

NATIONAL ASSOCIATION OF HEALTH SERVICES EXECUTIVES

CELEBRATING
OUR FUTURE
— BY —
REMEMBERING OUR PAST:
NAHSE AT 50



50TH ANNIVERSARY CELEBRATION

National Association of Health Services Executives

**Celebrating Our Future by Remembering Our Past:
NAHSE at 50**

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NAHSE at 50**

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NAHSE History Moves Forward

The NAHSE history project was in development for twenty years prior to its completion. Thanks to the meticulous note taking, collection and recording of correspondence and newsletters, and the cataloguing and safekeeping of 40 years of pictures, mementoes, and factoids, Nathaniel Wesley, Jr. single-handedly preserved the organization's history. It is to no small feat that the organization's history survives because of his dutiful commitment to preserving the organization's history in print. Through numerous personal and professional moves, Wesley moved NAHSE's history with him in boxes and in remembrances as a personal witness to history. No one person has been as critical to the history project as he has been. His clear love for NAHSE and his personal interest in preserving its history led to the culmination of this book.

At the 2006 NAHSE CEO/Senior Executive Meeting in Las Vegas, Nat, as he is affectionately known, gave a presentation on "Legacy and Visions for African American Leadership in Healthcare and Economics." At the conclusion of his presentation, a spontaneous request went out from Percy Allen, II, former NAHSE president and the chairman of the conference, that the history of NAHSE be written. With this request came an outpouring from the audience and a commitment of funds to support the documentation of NAHSE's history for its 40th anniversary celebration in 2008. Concurrently, without the knowledge of the senior executives who were attending the meeting, the NAHSE Research Committee, composed of Charlotte Collins, Forrest Daniels, Rupert Evans, Diane Howard, Maude Lofton, and Velma Roberts, was working on a history project manuscript. No member of the Research Committee was in attendance at the CEO conference because of a meeting conflict that had the academics in the group at the Seattle meeting of the Association of University Programs in Health Administration. Upon the conclusion of

the respective meetings and the realization that one task—the writing of the NAHSE history—was being pursued by two entities, the Research Committee directed its outline and discussion points to Nat. Rather than set up competing enterprises, the Research Committee deferred to the person who was the de facto organization historian, Nat Wesley.

On August 24, 2006, Percy Allen, II, FACHE celebrated his retirement as the President of Bon Secours Baltimore Health System in Baltimore, Maryland. After a distinguished career, Percy and his wife Fay, a licensed nurse, had decided to retire to their home in Virginia Beach, Virginia and serve as roaming ambassadors to NAHSE and other non-profit organizations. At Percy's retirement party, a host of NAHSE members came to celebrate the life, legacy, and contributions of the man who is lovingly referred to as "the godfather." At a private reception held in a suite following Allen's retirement dinner, he brokered the deal that became the NAHSE history project. He understood that there was an underlying misunderstanding about the history project between the parties that were simultaneously working on the project. He wanted to bring the parties together under a committee structure so that the project could be completed in time for the 40th anniversary celebration. He realized that he had commissioned the writing of the project at the CEO conference without appreciating that the NAHSE Research Committee had started the project and then backed off for fear of creating an internal organizational battle over the project.

The history project was complicated by the fact that Wesley would be on a retainer for his services and the Research Committee members had volunteered to write the history at no cost to the organization. Percy could see that he needed to play Solomon by brokering a relationship between Wesley and the Research Committee. Through a series of e-mails and Executive Committee conference calls, the decision was made to have the parties collaborate on the project. The members of the Research Committee composed of Charlotte Collins, Rupert Evans, Diane Howard, Maude Lofton and Velma Roberts met with Nat Wesley at the 21st Annual Meeting in Baltimore on October 11, 2006 to "clear the air" on any misunderstandings about roles and responsibilities and to move forward on the project.

On November 22, 2006 the Research Committee outline developed by Forrest Daniels was merged into the Wesley outline and the activities of the parties were merged. The Board of the National Association of Health Services Executives under the leadership of Christopher Mosley, NAHSE National president, approved the history project outline and budget during its December 1, 2006 executive committee meeting. The NAHSE History Project was officially sanctioned by the organization and its deliberations and writing began. The first order of business was to assemble a timeline for deliverables of writing drafts. The book editor, George Rumsey who trained at the University of Chicago in English was selected as the book editor and the book publisher; Lewis Saltzman from Saltzman Printers was selected as the printer. On January 19, 2007, Nat Wesley and Elworth Taylor, the architect of the NAHSE annual meeting, met in Chicago at Rush University with Diane Howard and Maude Lofton to kick-off the collection of narratives that would be developed into this project. In advance of the meeting, Nat had assembled with care, all correspondence, pictures, and newsletters from 1968 to 1988, NAHSE's first twenty-years. With characteristic humor, sarcasm, and wit, the project started with the recollection of memory.

It was clear with this auspicious start that pulling memory from the organization's founders, past-presidents, and past-committee members at the national and local levels was going to be painstaking; mainly because people had forgotten the past. A time capsule of national and international events was developed as a tickler system to remind future interviewees of what events shaped where NAHSE was at the time they served in various capacities. Even with the time capsule, some memories of events were lost and so the history that appears in these pages is the recollections from written artifacts that remain and the perspectives of those who are alive to comment.

The timeline for the project included the initial brain dump of events over the 40-year period of NAHSE on January 19, 2007. From January 2007 to January 2008, Maude Lofton read through the history contained in the Nat Wesley library. Key issues were extracted over the 40-years and developed into narrative. While the Nat Wesley library

was being reviewed, Diane Howard was interviewing the past presidents, chapter presidents, committee chairs, executive directors/managers, and various members of the Association, along with senior executives of affiliated organizations that had a relationship to NAHSE. These interviews and quantitative data from NAHSEs membership surveys were developed into a profile of the organization and then synthesized to look at the current state of affairs in the organization and to forecast the organization's future.

A panel of past presidents, current officers, and members of the Research Committee were selected as reviewers of the history manuscript. Two drafts of the manuscript were directed to the NAHSE History Review Panel for comment. Draft 1 was distributed in October 2007 and Draft 2 was distributed in March 2008. Conference calls and emails from the Panel provided commentary on manuscript changes and additions. Diane Howard, Maude Lofton, Elworth Taylor, and Nathaniel Wesley met in Chicago on May 5, 2008 to review the document and review the narrative. Photographs to be included in the book were selected from the Wesley library. The final draft of the manuscript went to the book editor on July 10, 2008 and the manuscript was submitted to the publisher on August 29, 2008. The 20-month process was a labor of love for the participants and will serve as testimony to the leadership and fortitude of the Association's founders, officers, committee chairs, and members.

In its first edition, the Research Committee thanked those who provided commentary for the book with special thanks to the History Project Review Panel which included Percy Allen II, Clifford Barnes, Jacqueline Burgess Bishop, Denise Brooks-Williams, Robert Currie, Patricia Golden Webb, Sandra Gould, Andre Lee, Deborah Lee-Eddie, Kevin Lofton, Howard Jessamy, Rodney Miller, Christopher Mosley, Everard Rutledge, Elworth Taylor, and the indomitable Nathaniel Wesley, Jr.

In the 2nd and 3rd editions of the book, the Committee thanked the generous support from Andrea Price and Compass Group, which includes Crothall Healthcare, Morrison Healthcare, and Thompson Hospitality. The Research Committee, 2008–2011, members were Charlotte Collins, J.D., Forrest Daniels, DSc, MHA, FACHE; Rupert

Evans, DHA, FACHE; Diane Howard, Ph.D., FACHE (Chair); Maude Lofton, M.D., and Velma Roberts, Ph.D.

The NAHSE Annual Meeting in Orlando marks the 50th anniversary of the organization. A great deal has occurred since the 3rd history book edition in 2013. Andrea Price completed a successful presidential term in office and passed the torch to Roy Hawkins who subsequently passed the torch to Anthony King who passed the torch to Richelle Webb Dixon, the Association president for the 50th anniversary milestone. The organization has officially advanced its leadership from being Baby Boomer led to being Generation X led. This change presents tremendous opportunities for a volunteer organization and allows the organization to embrace the moniker “empowering the next generation of healthcare leaders today.”

In 2018, NAHSE boasts a national office in Washington, D.C. and 29 chapters from New England to Northern California. The mission of the organization continues to be promoting the advancement and development of Black health care leaders, and elevating the quality of health care services rendered to minority and underserved communities. As the organization prepares to move into its “generation next,” the organization mission and focus may be challenged by a younger and multicultural membership who remains committed to the organization’s founding principles.

As Richelle Webb Dixon wrote in her open letter to the membership as she entered the NAHSE presidency:

For fifty years NAHSE has advocated and supported the promotion and advancement of minority healthcare leaders; for fifty years, NAHSE has worked tirelessly to ensure that minority and underserved communities have access to quality healthcare services. This year we celebrate the visionaries who founded our organization, we honor members who humbly work to fulfill our mission and highlight young professionals whose passion and intellect will propel NAHSE into the next 50 years.

NAHSE was established in 1968 during the Civil Rights Movement. Today, more than ever, I feel we are reliving that movement. As an organization, we must continue our efforts to ensure diversity is celebrated and that executive suites across this country reflect the individuals and communities we serve. We must ensure that all individuals have access to affordable, quality healthcare services. In 2018, we continue the work that was begun more than fifty years ago with a renewed commitment that NAHSE remains a relevant resource for generations to come.

The NAHSE founders would be proud to know that the organization is in good hands.

The Winds of Change

NAHSE celebrates its 50th anniversary in a vastly different healthcare landscape in 2018. With the election of President Barack Obama in 2008, the first African-American president, a post-racial era was believed to be in force. This optimism was short-lived and the introduction of the Affordable Care Act in 2010 extending health benefits and insurance to over 20 million Americans caused significant rift within the public. The Tea Party movement with the intent to impose fiscal constraints on the government morphed into an anti-Obama movement. The U.S. House of Representatives and Senate subsequently changed control from Democrat to Republican and the spirit of cooperation on healthcare legislation was lost.

The British Petroleum deep water oil rig explosion in the Gulf of Mexico, 2010–2011 budget impasse, rise of Occupy Wall Street protests, combat troop withdrawal from Iraq, terrorist attack on the Libyan city of Benghazi killing four Americans, and Hurricane Sandy which devastated the East Coast occupied attention through 2012 as well as the reelection of President Obama. In 2013, President Obama along with former presidents Jimmy Carter and Bill Clinton commemorated the 50th anniversary of Martin Luther King’s “I Have a Dream” speech. Later that year, The Affordable Care Act began registering people for the expanded federal government health insurance program (Kaiser Family Foundation, 2017).

In addition to the ACA, the promise of the Obama years brought about the focus on global warming with the Paris Climate Accord, the Iran Nuclear Disarmament deal, reestablishment of full diplomatic relations with Cuba, and prison reform. It also introduced Black Lives Matter movement and discussion of police brutality in poor, minority communities. The election of Donald Trump in 2016 ushered in a focus on reversing access to healthcare provided by ACA insurance coverage, di-

sastrous hurricane season that all but destroyed Puerto Rico with minimal federal support, massive tax cuts, incarceration of migrants, separation of children from their parents at the Mexican border, and antagonisms and bombast directed at various minority groups.

Viewed in retrospect the winds of change of the 1960's is not historically remote as we move to the end of the 2010's. Organizations like NAHSE become more relevant and vibrant in the context of national and local politics that impact healthcare and the broader community.

The formation of the National Association of Health Services Executives fits squarely into the political and social turbulence of the 1960s. The assassinations of the U.S. President John F. Kennedy followed by that of Malcolm X, the President's brother Robert F. Kennedy who was running for the Democratic nomination for President, then the Rev. Dr. Martin Luther King, Jr. spilled over into social unrest and burning and the destruction of property in major U.S. cities. In addition to the loss of these national figures, bombings in the South killed four young girls at the 16th Street Baptist Church in Birmingham, Alabama, Freedom Summer to register blacks to vote resulted in the death of three civil rights workers James Chaney, Andrew Goodman, and Michael Schwerner in Mississippi, the escalation of the Vietnam War, and the tension between non-violence advocated by Dr. King and Stokely Carmichael's black power movement of the Black Panther Party made the 1960s turbulence all the more dramatic. During this period the emergence of major books authored by blacks defined the philosophy of the times including Ralph Ellison's *Invisible Man*, James Baldwin's *Nobody Knows My Name*, Claude Brown's *Manchild in the Promised Land*, and Alex Haley's *The Autobiography of Malcolm X*. These books and others were mandatory readings and helped shape the vision of NAHSE's founders.

In 1968, Whitney Young, the president of the National Urban League, was the invited speaker at the American Hospital Association's Annual Meeting in Atlantic City, New Jersey. In his speech, he made the connection between the blight in urban America and the role of non-profit hospitals as economic engines in these communities. He challenged these hospitals to employ and promote black leadership and to administratively

reflect the community in which they resided. Young's eloquence in advocating for employment opportunities for racial minorities in hospitals was the impetus for the formation of NAHSE. Nine members adjourned to an Atlantic City hotel room to make Whitney Young's speech a reality. The nine NAHSE organizers had played by the rules, pursued advanced degrees in business and health management, and joined the professional organizations in the field. They had to use the AHA forum where one of its invited speakers had advocated for the elevation of minorities into hospital leadership to advance their economic condition and that of minority patients who needed access to health care services.

The Importance of Historical Documentation

In his August 9, 1983, mid-year report, National Association of Health Services Executives President-Elect James Hazel described his activities related to helping the President and the Executive Assistant with the activities and programs of the National NAHSE Office. The major project developed was a slide presentation designed to facilitate chapter organization and to educate the general public about NAHSE. His other project, a history document, was also circulated for review. The purpose of the latter was to:

- provide an effective plan for program continuation
- provide background information for writing proposals for program funding
- provide clarity of goals and objectives in measurable terms
- enhance the credibility and recognition of the organization
- increase knowledge in the program area

- enhance NAHSE's ability to plan for the most effective use of available resources.

Hazel described NAHSE as the “sequel” to an earlier organization, the National Hospital Association (NHA) as documented in the draft copy of the *History of the National Association of Health Services Executives*. The NHA was established during a period in American history marked by assassinations in the form of lynchings, political unrest, civil disobedience, and legalized racial discrimination. NHA was formed by a few dedicated men who faced many of the same frustrations as their counterparts who founded NAHSE while attending the annual meeting of the American Hospital Association (AHA) in Atlantic City in 1968. Though separated in time, they were united in their determination to institute change. The history of NAHSE cannot be told without mention of the organization out of which NHA arose, the National Medical Association. Woven throughout the narrative are threads of the American Medical Association, the American College of Surgeons, the American Hospital Association, the Association of University Programs in Health Administration, and the American College of Hospital Administrators, which in 1985 became the American College of Healthcare Executives.

A career officer in the United States Air Force Medical Services Corps, James Hazel was introduced to NAHSE in the mid 1970's while attending an ACHA mid-winter meeting of the Congress on Administration. During the meeting, he met several NAHSE members, including Haynes Rice, one of the Association's founders. Encouraged by Haynes Rice to join, Hazel became actively involved with NAHSE. By 1978, he had founded a chapter in Ohio; was elected to the office of National Vice-President; and, in 1979 assumed the additional responsibility of Chairperson of the National Educational Committee. With the approval of the Board, Hazel was appointed to the position of President-Elect by then President Bernard Dickens following the resignation of Nathaniel Wesley, Jr. His years of involvement at the member and leadership levels gave Hazel insight into the structure and operation of the organization. One purpose of Hazel's paper was to chronicle the events surrounding the creation and evolution of NAHSE. He wanted to portray the organiza-

tion's successes and failures in its attempt to be a voice for improving the quality of health care being provided for blacks and other disadvantaged groups in the United States.

Hazel's paper focused on the years between 1968 to March 1982, and he is to be credited with providing facts and information about the early years of the Association's history that would otherwise have gone undocumented. Further, he reported the growth and development of a determined minority organization and addressed some of the programs and activities that brought attention to NAHSE as a viable and necessary group that was focused on health care at the national level. Describing the political and economic atmosphere of the day, Hazel pointed out the risks involved in relying entirely on federal, state and local governments to relate to the problems of black and minority health care professionals and their constituency. As he stated in his prologue, "For many years, black health care professionals have believed that the strength and viability of organizations like NAHSE will offer assurance that the interests and concerns of minority health managers will be looked after."

Hazel researched professional societies in the health care field that emerged in the latter quarter of the 20th century. While all attempted to establish goals and objectives that related to elevating the standards of health care delivery and competence level of the membership, he found common threads among those that survived including:

- they had a dependable source of funding
- they promoted issues and positive intellectual climate where members enjoyed participation in programs, and a good public image
- they were endorsed by leaders and major institutions in the health care delivery field.

The latter, he felt, was essential.

The NAHSE story begs to be told in the context of the times in which events unfolded. This will enable the reader to fully understand the achievement it represents and why that legacy continues. It is a story

steeped in the experience and events of the civil rights struggle and the conditions leading up to that time. For it is out of that construct that the founders were influenced to act in 1968. As is true with any generation the NAHSE founders were the product of their times. Rather than fate or coincidence, destiny dictated that NAHSE was founded one hundred years after ratification of the 14th Amendment to the United States Constitution granted citizenship to blacks.

The narrative for this history was taken for the most part from the archival material maintained by Nathaniel R. Wesley, fondly known as NAHSE's historian. Affiliated with the Association since 1970, Wesley received and stored historical information from members throughout the years prior to the introduction of the digital age. This narrative was compiled from newsletters, meeting minutes, internal, external and personal correspondence, historical references, oral interviews, records from other health care trade associations, and governmental records, including those of the Congressional Black Caucus, American Hospital Association (AHA), American College of Health Care Executives (ACHE), and Association of University Programs in Health Administration (AUPHA). As a result, the story is told in the words of the individuals who experienced the events as they unfolded.

The NAHSE story is for the most part good, sometimes bad and on occasion ugly. With its recurring themes and numerous examples of “*déjà vu* all over again,” it is filled with the lessons of the past that teach those things needed not only to revitalize and repackage the Association to meet the current needs of its membership but sustain it well into the future. This will happen only if this history is examined with a mindset that accepts the events without resentment or embarrassment at the airing of what some may perceive as organizational laundry. While some may question whether NAHSE, as an organization of primarily black health care executives, is relevant today, there can be no doubt that the Association has had a significant impact on the health care management field in the United States and therein lies its legacy.

From NAHSE's earliest inception, the goal was twofold—to increase the number of blacks and other minorities in the field; and, improve the

Our challenge going forward is to ask the question how we evolve so that the organization keeps up with contemporary learning and leverages the technology at our disposal.

*Roy Hawkins, Jr. FACHE, NAHSE
2013–2015 national president*

quality of health care delivered to them throughout the country. In spite of limited resources and at times what appeared to be insurmountable odds, NAHSE has consistently achieved the former. Although the latter has been more elusive, the effort continues. The Association's first organized initiative was directed at the student level and led to the creation of the Summer Work Study Program in collaboration with the AUPHA, a success by any measure. As the numbers of minorities graduating with degrees in health administration increased, they found their options limited by a lack of opportunities outside of the public sector of hospitals and other health care organizations. The higher level positions, Administrator or Director, were most often to be found in black hospitals, which were typically public and located in low-income communities. Many of these institutions also served as the major employer for the areas they served. The closing of these hospitals marked a sharp decline in both the ability of the U.S. health care system to address the health care needs of a significant portion of the nation's population and threatened to halt the professional progress of the black administrator.

An abstract authored by Andre Lee, DPA, FACHE documented the closing of fifty-six black community hospitals between 1961 and 1988. At the time the abstract was written, there were eight black hospitals. A July 2, 1990 *Modern Healthcare Magazine* article cited those same institutions as having negative total profit margins and net incomes. To date Howard University Hospital, formerly known as Freedmen's Hospital, is the largest and oldest facility continuously serving the African-American community. It was established to provide medical and social services to the newly freed slaves who flocked to the nation's capital city, Washington, D.C., following emancipation to put themselves under the protection of the government, hence the name Freedmen Hospital).

