, as they say down south, and we were very pleased with that.

and we did that through our partnership with Cerner. One of the strengths that I was able to bring to our environment was the partnership with people like Cerner, US Bank, Siemens, Morrison Food Service, and Walgreens to co-brand ourselves. If Walgreens was running the outpatient pharmacy for Truman Medical Centers within our four walls, that's a good thing, because people recognize Walgreens as a quality entity. If we've got Cerner bringing people to our institution to demonstrate their equipment, that's a good thing, because people look at Cerner in our field as being prominent in the IT space. If you were to go to our cafeteria at Truman Medical Centers, the food is better than most of the restaurants in town. It's delicious because the president of Morrison's came in before we cut the deal and I said, "Whatever it costs to have a quality product, that's what we want." Morrison's did it.

Can you imagine the collective psychology of Truman when that ranking came out? It motivated us to keep moving forward and become one of the top institutions for IT implementation, long before meaningful use,

It's always been quality first: enhance the transformation from *safety net* with its connotations of devalued lives – to *quality net*, which is to say, if you're sick, it's not a bad place to be because you're going to get a quality experience. That's what I've tried to do for forty years, and in many instances, was able to achieve certain milestones in that regard.

GARBER: It's a powerful message and mission.

BLUFORD: It's all about mission.

GARBER: Is there anything else that you'd like to say about Truman before we wrap up?

BLUFORD: There was great community support once the community recognized that there was reasonable vision. It was great to have continuity of the staff – many of the people that I brought stayed with us for the duration of my tenure there.

Another gentleman who is critical to the positive aspects of Truman is Dr. Mark Steele,³⁰ who is the chief medical officer, and who is now also the COO. The institution had never had a medical director. The reason was that the CEO had always been an MD. When I got there, we needed a medical director. I called upon Dr. Steele, who was the chair of emergency medicine, to fill that role, and that was one of the best decisions that I made. He and his colleagues were as much a part of the partnership as anybody else. You can't get things done without the buy-in of the medical staff.

You can't get things done without the other 4,000 employees, either. I've always paid a lot of attention and spent a lot of time in getting to know and understand the trials and tribulations of entry-level positions in the institution, because that nursing clerk is the person that the patient sees. If the front-line staff don't buy into all these fancy plans, they aren't going to happen.

I tried to know all of my employees' names. That's virtually impossible, but I try. One thing for sure – everybody knew who I was and wouldn't have any difficulty in having a conversation with me. I always had an open door policy. One of the first things I did at Truman was put windows in all of the office doors so people could see in and see out. If you're going to be transparent, you've got to walk the talk.

Those are some of the little tricks of the trade that make a big impact for a lot of people. I was so proud, as I shared with you earlier, at the National Center for Healthcare Leadership. Gail Warden started that program some 15 years or so ago, and I was honored to receive an award a couple years ago. The highlight for me was taking 12 rank-and-file employees to Chicago, some of whom had never been to Chicago and a couple who had never been on an airplane, and having the opportunity to introduce them and share with this distinguished audience their importance and role in the maturation and development of Truman Medical Centers.

It's hard to minimize the role of serving as chair for the American Hospital Association. Obviously that was huge, perhaps even more so coming from a relatively small quality net hospital and being able to impact the field as a whole and influence other hospitals to become more focused on socio-economic determinants of health and public health, which has now blossomed into population health. I think we had a small role in sensitizing the field toward that. It's always amazing to me to see how many hospitals now have gardens and food service things that I'm sure we had a

³⁰ Mark T. Steele, M.D., who specializes in emergency medicine, has served as chief operating officer at Truman Medical Centers since 2015. Dr. Steele continues in his role as chief medical officer at Truman. He is also a professor at the University of Missouri-Kansas City School of Medicine. [University of Missouri-Kansas City. (2015, May 7). SOM graduate Mark Steele, M.D., appointed chief operating officer for Truman Medical Centers. <http://med.umkc.edu/steele-appointed-coo-for-truman-medical-centers/>]

little bit of impact on. That's a good thing.

GARBER: I think you had impact, too, in that regard. There are two things that I want to ask as follow-up, and then we can move on to a different topic. I've been thinking for the past half hour or so about those five or six individuals who accompanied you in the transition from Hennepin County to Truman, and wondered how Hennepin County fared after all those seasoned execs left?

BLUFORD: I wasn't a very popular guy at Hennepin shortly thereafter. They've had some transitioning. I think it's very stable right now with Dr. Pryor,³¹ who seems to have a good handle. It's hard for anybody to come in after the previous CEO has been there a long time – I had been at Hennepin for 20 years.