Dr. Lee chose to highlight that period of time for three reasons, including the closings occurred in the years of the Civil Rights struggle—during which time measurable efforts toward racial and social integration were made; this was also the period when Medicaid and Medicare, the nation’s first federally mandated health entitlement programs, were established; and, it was the period when aggressive affirmative action efforts were made to increase the enrollment and graduation of black physicians from major medical schools across the country. The success of the Civil Rights movement allowed blacks to move out of urban neighborhoods into areas served by traditional community hospitals, taking their Medicaid and Medicare dollars with them.

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The Long Hot Summer

NAHSE officially dates its origin to August of 1968, a tumultuous year in a decade where social, political, racial and economic impact is still being debated today. Highlighting a few events of that period is vital to understanding the emotions evoked in the founders in Atlantic City and led to the founding of NAHSE.

The decade of the 60s was launched with lunch counter sit-ins in Greensboro, NC, that quickly spread throughout the South as well as some Northern cities; the founding of the Student Non-Violent Coordinating

Committee; the signing of major Civil Rights legislation; and, the election of the first Catholic U.S. President, John Fitzgerald Kennedy. By 1961, the sit-ins and boycotts advanced to “freedom rides” and efforts to organize voter registration campaigns began in earnest throughout the South. The following year white students rioted on the campuses of the University of Georgia and the University of Mississippi in response to the court ordered admission of the first “Negro” students. The year 1963 will long be remembered as the year Alabama Governor George Wallace stood in the schoolhouse door in a vain attempt to prevent integration at the University of Alabama, for the March on Washington, the bombing of the Sixteenth Street Baptist Church that killed four little girls who arrived early for Sunday School, and the assassinations of Medgar Evers as well as President John F. Kennedy.

The following year the headlines were dominated by the murders of civil rights workers James Chaney, Andrew Goodman, and Michael Schwerner; the signing of the Civil Rights Bill; the election of Lyndon Johnson as President and Hubert Humphrey as Vice President; and, Rev. Dr. Martin Luther King, Jr., receiving the Nobel Peace Prize. Events escalated in 1965 with the infamous Selma to Montgomery March and the violence perpetrated by law enforcement agents against peaceful demonstrators on the Edmund Pettus Bridge, the assassination of Malcolm X, signing of the Voting Rights Act and the Watts Riots. Lyndon Johnson declared a “War on Poverty” in 1966, even as the war in Vietnam was mired in a quagmire. In his book, *Boom*, famed newscaster Tom Brokaw described 1968 as “the volcanic center of the Sixties, with landscape-altering eruptions every month.” It was a year that began with the Tet Offensive and saw the assassinations of Malcolm X, Martin Luther King, Jr., presidential candidate Robert Kennedy, and renewed rioting across the country. This was the backdrop when Whitney Young, Jr., Executive Director of the National Urban League, delivered his keynote address at the Seventieth Annual American Hospital Association meeting in Atlantic City, New Jersey.

Young’s focus was on job opportunities for poor and disadvantaged people, especially those who lived within the areas where these hospitals

were located. He exhorted the gathering of industry leaders to stop proclaiming that hospitals were community institutions and start operating them as though they were. While crediting hospitals as traditionally having a special understanding of basic human elements, as evidenced by community outreach programs that ministered to social and psychic, as well as physical needs, he made it crystal clear that more could and should be done. The scarcity of black faces in the audience did not go unnoticed by Young, who suggested there was a need for unification among black health care workers as a means for establishing a health care system that more nearly met the needs of the total community. The plight of the poor was receiving particular attention during this time and Young's message resonated with the black administrators in attendance. For them it was a breath of fresh air. They came to the meeting with the collective feeling that their efforts to elevate the quality of health care for the disadvantaged received little or no real endorsement from the major health care institutions. Most of them had spent their entire careers administering in black hospitals. They knew the value of community outreach. The close knit group had attended the annual AHA meeting on a regular basis. Until that meeting, they typically congregated to socialize and commiserate, trading war stories and the shared frustration that in spite of their high levels of academic achievements and years of experience, opportunities for advancement were limited. A problem not encountered by their white counterparts nor acknowledged by the leaders in the industry.

Energized by Young's speech and determined to take a more proactive, constructive stance, they broke away from the official proceedings to meet and formalize what would become known as the National Association of Health Services Executives. Returning in the waning hours of deliberation, the group announced to the AHA House of Delegates that they had formed their own professional organization to ensure greater participation of minority groups in the field of health care. With Everett Fox as the elected president and before even developing objectives, they felt compelled to release an immediate statement to the press while the opportunity existed. They charged that the nation's hospital system perpetuated attitudes that resulted in unequal and superior feelings among whites with a lack of respect for the black potential in the

field. Speaking for the group, Charles G. Tildon, Associate Administrator of Provident Hospital, Baltimore, Maryland, released a four-page statement that read, “Following the lead of Whitney Young, Jr., it is projected that the organization will offer the value of its talents to the American Hospital Association and its affiliates dealing with the problems of providing health care in the urban ghetto and rural areas where the pockets of poverty demand immediate action.”

Referring to the AHA Statement on Human Rights, approved in 1964, newly inducted President George W. Graham, M.D., responded by saying, “As your president I will be very pleased to offer the assistance of our organization in working with any and all groups interested in carrying out activities related to the fulfillment of these basic principles on human rights within our own field.” In addition to Everett Fox, Vice President and Secretary, New York University Medical Center, Haynes Rice, MBA, FACHA, Deputy Director, Howard University Hospital and Professor of Business, Howard University, and Charles Tildon, the group included Elliot Roberts, Sr., MA, Commissioner of Hospitals and Executive of Detroit General Hospital, Henry Whyte, MS, FACHA, Administrator, Flint-Goodridge Hospital, New Orleans, Louisiana, Reginald Ayala, MBA, Executive Director of Southwest Detroit Hospital Corporation, Woodrow William Walston, Administrator, Richmond Community Hospital, Inc., James A. Robinson, FACHA, Administrator, Riverside General Hospital, Houston, Texas, and Morris Henderson, Project Director, St. Louis Comprehensive Neighborhood Health Center, Inc. were in attendance at the AHA meeting. They were later joined by Claude Anderson, Stephen Dorn, FACHA, Theodore Frazier, Willis Fryer, Waverly Johnson, Joseph B. Mann, Jr., FACHA, Ted Perkins, Inder Persaud, and Claude Reynolds, LFACHE. Following the AHA annual

We have to ensure that NAHSE is a mentoring environment where experienced professionals pass along knowledge allowing future leaders to safely learn and seek advice.

*Andrea Price, FACHE
2011–2013 national president*

meeting, the group held an organizational meeting to flesh out a strategy for serving as an advocate for the disadvantaged.

In their view, progress made through other health organizations and the government was too slow and often did not reflect minority input. As stated by Everett Fox, the basic objective of NAHSE was to develop and maintain a strong and viable national body to give implementation to the programs of the organization; in so doing, NAHSE could more effectively make input into the national health delivery system by offering a vehicle to its members and other minorities to assure them their just representation in the conception, design, direction and delivery of quality health care to its constituents and all people. According to Woodrow Walston, because of the need to represent all disadvantaged people, the name had to have broad application. They were aware that other racial minorities serving in executive positions in various health institutions were also unhappy with the state of affairs. This was evidenced by the presence of a white executive from Brewster Hospital in Jacksonville, Florida, at the meeting. The organization was to be national and for health care executives, thus the name National Association of Health Care Executives.

Howard University Hospital	Washington, D.C.	491 beds	Founded 1862
Richmond Community Hospital	Richmond, VA	59 beds	Founded 1902
George W. Hubbard Hospital	Nashville, TN	240 beds	Founded 1910
Newport News General Hospital*	Newport News, VA	40 beds	Founded 1915
Norfolk Community Hospital	Norfolk, VA	117 beds	Founded 1915
L. Richardson Memorial Hospital	Greensboro, NC	59 beds	Founded 1923
Riverside General Hospital	Houston, TX	86 beds	Founded 1925
Southwest Detroit Hospital**	Detroit, MI	156 beds	Founded 1974

(Modern Health Care Magazine, July, 1990)

*Newport News General Hospital was created because local blacks in the 1800s could find medical care only at the city jail infirmary.

**Southwest Detroit Hospital was established as the result of the merger of four small institutions, the oldest of which was founded in 1902.

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Early Hospitals in America

The concept of hospitals, first established in Europe, was brought to America by the early colonists. Pennsylvania Hospital was the first general hospital established in the U.S. Forty years later New York Hospital opened. The Marine Hospital Service Act of 1798 created hospitals in seaport cities to serve the medical needs of merchant seamen. These early facilities also provided medical inspections of immigrants and coordinated quarantines in times of national crises such as epidemics. In 1902, the name of the Maritime Hospital Service was changed to the Public Health and Marine Hospital Service and in 1912 it was organized into the United States Public Health Service. Following the Civil War, Freedman's Hospital was founded in Washington, D.C., by the Federal Government to provide medical and social services to "freed negroes," hence the name. Provident Hospital, established in 1891 in Chicago, Illinois, was the first recognized privately owned black hospital in the United States and the site of the first successful open-heart surgery, performed in 1893 by black surgeon, Dr. Daniel Hale Williams. The second was Provident Hospital in Baltimore, Maryland.

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Establishing the American Medical Association and National Medical Association

In 1847, a national medical forum was convened in Philadelphia, Pennsylvania for the purpose of elevating the standard of medical education in the United States. The result was the establishment of the American Medical Association membership into the AMA required affiliation with the local or regional medical society something uniformly denied to black physicians at that time. In response to this blatant discrimination, a group of enterprising black physicians founded the National Medical Association in 1895, in Atlanta, Georgia. In addition to being inclusive of physicians, dentists and pharmacists, the early organization also concerned itself with improving the professional standards of nursing care. It held annual conventions and began publication of the *Journal of the National Medical Association (JNMA)* in 1909. Local medical societies began to form in many areas, including the Old North State Medical, Dental and Pharmaceutical Association in North Carolina that

Early Hospitals in America

<i>Year</i>	<i>Hospital</i>	<i>Comment</i>
1751	Pennsylvania Hospital	First general hospital established in U.S.
1791	New York Hospital	
1862	Freedman's Hospital Howard University Hospital	Washington, DC
1891	Provident Hospital	Chicago, IL
1894	Provident Hospital	Baltimore, MD
1900	Mercy Hospital	Nashville, TN
1912	John A. Andrew Clinics John A. Andrew Hospital	Tuskegee, AL
1910	Hubbard Hospital	Nashville, TN

same year. The Florida Medical, Dental and Pharmaceutical Association continues to be a viable organization with active chapters throughout the state. The activities of the NMA were designed to promote scientific study, ongoing medical education and professional development among its members.

Members were encouraged to form local chapters and actively engage in promoting public health issues that affected blacks. It is noteworthy that this was accomplished less than forty years after the U.S. Supreme Court handed down the Dred Scott decision which declared that no black person, free or slave, was a U.S. citizen (1857); thirty-two years after issuance of the Emancipation Proclamation (1863); thirty years after the end of the Civil War and the ratification of the 13th Amendment to the U.S. Constitution which officially ended slavery (1865).

Vanessa Northington Gamble, MD, has written extensively about the history of black hospitals and the pioneers who established and operated them. In the early 1900s, Dr. Matilda A. Evans established three black hospitals in South Carolina, as well as the Negro Health Association of North Carolina which published the *Negro Health Journal*. Dr. John Kenney started the John A. Andrew Hospital in Tuskegee, AL. Dr. Clyde Bonnell offered postgraduate clinics at a black academy of medicine in Durham, NC, in 1916. Booker T. Washington, founder and inaugural president of the Tuskegee Institute, was instrumental in initiating National Negro Health Week in 1915, which was consistent with his philosophy of head, heart, health, and hands. That philosophy would become the central tenant of the 4-H Club pledge. Washington was inspired by a program launched in 1913 by the Negro Organization Society of Virginia, which was a statewide campaign to encourage blacks to clean up their homes, yard, and entire communities. During the 1920's Washington's successor at Tuskegee, Robert R. Morton, joined forces with the Public Health Service and the Rosenwald Fund to develop National Negro Health Week into a national program that lasted well into the 1950's.

Endowed by a Jewish immigrant who helped establish the mail order business, Sears and Roebuck, Co., the Rosenwald Fund, modeled after the Rockefeller Foundation, was a private philanthropic organization

We still don't have a healthcare system. It is imperative that we use organizations like NAHSE to advance change.

*William Jackson
1995–1997 national president*

that played a key role in promoting the welfare of black Americans. In the shadow of this praiseworthy campaign, the PHS, with full cooperation from Morton and the John A. Andrew Hospital staff, withheld treatment from a select group of poor rural black men infected with syphilis.

Robert Fulton Boyd, a founding member of the NMA and its first president, established the 23-bed Mercy Hospital, Nashville, Tennessee, as a private institution that also served as a clinical training site for Meharry medical students. With degrees in medicine and dentistry as well as a certificate in pharmacy, Dr. Boyd led the effort to establish Hubbard Hospital, Meharry's teaching facility. Dr. Daniel Hale Williams and other noted physicians of the era frequently were "visiting professors" who came to teach and demonstrate the latest techniques to the Meharry students.

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Formalizing Standards

The American Hospital Association, American College of Surgeons, and American College of Hospital Administrators

Specialized training in the field of hospital administration did not yet exist when the first hospitals were established. Most of the men and women who ran these facilities came into their positions via three routes—medicine for men, nursing for women, or a religious order for either. Early administrators were typically referred to as “matron” and/or “superintendent,” reflecting a less than esteemed professional status for those outside of medicine. Originally known as the Association of Hospital Superintendents, the AHA was founded in 1898 in Cleveland, Ohio. It became instrumental in establishing accreditation criteria for hospitals in conjunction with the AMA and the ACS.

Over the years, the AHA impacted the health movement by spurring development of prepayment (its Hospital Service Plan Commission, which is better known as Blue Cross); assisting funding of hospital construction through its support of the Hill-Burton program; and, supporting the Medicare program for the elderly. Founded in May of 1913, the ACS concerned itself with improving hospital management as well as services through a program of hospital standardization that was later transformed into the Joint Commission on the Accreditation of Hospitals (JCAH). Only 12.9% of the hospitals surveyed in the ACS’s initial standardization attempt in 1918 were approved but by 1933 that number was almost 94%. Founded in 1915, the Catholic Hospital Association (CHA) worked to raise the number of Catholic hospitals meeting accreditation standards. At its 1932 convention in Detroit, AHA President Paul Fesler, Superintendent of the Wesley Memorial Hospital in Chicago, voiced the need to “create a college of hospital administration, based on the model

of the ACS, to train hospital executives who would then be known as “fellows of hospital administration.” On February 13, 1933, the meeting that created the American College of Hospital Administrators was held during the meeting of the Council on Medical Education and Hospitals of the AMA. The close relationship between the ACHA and the AHA was reflected by the number of ACHA Charter Fellows among the presidents of the AHA.

The National Hospital Association

The first effort to assess the quality of care provided in black hospitals was an informal survey conducted by the NMA Committee on Medical Education in 1910. The survey results clearly showed improvements needed to be made but change was slow in coming. At the Annual NMA meeting in St. Louis, Missouri, in August, 1923, a group of physicians raised the need to establish an organization to address issues related specifically to the black hospital. As a result of this debate, the National Hospital Association (NHA) was formed as an affiliate of the NMA. Thirty-three hospitals joined at the organization’s first official meeting. Dr. H.M. Green, a graduate of Knoxville Medical College, a black medical school that closed in 1910, was elected as the association’s first president and served in that capacity for eleven years. Hoping to initiate changes before change was forced from the outside, the NHA hoped to bring black hospitals into one compact body for the good of all; standardize black hospitals; standardize the curricula for the training of black nurses; encourage the establishment of hospitals in areas with sufficient black populations to support them; create internship opportunities for black medical students; conduct an educational and statistical survey of black hospitals; and, establish a clearinghouse and information service for black hospitals.

Black Hospital Reform

As general hospital reform spread throughout the country, the leaders of the NHA and the NMA led the way in spearheading the black hospital reform movement and articulating the concerns of black physicians. The hospital reform movement was accompanied by efforts to bring medical schools up to the standard set in the U. S. by the Johns Hopkins Medical School, an effort driven by the 1910 Flexner Report and funded by the Rockefeller Foundation.

We must keep our history alive in print. People move on with their professional life cycles, but they have to remember their history.

*Everard Rutledge, Ph.D., FACHE
1987–1989 national president*

The hope was that black hospitals would avoid the fate of that of black medical schools—*forced closure due to failure to meet accreditation standards*. In 1909 Abraham Flexner was commissioned by the Carnegie Foundation to prepare a report entitled “Medical Education in the United States and Canada.” Seven Negro medical colleges existed at the time of the report. The Flexner Report strongly influenced the setting of standards for medical colleges. By 1926, failure to meet accreditation standards forced the closure of all of the existing black medical schools except for Howard University in Washington, D.C. and Meharry in Nashville, Tennessee.

Membership in the AMA was typically a requisite to obtaining hospital privileges at other than black hospitals. Without hospital experience the black physician could not receive the requisite training for specialty certification, thus assuring relegation to less economically lucrative

Elliott Roberts and Henry Whyte taught me accounting. They were also instrumental in helping me study to pass the ACHA membership exam. Elliott and I were Kappa men so we formed a bond that lasted a lifetime.

*Charles Tilden
NAHSE Founder, 1968*

practices. They understood full well that not only was their livelihood at stake but their status within the field of medicine as well. In 1926, John Kenney, M.D., Editor-In-Chief for the *JNMA* noted that black doctors had no place to work as interns or practitioners “except in our own institutions.” In addition to providing the much needed and often life-saving medical care for citizens denied services in majority facilities, black hospitals offered the opportunity to black health care professionals to develop and hone the skills that sustained their livelihoods. These facilities also became the main employer of blacks within the communities they served. Unfortunately, most lacked the funding and resources to ensure an adequate level of care and diplomas granted by their physician and nursing programs often were not recognized. Dr. Green had a plan to address the problem. In his 1927 President’s address to the NMA, Dr. Green recommended that the NHA “confer with the National Baptist Convention in their effort to inaugurate a number of denominational hospitals and send a resolution of appreciation to the Associated Negro Press for its liberal releases concerning our activities.” If the black physician was to survive, major reforms were needed.

NAHSE needs a larger role in public policy and advocacy. It hurts when I see organizations forget to give mention to NAHSE when we have provided information for their positions.

*Kevin Lofton, FACHE
1995–1997 national president*

Leaders of the Hospital Reform Movement

Among the black hospital reform group's leaders was Dr. Peter Marshall Murray, a 1914 graduate of Howard University Medical School. A strong supporter of hospital reform, he was elected NMA president in 1932. In 1928, Murray became one of the first black physicians to join the staff of Hospital and four years later became the first black physician to be certified by the American Board of Obstetrics and Gynecology. Highly esteemed throughout the medical profession, Dr. Murray became the first black elected to the AMA's House of Delegates in 1949 and first black president of the New York Medical Society in 1954.

Midian Bousfield, a 1909 graduate of Northwestern Medical School, became president of the NMA in 1934. He provided an important link to the white philanthropic community. Following a stint as medical director of one of the country's most prosperous black businesses, Liberty Life Insurance Company, he became director of the "Negro Health Division" of the Julius Rosenwald Fund in 1935.

Dr. John A. Kenney was another major player in the hospital reform movement. A 1901 graduate of Leonard Medical College in Raleigh, North Carolina, he served as an officer in the NHA and as editor-in-chief

There was a need in 1968 to become more formally organized. We had always met informally to discuss issues. W.W. Walston served as treasurer for the informal group and Everett Fox acted as secretary to notify every one of meetings.

*Haynes Rice
1971–1973 national president*

Table of "Negro Medical Colleges" that existed in 1910

Medical School	Location
Howard University Medical College	Washington, DC
Louisville National Medical College	Louisville, KY
Flint Medical College	New Orleans, LA
Leonard Medical School	Raleigh, NC
Knoxville Medical College	Knoxville, TN
University of West Tennessee	Memphis, TN
Meharry Medical College	Nashville, TN

(The History of the Negro in Medicine, 1968)

of the *JNMA* from 1916 to 1948. He was able to use the journal to editorialize the plight of black physicians and their hospitals. It was his documentation that provided the proof of the events as they unfolded.

These reformers lobbied to convince the AMA to accept NMA membership as a substitute in areas where local medical societies did not accept black physicians and were openly critical of tax-supported hospitals that admitted black patients but excluded black physicians, such as Grady Hospital in Atlanta, Georgia and St. Phillip Hospital in Richmond, Virginia. The urgent concern for the reformers was the inability of black medical graduates to obtain internships in qualified training programs. By 1923, there were approximately 202 black hospitals, only six had internship programs and none had a residency program. By 1929, seventeen of the approximately 169 remaining hospitals were approved for general accreditation, fourteen for internship training, and two for residencies. According to Gamble, some black hospitals were accredited even though they failed to meet established standards. It would appear this was done to ensure that a certain share of training positions were available to blacks in their "own institutions," decreasing the likelihood of their applying for positions at white hospitals and reflecting the accepted practice of educating and treating black people in separate, but not necessarily equal facilities. Although the group announced their intention

When I joined NAHSE, I came to the organization unconnected with anyone. I was accepted and sheltered and developed by mentors such as Percy Allen, Bill Jackson, Nat Wesley, and others. It proves that if you have a willingness to serve regardless of how you got here, you can assume a leadership role.

*Deborah Lee-Eddie
1997–1999 national president*

to address the wretched conditions of the black hospitals in a damaging report commissioned by the Rockefeller Foundation in 1925, most of the energy was devoted to promoting the professional interest of physicians. This no doubt reflected the higher premium placed on the status of the physician in society compared to that of the nurse. Such figures as Carter G. Woodson publicly hailed the role of the physician as “the most important professional element in the black community to the social uplift of the race.”

While they endorsed the concept of accreditation for black hospitals, the leadership of the NHA and NMA recognized that many black hospitals would not meet the criteria for standards of care even with intensive preparation and assistance. One reason was the 100 bed standard set for accreditation by the Joint Commission on Accreditation of Hospitals. A survey conducted by the NMA in 1923 found that 93% of the 202 black hospitals studied had less than 50 beds. As Gamble points out, the NHA instituted an extensive education campaign to raise the management and operation standards of black hospitals but had no resources for financing or constructing hospitals.

In an effort to protect the smaller hospitals and demonstrate that black physicians could keep abreast of changes in medicine, the NHA issued a minimum set of standards for its member hospitals although they were considered rudimentary compared to those set six years earlier by the ACS. Recognizing that the vast majority of the average practitioners would need to be convinced of the importance of standardization and the

threat it posed to their careers, the NHA provided technical assistance to hospitals, sponsored professional conferences, produced literature about proper hospital management and administration and invited speakers from the AHA to its annual educational meetings.

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The NHA and the AHA

“Committee on Hospitalization of Colored People”

“Early in 1927 the then-executive secretary of the American Hospital Association, realizing the chaotic condition of hospitals for colored people, invited the officials of the National Hospital Association, an organization formed for the purpose of aiding these institutions, to a meeting at the headquarters of the American Hospital Association and at the same time invited representatives of the American Medical Association and the American

College of Surgeons to attend.” This was the opening sentence of the foreword to the “Report of The Committee on Hospitalization of Colored People–1930.”

After a presentation by NHA President, Dr. Green, the group determined that urgent action must be taken. To that end, they pledged the financial support of their respective institutions to finance a survey of the hospitals and then lend any further assistance that might then be indicated. In the end, only the AMA appropriated \$5,000 in funding and in 1928, a less comprehensive survey was conducted, and only in southern hospitals, under the direction of the AMA Council on Medical Education and Hospitals.

The bulk of the black population at the time was concentrated in the South and because of the social structure of that region, more institutions for blacks were found in that area of the country. Dr. Algeron B. Jackson, former Superintendent of Mercy Hospital in Philadelphia and former Professor of Public Health at Howard University conducted the four-month survey by visiting each of the 120 sites personally, 63 sites located primarily in the North were not visited. The hospitals were graded from:

Best	A	(16)
	B	(43)
	C	(30)
Worst	D	(27)

Four were not given a grade and no reason was given.

Total bed capacity was 9,027 (6,451 was the average for FY27). Entire physician staff that were black at 42; entirely white at 11; majority black at 21; majority white at 41; total physician staff was 999 with 515 black and 482 white; 103 black superintendents and 17 white ones; 95 facilities were under black control while 25 were under white control; 7 were municipal institutions, 2 were federal; 4 were state run; 53 were private; and 60 had nursing schools with a total of 690 nurses.

The AMA Council submitted the results of Jackson's completed on-site visits to a group of white physicians who were reported to have had a lifelong contact with the negro (sic) and spent a score or more years in medical and hospital service in their midst. Published by the AHA in 1929, the Report highlighted the discrepancy in care received by paying blacks and indigent blacks in large cities, a situation that would be eerily echoed decades later:

In the larger cities the indigent negro is well provided for in the public hospitals, but service in the negro (sic) hospitals for pay patients is, as a rule, poor, and in some even dangerous. In most instances at present, the negro (sic) physician and hospital do not attract the negro (sic) patient or satisfy those interested in his welfare. When the negro (sic) pay patient compares the inadequate facilities of the negro (sic) physician and hospital with the services offered him by a white hospital, though that service be of a poorer standard than that received by white patients, it is possible to understand his choice of the latter.

Identifying the scarcity of trained hospital executives and administrators, as well as, a lack of financial support outside the patient's ability to pay as the primary reasons given for hindering black hospitals from functioning properly, the Report strongly endorsed closing poorly performing black hospitals while encouraging support of well operating ones. With that in mind, the committee made several recommendations for improving black hospitals, including: that black hospitals should in general be under black control but with white assistance in the South. Citing the "pleasant relationship" established with the NHA and NMA, it was the unanimous opinion of the committee that *"there rests at the door of the*

I am extremely happy to see that the organization is still here. The death of Mr. Edwin Crosby was a severe blow to NAHSE. He was a strong supporter and his leadership is sorely missed.

*Everett V. Fox
1968–1969 national president*

American Hospital Association a grave responsibility for colored hospitals, and we believe that more effective efforts should be made by the Association to assist in a difficult undertaking which will require many years for satisfactory accomplishment.”

The Role of Philanthropy

Over the years, the Julius Rosenwald Foundation had given considerable sums of money to improve black hospitals and support the reform movement. The Foundation recognized that there were limitations to what philanthropy could do to solve the problem: “Negro hospitalization as a whole involving as it does provision for one/tenth of our total population is far too large a matter for any foundation.”

The Foundation elected to assist the development of those black hospitals “manifesting high standards and which, in particular, will aid in the training of negro physicians, interns, and nurses and in displaying desirable race relations between white and colored professional groups.” The Committee on Hospitalization of Colored People believed it would be to the advantage of all concerned for the AHA to have responsibility for coordinating one comprehensive program, supported by foundations

NAHSE’s communication and ability to network was great. Most people view NAHSE as an employment agency, but the education aspects of NAHSE have been excellent.

*Florence Gaynor
1975–1977 national president*

We have to advance our mission as we enhance professional development and nurture our students.

*Christopher Mosley, FACHE
2005–2007 national president*

and individual philanthropists, on behalf of the black hospitals. In a report to the AHA, the Rosenwald Fund cautioned: “There are important social, racial, economic, and psychologic (sic) tangents which must be understood by those intending to work in this field and without a sympathetic understanding of these fundamentals, there is danger of doing more harm than good.” Decades later, Conway Downing, Jr. would promote the idea of a broadly supported philanthropic effort with NAHSE as the coordinating agency, in an appeal for funding to the Robert Wood Johnson Foundation. While praising the efforts of the NHA and its president, Dr. Green, for all that had been accomplished in the area of black hospital reform, the committee concluded that the NHA could make little further progress “unless and until there is established a permanent office for the Association with a secretary in charge who understands the complex problems of colored hospitalization and may devote his whole time to them.” As stated in the report:

This committee is of the opinion that the offices of the National Hospital Association should be in Chicago where its officers may have ready access to all of the hospital literature and statistics available, and where they may maintain close co-ordination with the American Hospital Association, the American Medical Association, and the American College of Surgeons.

Chairman Walsh moved to submit the recommendation in the form of a resolution for submission to the AHA Board of Trustees. Committee members included Drs. James L. Bevans, William A. Doeppers, J.J. Golub, and Eugene H. Dibble, Jr. The motion was seconded but in the discussion that followed Mr. Richard P. Borden from Fall River, Massachusetts made the Association’s position on the matter of the “black hospital” crystal clear:

I am making no apology for the action or inaction of the American Hospital Association with regard to this problem. It was considered very carefully by the Association as to whether we should get in and undertake to remedy the conditions affecting colored hospitals in the United States. I think the report of the committee which has just been read indicates the difficulty of that problem and that the Association has been wise in not undertaking a task which it would have been unable to finish. It seemed to your trustees at the time the matter came up, and to other responsible men in the Association, that the beginning with regard to remedying this evil should be in another direction. The American Hospital Association, as always, will be glad to give advice and assistance to colored hospitals as well as any other hospitals when there is some appearance of effective effort to put the colored hospitals on a new plane. The Rosenwald Foundation has said that it was too big a task for any foundation to undertake to remedy the conditions as they existed with regard to these colored hospitals.

In spite of the Committee's urging and the findings in their report, no action was taken by the AHA. At the Thirty-Third Annual Convention held at Toronto, Canada, September 28 to October 2, 1931, the Board of Trustees acknowledged that the plans submitted by the committee were sound and worthy of support. They formally acknowledged the hard work and accomplishments of the NHA under the leadership of Dr. Green and endorsed its efforts but took no action. Thus from the beginning, the relationship between the NHA and the AHA was marked by tension related to the "problem of the black hospital." Vanessa Gamble explained the tepid AHA response in the context of the depression. At a time when many white hospitals were threatened with extinction, the needs of black hospitals were not a priority for the organization.

The Demise of the NHA

Recognizing the need to operate as a professional organization, the leadership of the NHA approached the AHA and Rosenwald Fund for the financial support to establish a permanent staff and national office. Gamble suggests the effort failed because terms imposed by the Fund included subjugation of the NHA Executive Director to the Fund rather than the NHA. Attempts to raise money for support of the organization's activities were for the most part futile. Most black hospitals did not pay the association's \$5 membership fee, between 1923 and 1931; it never had more than \$300 in its treasury and all of its funds were wiped out when the bank that held its deposits failed. Disinterest on the part of a large number of black physicians also hampered the NHA from implementing its reform programs. Midian Bousfield, MD, a former president of the NMA and a prominent leader in the reform movement was also highly critical of many of his colleagues:

The men in Jacksonville (Fla.) are way behind the times and by no means equal to the demands of such a hospital. I tried to talk to them in the interest of better medicine—better preparation—the National Hospital Association, promotion of specialization, etc... Not a single man in the place knew anything about scholarship and the opportunity for improvement.

Although the organization did not achieve most of its objectives, Gamble feels it played a significant role in keeping the plight of the black physicians and black hospitals in the forefront of the public health care debate by reminding health care organizations and foundations that black hospitals needed and deserved their support. Years later Gail Warden voiced similar sentiment when he accepted the NAHSE Humanitarian Award at its 25th Anniversary Luncheon saying, "NAHSE keeps the major organizations on their toes." The NHA existed until the early 1940s when its activities were eclipsed by the National Conference of Hospital Administrators.

The National Conference of Hospital Administrators

The following account of NAHSE's Historical Development was published in the May 1972 issue of the *NAHSE Notes*:

T*In 1936, Negro hospital executives whose institutions had a minimum of fifty beds, met at Lincoln Hospital, Durham, North Carolina (Letter written by W.M. Rich in 1959). In addition to Rich, Director Lincoln Hospital, the meeting conveners included: Dr. Midian Bousfield; Dr. Albert W. Dent, Administrator, Flint-Goodridge Hospital, Dillard University; Dr. Malcolm T. McEachern, American College of Surgeons; and, Dr. C. Rufus Rorem, Rosenwald Fund. Others present were: Dr. W.C. Davidson, Dean, Duke Medical School, and Dr. W.S. Rankin, Executive Secretary, Duke Endowment Program. The outcome of that meeting was the formation of the National Conference of Hospital Administrators. Dr. Dent was named Chairman of the Conference and Mr. John Procope was named Secretary-Treasurer. The group reasoned that calling the organization a conference instead of an association would allow for more informality at the meetings. In time the Tri-State Conference of Hospital Administrators was organized for hospital executives from North and South Carolina and Virginia, W.M. Rich was chairman. A Southeastern Conference was organized for executives from Georgia, Florida, Alabama and Mississippi. Before relinquishing the chairmanship to focus on his appointment as President of Dillard University in New Orleans, Louisiana, Dr. Dent consolidated the activities of the NHA with those of the NCHA. Dr. E. Stanley Grannum, Administrator of Whittaker Memorial Hospital Newport News, Virginia, a founding member of the Conference, was the last*

chairman of that body before it evolved into an organizational relationship with the AHA.

The organizers of the Conference clearly understood that discussing problems unique to those institutions would be of great benefit to black administrators and the response to the conference was evidenced by substantial growth from year to year. The Conference increased awareness of hospital administration as a career which in turn increased the number of black hospital administrators in the field and affiliating with the AHA as well. Like the NHA, the Conference encouraged administrators of black hospitals to meet the established standards of the day, and promoted participation in the AHA, as well as all other progressive societies in the “hospital field.” At a time when all hospitals were trying to “rise to the occasion,” the NCHA strove to “act as an information bureau to dispense advice and offer suggestions to improve the service of all hospitals and to obtain able administrators for colored hospitals.”

As more and more Conference members affiliated with the AHA, it was decided there was no further need for the NCHA as an active organization. Instead, gathering separately to discuss problems of particular interest to Negro hospital administrators during scheduled AHA meetings was deemed to be sufficient. “It took over two decades before it became clear to the few black administrators who continued the annual meetings that the interest of the AHA and the black administrators was not so common, after all.”

Of the 124 Negro hospitals in the U.S. in 1944, the average bed capacity was 20. Of these hospitals, twelve were governmental and operated by federal, state, or municipal governments and 112 were operated by church, fraternal, community or proprietary organizations. Twenty-three were fully approved by the ACS and three were provisionally approved by the Council on Medical Education and Hospitals of the AMA for the training of interns; seven were approved for residencies; two for graduate training in surgery or a surgery specialty; and schools of nursing were conducted in conjunction with 20 of these hospitals. In an article entitled *Health, Hospitals and the Negro*, Eugene Bradley wrote, “*In hospital administration the Negro (sic) institution is below par in many respects. Gone*

are the days when any person regardless of prior training can be trusted with the management of a hospital, white or colored.”

As the curtain closed on that chapter of the story, the pattern of joint meetings with the AHA was established. It would be more than three decades before the issue of personal professional and organizational development issues would be discussed independent of the AHA.

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It is time for an organizational retreat to discuss what is reflected in our history. Our history should serve as a guidepost to our future.

*Patricia Golden Webb, FACHE
2003–2005 national president*

The Sequel: The National Association of Health Services Executives

The 1968 Annual AHA Meeting proved to be pivotal for NAHSE and for the organizational changes that were approved in the AHA House of Delegates. The item sparking the most contentious debate was the Statement on the Financial Requirements of Health Care Institutions and Services. Described as perhaps the single most important issue to come before the organization in its history, the statement would in the words of incoming President George W. Graham, M.D., “place our hospital field ahead of its time in acknowledging and accepting the responsibilities of the social and economic changes necessary to keep health services responding to the needs of the American people.” While those in attendance agreed on the need to act in accord with those philosophies, there was not agreement on how that would be accomplished. Rather than taking an immediate vote, a special meeting was slated to be held no later than March 1, 1969 to consider further action on that issue. A significant minority of delegates objected to the Statement’s granting of veto power to area planning agencies when hospitals would wish to build or expand.

The review article highlighted other topics debated by the delegates—the role of the consumer in the decision-making process, and making fulltime physicians, including the director of medical education and house officers, responsible to the medical staff rather than the hospital administrator. As an immediate response to meeting the needs of its members, approval was given to forming board committees on physicians, hospital trustees and hospital volunteers; establishing a Committee on Urban Affairs; and, setting up a National Advisory Panel on Health. These changes were designed to not only ensure broader membership participation but inclusion of a greater number of health professionals,

experts in related fields, and consumers in Association affairs as well. Also approved was a proposal by the Committee on Structure to create regional advisory boards. The objective being a better mechanism through which the field may explore its problems more quickly, exchange points of view, communicate decisions, and respond to the nation's needs.

The keynote address by Whitney Young, President of the National Urban League, set the tone for the black administrators who attended the AHA Annual Meeting. As Haynes Rice said, "We organized in Atlantic City, selected officers, and began to think about doing some things at the AHA and the ACHA and the AUPHA." Reflecting on the significance of that moment for him, Rice recalled an incident that occurred early in his career while working in Henderson, North Carolina. The year was 1960, two years after he had completed his graduate studies at the University of Chicago, where he finished first in his class after having been denied admission the first time he applied because of low test scores.

Rice had been recruited to Henderson, a rural tobacco town with a population of approximately 20,000, to run a thirty-bed mission hospital formerly administered by a black female nurse who had worked there for forty-two years. After attending a Civil Rights meeting in Durham, where Roy Wilkins, President of the National Association for the Advancement of Colored People, was the featured speaker, Rice encountered a 14-year-old boy who had been arrested seven times for demonstrating in Civil Rights marches. Putting Rice on the spot, the boy asked Rice how many times he had been to jail. Young's speech stirred feelings in Rice just as that 14-year-old boy's question had years earlier.

Prior to the Annual AHA meeting in Atlantic City in 1968, a variety of blacks in New York City who held decision making positions in the medical and health related fields—hospital administrators, physicians, nurses, nutritionists and non-credentialed administrative personnel—had been networking among themselves discussing common problems in their respective work places. Specifically, the group was concerned with the paucity of black and other minorities among hospital and health management personnel involved in the operation of the professional institutions and organizations and engaged in educational conferences

within the field. This was the case even among public hospitals, most of which were located in or on the fringe of black ghetto areas in the city. Those institutions faced a myriad of problems with physical plant deficiencies, personnel insufficiencies, financial deficits, training short comings, as well as community relations problems. While the administrative positions within those facilities were not the most attractive or acceptable of positions to have, they were the ones most likely to be offered to the black administrator.

Initially they focused on identifying black and other minority group personnel in health fields; on-the-job problem-solving strategies; recruitment of black and Puerto Rican personnel into health services administration; and, the promotion of group solidarity to encourage social and fraternal relationships within the AHA. The opportunity to expand those efforts into a national program presented itself the following year at the Seventieth National Meeting of the American Hospital Association in Atlantic City. After the meeting, the members of the newly formed NAHSE returned to their respective cities to recruit and organize. The New York chapter, the first formalized chapter, generated the funds to set up a central office in the NYC Blue Cross Association offices, staffed by member volunteers and assisted by in-kind contributions from BCA. Robert Merritt, a member of the New York chapter and graduate of the Yale Health Administration Program, was hired as the first Executive Director in 1970. Woodrow Walston described Merritt as a creative, resourceful and extremely competent executive who did much to get the administrative operation of the National Office off to a good start.