GARBER: You mentioned how you value the concept of an open-door policy, and we often hear executives talk about an open-door policy. What does that actually mean?

BLUFORD: That meant that if you wanted to see the CEO of the institution, you picked up the phone and you called my secretary and said, "I want to see John Bluford." Or, you didn't even have to make a call because at six o'clock in the morning I'd be walking through the halls –



management by walking around – all the time, to the chagrin of a lot of my staff. I never wore a nametag either.

GARBER: Another aspect of this is that employees need to know that there will be no negative consequences for having spoken to the executive.

BLUFORD: Right. That's part of the culture. Middle management has to buy into that, too.

GARBER: This would be a good time to make any additional comments about the Bluford Healthcare Leadership Institute.

BLUFORD: The Bluford Healthcare Leadership Institute is now entering its fifth year. I've had 53 scholars come through our program. Those scholars are recruited from Historically Black Colleges and Universities primarily and the University of Missouri in Kansas City. They come with a minimum of a 3.0 grade point average. Many of them have 4.0. They come with a track record of leadership. I interview all the candidates for the Institute personally. I go to their campuses. We just had 80 applications for 14 slots. We bring them to Kansas City where they are exposed to the leaders in the field. It's both didactic and experiential. They take tours, including art museums, performing

³¹ Jon L. Pryor, M.D., a urological surgeon, became CEO at Hennepin County Medical Center in 2013. [Hennepin County Medical Center. (2017). *Executive leadership*. <https://hcmc.org/aboutus/executive-leadership/index.htm?>]

arts centers and baseball teams.

If they want to continue – and all of them have – students are placed in a position in the field around the country, from Henry Ford Hospital to Duke University to INTEGRIS to KentuckyOne Health and also the University of Kansas Hospital and Saint Luke’s Hospital of Kansas City. We have some students placed in health departments and behavior health departments – CHRISTUS Health System in Texas, Blue Cross Blue Shield, America’s Essential Hospitals, working with Bruce Siegel.³² I sent a student out to Denver to work with CHI – Catholic Health Initiatives – and Kevin Lofton.³³ Carmela Coyle³⁴ at Maryland Hospital Association took a student.

These students are getting first-class exposure to C-suite environments. Again, the idea is that if they can see it, they can be it. The longer game plan is to create a pipeline of diverse talent that will significantly impact health care disparities among vulnerable patient populations 20 years from now.

I’ve got 18 young people now in the field who are getting advanced degrees. The rest haven’t graduated from undergrad. I pursue them as freshmen and sophomores, so that I have two or three years to guide them and perhaps persuade them to go into the business. These are talented students. They’re going to be successful somewhere. The question is, can we bring them to our industry? That was a major decision that I made on Day 1 in terms of bringing on students who needed to be brought up to speed, or to select very talented students and giving them a head start and a push in the field. We chose the latter.

That is my passion today. The genesis of it is twofold. One, I’ve been a preceptor for several graduate programs over the last 25 years, fellowships and internships with graduate students primarily. In 1997, I went to the Hennepin County Board and asked if I could establish a formal relationship with Morehouse College to bring undergraduate students to Hennepin County Medical Center and work for the summers. The problem was that I never got minority students from the graduate schools because they weren’t there, so I went to undergraduates to get them to the graduate schools to get them into the system. I really like working with young people because you get as much out of it as they get from you.

The second impetus was the experience in the trajectory of my career as a result of the Harvard program in 1980. I was about 31 when I went through that program. How much better off would I have been had I had that experience at age 21? That’s playing out now as these young talented people are getting excited, as I did as a young person, on what health care has to offer. It’s a tremendous career opportunity. You can’t beat it. You help a lot of people. If you’re into helping people, it’s very hard to beat.

³² Bruce Siegel, M.D., is president and CEO of America’s Essential Hospitals, formerly known as the National Association of Public Hospitals and Health Systems. [America’s Essential Hospitals. *About Bruce Siegel, MD, MPH*. <https://essentialhospitals.org/authors/bruce-siegel-md-mph/>]

³³ Kevin E. Lofton was named CEO of Catholic Health Initiatives in 2003 and has served in a variety of leadership positions with other professional organizations, including chairman of the board of trustees of the American Hospital Association. [Catholic Health Initiatives. (2017). *Kevin E. Lofton, FACHE: chief executive officer*. <http://www.catholichealthinitiatives.org/kevin-e-lofton-fache>]

³⁴ Carmela Coyle is president & CEO of the Maryland Hospital Association. She had previously served as an executive at the American Hospital Association for two decades. [Maryland Hospital Association. (2017). *Carmela Coyle, president & CEO*. <http://www.mhaonline.org/about-mha/leadership/carmela-coyle>]

GARBER: Do you think that the class size is about as big as it's going to be?

BLUFORD: I don't want it to get much larger because I really get to know each and every one of the students. By the way, as I go to these five campuses to interview, I'm always thinking about how that team will look when they get together. It's always exciting the first time that they meet each other to see how they gel. It's exciting to see how they mature and grow, both individually and as a group, because success depends on how well you can bring disparate groups together and make things happen. It is important to me to have a tight group and have it quality-driven – quality before scale.

Five years from now, maybe we'll have six programs around the country. I don't know. But right now, it's making sure what we're doing is meaningful and has impact.

GARBER: Let's talk about the American Hospital Association. You were chair, which is a three-year commitment.

BLUFORD: More like a 10-year commitment. You don't just walk in on Day 1 and say "I want to be Chair."

GARBER: Would you talk about the process? It began with you serving on the board.

BLUFORD: No, it didn't, ironically enough. There were two precursors to me getting on the board. First of all, Carolyn Lewis³⁵ called in 1998 and asked if I would sit on a committee that had to deal with access in Level 1 trauma centers and problems of logistics and throughput of patients in ERs. I sat on that committee, which introduced me to Carolyn Lewis and the AHA in a more formal way.

After I moved to Kansas City, Missouri, I got a call asking would I sit on the Nominating Committee? This was long before I was on the board. As I was sitting on the Nominating Committee I was getting familiarized with the AHA process and the talented, iconic people who came before this committee hoping to get my vote to ascend to a higher position in the AHA, either on the Board or as Board Chair. These were people like Dennis Barry³⁶ from Cone Health, and Sister Roch,³⁷ who is a hero of mine, and Gary Mecklenburg³⁸ from Northwestern. I sat on the Nominating Committee with these folks, initially in awe, and then later on became very comfortable with that caliber of talent around the table.

³⁵ Carolyn Boone Lewis served as chairman of the American Hospital Association Board of Trustees in 2000. She was the first hospital trustee to chair the AHA board. [Grayson, M. (1998, October 5). The chairman as challenger. *Hospitals & Health Networks*, 72(19), 24-26, 28, 30.]

³⁶ Dennis R. Barry served as president and CEO of Moses Cone Health System (Greensboro, N.C.) from 1979 until his retirement in 2004. [Campbell, D. (2004, January 16). Dennis Barry announces plans to retire from Moses Cone. *Triad Business Journal*. <http://www.bizjournals.com/triad/stories/2004/01/12/daily33.html>]

³⁷ Sister Mary Roch Rocklage served as the founding president and CEO of the Sisters of Mercy Health System, known today as Mercy. She also served as chairman of the American Hospital Association Board of Trustees in 2002. Her oral history: Garber, K.M. (Ed.), (2011). *Sister Mary Roch Rocklage in first person: An oral history*. Chicago: American Hospital Association, can be retrieved from www.aha.org/chhah.

³⁸ Gary A. Mecklenburg served as president and CEO of Northwestern Memorial Hospital, later known as Northwestern Memorial HealthCare from 1985 until 2006. He also served as chairman of the American Hospital Association Board of Trustees in 2001. [Japsen, B. (2006, January 10). Downtown hospital changes leadership: Northwestern healthy for Mecklenburg exit. *Chicago Tribune*. http://articles.chicagotribune.com/2006-01-10/business/0601100246_1_teaching-hospital-gary-mecklenburg-northwestern-memorial-hospital]

We were sitting in one of the nominating committees interviewing a candidate, and this candidate did make it to the Board, in large part because he or she had the qualities that we were looking for – let’s just say, we needed someone who ran a rural health care system. I’ll never forget – Mecklenburg looked at me – we were sitting next to each other – and he nudged me and said, “You’re stronger than that other person. You should apply for the board, too.”

I did, and within a year or two I was in front of the Nominating Committee and got accepted on the board. It’s hard to articulate the meaningfulness, relevance and benefit of sharing the experience of the American Hospital Association Board. If you need a model for governance, that’s one. I had the pleasure of working with Dick Davidson³⁹ as well as Rich Umbdenstock, both of whom were very talented individuals and really carried the association to new heights, but were very different.

I’ve learned through my association with colleagues on the board. I would guess that I spent more than ten years on the board. I got to know a lot of folks. It’s been helpful and fortunate for me that I did because those same colleagues are now supporters of the Bluford Healthcare Leadership Institute. When I need job offerings, I have people to call, and people that I trust and know will be good mentors for my students. I certainly can’t think of any other board experience that matches the experience and exposure and learning opportunity that I had with the AHA.