Using word of mouth and contacts made at annual meetings of the various national health care organizations such as AHA and ACHA, membership grew steadily. By 1972, there were six chapters ranging between twenty to ninety members depending on the size of the host city. Chapters were located in New York, Chicago, Detroit, Washington, D.C., Nashville and Columbia, Missouri, and NAHSE began to concentrate on a broad range of issues. It was the intent of the founders that NAHSE should serve as the national representative for blacks and minorities in matters having to do with the delivery of health services. To that end the

organization had to be prepared to make decisions to generate a “turning point” in the problems related to the poor and disadvantaged, as well as their health, education and welfare.

The goals and objectives in the by-laws were carefully crafted and constructed to ensure that NAHSE would serve that role. There was grave concern that despite the efforts of black health care professionals to elevate the quality of health care for the disadvantaged, there was little or no real endorsement from the major health institutions. There was dismay over the number of black hospitals that had closed across the country as well. Over the years, the black hospital had served as the “lifeline” for black health professionals in terms of education and training for administration, medicine, nursing, dentistry and pharmacy. Also troubling was the fact that even as more and more qualified blacks were obtaining degrees in the field of health care administration, few if any were getting jobs in policy-making decisions in the industry, a trend also noted by Gary Filerman of the AUHPA. Much of what was accomplished between the years of 1968 and 1978 can be directly attributed to the energy and personal resources of those dedicated members who worked hard to assure that the organization survived. Such devotion and dedication continues to sustain the organization today.

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Getting the Work Study Program Started

It is no mere coincidence that the earliest NAHSE chapters were organized in highly populated metropolitan cities with large black populations served primarily by municipal and voluntary community hospitals. Concerned about the lack of black administrators in New York City and the paucity of black and minority students enrolled in hospital administration programs, the New York NAHSE chapter under the leadership of Haynes Rice began pressing local hospitals and health agencies to accept black students as summer interns. These efforts led to the establishment of the Summer Work Study Program. Established in 1970, the Summer Work Study Program was instituted in collaboration with the AUPHA, whose president at the time was Gary Filerman, Ph.D. Statistics showed that in 1967, minority student enrollment in AUPHA graduate programs was less than 2% (14 out of 799) and minority membership in the ACHA was less than 1% (Final Report, National Work-Study Recruitment Program in Health Administration for Minority Group Students, 1975). By 1969, both the number of minorities graduating from and those enrolling in AUPHA programs had fallen to less than 1%, (3 out of 565 and 11 out of some 1,600), respectively.

Armed with these statistics, Rice and several of his chapter members took their crusade to the AUPHA. Filerman recounted how Rice would call from New York and say, “I’m going to come down and see you on Tuesday at four o’clock,” and he would walk in with thirty people, all black, who wanted immediate action. “They would give it to me.” They wanted to know what the AUPHA was doing about the lack of minority students in the field. Noting the turbulence of the times, Filerman described NAHSE as militant on a number of fronts during the confrontations that occurred in his Chicago office. In addition to attempting to protect the role of hospitals serving a primarily black constituency, the

group was pushing for more black administrators in the New York City system.

For his part, Rice described a strategy of “good guy, bad guy” and normally he was the “bad guy.” In the spring of 1970, AUPHA formalized the summer internship program into the National Work-Study Recruitment Program in Health Administration for Minority Group Students (NWSRPHAMGS), offering minority students summer jobs in hospitals with the idea of starting them toward careers in health administration. Robert Detore, Director of Student Recruitment for the AUPHA became the point man for the program. Filerman described Detore as the perfect man for the job, an aggressive, creative activist and a genuine humanitarian who got along well with the black leadership. Rice described Detore as “really a very decent person.” Reflecting on the political reality that increasing the number of minorities in the field fell on their effort to do it on behalf of the field as a whole, Filerman quite candidly admitted that admission to graduate school was not as great an issue as placement of graduates and advancement in practice, issues which the AUPHA had very little influence over.

The Work Study Program was initiated in New York and Baltimore. From the NAHSE perspective, the primary objective of the program was to motivate minority group college students to recognize health care administration as a realistic career objective, and to provide meaningful experiences which will encourage young people to actively pursue and enter the profession. NAHSE members served on the selection committees and pressured local administrators to accept students for an eleven week summer work experience in a hospital or related health service facility. For his part, Filerman solicited funding for stipends. Funding for the first year included a \$5,000 grant from the Commonwealth Fund and \$28,000 from the W.K. Kellogg Foundation. At the end of the pilot program 25 of the 36 participants, 70%, identified health administration as their career objective. This success led to an additional 3-year grant from the Kellogg Foundation to implement the program nationally. The grant was awarded to the AUPHA in the amount of \$278,130 for three years. A significant portion of that, \$150,314, was allocated for Student Financial Aid to be approximately divided between Scholarships and Loans.

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Meeting a National Need

The results of the first year of the work-study program impressed officials of the W.K. Kellogg Foundation, as meeting a national need. Expanding the program seemed to them to be a practical and imaginative approach to relating the health and academic communities to the problem of increasing the number of minorities in the field. By the end of the 1973 grant cycle, minority student enrollment was 8.3%. Focusing efforts on increasing the representation of Mexican-Americans, Native Americans and blacks residing in the South, a new funding initiative was sponsored by the Kellogg Foundation in

My vision for the organization is to allow our senior leaders to continue their organizational service and to encourage them to share their torches with a new generation.

*Denise Brooks-Williams, FACHE
2008–2011 national president*

collaboration with the Robert Wood Johnson Foundation and the AHA to extend the program through 1975. At its May 22, 1975 meeting of the Board of Trustees, the Robert Wood Johnson Foundation voted to grant \$332,817 to the AUPHA “in three-year support of its summer internship program for minority students.” The money was payable on a quarterly schedule covering the period between June 1, 1975, and May 31, 1978. In addition to providing stipends for the students in the summer work study program, the joint grants provided continued financial support for the AUPHA’s Scholarship and Loan Fund for Minority Group Students as well as administrative support for the association. Lynette Cooper, Director of Educational Opportunities for the AUPHA and a NAHSE member, was responsible for the day-to-day operations of the program. Additional funding was obtained from the Kellogg Foundation for Project Years April 1, 1975 to March 31, 1978 and again specified that a portion, \$75,000, be allotted for student financial aid.

The AUPHA’s Office of Educational Opportunity, of which Haynes Rice was a member, was reorganized to provide policy advice and consultation for this effort. In time, it was agreed on the part of NAHSE that the primary sponsorship and guardianship of the program now lay with the AUPHA. At this juncture, the decision was made to base work-study programs in cities where AUPHA graduate schools were located thus allowing AUPHA faculty to advise OEO staff members how to proceed in developing programs in their respective areas. The exceptions to this site selection process were made based on the presence or absence of Mexican and Native American populations, and corresponding under-representation of these groups in the local health arena (Final Work Survey Report, 1975). In spite of aggressive promotion in Los Angeles, San Antonio and Oklahoma City, the program was not as successful among the Chicano and Indian communities (Filerman, p. 117). Citing rapport, or the lack thereof, as a major barrier with the Chicano group, Dr. Filerman attributed this in part to the sociology of those groups as well as with operational problems within the program.”

While some program cities demonstrated a willingness to participate by raising their own funds to pay the stipends, others agreed to participate contingent on the AUPHA covering the entire expense (Final Work Survey

Report, p. 7). Local funding sources as well as the College Work-Study Program and Urban Corps were utilized to reduce the expense shared by AUPHA and participating facilities. The Veterans Administration (VA) was an enthusiastic sponsor of the work study program. It offered full stipend coverage for one student in each of its facilities. In 1976, seventeen work-study students were sponsored by the V.A. (See table below.)

Cities that sponsored work-study programs continuously from 1971 or 1972 to 1975:

- | | |
|--|--------------------|
| *Baltimore, MD. | *New York City, NY |
| *Chicago, IL | San Francisco, CA |
| Newark, NJ | Seattle, WA |
| * Cities with strong NAHSE chapters during that period | |

Cities that sponsored work-study programs for one or two years but did not have a program in 1974 because no stipend support was available from the AUPHA:

- | | |
|------------------|------------------|
| Denver, CO | Philadelphia, PA |
| New Orleans, LA | Detroit, MI |
| San Antonio, TX | Los Angeles, CA |
| Washington, D.C. | |

The objective of the NWSRPHAMGS was for the program to become “decentralized,” with each participating city to become financially independent of the AUPHA within three years (Final Work Survey Report, p. 13). At the end of the initial three-year funding cycle, only four cities had conducted the summer program for the entire three years. Only six out of fourteen of the cities that had programs in 1973 were able to sponsor a program the following year. Only four including Baltimore, New York, Newark, and San Francisco, met the objective of becoming independent within the three-year window. Programs were operated in San Francisco and Seattle for two years.

Marketing and recruitment efforts for the program resulted in 3.2 applications submitted for each work-study position available (Final Work

I was introduced to NAHSE in 1994 when I was in graduate school and have been to every meeting since. I see the organization's tremendous potential because of its ability to advance young people to assume leadership roles by removing the barriers to serve.

*Richelle Webb, FACHE
2008–2009 national secretary*

Survey Report, p. 9). A total of 241 students participated with placements in 184 hospitals, neighborhood health centers, family clinics and health associations. A survey conducted at the end of the program revealed that 73% of the students indicated an interest in pursuing a health career, 48% identified health administration as their specific career choice, and the preceptors recommended 86% of the participants for the health administration profession. NAHSE is mentioned twice in the final report filed by the AUPHA, in its opening sentence and concluding recommendation. Although he praised the summer workshop as a “solid accomplishment,” Dr. Filerman felt that NAHSE missed the opportunity to be a full partner in the endeavor because of the Association’s lack of financial contributions and an internal structure that limited participation to those cities in which there were active chapters, causing him to question the future viability of the Association (Weeks, 1984a).

Dr. Filerman did not acknowledge the instrumental role NAHSE played in conceptualizing and designing the summer work study program. In fact, it is highly unlikely that the AUPHA would have initiated such a program if not for the militant stance of Haynes Rice and the New York chapter members (Weeks, 1984b). While NAHSE did not have the organizational structure at the national level to submit a competitive grant to major funding agencies for sponsoring such an ambitious undertaking, it did have a dedicated, reliable and professional membership base that was capable of implementing the requisite activities of the summer workshop program in those cities with active chapters and affiliated members. Using word of mouth and personal contacts, they were able to maintain the

programs in those cities for several years after the foundation-sponsored AUPHA program ended.

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Planning a Covert Takeover

The value of the summer work study program as a vehicle for engaging the energies of top black leaders did not go unrecognized. In February 1972, Dr. Edwin L. Crosby, then President of the AHA, decided that the AHA would take over the summer work study program. In fact Crosby's emissary, Dan Schechter, was in Dr. Filerman's office discussing the AHA take-over plans when they received the unexpected news that Dr. Crosby had died (Weeks, 1984a, p. 116). At no time during his oral interview with Lewis Weeks did Haynes Rice indicate any knowledge of the planned AHA takeover. For his part, Haynes Rice was very complimentary of AHA participation, through Dr. Crosby, not only in the work study program but more broader issues as well. A series of meetings between past AHA presidents and NAHSE

members had been conducted twice a year in an attempt to develop ways for the United States health care system to be more responsive to the needs of the disadvantaged and to advance the activities of NAHSE. As a result of these interactions, the AHA put consumer members on all of their Councils and also formed a Committee on Health Care for the Disadvantaged. Joe Terenzio was the first chairperson of the committee. A major accomplishment of the committee was establishing the AHA's Patient's Bill of Rights.

The AHA-NAHSE group met on a Friday with Dr. Crosby, along with members of the Kellogg Foundation, the ACHE and others in attendance to outline a program that would provide substantial funding for NAHSE. Dr. Crosby committed to raising the estimated \$400,000 a year needed to provide the staff and resources for NAHSE to develop health education programs and assist hospitals to bridge the gap in solving some of their problems (Rice, p. 22). That financial support would have also allowed NAHSE to relocate its national office from New York to Chicago. Dr. Crosby died unexpectedly the next morning. According to Rice, with the death of Dr. Crosby, the relationship between NAHSE, black and poor people, and the AHA started on a downward trend. Following Dr. Crosby's untimely death, many in NAHSE viewed the fact that his last official meeting was held with a group of black health care executives as ample testimony of his uncommon concern for the poor, disadvantaged consumers of health services (NAHSE *Resume*, 1972, p. 5). In tribute, the New York chapter presented Crosby a posthumous award at their First Annual Awards Dinner-Dance held at the Astoria Manor, Grand Ballroom in Astoria, New York. In addition to Dr. Crosby, awards were also presented to Dr. James G. Haughton, Executive Director of Cook County Hospital in Chicago, Illinois and Mr. Joseph Mann, Senior Vice-President for Operations, New York City Health and Hospitals Corporation. The awardees were honored for their humanitarian efforts in health care and or their personal accomplishments in the field of health care administration.

August of 1982 was the first summer of the National Work Study Program for NAHSE without the financial support from AUPHA. Programs in Atlanta, Chicago, and Washington, D.C. remained opera-

tional. It can only be assumed that this was made possible by the dedication and hard work of the NAHSE chapters in those cities. For the first time the WMA/NAHSE initiated a case study in which students were assigned roles and required to develop a “proposal” to rectify the problem. The problem dealt with a 3% reduction in Medicaid allotments to states and the students were to develop proposals, based upon their role, as to how this reduction could best be handled (WMA, 1982, p. 3). The case study and role play activity provided an opportunity for students to experience a “real-life” situation and to apply concepts and knowledge acquired during the Work-Study program. This concept was the precursor to the Everett V. Fox Student Case Competition.

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Minority Employment in Management and Administrative Positions (MEMAP)

While the Summer Work Study Program was credited for the increased number of minorities emerging from programs in Hospital Administration, a major concern was the absence of a proportionate increase in job opportunities for the graduates. The August 1973 issue of the NAHSE *Notes* listed 35 community hospitals in the nation run by blacks, 0.6% of the

countries more than 5,868 facilities and indicated those NAHSE members who were also members of the ACHA (NAHSE *Resume*, 1973). Of the more than 9,000 members of the College (Fellow, Member, Nominee, Honorary Member, Life Member, Honorary Fellow, Life Fellow, Charter Life Fellow), only 55 were also NAHSE members (25 Nominees, 19 Members, 10 Fellows, and 1 Life Fellow). At the beginning of 1973, NAHSE and AHA formed an advisory panel on Minority Employment in Management and Administrative Positions (MEMAP) (NAHSE *Resume*, p. 8). The advisory panel members included Bernard Dickens, Executive Director, St. Joseph's Hospital of Kansas City, Mo., and Florence Gaynor, Executive Director, Maitland Medical Center in New Jersey.

The first meeting was convened on January 22 and 23, 1973 by the Chairman Joel Edelman, Director of the Illinois Department of Public Aid. The purpose of that meeting was to raise the awareness of the AHA about the problems of the low visibility of minorities in the private and public sector, and develop objectives and outline programs that increased minority employment at the management level throughout the industry (NAHSE *Resume*, p. 8).

The second meeting, held on June 24, 1973, was an open forum to receive testimony for a hearing conducted in conjunction with the American Health Congress, August 22, 1973, at the Palmer House. Organizations that were asked to address the advisory panel included the American Protestant Hospital Association; American Nursing Home Association; Commission on Education for Health Administration; Catholic Hospital Association; National Chicago Health Organization; American College of Hospital Administrators; Association of University Programs in Health Administration; and National Association of Health Services Executives (NAHSE *Resume*, p. 8). Robert Merritt was optimistic that in comparison to the old National Hospital Association, NAHSE's future was beginning to shape-up (NAHSE *Resume*, p. 10). Ten months after its National Office had been established many members were beginning to realize the Association's potential strengths. That optimism was shattered when the panel recommended that the AHA establish an Office of Minority Affairs, OMA, to oversee implementation of further recom-

mendations. Instead, the AHA developed a job description for Director of Employee Relations and filled it with a white female, without contacting any of the applicants suggested by NAHSE, a move that would factor in NAHSE's decision to sever ties with the AHA.

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The Howard University Health Administration Program

In 1970, the NAHSE Executive and Education Committees began meeting with officials at Howard University to discuss establishing a graduate program in Hospital and Health Service Administration (NAHSE *Resume*, 1972). The group developed a 24-month curriculum which included a 6-month internship. Scheduled to begin that September, the program would have graduated 25 students a year, significantly increasing the number of blacks graduating from HSA programs annually. In spite of early encouraging signs, the grant from the Alfred P. Sloan Foundation to fund the program was denied in 1972. Haynes Rice urged officials at Howard and leaders of NAHSE to proceed with plans to begin the program within the year, or risk the loss of faith on the part of their constituent groups who were expecting it to become a reality. In his report to the Executive Committee at the February 1975 meeting, Haynes Rice reported that the Howard University Program in Health Services Administration had stabilized but was in dire need of more good students. To that end, a symposium was being planned for May 22–23, 1975 in Washington, D.C. to discuss the role of the black university in training black health professionals. The dedication of the new Howard Hospital was scheduled for early March, several months

before the planned conference on May 22–23, 1975. The theme for the conference centered on the role of the black college in training health professionals and Rep. Parren Mitchell of Maryland was scheduled to be the keynote speaker.

At the general membership meeting the following day, Theodis Thompson, Director of the Program in Health Care and Public Administration, Howard University, reported that the program was growing and beginning to stabilize but needed residency placements for its students over the summer. Dr. Thompson reviewed some of the curriculum and academic developments related to the program and pointed out that a health concentration was being developed for persons who would be receiving the MHSA, MPH, and the MBA degrees. Haynes Rice pointed out that NAHSE must begin to act as an alumni association for the program and foster its growth and development. He also said NAHSE made a very early commitment to the Howard program and should not renege on this commitment. He urged help be provided in the form of summer placements. Dr. Thompson also pointed out that application had been made to the AUPHA for membership.

On April 21, 1976, the Honorable Percy Sutton declared Haynes Rice Day in the borough of Manhattan, upon his departure from New York City to take the position of Deputy Director at the new Howard University Hospital (NAHSE *Notes*, April 1988). In a July 13, 1988 update, Nathaniel Wesley informed the Board that the program had graduated 70 students since its creation, 12 years earlier. The top priorities of the department were accreditation, research, and recruitment. The program set a goal of increasing the number of first year students matriculating from 10 to 15%. At the time nine students were enrolled in the program. While the pending elimination of the program at Meharry Medical College would result in Howard having the sole graduate program offered by a black university, there were 10 to 12 undergraduate programs in HA at black colleges. Considered by all to be “Mr. NAHSE,” Haynes Rice retired effective June 30, 1990 after 14 years of service to Howard. During the annual AHA meeting July 29–August 1, 1990, NAHSE co-sponsored a testimonial reception and dinner under the direction of the

D.C. Hospital Association (NAHSE *Notes*, July 1990). After a career that spanned 35 years as a hospital administrator, Haynes Rice died in 1991. A memorial tribute was held in the auditorium at Howard University Hospital. In 1995, the Health Administration Program at Howard lost its accreditation and was subsequently demoted from a department to a program (Minutes, Membership Meeting, J.W. Marriott Hotel, Washington, D.C., September 23, 1995).