One of my favorite tasks as a board member was going all over the country from Alaska to San Juan to the regional policy boards. I got to meet my fellow CEOs and increased my appreciation of what a wonderful career choice this has been. I had special appreciation for folks who run critical access hospitals. That is a hard job because you’re CEO, bottle-washer and everything else. There is no room for error. If you run a billion dollar operation, you can make a million dollar mistake. You can’t make a million dollar mistake at a critical access hospital. I have a lot of appreciation for those talented people.

AHA has been wonderful. You saw my little Wall of Fame at the back of the house here, and there are 30 pictures up there. Seven or eight of them are directly attributable to the AHA or something I was doing with the AHA. It was a wonderful way to cap off what I think has been a good career.

GARBER: It always impresses me when I interview CEOs that they do so much besides their principle job. They typically have board service to all kinds of different organizations.

BLUFORD: Yes.

GARBER: It seems to be part of the package. Part of being a prominent leader in a community is that you serve on other organizations’ boards. I think this would be a good segue into exploring how you managed work/life balance and for you to speak of how your wife contributed to the success of your career.

BLUFORD: Let me start from one very important element. You were talking about leadership and what I would consider “extracurricular activities” outside the walls of the hospital.

³⁹ Richard J. Davidson (1936-2016) served as president and CEO of the American Hospital Association from 1991 to 2007. His oral history: Garber, K.M. (Ed.), (2010). *Richard J. Davidson in first person: An oral history*. Chicago: American Hospital Association, can be retrieved from www.aha.org/chhah.

Early on when I was in Minneapolis, a gentleman a few years older than I was suggested that I join the United Way board. He wanted to put my name in nomination. I said, "United Way board, why would I want to do that? I make my \$100 contribution every year." He said, "You ought to try it. It's really meaningful. You get to know the community because of all the agencies. They'll probably put you on a committee that has to evaluate the Boy Scouts and the YMCA, or this or that, or in allocations. You really get in the loop then."

I reluctantly did it. I went to the first meeting, and you know, United Way boards are big. I was looking around the table. Oh, there's the CEO of Honeywell. Oh, CEO of General Mills. Oh, CEO of 3M – Target – the Dayton-Hudson Department Store. I said to myself, "Okay, I get it. Now I get it."

That puts you in a whole different level of company, in addition to the work of the United Way. In terms of networking, it was hard to beat. As a new young person to the community, it gave me a jumpstart, a familiarity with different people, and them with me. When I went to Kansas City, I specifically wanted to join the United Way board for that reason.

My wife – she's an angel. Joanne and I met in undergraduate school. I was at Fisk and she was at Tennessee State. We had a nice boyfriend/girlfriend relationship for a number of years in Nashville. Then I went to Northwestern and she did not. We ended up going our separate ways for 20 years. Then I got a call from her because she'd seen my name and picture in Parade Magazine in the Sunday newspaper. When she called, she asked me, "Do you know who this is?" I said, "Yes, it's Joanne. I've been waiting for this call." Within a year or two, maybe three, we got married. We've been married more than 20 years now.

We've had a great life together for these past 20-plus years. She has been, oh, so supportive of a workaholic who has no work/life balance, other than tennis and jazz. I do get those in. The rest of the time, it's nose to the grindstone at work, and you need a very special person to tolerate that.

The other thing is life cycle goals. I've got a mother who's in a nursing home right now and has been confined to a wheelchair for the last three or four years or so. Joanne has been my mother's most valuable confidante – with her all the time. It's just amazing. The quality of my mother's life would not be what it is if it were not for Joanne, and that extends to the quality of my life as well. We've been able to work with each other along those kinds of lines and get things done, which allows me to position myself to be in an interview like we are doing today. Otherwise, it wouldn't happen.

I have two kids who are in their mid-30s today. They're twins, a boy and a girl. Jennifer is successful as a marketing person behind the camera with a firm outside of Chicago. It used to be called Common Ground. I think they changed their name now. John is a program director for Cerner, and he travels all over the country related to implementation of electronic health records.

GARBER: What is your vision of the appropriate role of the hospital in the 21st century?

BLUFORD: It's got to be outside the walls of the hospital – the "Thinking Out of the Bed" concept that I introduced during my investiture with AHA. I think we're going back to the future. The hospital is going to be in the home. With pharmaceuticals and the capital expense of the hospital bed and people willing to visit homes and telecommunications, I think that's where it's going to be, except for the very, very sick. This is underway in different parts of the country right now. Probably

in the next five to ten years it will be more widespread. I think people are going to go from the home to the nursing home probably, other than patients with traumatic injury and that sort of thing.