The First National Newsletter

The inaugural issue of the Association's newsletter, NAHSE's *Resume*, was published in May of 1972, the name changed to NAHSE *Notes* in 1982. Throughout the years the newsletter has served as a wealth of information about the people and activities of NAHSE. Job postings, political news, guest commentaries, chapter reports, treasurer reports, minutes of meetings and conference summaries were regular features. In his President's Message in the inaugural issue, Joseph B. Mann unveiled fund raising activities that he anticipated would project NAHSE into national prominence (NAHSE *Resume*, 1972). Foundations and other organizations were being approached to provide the necessary financial backing to establish an independent national headquarters. Money was also being sought to disseminate career information, and provide loans and scholarships to minority students in health service administration programs. NAHSE was endeavoring to improve the quality of health care services rendered to the disadvantaged and the poor by recruiting and encouraging sensitive individuals to enter the field (NAHSE *Resume*, 1972). While citing the obvious importance of money for achieving the stated goals, Mann also credited the membership with being an asset of equal importance. It was crucial that the member-

ship participated to the fullest extent. Mann felt that NAHSE was in the budding stage and the possible effects that a full bloomed NAHSE would have on the health care system in the U.S. would be profound (NAHSE *Resume*, 1972). Admitting that it would be an uphill battle, Mann hoped that potential would be recognized and exploited to the benefit of the organization's members and the constituency it served.

In addition to being the Executive Director and Chairman of the Program Committee, Robert Merritt was also editor of the newsletter. He used that forum to assess the organization's prospects and outline the program objectives. To Merritt, NAHSE was an organization of EBONITIANS which he defined as a religion of soulful people of any race, color or credence sensitive to the needs of blacks, whose aspirations and pursuits were highly correlated to those of the poor consumers of health, education and welfare (NAHSE *Resume*, 1972). Responding to criticism from within the membership, Merritt defended the slow professional growth of the Association as being a deliberate process meant to develop a strong base, out of credible engagements rather than crisis endeavors. He credited NAHSE's activism through its membership with being instrumental in opening the doors during the early years to the executive suite at the New York Health and Hospital Corporation, one of the largest health systems in the country. Merritt divided NAHSE program objectives into immediate and long-range goals (see NAHSE Program Objectives, Table, next page.)

NAHSE Program Objectives, 1972

Immediate Goals

1. Establishing a central office and staff in the New York area, which would put the necessary components together needed to develop a national headquarters.
2. Developing a health services administration manpower clearing house for minorities in the health field.
3. Establishing an organizational information and publication department with the function to:
 - a. prepare and distribute a newsletter to the membership and other interested parties;
 - b. prepare and distribute any other printed material relevant to the Association;
 - c. encourage members of the organization and others to prepare written material relating to the works of the organization; the experiences of individual group members in the field of health services delivery, and other pertinent information of interest to the health services community of people.
4. Developing a position paper on national health insurance and health care delivery systems.

Long-Range Goals

1. Developing and sponsoring a Health Services Administration Program at Howard University.
2. Beginning a design and plan for a continuing National Symposium on Health Care and its affect and effect on the poor and disadvantaged consumers of health care, that emphasized strong participation by medically and economically indigent members of the Association's constituent communities.
3. Establishing a *Journal of the National Association of Health Services Executives* (social, mental, and physical health management).
4. Creating a Federation of Minority Philanthropy for Health, Education and Welfare.
5. Establishing a Health Care Consumer Advocacy Program designed to review, investigate, evaluate and promulgate inadequacies in health care programs receiving some form of local, State, and Federal assistance to provide better care to needy areas and communities.

Race, Politics, and Hospitals

The New York City Health and Hospitals Corporation (NYCHHC) is a multimillion-dollar corporation, which runs the major hospitals in the city's five boroughs. In the early 1970s, Corporation Board member, Vernal Cave, M.D., charged that the institutional racism ingrained in the HHC was most often manifested by the top policy decision makers (NAHSE *Notes*, 1972). Dr. Cave had a firm basis for his accusation. The results of an ethnic census study conducted at the end of 1970 at the request of the Personnel Committee of the HHC showed that in the \$15,000 and above category, six physicians were hired for the Central Office including the president. "Of the six, there was not one Puerto Rican, not one Negro, not one Jew." In spite of expressions of anger, shock, disbelief and embarrassment on the part of HHC President, Joseph English, and the Board, no action was taken until a public meeting was held at which it was openly charged by Robert Royal and numerous other concerned health advocates from the community that "widespread racism was being openly tolerated by management in regards to the hiring, firing, demotion and transfers of Blacks, Puerto Ricans, Jews and women" (NAHSE *Notes*, 1972).

When the position of President of the Corporation became available, Cave made it his business to contact black leaders around the country, including the presidents of the NMA and NAHSE. Together they drew up a list of names for consideration, none of whom were ever contacted. Cave was astounded to learn that the Board minutes reflected that Dr. Julius Hill, President of the NMA had been contacted about the position and turned it down. Having just seen Dr. Hill in California, Cave knew this was not true. Things came to a head when Dr. Stanley Bergen resigned from the HHC in 1971 to become President of the New Jersey College of Medicine and Dentistry. Upon his departure, his responsibilities were divided into two positions, Vice-President of Operations and

Vice-President of Medical Professional Affairs. Bowing to pressure from leaders of the Puerto Rican community, Antero Lacot, M.D., was appointed to the position of Senior Vice-President for Medical Professional Affairs (NAHSE *Notes*, 1972). The black community effectively used the strength of the clergy and black press, specifically the New York *Amsterdam News* to lobby for a black to be hired in the second senior VP position.

The person being considered was 31-year-old, NAHSE member, Joseph B. Mann, Jr., the only black hospital administrator at that level in New York City (*Black Enterprise Magazine*, July 1983). Mann's credentials were impressive to say the least. Having completed Columbia University's prestigious graduate program in HA when the program had the tradition of admitting only one black per term, Mann interned at busy, but sadly underfinanced Harlem Hospital. At the tender age of 26, he was appointed CEO of the 300-bed Cumberland Hospital in Brooklyn, which under his helm was considered one of the best administered hospitals in the city. Sadly, this was still not enough to warrant appointing Mann to the job. It finally took a group of black hospital supervisors, with the solid support of black politicians, businessmen, and community leaders, to break the impasse over Mann's appointment. Led by Everett Fox, a supervisor at New York's Goldwater Hospital on Roosevelt Island, all the black department heads and assistant administrators in the municipal hospital system announced that they would resign en masse if Mann were not appointed (*Black Enterprise*, 1983). Mann was appointed in a close vote.

On the day that Mann was confirmed to his position, the management of the Corporation created the position of Senior Vice-President for Support Services and filled it with Donald H. Eisenberg (NAHSE *Resume*, May, 1972). In spite of the fact that the position had not been discussed beforehand, the Board sanctioned the appointment. A prepared memorandum presented to the Board at the moment of the appointment stated that it would be Mr. Eisenberg's responsibility to concentrate on support services, such as security, laundry, medical records, laboratories, emergency medical and ambulance services, together with management services provided by the Corporation. These management services employed almost 10,000 workers, about 25% of the workforce. The move

effectively emasculated both Lacot's and Mann's positions. In fact in the memorandum announcing his appointment, no mention was made of Mann's duties and responsibilities. Even more glaring was the fact that the Director of Mental Health for the Corporation was placed under Eisenberg rather than the newly appointed Sr. Vice-President for Medical and Professional Affairs, Lacot. A quasi-city agency, the NYCHHC was structured such that the city's Mayor, who at that time was John Lindsay, controlled the actions of the management of the Corporation (NAHSE *Resume*, May 1972).

Declaring that there were now "two spooks sitting by the door," Cave appealed to the Mayor and state legislature to change the situation. That change would be a long time coming as evidenced by the experience of Bruce Siegel, M.D., who was appointed President of the NYCHHC during Mayor Rudolph Giuliani's administration.

Casting himself as a moderate, running on both the Republican and Liberal party tickets, Rudy Giuliani ran for mayor of New York in 1989 vowing to rid the city of crime, crack and corruption (NPR broadcast, November, 2007). Expecting to run against third-term incumbent Mayor Ed Koch, he found himself instead facing Manhattan Borough President David Dinkins, who had defeated Koch in the Democratic primary. In the predominantly Democratic city of New York, the winner of the primary typically won the general election. Thus, Dinkins was poised to become the first African-American mayor of a major U.S. city. The Giuliani camp hurled charges of corruption against Dinkins, whose camp responded in kind with accusations of racism. In the end Dinkins won in a tight race by only 50,000 votes. Many Dinkins supporters continue to believe that the close margin was an indication that people in New York were uncomfortable voting for an African-American as mayor. During the Dinkins administration, the NYCHHC began several major hospital reconstruction projects some of which were in poor communities with large black populations. These projects not only promised improved health care delivery to those residents, they provided jobs and strengthened the Democratic Party's political hold on the city. In the rematch election for Mayor, strong Hispanic support countered the lack of African-American

support and Giuliani won by much the same margin that gave Dinkins the victory four years earlier. In a series of moves viewed by many in the African-American community as retaliation for that lack of support, the NYCHHC severely curtailed or stopped the hospital projects begun under Dinkins.

At the time of his appointment, Dr. Siegel was completing his tenure as Commissioner of Health for the state of New Jersey. He had been asked by the World Health Organization to develop the health plan for war torn Sierra Leone in western Africa. He requested and was cordially granted a three-week delay in starting his new job in New York, not realizing, in his words, he was “playing right into their hands” (Siegel, 2007). He vividly recalled his shock as he walked through the J.F.K. Airport upon his return from Africa and saw the New York Times headline, “City Stops Brooklyn Hospital Construction,” a move that left over “60,000 tons of steel in a warehouse in Pennsylvania, stopping a project that cost an estimated \$800M.” Siegel described the environment surrounding his eighteen month tenure as one of “raw racial politics.” He transcended this by keeping one undeniable fact front and center: “Eighty percent of New York City children under the age of five years used a NYCHHC hospital. For them, the delivery of quality, accessible health care services was critical, not a convenience.” While the basic structure of the NYCHHC has remained the same, much has improved since that time. Former NYCHHC President Dr. Benjamin Chu, an appointee of Michel Bloomberg attributes his success to Bloomberg’s commitment to addressing the health needs of New Yorkers (Siegel, 2007).

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NAHSE Board Minutes, Membership Meeting, J.W. Marriott Hotel, Washington, D.C., September 23, 1995.

St. Albans Naval Hospital

In what may have been a surprise move to the membership, the National Office staff announced it had been quietly working to have NAHSE take over the St. Albans Naval Hospital after the Department of the Navy announced it would disestablish command of the facility by March 31, 1974 (NAHSE *Resume*, 1973). St. Albans served the Queens area of New York and the region's veterans. In a letter to the Defense Department, NAHSE Executive Director, Robert Merritt, requested that "when the naval hospital has been identified as surplus property and is transferrable, we would request that such property (land, building and related property) be transferred to NAHSE, at a fair market value, to maintain for the community, against which a public benefit allowance or discount of 100% is given for 30 years or more" (NAHSE *Resume*, p. 5). Located on 117 acres of spacious land in the heart of a predominantly black middle-class community, the listed value of the facility was \$28,824,277 with an operating (military budget) of over \$15M annually, the hospital section was located on over 35 acres of land and over 1.2 million sq. ft. New York Senator James L. Buckley supported NAHSE's plan to create a "City of Health" on the site that would provide the community with a wide range of health and human service programs. Long-range plans included the construction of a medical school as part of the complex. In response to Merritt's letter, the Department of the Navy assured that NAHSE's proposal would be given immediate attention (NAHSE *Resume*, 1973). No further reference in the historical files was found related to this venture.

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Annual Health Care Symposia

NAHSE held its' first Annual Health Care Symposium, June 14–15, 1973 (NAHSE *Resume*, 1973). It was the Association's first national program since the establishment of its central office in New York City. The theme of the program was *Neighborhood Health Centers and the Department of Health, Education and Welfare: Where to Now?* The purpose of the symposium was to provide a forum for constructive dialogue between sponsors and parties interested in health centers and the Department of Health, Education and Welfare, to discuss the future of the health center concept of health care delivery. A caucus formed by participants in the audience developed a resolution to be sent to Washington and the news media. The resolution called for continued support of Neighborhood Health Centers by immediately enacting legislation that created direct funding; imposing a moratorium forbidding the cutting off of funds; and, any future legislation to receive input from NAHSE and other groups that function at the level of true relevancy (NAHSE *Resume*, 1973). The symposium was capped off by the New York Chapter's Second Annual Award Dinner. Held at the New York Hilton, over 400 guests were in attendance to see awards presented to U.S. Senator Edward Kennedy, Louise Epperson, patient ombudswoman at Newark, New Jersey Maitland Medical Center and Florence Gaynor, Executive Director, Maitland Center (NAHSE *Resume*, 1973).

The second Annual Health Symposium which was held June 21, 1974, at the New York Hilton Hotel, was one of the bright spots of 1974. (NAHSE *Resume*, 1974. The Planning Committee felt it would be more productive to bring together the leaders, policy makers and the great thinkers in the field of health care to talk to each other “eye-ball to eye-ball” rather than simply outline the numerous proposed pieces of legislation and overwhelming programs being placed on the table. The par-

ticipants included: Lawrence Hill, Vice President of the AHA (which at the time represented 7,000 hospitals throughout the country); Dr. Vernal Cave, President-Elect of the NMA; Dr. Martin Cherkasky, Director of Montefiore Hospital Center in the Bronx (one of the largest voluntary hospitals in the country); Florence Gaynor, President-Elect of NAHSE; Dr. Sidney Wolfe, Director of the Health Research Group, Center for Study of Responsive Law (more familiarly known as the Ralph Nader Group); Bernard Tresnowski, Senior Vice-President of Federal Programs and Health Care Services, Blue Cross Association; Edgar Duncan, Deputy Director of the Office of Regional Operations for Department of Health, Education, and Welfare (representing the position of the government); and, Max Fine, Executive Director of the Committee of the National Health Insurance in Washington, D.C. The forum was moderated by Carl Stokes of WNBC-TV News. The keynote addresses were given by Harold O. Buzzell, Health Services Administrator for DHEW, and Ralph Nader of the Center for Study of Responsive Law. Also addressing the group was Wiley Crittenden, Jr., President of the American Nursing Home Association, a federation of 49 state nursing home associations representing some 7,000 facilities with more than 500,000 beds. Crittenden spoke of shared respect for excellence to those in need as well as the difficulty of providing uniformly high quality care in the existing climate (NAHSE *Resume*, 1974).

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A Year of Setbacks

NAHSE faced several serious setbacks in 1974. The Association's President, Herman Glass, was accused of misusing thousands of dollars as Director of Detroit's Comprehensive Neighborhood Health Services Center, a federally funded health clinic that served some of Detroit's poorest neighborhoods (Detroit *Free Press*, 1974). Created by the Office of Economic Opportunity in 1967, following the Detroit riots, the Center was later transferred to the federal Department of Health, Education and Welfare. Details of the charges alleging that Glass misused thousands of dollars of clinic monies were featured daily in The Detroit Free Press which was following the investigation closely. "Aided by a quarrelsome, poorly-informed board of directors, Glass spent tens of thousands of dollars on expansion programs that never got off the ground and on other projects that were not approved by the board or the federal government." Included in those projects were a \$30,000 newsletter and two \$6,000 trailers that stood empty on a lot behind the Center. Further alleged charges published in the *Free Press* was the hiring of dozens of additional and unnecessary employees, some of whom were friends and relatives; unusually high billings for gas mileage; a microwave for his exclusive use and that of the Board; and, spending hundreds of dollars on recording equipment that the Board did not approve.

Operating out of a rent-free building in a city-owned complex, the Center's ten-member Board of Directors, which included a doctor, a lawyer, and a sales manager, continued to pay themselves \$50 a month for attending board meetings. Glass was accused of encouraging his staff to schedule more frequent patient visits and hinting that the staff should order unnecessary laboratory tests in order to raise revenue (Detroit *Free Press*, 1974). In an attempt to balance the budget, the Center was forced to lay off or fire, half its staff; close its mental health department; stop paying for patient prescriptions, eyeglasses and vision examinations as

well as referrals to specialists outside the Center. A bus that once provided free rides from home to the center for patients with no other means of transportation began charging fifty cents for the round trip. Digging into Glass' background, the paper found that less than a year before he was hired at the Detroit Center, he had been fired from his previous position as Commissioner of Detroit General Hospital for violating city residency requirements and misusing city funds. In the interim, Glass served as administrator of the Bancroft Nursing Home in Detroit. During his tenure there, the state moved to revoke the home's license (Detroit *Free Press*, 1974).

The *Free Press* linked Glass to NAHSE in print, sarcastically describing the Association as a group of black health service executives and administrators formed in 1968 to elevate the quality of health care services rendered to the poor. Glass' travails should not have come as a surprise to the members of NAHSE. In the "*What's Happening Now*" section of the inaugural newsletter, it was noted that Glass was encountering problems in his capacity as Detroit's Commissioner of Hospitals (NAHSE *Resume*, 1972). At the time Glass was First Vice-President of NAHSE and in an ironic twist was also Chairman of the Ethics Committee for the AHA. Although it did not go into detail, the newsletter specifically stated that "most of NAHSE's members are aware of the allegations leveled at Mr. Glass." The editors of the NAHSE *Resume* elected not to elaborate until all of the information was gathered. However, Joseph Mann, the Association President, sent a letter to the city administration of Detroit, expressing support for Glass from the membership. Although Glass was not indicted on any charges, according to NAHSE member, Nathaniel Wesley, he was impeached as the Association's President. In June of 1989, Glass requested information from the National Office on job opportunities. In the correspondence he was identified as the President and Chairman of the Detroit Chapter Jobs Committee (Glass, 1989).

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Annual NAHSE Meeting

American Health Congress, August 1974

New officers were installed at the Annual NAHSE meeting which was held during the Annual AHA Congress meeting in Chicago. Florence Gaynor, Executive Director of Maitland Medical Center, Newark, NJ was installed as NAHSE's first woman president; Donald T. Watson, Director, Division of Health Care Administration and Planning, and Assistant Professor and Adjunct Professor at Tennessee State and Fisk University, respectively, was installed as President-Elect. As part of a general restructuring of the Constitution and Bylaws, the Board extended the term of officers from one year to two years, this was intended to assure more continuity in policy and programs (NAHSE *Resume*, 1974). A bright spot was the election of Dr. Albert W. Dent, President Emeritus of Dillard University and former Executive Director of Flint Goodridge Hospital in New Orleans, Louisiana, to Life Fellow status during the American College of Hospital Administrators' annual meeting (NAHSE *Resume*, 1974). With his selection, Dent joined Clyde L. Reynolds, the only other black Life Fellow at the time. Another early black ACHA Fellow was Charles E. Burbridge, the first graduate of the doctoral degree program at the University of Iowa, making him the first person to be awarded a doctorate in hospital administration (Neuhauser, 1995). At the 1947 AHA meeting in St. Louis, Burbridge was denied hotel accommodations because of his race, sparking Edwin Crosby along with others to assert to the St. Louis Convention Bureau that no further AHA conventions would be held in that city until and unless blacks were accepted at area hotels (Neuhauser, 1995).

Severing Ties with the AHA

The relationship between NAHSE and the AHA reached its lowest ebb in 1974. Dr. Crosby's untimely death ended the warm relationship that was developing with NAHSE. His replacement, John Alexander McMahon was described as being an honorable man, but torn between the progressive years of the Dr. Crosby era and the national administration policies of "benign neglect" advanced by President Richard Nixon (NAHSE *Resume*, 1974). While the advisory group, MEMAP, was praised for its efforts, failure to implement its recommendations was strongly criticized. From the standpoint of NAHSE, the only black staff member approaching a high post in the AHA administration had been intimidated to resign. Whereas NAHSE formerly met with the AHA leadership in its President's board room, they now met in the basement, in seminar room 222. Where they met was insignificant but it signaled the "beginning of the end." In the words of Haynes Rice, "After the appointment of John Alexander McMahon, the new President of AHA, the meeting was moved from the board room to as close to the basement as we could get, and we were no longer equals" (Rice, 1994).

In a letter to AHA President John McMahon, dated October 4, 1974, the NAHSE Board of Directors informed him of their vote to sever relationships with the AHA. The letter opened with a review of the February 18, 1972 annual joint meeting between NAHSE and the AHA at which time Dr. Crosby detailed plans to participate in a fund-raising effort with NAHSE to establish a NAHSE headquarters. That decision had been based on Crosby's recognition of the role NAHSE played in a variety of areas. Dr. Crosby also suggested several ways in which the AHA would help NAHSE's efforts. Writing on behalf of the Board, Robert Merritt also pointed to the AHA's failure to consider qualified NAHSE members for high-level administrative positions, its indifference to the problem of

*Some Specifics Leading to NAHSE's Decision to Sever Relations with AHA
(Undated document found in the NAHSE files)*

A. Reneged on Organization Posture Toward NAHSE.

In the annual joint meeting between NAHSE and AHA, February 18, 1972, through its spokesman, the late Dr. Edwin L. Crosby, the AHA recognized the important role NAHSE was playing. In light of the part NAHSE was playing in the area of student education, highlighting problems among minorities in the health care management and the many other problems that directly affected the poor; and especially in their attempts to obtain adequate patient care services and fairness in the nation's hospital's, AHA (through Dr. Crosby) detailed plans to participate in a fund-raising effort with NAHSE to establish a NAHSE headquarters to continue its work. He suggested several ways to help:

1. AHA should become an Associate Member of NAHSE and interest other similar organizations to join (page 3 of the minutes of the meeting).
2. AHA would lead the way when promoting proposals to foundations
3. AHA would develop a "Phase Two" to the then on-going work-study recruitment program to provide job positions for student graduates in hospital administration (page 2 of 1972 minutes).

OUTCOME

To date, not one of the items presented by the AHA in the February 1972 meeting has been met. In fact, the posture of the AHA has reversed (as will be seen in the following details).

B. AHA Lacks Seriousness When Dealing with NAHSE

One of the recurring discussions between NAHSE and AHA is the obvious lack of minorities in its high-level administrative posts. AHA has several regional offices across the country. In November, 1972, the New York office became vacant of its director. NAHSE made it known to AHA in a letter dated October 16, 1972, that we wished to have AHA consider some of NAHSE's well qualified members for the position (names and addresses accompanied the letter).

OUTCOME

In the Spring of 1973, it was reported to NAHSE (informal telephone conversation) that AHA had decided on a replacement for the Director of the New York office, and the Regional Office would be moved to New Jersey. Additionally, not one of the names sent from NAHSE to AHA had been contacted at all. No official correspondence was sent to NAHSE in explanation.

C. Indifference to the Problems of Involuntary Sterilization

In a letter to AHA, dated July 30, 1973, from NAHSE's President, NAHSE asked AHA

to express its position on the issue of “involuntary sterilization.” This request was prompted by the article in the Detroit News on Monday, July 23, 1973, page 2-A, regarding the sterilization policies of the Aiken County Hospital (also carried on national television).

OUTCOME

The AHA responded in a letter dated November 12, 1973, by alluding to its recently developed “Patient’s Bill of Rights,” that is, “patients have the right to refuse treatment. They also referred to their “consistently urging” hospitals and staff to follow the letter and spirit of the informed consent procedure. The AHA’s letter continued, by excusing such practices because of the location of the institutions. The letter ended by quoting the position of another organization regarding involuntary sterilization.

D. A Token Advisory Group to Appease the Affirmative Actions Programs

AHA convened a group of minority representatives of the health care management field to “help them establish specific goals directed at solving the problems of Minority Employment in Management and Administrative Positions (MEMAP). The group was formed, met three times, developed a report with specific recommendations; one of which was to establish an office of Minority Affairs to begin to deal with all the issues at hand and to see to it that the “Advisory Group” recommendations were carried out.

OUTCOME

A watered down version of the position of Director of Employee Relations, recommended by MEMAP, was developed and distributed. While it was advertised that the AHA was recruiting for a minority to fill that position, it was filled with a white woman with no consideration given to the names of possible recruits submitted by NAHSE.

E. The American Health Congress— Off Limits to Black Up-Front Participation

Like all other needed and obvious changes to be made, NAHSE had to remind AHA that we (blacks) were being treated as appendages to the American Health Congress Convention. All of NAHSE’s activities were never given any billing, (except fliers) made to use rooms away from the general arena of the convention, and only a few favorite “blacks” were asked to participate on programs. NAHSE responded to that situation in a letter, dated October 30, 1973 and asked for some changes.

OUTCOME

The August 1974 Congress was no different from the others.

involuntary sterilization, and a failure to utilize blacks in prominent roles at the American Health Congress Conventions. In addition, Merritt cited the complete reversal on the part of the AHA from its commitment, made at the February 18, 1972 meeting, to actively assist NAHSE in correcting the many problems affecting minorities in the field; the firing of the only black on the senior administrative staff; and AHA should become an Associate Member of NAHSE and interest other similar organizations to join.

Merritt closed by charging that “the AHA had made a mockery of minority involvement, in fact, all those years of professional negotiation and mediation have proved to be ineffectual. In that regard, our course is laid.” Declining to offer a point-by-point rebuttal in his response dated November 5, 1974, AHA President J. Alexander McMahan expressed dissatisfaction with progress in minority employment both at the AHA and throughout the field. While he insisted that such progress “continues to be a matter of high priority,” he made no effort to heal the rift. An article summarizing the events in the December 1974 issue of *Resume* entitled, “From Board Room to Room 222,” summed it up in political terms — “Like all other attitudes and policies regarding blacks, the Nixonian necrosis set in and AHA followed suit” (NAHSE’s *Resume*, 1974).

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Robert Merritt Leaves the National Office

The fall of 1974, citing the lack of funds to support his staff functions and his responsibilities as CEO and Project Director for a 300-bed nursing facility planned for construction in Brooklyn by the Association for Black Management in Health Care, Inc., Robert Merritt requested a leave of absence from his position as Executive Director (NAHSE *Resume*, 1974). In addition, Merritt also held positions at Montefiore Hospital and Medical Center and the New York City Health and Hospitals Corporation. Merritt proposed an offer that was perhaps viewed as too good to be true. Merritt and his ABMHCI staff person would remain in the BCA office, paying NAHSE \$300 per month and providing limited oversight of NAHSE's central office activities for the duration of the lease agreement or until other arrangements could be made (Robert Merritt letter, 1974). The BCA agreement was for that agency to underwrite the cost for rent and postage for NAHSE up to approximately \$10,000 through August 31, 1975. During his two-year tenure, Merritt was credited with being instrumental in obtaining a three-year grant from the Robert Wood Johnson Foundation in the amount of \$232,862; and, increasing the association's membership from less than 100 in 1971 to chapter affiliations in New York, Washington, D.C., Chicago, Detroit, Nashville and Columbia, Missouri, each of which had begun a membership drive (NAHSE *Resume*, 1974). In a correspondence to Gaynor, Merritt wrote:

“Florence, you have been intimately aware of how deeply rooted our problems have been in our attempt to buy enough time to make the ‘NAHSE Central Office Concept’ work. It is unfortunate that we have been overcome by the dangerous apathy existing among our people today. Apathy can only be overcome by enthusiasm for a cause and enthusiasm can only be aroused by two things: first, an ideal which takes the imagination by storm; second, a definite

intangible plan for carrying that ideal into practice; both divided by great resources. We lack the denominator. Yet, if it is possible for NAHSE to continue growing as it has in the past two years, I am sure you will find a way as you always have” (Letter from Robert Merritt to Florence Gaynor, dated November 1, 1974).

In his Editor’s Note for the December 1974 of the newsletter, Merritt struck a somewhat bitter tone. Citing New York City as an example of a place where black leaders and politicians were so polarized that collective decisions about the plight of blacks was unheard of, Merritt attributed this to the deliberate and judicious placement of a few blacks in very rewarding, influential positions so as to create a dampening effect on the inclination to protest (NAHSE *Resume*, 1974). Merritt opined that the black organizations of the day, many of which were manifestations of the “angry era of the 60’s,” were succumbing to physical and intellectual extermination. Merritt’s gloomy assessment was strongly influenced by revelation of the Tuskegee Experiment the previous spring, a fact mentioned in his Editor’s Note (NAHSE *Resume*, 1974). In a similar vein almost a decade later, Gary Filerman voiced a similar sentiment when he observed that within the field, the influx of talented minority graduates found good jobs in the private sector, with foundations and disproportionately in the consulting arena: “It has been discernible enough so that it has taken the wind out of NAHSE. That is, when black leadership can make it on equal terms in ACHA and AHA, MGMA and other organizations, the motivation to devote a lot of attention to a black administrators group is low. The black administrators as an independently identifiable group pressuring for change has been diluted. Perhaps now, in the Reagan era, with the collapse of many social institutions, job opportunities and service for the poor and so on, the militancy will resurface. It does have a way of getting things done” (Weeks, p. 118).

References

NAHSE *Resume*, December 1974, 3:3, p. 1–2, 39.

Letter from Robert Merritt to Florence Gaynor, dated November 1, 1974.

NAHSE *Resume*, December 1974, Vol. 3, No. 3, p. 2.

Weeks, L. (Ed.). (1984a). *Gary Filerman: In first person: An oral history*. Chicago: American Hospital Association.

Coming Alive in 1975

As of December 31, 1974, NAHSE had a balance of \$5,354.70 (NAHSE Treasurer's Report, 1975). The McGaw Scholarship Fund, which was made available to candidates based on the guidelines established jointly by NAHSE and the AUPHA contained \$4,500 and the Albert Walter Dent Research Award Program was ready for implementation (NAHSE Treasurer's Report, 1975). Established in 1969, the Foster G. McGaw Student Scholarship was named after the founder of the American Hospital Supply Corporation. The Foster G. McGaw Charitable Fund contributed an initial gift of \$150,000 and additional gifts were made by Mr. McGaw from his personal funds before his death in 1986. The purpose of the scholarship was to help students better prepare themselves for healthcare management, thereby contributing to improvements in the field. The Dent Award was designed to give one alumnus of the Work-Study Program an opportunity to work at the American College of Hospital Administrators for twelve weeks during the summer and receive a cash award. Initially \$300 was approved to be set aside immediately, of that \$200 was designated for the actual award. The Board of Governors of the Foundation of the ACHA established and named the Albert W. Dent Student Scholarship in honor of Dr. Dent, who in 1939 became the first black to become an ACHA fellow. Dent's achievements included establishing the first prepaid health delivery system in the United States; being elected as the first black member of the American College of Hospital Administrators; and, serving as President of the National Health Council and the American Lung Association. The objectives of the scholarship were to provide financial aid and increase the enrollment of minority students in healthcare management graduate programs (minority qualification was based on the definition by the EEOC); and encourage students, through structured, formalized study, to obtain positions in middle and upper levels of healthcare management (ACHE, 2008).

References

American College of Healthcare Executives. (2008). *Coming of Age: The 75-Year History of the American College of Healthcare Executives*. Chicago: Health Administration Press, p. 166.

NAHSE Treasurer's Report (February 1975). Executive Committee Meeting, February 27, 1975, Palmer House Hotel, Chicago, IL, p. 1.

A Rift with the Chicago Chapter

At the NAHSE February 1975 General Membership Meeting, Sterling Frazier, President of the Chicago Chapter, reported that a large hospital in the area, which he declined to identify, had summarily dismissed several top ranking black administrators, with little explanation, many of whom were active NAHSE members (NAHSE Meeting Minutes, 1975). The meeting ended with passage of a resolution offering NAHSE's "full support and assistance to the Chicago chapter in its investigation into the blatant and irresponsible racism being exhibited by certain hospitals in the Chicago area" (NAHSE Meeting Minutes, 1975). In his chapter report at the general meeting the following day, Frazier announced his intention to call a press conference to make public the dismissal of the black administrators as he had reported the previous day. The chapter had also taken on the issue of human experimentation and was in the process of writing a proposal to develop more rigid scientific patient rights in this regard. Frazier requested the approval of the membership for the proposal. NAHSE President Florence Gaynor, who was absent from the Executive Meeting the day before, ruled that a vote on the proposal was not appropriate at that time (NAHSE Meeting Minutes, 1975). She insisted that the proposal should be completed and then submitted to the Executive Committee for consideration. Her response was a clear departure from the enthusiastic resolution that had been passed during the Executive Meeting and signaled the impending clash that was coming.

At the August 1975 Executive Committee meeting, Frazier raised the prospect of the Chicago chapter initiating negotiations with the AHA to engage in joint projects within the Chicago area. Frazier felt collaborating with the AHA was both beneficial and necessary and moved that the Executive Committee endorse the recommendation from the chapter to begin exploratory conversation with the AHA regarding collaborations. There was no second for the motion. Rather, it was suggested that all chapter reports be received before a full discussion of the matter proceeded. Frazier reiterated that the issue must be addressed inasmuch as the issue was crucial to the future of the Chicago chapter and his leadership of the chapter. He made a strong appeal that NAHSE speak out on all health care issues. At this point the Parliamentarian intervened to move the agenda on to the other chapter reports and Mr. Frazier abruptly left the meeting.

An exchange of letters between Frazier and Gaynor indicated that their differences on this matter continued. Frazier stated his intention to proceed with exploratory conversation with the AHA in early January of the following year. He indicated that he had deferred taking action pending a scheduled meeting between Gaynor and the AHA leadership (Letter from Sterling Frazier to Florence Gaynor, 1975). Deciding to proceed when he learned that the meeting had been cancelled, Frazier wrote, "In the meantime, local health care issues dictate an immediate necessity for the Chicago chapter to begin working with all relevant health institutions in the area, including the AHA, to address the many problems and issues related to the delivery of quality health care to minority people." In her response, Gaynor wrote, "It is not within the jurisdiction of the local Chicago chapter to seek negotiations with the AHA on behalf of the national organization under any circumstances. Until such time as the Board, who has the ultimate responsibility for these decisions, reconsiders its previous decision, the relationship with the AHA still stands. If the Chicago chapter feels that it should like to recommend actions at the next Board of Directors meeting in February, 1976, it should contact the national office for such to be placed on the agenda for discussion" (Letter from Florence Gaynor to Sterling Frazier, January 23, 1976).

References

Letter from Sterling Frazier to Florence Gaynor, December 16, 1975.

Letter from Florence Gaynor to Sterling Frazier, January 23, 1976.

NAHSE General Membership Meeting, February 28, 1975, Palmer House Hotel, Chicago, IL.

NAHSE General Membership Meeting, Minutes of August 19, 1975.

RWJF Grant Funding Saves the Day

At this same meeting, Gaynor announced NAHSE had been awarded a three-year grant from the Robert Wood Johnson Foundation in the amount of \$232,862 beginning in 1976 (NAHSE Executive Committee Meeting Minutes, 1975). Former Executive Director Robert Merritt was credited with being instrumental in obtaining the grant. Programs and activities that were to be funded included, but were not limited to conducting continuing education workshops and seminars; developing NAHSE's Health Services Administration Manpower Clearinghouse for Minorities; establishing an Information and Publications Department; and, continuing the National Symposium on Health Care and the Disadvantaged (NAHSE *Resume*, 1974). NAHSE was required to generate an additional \$180,000 bringing the sum total to \$412,862. The administrative staff positions funded in the grant also served as the NAHSE national staff. In order for the Association to meet its obligation to the grant, general membership dues were increased to \$50.00 per year, effective January 1, 1976, but institutional and student membership dues did not change. BCA agreed to continue its assistance to the National Office for the duration of the grant, allowing monies allocated for rent to be used for programs and other activities. In an effort to promote the NAHSE Health Journal and raise additional revenue, each member was expected to purchase one or

more copies, \$6.00 per copy, and each chapter was to undertake a serious sales and distribution effort. In addition, the National Office purchased 50 copies to send to selected institutions and organizations on a complimentary basis.

References

NAHSE Executive Committee Meeting Minutes, August 18, 1975, McCormick Place Inn, Chicago, IL.

NAHSE *Resume*, December 1974, 3:3, p. 39

Joint Committee of NAHSE and ACHA

The following information was taken from the minutes of the Joint Committee of NAHSE and ACHA, March 1, 1975.

Early on the morning of March 1, 1975, the Joint Committee of NAHSE and ACHA met at the Palmer House Hotel. Richard Stull, ACHA President, opened the meeting by highlighting the development of the committee over the years. Florence Gaynor, NAHSE National President, voiced concerns related to the difficulties minority applicants were experiencing getting their applications for membership into the ACHA approved. It was NAHSE's position that in several instances the decision to reject a NAHSE member's application was made "hastily" and without what appeared to be "a due process of the applicant's situation." Everett Fox indicated that he and other distinguished NAHSE members provided references and were assured of the acceptability of the NAHSE candidates. Stull responded to the concerns by reviewing the application process and agreed that the regional ACHA office should be more proactive in the follow-up processing of minority applicants. Both sides identified the failure of professors in academia to

RWJF Status Report:

Submitted by Outgoing Executive Director Charles Bowen

- Two new chapters had been added (Memphis and Virginia/Carolinas Region), with four others in various states of organization (Atlanta, Boston, Houston and St. Louis).
- Blue Cross Association extended its assistance in the form of free office space and assistance with postage and copying costs. NAHSE had been used as a resource vehicle on health problems confronting minorities for a forthcoming documentary by CBS TV.
- The National Office had processed 120 formal requests from minorities for educational, professional development, and job placement assistance resulting in admission to graduate programs, job placement, and membership in NAHSE. Additionally the increased demand in telephone inquiries required the National Office to explore the "cost effectiveness" of computerizing the Minority Health Services Administration Clearinghouse.
- Largely due to NAHSE efforts in implementing the Summer Work Study Program, in collaboration with the AUPHA, local funding was available to continue support for the program in New York City. Also NAHSE continued to perform a coordinating role for that program.
- Experience gained from conducting two national continuing education seminars and data from the Clearinghouse was expected to be used to organize and implement programs for the next two years. The first, a Preventive Law Seminar, was conducted in Virginia Beach, Virginia., July 1-2, 1976. The second was scheduled for Dallas, Texas, September 22, 1976.
- One edition of the *Resume* was already in circulation and a second was expected to be ready in two weeks. An inaugural issue of *The Journal of the National Health Services Executives* had been prepared by the Education Committee and publication was awaiting the outcome of a \$7,500 grant submitted to the DHEW. These experiences would provide the foundation for organizing a publication department and integrating the *Resume* and journal into one publication during the second year of the RWJF grant.
- The National Office staff, with the assistance of several Association members, prepared and submitted a grant to the DHEW in the amount of \$316,000 to evaluate the quality of emergency care in six different

hospitals, and establish evaluative tools and protocols for care. It would also examine ways of reorganizing emergency departments to better fulfill their current role of emergency and episodic (primary) care delivery from a cost/effective perspective.

- Legal consultation had been obtained in the area of organizational structure and relationship of the National Office to local chapters. This legal assistance provided a basis for several proposed structural changes that would allow for better coordination of activities nationally, facilitate consolidated annual reports and enhance the potential for program funding through the National Office and also at the local chapter level. It was expected that the proposed changes would be adopted at the annual meeting in September 1976.
- Financially, the Association had been able to effectuate many cost savings while generating some additional revenues. The budget to actual variance statement reflected that all line-items had favorable variances with the exception of travel.

This was attributable to the inordinate amount of travel required secondary to start-up activities and gross under budgeting for that activity. The latter factor was exacerbated by dramatic price increases for travel after the grant was awarded. In addition, the national scope of the grant required travel to market, coordinate and implement activities. It was hoped that the Foundation would approve a forthcoming request reallocating funds to that line item (Status Report, RWJF Grant, July 15, 1976, sent to Calvin Bland, Program Officer, RWJF, from Charles Bowen).

encourage membership among students as a barrier. This was felt to be in no small measure due to the fact that many of them were not members of the ACHA.