Community outreach is critical. One of the things that we started at the American Hospital Association during my chairmanship year was focusing on creating a culture of health among hospital employees. That's relevant because we talk about our employees and we talk about our community, but they're one and the same more times than not. A lot of fitness issues and nutrition-related issues related to chronic diseases need to happen outside of the hospital, not within. That's where we're going.

GARBER: Are there any additional comments you'd like to make on your career?

BLUFORD: In the early '70s, as an epidemiologist in St. Louis, Missouri, I had a nice little apartment at 4444 West Pine Street. It was within walking distance of Barnes Hospital. I can remember walking past Barnes Hospital. I was looking up at these big buildings at Barnes, and I was saying to myself, "I could do that. I could run that building." I remember thinking it and saying that to myself. I think it's a part of the vision.

Any time I had a high school basketball game, first thing I wanted to do was go to the gym, if we were out of town – go to the gym, sit in the gym, feel the gym, see the gym, understand the gym, so that at game time, it was not a big deal. I knew what it looked like. I knew what it felt like. I was going to do fine. That's how I felt when I saw Barnes Hospital. That helped to kick-start me when I walked into Cook County Hospital. I said, "Yeah, I like this. This can work." Same for Hennepin and Pilot City – I felt, "Yeah, this could work."

I think this was an ideal career choice for me. It's a natural. It's where I should have been. I said the same thing about being an epidemiologist in St. Louis. I did say the same thing. One of the takeaways is: like what you do. If you don't, don't do it. Do something else. I've always been fortunate enough to do what I like. I'm sure you've heard it many times. I really don't think I've had to work. It's an honor and a pleasure. I want more of it, and I like to try and attract people around me like that. That's how we get things done.

GARBER: That's a wonderful way to end, but do you have anything else you want to add?

BLUFORD: I know I've left off dozens of people who've been very helpful to me. The one thing I do tell a lot of my younger colleagues is that everybody's into this mentorship. Sometimes I do mentor and sometimes I don't. You can learn from anybody. It doesn't have to be the CEO of the organization. In fact, that staff person who has been working at that hospital for 25 years, probably has a clue of what's going on and what not to do.

Sometimes, I used to surprise my staff and my board at meetings. Imagine a typical conference room with a medical staff, or board, or executive meeting. There might be 14 people in the room at a lunch meeting, with lunch being catered by food service workers. We're talking about this and that. People tend to ignore the women in the room who are serving us. In the middle of the meeting, I might say to one of them, "What do you think about that policy?" "Well, you know, Mr. B., we tried that in 1999." They know. I've always asked all kinds of people when the institution had difficult decisions to make that were going to impact everybody. I would go ask them.

We had a turbulent times at Truman Medical Centers, with the board. We converged that zip

code of 54 people into a high-performing board of thirty-some folks. There was a Mr. Hiersteiner,⁴⁰ who has since passed away, who was instrumental in bringing me to Kansas City.

John Borden⁴¹ was chairman of the board for a long time. He was instrumental in helping lead me in the right direction as did Robert Levy⁴² and Fritz Riesmeyer.⁴³ Ms. Peggy Dunn⁴⁴ was an excellent chairman and mayor of Leawood, Kansas, who is still in that role. Another person I've had a lot of respect for, and we worked as a close team, is now the CEO of Allscripts – Paul Black.⁴⁵ It's important that there be good chemistry between the CEO and the board chair.

Another close partner, in addition to Cathy Disch, was my chief financial officer, Allen Johnson. He played a very important role in three places – Truman, Hennepin and Metropolitan Health Plan. He became the first CEO of Metropolitan Health Plan in around 1982. I've had some great general counsels. The last general counsel in Truman Medical Centers was Mr. William Colby.⁴⁶

GARBER: Thank you very much for your time today.

BLUFORD: Thank you.

CHRONOLOGY

- | | |
|-----------|---|
| 1949 | Born May 1 in Philadelphia |
| 1995 | Married May 18 to Joanne Harper of Gallatin, Tenn.
Children: John and Jennifer |
| 1967-1971 | Fisk University, Nashville
Bachelor's degree, Life sciences / Biology |
| 1971-1973 | Centers for Disease Control
Epidemiologist |

⁴⁰ Walter Hiersteiner (1919-2009) was an attorney and executive with Tension Envelope Corporation who was committed to community service in the Kansas City area, including at Truman Medical Centers. [Braude, M., and Logan, F. (2009, May 10). Farewell to our friend and mentor. *Kansas City Business Journal*. <http://www.bizjournals.com/kansascity/stories/2009/05/11/editorial4.html>]

⁴¹ John P. Borden was a CEO of a bank when he felt called to the ministry, later becoming an ordained Presbyterian minister and author. He served as board chair at Truman Medical Centers. [*God in a hurting world: Questions and answers about God for people in today's world*. Amazon.com. <https://www.amazon.com/God-Hurting-World-Questions-Answers/dp/1478716363>]

⁴² Robert C. Levy, an attorney, was a shareholder at Seigfreid Bingham in Kansas City. [Seigfreid Bingham. (2012). *Robert C. Levy Shareholder*. <http://www.sb-kc.com/wp-content/uploads/2012/06/RCLBio.pdf>]

⁴³ Frederick H. Riesmeyer, II, an attorney, was president of Spradley & Riesmeyer, PC, before joining Seigfreid Bingham. [Seigfreid Bingham. *Frederick H. Riesmeyer II*. <http://www.sb-kc.com/attorneys/fritz-riesmeyer/>]

⁴⁴ Longtime mayor of Leawood, Kan., Peggy J. Dunn was first elected in 1997 to the position after serving for several years on the city council. [Oberholtz, C. (2014, May 28). Leawood mayor takes unusual path to City Hall. *KCTV News 5*. <http://www.kctv5.com/story/24643768/leawood-mayor-takes-unusual-path-to-city-hall>]

⁴⁵ Paul M. Black was an executive with Cerner Corporation before becoming CEO of Allscripts in 2012. [Allscripts. (2017). *Paul M. Black: Chief Executive Officer*. <http://www.allscripts.com/company-current/leaders/paul-black>]

⁴⁶ William H. Colby, an attorney and author, was named general counsel at Truman Medical Centers in 2009. [Truman Medical Centers, foundation hire Colby as general counsel. (2009, June 23). *Kansas City Business Journal*. <http://www.bizjournals.com/kansascity/stories/2009/06/22/daily8.html>]

1975	Northwestern University, Evanston, Ill. Master's degree, Health services administration
1973-1977	Cook County Hospital, Chicago 1973-1975 Administrative resident 1975-1977 Evening/Weekend administrator
1977-1981	Pilot City Health Center, Minneapolis Administrator
1981	Harvard University Executive Program in Health System Management
1982-1999	Hennepin County Medical Center, Minneapolis 1982-1988 Associate Administrator 1988-1993 Deputy Administrator 1993-1999 CEO
1983-1999	Metropolitan Health Plan, Minneapolis Executive director
1999-2014	Truman Medical Centers, Kansas City, Mo. 1999-2002 Executive director 2002-2014 President/CEO
2011-present	Bluford Healthcare Leadership Institute, Kansas City, Mo. Founder/President

SELECTED MEMBERSHIPS AND AFFILIATIONS

American College of Healthcare Executives
Life Fellow (FACHE)

American Hospital Association
Chair, Board

Centene Corporation, St. Louis, Mo.
Chair, National Hospital Operating Committee

Delta Dental of Minnesota
Committee Member, Audit Committee
Committee Member, HR & Compensation Committee
Vice Chair, Foundation

Fisk University
Member, Board

Greater Kansas City Chamber of Commerce
Chair

H&R Block Bank
Member, Board

Joint Commission Resources
Member, Board

Missouri Health Connection
Member, Board

Missouri Hospital Association
Chair, Board

Morehouse College School of Medicine
Member, Board

National Association of Public Hospitals and Health Systems (now known as America's Essential Hospitals)
Chair, Board

North Carolina A&T College, Greensboro, N.C.
Member, Board
Member, Business Affairs Committee
Member, University Affairs Committee

Omega Psi Phi
Member
Archon of Theta Boule, Kansas City, Mo.

Sigma Pi Phi
Archon of Theta Boule

Summit Bank, Lee's Summit, Mo.
Member, Board

Walgreens
Chair, Health Systems Innovation Advisory Board

Western Governors University, Salt Lake City, Utah
Member, Audit Committee

AWARDS AND HONORS

1995 1995 Alumni of the Year, Black Management Association, Kellogg School of Management, Northwestern University

- 2001 Leadership Award, Greater Kansas City Labor Management Cooperative
- 2003 Visionary Leadership Award, Missouri Hospital Association
- 2004 Special Achievement Award, NAACP
- 2006 Ranked 33 of 100 Most Powerful People in Healthcare, *Modern Healthcare*
- 2006 Difference Maker Award, Kansas City Urban League
- 2006 Top 25 Minorities in Healthcare, *Modern Healthcare*
- 2007 100 Most Influential, *Modern Healthcare*
- 2009 Distinguished Service Award, Missouri Hospital Association
- 2010 Hall of Fame, Richland (South Carolina School District) One
- 2010 Top 25 Minorities in Healthcare, *Modern Healthcare*
- 2011 Laura G. Jackson Award for Exceptional Leadership in the Healthcare Industry, Northwestern University
- 2011 Kansas City's Nonprofit Professional of the Year Award
- 2012 40 of the Most Powerful People in Healthcare, *Becker's Hospital Review*
- 2012 Booker T. Washington Award, National Minority Quality Forum
- 2012 Top 25 Minorities in Healthcare, *Modern Healthcare*
- 2013 CEO IT Achievement Award, *Modern Healthcare* and HIMSS
- 2013 Gail L. Warden Leadership Excellence Award, National Center for Healthcare Leadership