It was pointed out that very few minorities were given opportunities to participate in the ACHA programs, seminars and presentations at the various meetings, including the annual meeting. The names of those that did appear on the programs for these events were usually the same year after year. It was NAHSE's position that visibility of the Association members not only boosted the esteem of NAHSE but enhanced the image of the ACHA as an inclusive professional organization. Shirley Warren,

Administrative Assistant for Health Administration Manpower, was responsible for minority affairs for the ACHA. The primary thrust and mandate for Warren's position was an earlier task force report and organizationally she reported directly to Richard Kirk, Director of Membership for the ACHA. Warren reported having a good working relationship within the College. For his part, Kirk pointed out that in terms of overall minority affairs management, the major thrust of the college had to do with the recruitment, training and retention of minority persons in Hospital and Health Care Administration.

Black and public hospitals employed the overwhelming majority of black and minority administrators. Voicing concern about the scarcity of black administrators in the private voluntary hospital sector, the NAHSE group appealed to the College for support and assistance in attempting to eliminate the racial and social barriers which in their opinion were causing the situation.

It was acknowledged that the ACHA was not an employer but it could support and endorse an equal opportunity position in a very careful and delicate manner. This led to a lively discussion about the effects of affirmative action programs in the hospital setting. In the view of the ACHA, discriminatory practices inherent in the hospitals would be corrected by the progress of affirmative action programs. For their part, the NAHSE representatives felt the affirmative action programs not only were not achieving the goals of equal opportunities for black administrators, but causing them to delude themselves into serving as scapegoats and excuses in terms of delaying or spreading thin the issue of equal opportunity employment. It was suggested that ACHA prepare a resolution on behalf of NAHSE in terms of addressing the need for more black and minority health administrators in the private voluntary sector of health institutions. After much discussion, both sides agreed that a resolution was unnecessary, however, support for affirmative action and equal opportunity employment should be a standing position and mandate of the College. Further, the College's leadership should on a continuous operational basis, be encouraging its member-institutions, its College Fellows and all other members to provide opportunities for all.

The First National Awards Luncheon

At the First National Awards Luncheon held in conjunction with the Annual ACHA meeting in August 1975 in Chicago, five awards were presented—including The Humanitarian Award—to the person who through their efforts made a substantial contribution to aid minorities in the quest for health care on a national scope and was intricately involved in supporting NAHSE; the Clyde Reynolds Black Health Executive of the Year Award—to the black health executive who proved him/herself a top level effective decision maker, exemplifying the goals and concepts of NAHSE in their everyday duties; and, Health Advocate of the Year Award—to the person who most dramatically and effectively represented the concerns and interests of the black health consumer, an outspoken national figure, with broad provider as well as consumer following. The awards committee selected Richard Stull as the Humanitarian Award winner; Everett Fox as the Black Health Executive of the Year; and, John Sengstacke as the Health Advocate of the Year. Mr. William White was selected for the President's Award and Ms. Sherryl Talton was the Albert W. Dent Research Award winner.

NAHSE's Second Executive Director

Charles Bowen was selected to fill the Executive Director position in the RWJF grant which made him the Executive Director of NAHSE as well. Citing problems with his wife's health and son's progress in school, Bowen submitted his

resignation effective July 23, 1976 serving a limited term as NAHSE Executive Director (Letter from Charles Bowen to Florence Gaynor, June 1976). Bowen recommended Clifford Barnes, NAHSE's Associate Director, be named as his replacement, but Barnes declined the position. Prior to his departure, Bowen submitted an Interim Executive Director's Report covering the period from August 1 to October 30, 1976. Although the amount of income needed to cover program expenses had not been reached, the Association's financial status had improved greatly, primarily because the RWJF grant was being implemented with considerable success. Although the matching revenues for the first period had already been collected and the estimated budget for 1976 had been under spent considerably, the number of paid personal memberships was down from the previous year. Only 142 members had paid national dues for a total of \$6,505. There were 22 paid institutional members for a total of \$4,252. While the Association's financial status for FY 1976 was stable, the projected two-year budget indicated a significant shortfall. NAHSE had to pay \$2,635 in back taxes, \$1,785 for 1973 and \$850 for 1974. Much had to be done towards increasing memberships and programs in order for the organization to remain viable (NAHSE Interim Report, 1976). The BCA commitment to in-kind office space was set to officially expire in April of 1977, but there was a proposal from the Health and Manpower Development Corporation for furnished office space in Washington, D.C. (NAHSE BOD, 1976).

The National Office proposed initiating a new department, the Office of Planning, Development, and Research to be headed by NAHSE member, Norma Goodwin, Ph.D. (NAHSE Interim Report, 1976). The activities of this office included identification of potential grants and/or contract funding possibilities for the national office and development of proposals for the same; supervision of funded national office grants and contract projects; provision of technical advice and assistance to the national office in the development of member service programs; and, technical assistance to member institutions in proposal preparation and identification, once the office was adequately funded. The Board approved a contract with Goodwin to be the part-time Acting Director of the OPDR at its meeting during the November retreat (NAHSE BOD, 1976). Her

salary was to be funded out of a grant submitted to the DHEW for \$35,000 to study “Factors Influencing the Stability of Black Hospitals in the U.S,” the results of which were to be shared with black hospital administrators throughout the country. Sources within the agency indicated the proposal had a good chance of approval. A previous DHEW grant in the amount of \$313,551 to evaluate emergency department care was considered too large to award to a relatively new and unproven organization such as NAHSE. With well over seven institutional placement requests processed per month, the NAHSE Placement Service was reported to be moving ahead successfully and the January 1, 1977 formal start-up date was expected to be met. Bowen concluded his report with a commitment to continuing the Regional Continuing Education Programs and developing more fundraising programs on the national and local levels.

Applications had been received from eighteen candidates for the McGaw Scholarship, including nine enrolled at Columbia University and two each from Harvard, Cornell, and Yale. According to James L. Martin, Director of Education for ACHA, the program’s balance was \$2,600. To date no chapter had submitted the \$250 annual assessment for the NAHSE Scholarship Fund as authorized at the September 22, 1976 Board meeting. As a result, the Board requested setting a deadline for receipt of the funds by the national office. Following publication of the second edition of the *Resume*, a third was being readied for publication in early December 1976. The NAHSE *Journal* had been published with the aid of a DHEW grant in the amount of \$7,500. Plans were completed for the February 1977 meeting to be held in conjunction with the ACHA meeting in Chicago at the Bismarck Hotel. A Task Force had been assembled to assist the National Office in investigating new national offices in Washington, D.C. In conjunction with the Task Force activities, a proposal from the Health Manpower Development Corporation as to availability of highly recommended space was being considered.

The treasurer’s report evoked lengthy discussion about the status of the books prior to the current treasurer’s term. The report resulted in a series of motions and recommendations designed to improve the fiscal operations of the organization. Specifically, the treasurer and the finance committee were charged with developing procedures and arrangements

in accord with state, federal, and local IRS regulations to be followed by all chapters regarding fiscal matters. A Fiscal Task Force was appointed to conduct an internal management audit and to present recommendations to the Executive Committee within two months regarding guidelines to be used not only at the national level but also for local chapters. It was moved that the recommendations be reviewed by the Bylaws Committee in order to incorporate them into the national Bylaws. Shirley Warren, Administrative Assistant for Health Manpower Development reported that the ACHA Regents voted to allow ACHA membership for students in undergraduate programs in Health Services Administration.

In his final report to RWJF officials, Bowen expressed confidence that his departure would be of negligible consequence and summarized the grant implementation to be smooth and proceeding at a very progressive rate.

References

Letter from Charles Bowen to Florence Gaynor, June 25, 1976.

NAHSE Executive Director's Interim Report, August 1–October 30, 1976.

NAHSE Board of Director Meeting, Morton Conference Center, Gloucester, VA, November 21, 1976.

National Black Hospital Fund (NBHF)

At the February 1976 NAHSE General Membership Meeting, the membership enthusiastically endorsed a motion to explore the feasibility of a National Black Hospital Fund, NBHF (Letter to Nathaniel Wesley from Charles Bowen, 1976). In a March 30, 1976 memorandum, Harold L. Oram described an extensive proposal for a national fund-raising drive to support financially distressed

black hospitals (Letter to Donald Watson, Charles Bowen, Cliff Barnes from Harold L. Oram, March 1976). The proposal was contingent on passage of an Appropriations Bill scheduled to be voted on in Congress over the summer. Oram met with the NAHSE Board and administrators of 26 financially distressed hospitals at Meharry Medical College on June 5, 1976 to discuss the proposal. The group voted unanimously to accept the proposal and agreed to develop a Black Hospital Profile in conjunction with Haney Associates, Inc., to collect data to be used in conducting the campaign.

Initially the campaign was to be modeled after the United Negro College Fund (UNCF) but it became clear that the evolution of the Fund was not applicable to NAHSE, whose need for financial relief was immediate; nor was the precedent-shattering fund-raising efforts The Oram Group led on behalf of Meharry Medical College which raised \$37M from private sources applicable (Letter, 1976). In Oram's opinion, NAHSE would most likely benefit from a campaign similar to the one it organized and ran for Mound Bayou Community Hospital in Mississippi which involved contributions and Federal assistance (Letter, 1976 p. 3). Led by Congressman Andrew Young, the Mound Bayou campaign built a contributing constituency of more than 9,000 donors in a single year.

Oram also intended to explore assigning students, "development apprentices" as he described them, from predominantly black colleges to Departments of Development in large white institutions to study and learn fund-raising techniques. The results of the hospital profiles yielded pertinent information that the image of the distressed hospitals among black physicians was identified as a crucial problem, suggesting an alliance with the NMA might be necessary (Letter, 1976, p. 1). Before proceeding, however, Oram proposed a short-term, four-month study to determine the viability of the effort; a twelve month budget and plan to raise seed money; a strategic plan; and identification of key volunteer leadership and staff personnel for conducting the first year of the campaign. Unlike the March 30, 1976, proposal, this study had no plan to solicit enabling legislation or Congressional appropriations (Letter, 1976, p. 4). According to Oram, the study, expected to be completed by February,

Oram Study Questions:

1. Can NAHSE organize an effective national campaign, capable of obtaining legislative support for facilities serving predominantly poor populations?
2. What kind of image could NAHSE create for its member hospitals in so far as target legislators and donor publics were concerned?
3. What kind of leadership could the Black Hospital Fund recruit from among medical, political, business and civic figures across the U.S.?
4. What sort of public events, including benefit performances could the campaign organize that would likely yield the largest net financial result and which, if any, could be institutionalized as an annual event?
5. What legislative allies could NAHSE identify in the U.S. House of Representatives, the Senate, and key federal executive departments?
6. What kinds and quality of development personnel did affiliate institutions have, and how could they best be helped to meet local fundraising needs and opportunities?
7. What prospects were there for grant support from foundations?
8. In what ways could the Black Hospital Fund enlist annual and special contributions from national and multinational corporations for designated Hospitals of Commitment?

1977, at a cost of \$40,000, would permit NAHSE to proceed on a securely informed basis (Letter, 1976, pp. 3–4).

William Robert Haney, Chairman of Haney Associates, Inc., proposed a follow-up study to the jointly prepared NAHSE-Haney Hospital Profile questionnaire that focused solely on those NAHSE member hospitals identified as “best performers” based on the standard of L. Richardson Memorial Hospital in Greensboro, NC, a beneficiary of Haney fundraising efforts (Letter to NAHSE Officers and Directors from William Robert Haney, 1976). Haney considered the NAHSE member hospitals, with their long history of commitment to community service, not only as health care providers but as major employers who contributed socially and culturally to their communities to be facing “the reconstruction period of their existence” (Letter from Haney, 1976, p. 2). Because of his company’s long history of commitment and concern with the future of black hospitals, Haney felt he could be instrumental, in concert with NAHSE, in overcoming the reluctance and resistance of many black hospitals towards the government and agencies involving accreditation, certification and regulation (Haney, p. 2). Key factors and approaches identified as determinants of success would serve as the basis in preparing the “case statement” for what was anticipated to be a national fund raising effort for the “Hospitals of Commitment.” Haney’s plan, “a venture for survival,” would be a two phase program; joint public, private and philanthropic funding; and, a national effort directed by a National Committee guided by Haney Associates, Inc. Unable to estimate a true cost of such an endeavor, Haney did project his agency’s fee to be \$53,600, inclusive of travel and personnel maintenance away from their home offices. In addition to the fundraising feasibility efforts, phase two involved: pursuing possible legislative support; defining the corporate image of the members; pursuing the assistance of national leadership from medical, business and civic publics; and, establishing a relationship with the NMA to help define true black leadership. National events such as a National Black Hospital Day involving black leaders including doctors, entertainers, athletes and political figures were also proposed. With the plan in place, the next hurdle was acquiring the necessary funding.

Of note, L. Richardson Memorial Hospital was the cover story for the Spring/Summer 1977 issue of *Resume*. On January 20, 1923, some 61 incorporators met to launch the Greensboro Negro Hospital Association, Inc. Led by the distinguished black educator, Charles H. Moore, the group solicited the support of Dr. C. W. Banner, a white physician and businessman. Together the group initiated a \$100,000 citywide campaign to build a community hospital. Because of the failure to raise significant funds, a committee of respected citizens appealed to the family of the deceased founder of Vick Chemical Company, Lunsford Richardson, Sr., whose family responded with an initial and generous contribution of \$50,000. In addition, a five acre tract of land valued at \$10,000 located at the edge of the city was obtained. The completed \$300,000 facility, Richardson Memorial Community Hospital, which included 60 beds and 4 bassinets, accepted its first patient on May 4, 1927. That hospital was replaced in May of 1966, when the doors of a new facility opened at a cost of \$2,254,580. NAHSE member Everard Rutledge, a graduate of the University of Minnesota Graduate Program in Health Management, took over in 1972, at the age of 25. In 1977, on the occasion of the hospital's fiftieth anniversary, Rutledge announced a national campaign to raise \$1.8 M, to construct a new, two-story ambulatory care center adjacent to the existing hospital (NAHSE *Resume*, 1977, p. 8).

References

- Letter to Nathaniel Wesley, Administrator, Sidney Symby Hospital, River Rouge, MI, from Charles Bowen, Executive Director, NAHSE, May 7, 1976.
- Letter to Donald Watson, President-Elect, Charles Bowen, Executive Director, Cliff Barnes, Staff Associate, from Harold L. Oram, Chairman, The Oram Group, Inc., March 30, 1976.
- Letter to NAHSE Officers and Directors from William Robert Haney, Chairman of Haney Associates, Inc., November 19, 1976.
- NAHSE *Resume*, a publication of the National Association of Health Services Executives, Spring/Summer, 1977, p. 8.

A Solicitation from the UNCF

In an ironic twist, NAHSE received a solicitation letter dated June 1, 1977 from Mrs. Whitney Young, Jr., on behalf of the United Negro College Fund. Citing such reasons as the large number of NAHSE members who were graduates or former students of UNCF schools; support from organizations such as NAHSE as proof to foundations and corporations which in some instance provide matching funds that UNCF solicits for funds that blacks are self-supporting; and, the increasing number of blacks in need of charitable causes either as an effort to avoid over-taxation or because the time had come to share the new-gained wealth. Soliciting organizations with large memberships to pool individual pledge gifts was seen as an effective way to raise large amounts of money for the UNCF campaign. Expressing knowledge of NAHSE's work and appreciation of previous support, Mrs. Young suggested a donation of \$5.00/member pledged over a given period of time.

Honoring the Founders in Dallas in 1976

Donald Watson, J.D., M.P.A., Director of the Division of Health Care Administration and Planning, Meharry Medical College, was installed as President of NAHSE at the September meeting held in Dallas, Texas. During the Annual Awards Luncheon, Watson called for a team approach to increase NAHSE's organizational excellence (NAHSE *Resume*, 1977). Watson

said the NAHSE founders “have given us a blueprint for excellence. His program objectives included prioritizing NAHSE’s organizational needs; evaluating current NAHSE programs; development of a national plan to strengthen local chapters and organize new ones; improving on the services provided by NAHSE to individual and institutional members; and, developing important linkages with other national organizations to strengthen NAHSE’s role in the development of health legislation. Watson closed his remarks with a plea for unity.

Certificates of commendation for “courage and foresight as a Charter Member” were presented to several NAHSE Founders in Dallas. They were Elliott C. Roberts, Sr., M.A, Commissioner of Hospitals and Executive Director of Detroit General Hospital; Henry Whyte, M.S., F.A.C.H.A., Administrator, Flint-Goodridge Hospital, New Orleans, Louisiana; Haynes Rice, M.B.A., F.A.C.H.A., Deputy Director, Howard University Hospital and Professor, School of Business, Howard University; Reginald Ayala, M.B.A., Executive Director, Southwest Hospital Corporation; Woodrow W. Walston, Administrator, Richmond Community Hospital, Inc; James A. Robinson, F.A.C.H.A., Administrator, Riverside General Hospital, Houston, Texas; and Morris Henderson, Project Director, St. Louis Comprehensive Neighborhood Health Center, Inc.

Clay E. Simpson, Jr., M.S.P.H., Ph.D., Associate Administrator, Health Resources Administration, and Director of its Office of Health Resources Opportunity (OHRO) at the Department of Health, Education and Welfare delivered the keynote address. The highest ranking black in the U.S. Public Health Service, Simpson told the delegates they must continue to seek the removal of those barriers to quality education and health services. Simpson hailed NAHSE’s long standing commitment to “equality of opportunity.” Citing statistics showing there were only 4,731 minorities among the existing 84,461 health administrators, 5.6%, Simpson explained some of the efforts of the Office of Health Resources Opportunity (OHRO) to change those numbers (NAHSE *Resume*, 1977). After he reviewed the available educational opportunities, Simpson acknowledged those predominantly black colleges with Health Services Administration programs or the equivalent including Meharry Medical College, North

Carolina Central University, and Howard University, the only one with a graduate program. Concluding, Simpson challenged black health services executives to “keep abreast, follow and participate in the development of legislation that might be relevant to the NAHSE mission; rather than just reacting to a fait accompli; always make the point of view known in writing in places where it can make a difference; and, manage effectively and efficiently those federal funds NAHSE has been awarded.”

References

NAHSE *Resume*, Winter, 1977, p. 3, 6.

The First NAHSE Retreat

The Copahosic Plan

Responding to the need for long range planning, the national office convened the first NAHSE retreat at the Moton Conference Center in Gloucester, Virginia on November 19–21, 1976. The goal was “to review the past, present and future of the association with a view toward revitalization and rededication to the principles and purpose for which NAHSE was founded.” (Long Range Planning Meeting and Future Directions of NAHSE: Synthesis of Conference). Named the “Copahosic Plan,” it focused on those proposals of highest priority to the organization. The discussions at the retreat included an overview of NAHSE’s creation and purpose, a broadening of that purpose, a focus on health policy issues of concern to NAHSE, and the need to develop a health program and various services NAHSE could provide to members and non-members. The final analysis was that NAHSE need-

ed to become more program oriented. Reaffirming the original purpose of NAHSE, the participants agreed that for the most part, its early 1972 goals had been achieved. They set their sights on more lofty pursuits, it was decided that an Office of Planning and Research Development should be established within the National Office and that a Washington, D.C. office would be beneficial as well. It was understood that this necessitated a significant increase in the number of members as well as developing programs and establishing relationships with other organizations, such as the AHA, ACHA, American Public Health Association (APHA), National Health Council (NHC), and others. Future plans included becoming more active in health policy decisions and related legislative issues by developing a comprehensive health policy and policy statements on minority health care institutions; urging the reorganization of the health care delivery system; writing position papers on such topics as national health insurance, hypertension, and the viability of minority health care institutions; and sending a letter to President-Elect Carter's administration outlining NAHSE's position on the health care delivery system.

At the Board of Directors meeting held during the retreat, Clifford Barnes and Dr. Norma Goodwin reviewed the history and development of the proposal for the OPDR. The contract with Dr. Goodwin was accepted and it was moved to set the research office up immediately (NAHSE Board of Directors, November, 1976). With the BCA commitment to free office space scheduled to end in April 1977, a proposal was presented from the Health Manpower Development Corporation for furnished office space in Washington, D.C., along with a job description for the Executive Director. Several recommendations were made related to the ED position: raising the salary ceiling to \$35,000; waiving ACHA nominee status; and, having the Search Committee review the experience and educational requirements.