SELECTED PUBLICATIONS

Bluford, J.W., 3rd. (1979, Oct. 1). Clinic expands adolescents' access to care: Health promotion. *Hospitals*, 53(19), 125-127.

Bluford, J.W., 3rd. (1988, Nov.). Lessons from a teaching hospital's HMO. *Health Care Strategic Management*, 6(11), 4-6.

Bluford, J.W., 3rd. (1992, Feb.). HCMC shares concern for teenage medical assistance patients. *Minnesota Medicine*, 75(2), 7.

Bluford, J.W., 3rd. (1994). A public-sector HMO in a competitive market: Ensuring equity for the poor. *Journal of Health Care for the Poor and Underserved*. 5(3), 192-198.

Bluford, J.W., 3rd. (2009, Dec.). The root of the problem: Interview by Mary Grayson. *HE&HN. Hospitals & Health Networks*, 83(12), 20-24, 1.

Bluford, J.W., 3rd. (2010, Jan.). The root of the problem: Interview by Mary Grayson. *Trustee*, 63(1), 22-26.

Bluford, J.W., 3rd. (2011, May 30). For everyone's benefit: Empower employees to set example of wellness in their communities. *Modern Healthcare*, 41(22), 20.

Bluford, J.W. 3rd. (2011, Nov.). Keeping hospitals in top form. *HE&HN. Hospitals & Health Networks*, 85(11), 56.

Bluford, J.W. 3rd. (2011, Nov.-Dec.). For urban health leader, care goes beyond walls. *Health Progress*, 92(6), 47-50.

Interview with John W. Bluford III, FACHE, president and chief executive officer, Truman Medical Centers. (2013, Nov.-Dec.). *Journal of Healthcare Management*, 58(6), 389-391.

Bluford, J.W., 3rd. (2014, Mar.-Apr.). Fighting food deserts to better serve patients. *Healthcare Executive*, 29(2), 56-67.

INDEX

- Advertising, 19, 24
- America's Essential Hospitals, 29
- American Hospital Association, 33
 - Board of Trustees, 27, 30
 - nominations committee, 30, 31
 - Regional Policy Boards, 31
- Anderson, E. Ratcliffe, M.D., 22
- Art, 23, 25
- Barnes Hospital (St. Louis), 33
- Barry, Dennis R., 30
- Black, Paul M., 34
- Blue Cross and Blue Shield of Minnesota, 19
- Blue Cross-Blue Shield, 29
- Bluford Healthcare Leadership Institute, 7, 15, 28, 30, 31
- Bluford, Ferdinand D., 1
- Bluford, Joanne Harper, 5, 32
- Bluford, John W., 1
- Bluford, John W., Jr., 1
- Borden, John P., 34
- Boston Medical Center, 18
- Brown v. Board of Education, 2
- Catholic Health Initiatives (Englewood, Colorado), 29
- Cerner Corporation, 26
- CHRISTUS Health (Irving, Texas), 29
- Colby, William, 34
- Community health centers, 12, 24
- Community-institutional relations, 25, 33
- Cone Health (Greensboro, North Carolina), 30
- Contract services, 20
- Cook County (Illinois), 8
- Cook County Hospital (Chicago), 8, 9, 10, 11, 12, 33
- Corporate culture, 25
- Corporate turnarounds, 21, 22
- Coyle, Carmela, 29
- Davidson, Richard J., 31
- Denver General Hospital, 18
- Derus, John, 20
- Disch, Catherine D., 14, 16, 23, 34
- Diversity, 29
- Duke University
 - Medical Center, 29
- Dunn, Peggy J., 34
- Dunne, George W., 10
- Education

workers', 25
 Epidemiology, 8
 Fairview Hospital (Minneapolis), 21
 Firearms, 6, 9, 10
 Fisk University (Nashville), 3, 4
 George W. Hubbard Hospital (Nashville), 6
 Glymph, George, 3
 Goldston, Terrance, 24
 Governing board, 12, 13, 19, 20, 22, 23, 31
 Grady Memorial Hospital (Atlanta), 18, 21
 Great Society, 14
 Group Health Plan, Inc. (Minneapolis), 16, 17
 Harvard University, 15, 29
 Haughton, James G., M.D., 10
 Health care
 managed care, 16
 Health education, 24
 Health maintenance organizations
 Medicaid, 17
 Health promotion, 24, 27, 33
 Hennepin County (Minnesota), 13, 19, 20, 23, 29
 Hennepin County General Hospital (Minneapolis), 20
 Hennepin County Medical Center (Minneapolis), 1, 14, 16, 17, 18, 19, 20, 21, 28, 29
 Henry Ford Hospital (Detroit), 29
 Hiersteiner, Walter, 34
 Historically Black Colleges and Universities, 3, 4, 28
 Hospital administration
 bad debt, 23
 emergency room, 6, 7
 Hospitals
 economic impact, 26
 redefining the H, 23, 32
 INTEGRIS Health (Oklahoma City), 29
 Jehovah's Witnesses, 10
 Johnson, Allen, 17, 34
 Johnson, Randy, 20
 Kansas City General Hospital (Missouri), 20
 KentuckyOne Health (Louisville), 29
 Labor unions, 22
 Leadership, 16, 22, 28, 31, 33
 Leavitt, Michael O., 25
 Levy, Robert C., 34
 Lewis, Carolyn Boone, 30
 Lofton, Kevin E., 29
 Maintenance, 23
 Marketing, 15, 19, 24, 32
 Maryland Hospital Assn, 29
 Massachusetts General Hospital (Boston), 21, 26
 Mayo Clinic (Rochester, Minnesota), 20, 26
 McLaughlin, Daniel, 18
 McLaughlin, Peter, 20
 Mecklenburg, Gary A., 30
 Medica, 19
 Medicaid, 17
 fraud, 22
 HMO, 16, 17
 Medical records, 22
 Medical staff, 22
 Meharry Medical College, 6
 Mentoring, 33
 Metropolitan Health Plan (Minneapolis), 1, 16, 17, 18, 19, 34
 Michael Reese Hospital (Chicago), 8
 Miles, T.J., 1, 5
 Mongan, James J., M.D., 21
 Morale, 22, 26
 Morehouse College, 29
 Morrison Healthcare (Atlanta), 26
 Nashville General Hospital at Meharry, 6
 National Center for Healthcare Leadership, 27
 North Carolina Agricultural and Technical State University (Greensboro), 1, 3
 NorthPoint Health and Wellness Center (Minneapolis), 13
 Northwestern Hospital (Minneapolis), 21
 Northwestern Memorial Hospital (Chicago), 30
 Northwestern University, 7, 8
 Nurses
 strikes, 19
 Omega Psi Phi, 4
 Organizational culture, 28
 Organizational innovation, 22
 Physician executives, 22, 27
 Pilot City Health Center (Minneapolis), 12, 13, 14
 Pollack, Richard J., 15
 Population health, 27
 Quality of health care, 23, 26
 Race relations

racism, 2, 20
 riots, 4, 5
 Referrals, 14
 Regional Medical Center at Memphis, The, 18
 Riesmeyer, Frederick H., II, 34
 Rocklage, Sister Mary Roch, 30
 Rush University Medical Center (Chicago), 26
 Safety net providers, 18, 21
 Sears, Sandy A., 8
 Sebelius, Kathleen, 15
 Shakno, Robert, 9, 12
 Siegel, Bruce, M.D., 29
 Siemens Corporation, 20, 21, 23, 26
 Sigma Pi Phi, 4
 Silverman, William J., 9
 Simpson, Warren, 12
 Smelstor, Marjorie, Ph.D., 25
 St. Luke's Hospital of Kansas City (Missouri),
 29
 Steele, Mark T., M.D., 27
 Town and gown, 14, 15
 Trapp, Benjamin, 3
 Truman Medical Centers (Kansas City,
 Missouri), 9, 14, 16, 17, 20, 21, 22, 24, 25,
 26, 27, 33, 34
 Corporate Academy, 25
 U.S. Centers for Disease Control and
 Prevention, 8
 U.S. Office of Economic Opportunity, 12, 13,
 14
 Umbdenstock, Richard J., 25, 31
 Uncompensated care, 18, 23
 United Way, 32
 UnitedHealthcare, 19
 University medical centers, 14
 University of Kansas Hospital (Kansas City,
 Missouri), 29
 University of Minnesota Medical Center
 (Minneapolis), 21
 University of Missouri, 28
 University of Wisconsin
 Hospital, 26
 US Bank, 23, 24, 26
 Vision, 23, 27
 Walgreens Company, 26
 War on Poverty, 12
 Work-life balance, 32
 Young, Quentin, M.D., 10, 11