In an undated summary of the retreat and meeting, John Noble laid bare the challenge: "The survival of NAHSE will depend, to a large extent, on its ability to generate revenue. The expertise within NAHSE should enable the development of consulting and technical assistance proactive in the areas of program development, financial management and

organizational development. Some of the other services NAHSE plans to provide are a shared hospital information system, a speakers bureau, a placement service, a black hospital fund, and a direct loan credit and auto leasing service.”

1977—A Period of Transition

The New National Office Staff

Newly installed President Donald Watson appointed a search committee at the meeting in Dallas to find a replacement for departing Executive Director, Charles Bowen. The salary provided in the RWJF grant ranged between \$24,500 and \$28,000 with a maximum of \$31,000 annually (Letter to Donald Watson from Calvin Bland, 1976). Chaired by Reginald Ayala, the committee selected Conway Downing Jr., J.D. effective January 1, 1977 at a starting salary of \$28,000 (Letter to Conway Downing from Donald Watson, 1976). By the time Downing assumed the position, his title was President of NAHSE. Changes in the bylaws, made the previous summer, restructured the national officers, creating an Executive Board as a subgroup of the Board of Directors. The title of President, Vice-President and First Vice-President changed to Chairman, Chairman-Elect and First Vice-Chairman, respectively. The positions of Executive Director and Staff Associate, responsible for carrying out the day-to day operations were changed to President and Vice-President but remained responsible to the Board (Correspondence to the Executive Committee from Cliff Barnes, August 18, 1976). The rationale for the change was conformity with modern corporate practice.

Society wants to buy things that are focused at them. To be successful, associations like NAHSE must package their services.

*Clifford Barnes, J.D., M.B.A.
NAHSE General Counsel*

In addition to his involvement in employment-discrimination litigation, Downing served as general counsel to Whittaker Memorial Hospital, a community development corporation and NAHSE. A graduate of Harvard University and the University of Virginia School of Law, Downing was intimately involved with the civil rights struggle of the 1960's and practiced law with an orientation towards helping the socioeconomically disadvantaged (NAHSE President's Report, undated, p. 14). He viewed NAHSE as having tremendous potential to evolve into a very effective, national special interest group. In addition to Downing, Emily Campanella was hired as Associate Director. A graduate of Radcliffe College, Campanella also had the experience of the civil rights struggle. She had direct responsibility for membership, publications, and all educational programs. A Washington, D.C., office was established to specifically lobby on behalf of the institutional members. Ford Foundation Fellow and University of Virginia School of Law graduate, Godfrey Herndon, assumed full responsibility for the operations of that office. Herndon also served as NAHSE's liaison to the CBC. Roalh Aarons, editor of *Resume*, received a Master's Degree from Long Island University. He was also Executive Director of the Empire State Medical Association and served as a special consultant to Earl Graves, publisher of *Black Enterprise Magazine* (NAHSE President's Report, p. 14).

During the three-year period of the Robert Wood Johnson Foundation Grant, the position of Executive Director changed four times (NAHSE President's Report, undated, p. 1). Each change was accompanied by a different philosophy and interpretation of the mandate of the Board as to the Association's mission and goals. In addition to engaging in the slow process of organizational/institutional development, leadership attempted to accomplish very ambitious program goals with severely

limited resources spread over ten very ambitious programmatic goals: employment opportunities, continuing education, black hospitals, advocacy, students, membership, chapter development, publications, budget and finance, and National Office. In truth, each would have benefited greatly from extensive individual time and attention. In spite of this, NAHSE improved its image to the point of being recognized as an organization to be reckoned with and consulted on issues that affected minorities in the health care field.

The majority of employment opportunities made known to the national office were in the public sector. With over 8,000 different employers, including hospitals, universities, nursing homes, planning agencies and other governmental units, EEO monitoring and enforcement was deemed ineffective at best (NAHSE President's Report, undated, p. 3). Attempts to market the employment services of the members to the private sector appeared to have fallen on deaf ears. Test marketing of these services in the major cities of Ohio, Texas and Pennsylvania resulted in responses from only four facilities, only one of which signed up. Hoping to initiate some type of definitive action to improve the situation, Downing and Godfrey Herndon, NAHSE's Washington representative, met with a Civil Service Commissioner to discuss employment and upward mobility problems faced by NAHSE members in the V.A. system and also with the special assistant to the Chairman of the EEOC to discuss the private sector issues. They strategized that focusing on consciousness raising seminars would be more beneficial than expending resources on developing and implementing continuing education seminars duplicating those offered by the ACHA and other professional associations (NAHSE President's Report, undated, p. 4).

References

- Letter to Donald Watson, J.D., M.P.A., Program Director, Health Care Administration and Planning Division, Meharry Medical College, from Calvin Bland, Program Officer, RWJF, November 10, 1976.
- Letter to Conway Downing, Jr., J.D., from Donald Watson, J.D., M.P.A., December 20, 1976.
- NAHSE Board of Directors Meeting Minutes, Moton Conference Center, November 21, 1976, Gloucester, VA.

Containing Hospital Costs

The two also began a series of herculean efforts to impact the legislative and administrative processes intended to increase Congress' and DHEW's sensitivity and responsiveness to the needs and plight of the Institutional Members through collaboration with the Congressional Black Caucus House Ways and Means and Senate Human Resources Committees. In 1977, the U.S. was spending 8.3% of its GDP on healthcare (NAHSE *Resume*, Winter, 1977). Supported by the Carter Administration, the Hospital Cost Containment Act would have limited increases in hospital revenues from inpatient services to about 9%. As originally proposed, the Act excluded newly built, federal and HMO hospitals, but not heavily used inner city hospitals where socio-economically disadvantaged patients used emergency rooms as surrogates for vanishing neighborhood physicians. NAHSE spokespersons argued these hospitals should be exempted since they traditionally exercised controls over costs out of necessity because their revenues were linked to urban fiscal crises (NAHSE *Resume*, Spring/Summer, 1977).

Both NAHSE Board Chairman Donald Watson and Chair-Elect, John Noble testified before the House Subcommittee on Appropriations for Labor and Health, Education and Welfare. Watson's testimony focused on the revised budget for the Health Professions Educational Assistance Act of 1976 (HPEAA) which represented a net decrease of \$6M from previous years. He argued in support of maximum appropriations for those programs of the Act intended to aid the socio-economically disadvantaged, especially those sections dealing with health care administration and the allied health professions. Noble testified as to the need for Medical Facilities Construction Funds to be appropriated at the maximum levels authorized under the National Health Planning and Resources Development Act of 1974. Twenty-two percent of the monies appropriated under this program which replaced the Hill-Burton Medical

Facilities Construction Program went to public hospitals and medical facilities to prevent safety hazards, comply with fire and life safety codes and avoid noncompliance with licensure and accreditation standards. Describing 1977 as “not a good year for black hospitals,” Downing met with officials of DHEW to discuss ways to ameliorate problems faced by NAHSE Institutional Members as well as methods by which they could be fully integrated into upcoming major programs of the Administration, such as the Inner City Health Initiative in particular, and the Urban Policy. Acknowledging NAHSE’s lack of resources to conduct a self-study prior to any action, a DHEW department staff person was designated to identify funds for that purpose. A summary of the recommendations presented can be found in the table on the following page.

References

NAHSE *Resume*, Winter 1977, p. 8.

NAHSE *Resume*, Spring/Summer, 1977.

Soliciting DHEW SUPPORT

Downing explored every avenue available in his quest to procure support for NAHSE’s Institutional Members. In a letter to John Craig, Director of the Health Policy Research Group, Downing lamented the substantially decreased RWJF support. Having visited seven hospitals in cities on a trip to the South—Atlanta, Tuskegee, Selma, Montgomery, New Orleans, and Houston (still on the list was Detroit and Mound Bayou)—Downing identified changing socioeconomic dynamics in the nation’s health care delivery system as the crux of the problem facing black hospitals that according to him were manifested in several ways. Black hospitals were depicted as having their doors open to all, regardless of ability to pay,

***Summary of the NAHSE Institutional Member
Recommendations to DHEW:***

- Automatic designation of NAHSE member institutions as health manpower shortage areas so as to ensure assignment of National Health Service Corps (NHSC) physicians
- Award of a grant to NAHSE to conduct its own physician recruitment program on behalf of its member institutions
- BCHS to encourage linkages between community health centers and voluntary, inner city hospitals
- Award of a grant to NAHSE to provide technical assistance to its member institutions as well as socioeconomically disadvantaged health consumers to educate same on P.L. 93-641
- Recognition, for Title XIX reimbursement purposes, of bad debts attributable to the provision of care to the medically indigent as an allowable cost of doing business
- Consideration of NAHSE hospitals as participants in prepaid, capitation plans under the inner city health initiative
- Enhancing and expanding present, community outreach programs such as hypertension, high blood pressure and sickle cell screening and alcoholism services.

***Reason for Problems Facing Black Hospitals
Identified by Conway Downing:***

1. Their boards of trustees were by and large comprised of community residents who were themselves from similarly socioeconomically disadvantaged backgrounds. Although sincere and dedicated, their view of their respective institutions was more as a service model rather than a business model.
2. These institutions labored under the onerous burden of caring for the medically indigent, without an accompanying higher paying patient base to buffer the cost, or public facilities to share the load.
3. The specter of practicing in inner city communities was far removed from the ambitions and aspirations of medical students, residents and interns, making it extremely difficult to recruit and retain sufficient qualified manpower as the small but dedicated core of physicians serving them retired. The lack of endowments and sufficient cash reserves to purchase the type and wide array of equipment and supportive services to attract young physicians was also a major contributing factor.
4. Their emergency rooms and outpatient departments were surrogate doctor offices for community residents. Limited reimbursement, if any, for such services resulted in significantly increased deficits further compounding the already compromised financial stability.
5. Many needed new physical plants and extensive renovation and/or modernization to bring them into compliance with life safety, fire and licensure codes.

while in contrast, the selective admissions policies of majority hospitals were said “to fly in the face of the charitable principles upon which their tax exemption was based.” Hailing the black hospital as economic pillars of their communities whose demise would not only mark the elimination of access to health care but contribute to the further economic and social erosion of inner city communities, Downing expressed his hope that the RWJF would take the lead in ameliorating these inequities by committing substantial funding to the black hospitals throughout the country.

Special Health Career Opportunity Grant (SHCOG)

NAHSE submitted a grant application for Federal funding to DHEW under the Special Health Career Opportunity Grant (SHCOG). The National Council on Health Professions Education (NCHPE), the advisory body for administering the DHEW funds, scheduled a meeting on May 2 to hear public testimony and during a closed session, review grant applications. Conway Downing urged Haynes Rice, Chairman of the NAHSE Education Committee, to identify someone on the Council who could “look out for” NAHSE’s SHCOG grant and as a courtesy to Meharry, perhaps get someone to push their Financial Distress Grant forward. In a strategy designed by Downing, members of the Executive Committee attended the public portion of the Council meeting. Afterwards, Rice “fired off” a letter to Califano complaining about the paucity of minority health professional representation on the Council and urged him to appoint someone from NAHSE’s Executive Committee to the group. In a response dated June 21, 1977, Califano thanked Rice for his concern and pointed out that the Council had two black members, Jackson Clemmons and

Dr. Juliann S. Bluitt. Expressing the desire to diversify the composition of the Council among groups other than physicians and educators, Califano suggested that copies of vitas from anyone that NAHSE would like to recommend for appointment to the Council be forwarded to his office. He offered assurance that they would be carefully considered and stated his appreciation for bringing this matter to his personal attention. On May 31, 1977, NAHSE was notified that its grant was not recommended for approval by the Council. This denial effectively ended any hope of moving forward with plans to establish a Hospital Fund, an idea that would resurface almost a decade later.

References

Letter to Haynes Rice from Conway Downing, Jr., April 7, 1977.

Letter to Conway Downing from Joseph Califano, June 21, 1977.

The Congressional Black Caucus' Health Brain Trust Meetings

The effort spent on the search for funding to keep the organization viable was equally matched by the Association's involvement in the health care policy debate at the national level. The first Congressional Black Caucus Health Brain Trust (CBCCHBT) meeting was held on April 4, 1977, in the Rayburn House Office Building. The purpose of the Health Brain Trust (HBT) was to provide the Caucus' Health Subcommittee a broad perspective of the problems minorities faced within the health services and health delivery systems, thus it was imperative that recommendations to the Caucus be as wide-ranging as possible. Under the leadership of Co-Chairs Louis Stokes and Ralph Metcalfe the activities of the HBT participants included reviewing and proposing legislation and federal regulations; acting as

a strategy group for policy and legislative initiatives; and, presenting testimony before appropriate committees. In an effort to avoid the potential for conflict of interests, it was decided that Trust participants would serve anonymously. The two major pieces of legislation discussed at that meeting were The Health Professions Educational Assistance Act of 1976 (P.L. 94–484) and The National Health Planning and Resources Development Act of 1974 (P.L. 93–641), the foundation upon which all future manpower and planning legislation was to be based. HBT members concluded that the Caucus Health Subcommittee and its HBT would serve two functions including examining the immediate needs and deficiencies in the legislation and devising a resolution of those problems, and developing an overall national health planning policy.

A day after attending the meeting, NAHSE responded to the request for a non-partisan, objective analysis of existing and prospective health legislation from the perspective of poor, socioeconomically disadvantaged consumers and providers by submitting the first in a series of such analysis. NAHSE took the position that if the needs of minority consumers of health care as well as minority providers were to be adequately reflected in the Health Systems Plans and Annual Implementation Plans devised by the Health Systems Agencies (HSAs), then the provider side of the governing bodies of HSAs ought likewise, by statutory mandate, broadly represent the racial, social, economic and linguistic population they served

The second meeting held July 11, 1997, focused on the Hyde and Michel Amendments which the CBC opposed as specific attempts by Congress to weaken programs and agencies which blacks and other minorities depended upon for services. The Hyde Amendment prohibited the use of Federal funds for abortions, the vote against it failed. The Michel Amendment, which was defeated, would have reduced the total Labor-HEW appropriation by \$563M in programs for health, education, senior citizens, the disabled, and public broadcasting. Congressman Ronald Dellums gave a brief overview of the proposed Health Service Act of 1977, which would have created a U.S. Health Service Organization implementing the right to quality health care. Recommendations included declaring black hospitals manpower shortage areas (MSAs), making

them eligible for additional funds for physicians and equipment; expanding community health services to include preventive health measures, and with increased funding initiate mass immunization programs for pre-school children; and, a properly supervised evaluation process be implemented for all health care systems covering services provided, as well as assuring adequate funding.

The third meeting was planned for September 23, 1977 during the Caucus' Legislative Health Brain Trust Workshop. The purpose of the workshop was to inform the Caucus' constituency of current and projected national policies regarding health, and to involve them in identifying those goals and developing the strategies needed to attain them by 1980. It was expected that DHEW officials, Congressman Paul Rogers, Chairperson of the Subcommittee on Health and the Environment Interstate and Foreign Commerce Committee and Senator Edward Kennedy, Chairperson of the Subcommittee on Health and Scientific

Memorandum to CBC from NAHSE, 1977

Financial Distress Grants to Minority Hospitals

Although legislation for such funding already exist, the mounting deficits black hospitals face related to their indigent care loads assures their almost certain demise. It is NAHSE's position that if access to quality health care is truly to be a right rather than a privilege, then the Congressional Black Caucus ought to make one of its highest priorities the introduction and passage of legislation ensuring their continued fiscal viability, through "distressed grants," designed to alleviate their financial plight incurred in performing their traditional role of serving the Black community.

Composition of Governing Bodies of Health Systems Agencies

Legislation already in place establish the criteria for the composition of the governing boards of Health Systems Agencies (HSAs) which are responsible for all of the planning and review of health resources and services at the local level. A majority of the governing board has been mandated to be consumers, and that consumer majority is mandated to be broadly representative of the social, economic, linguistic and racial population of the area served by the HSA. The remainder of the governing board is to be comprised of providers who represent: 1) physicians, dentists, nurses and other health professionals; 2) health care institutions; 3) health care insurers; 4) health professional schools; and 5) the allied health professions.

Research Committee, would be on hand to provide a vision of executive and legislative proposals regarding health care. DHEW Secretary Joseph Califano was asked to be present for the morning session and arrange for his staff to give presentations.

Goals

1. To establish by law, an Advisory Committee for Minority Health Care, to be external to H.E.W., empowered with authority to review all proposals regarding health care in this country.
2. To develop legislation that would provide either financial distress grants to hospitals and neighborhood health centers serving the black community, or provide direct federal subsidies for such facilities (details to be worked out).
3. To prevent the use of federal funds for programs which lacked a mechanism for assuring participation of minorities at the planning level.
4. To establish by law a National Health Education Project under the auspices of H.E.W. using the Public Health Service units (specifically National Health Service Corporation personnel) and Neighborhood Health Centers, designed to address both curative and preventive medicine, with aspects targeted to youth, adults, and bilingual communities, and including lessons on various categorical diseases. It was planned for this project to involve extensive usage of the media, both broadcast and press, and allow for on-site elementary and high school presentations in order to increase the awareness of the individual's responsibility for self-maintenance regarding health care. Similar media campaigns had been mounted concerning smoking, cancer, heart and lung diseases, and so forth.
5. To authorize by law a broadening of the payment reimbursement to those facilities and individuals providing preventive medicine in order to include those currently receiving Medicaid/Medicare benefits, the medically indigent and those suffering from catastrophic illnesses.
6. To extend the funds for screening, diagnosis, testing and to provide funds for the treatment of disease entities so diagnosed.
7. To provide a national health insurance commitment to these essential elements: a) comprehensive coverage, including dental expenses; b) trust fund financing based on ability to pay; c) and reliance on the federal government as the insurer, along with the elimination of co-insurance or deductibles.
8. To provide the Morehouse College School of Medicine a commitment to continued federal financing.
9. To support H.R. 3432, the Pepper, Chisholm, Roybal Bill, for minority recruitment demonstration programs for students entering health professions.

Strategies Designed by the Workshop Participants

1. Organize and involve youth in consideration of health policies. Develop a political kit for youth containing, among other things, a listing of local officials, hospitals, health organizations, etc., and a description of how to impact the policymaking process.
2. Mobilize community organizations, fraternities, sororities, churches, and professional organizations regarding health issues.
3. Conduct health education seminars.
4. Meet with local candidates for office, local and state agency officials.
5. Mass local media campaign
6. Research possible ways to amend current legislation or to enact new legislation to address the goals.
7. When necessary, to send action alerts to brain trust and other community leaders.

NAHSE's advocacy efforts on the national scene during this period did not go unnoticed. Eugene J. Schulte, Director of Government and Legal Services for the Catholic Health Association (CHA), wrote to say his group had read with interest reports on the testimony delivered by Watson and Noble. Citing a shared interest in President Carter's proposed Hospital Cost Containment Act, Schulte requested a copy of the testimony and enclosed a copy of the statement given by the CHA on the same subject. In addition, the Project HOPE Committee on Health Policy that had been established by Project HOPE in conjunction with the University of Southern California Center for Health Services Research requested NAHSE submit a position paper about the consequence of a hospital cost containment program.

References

Letter from Ralph Metcalfe, May 23, 1977.

Memorandum to the CBC from NAHSE, April 5, 1977.

Letter from Eugene J. Schulte, Director of Government and Legal Services, CHA, to Donald Watson, May 13, 1977.

The 1977 Membership Campaign

Fiscal survival was the order of the day for 1977. A disproportionate amount of resources had been committed to efforts on behalf of the institutional members leading to a shortfall in the level of services provided for individual members. The Board of Directors set a goal to increase the number of financial members, both personal and institutional by 300%, in accordance with the guidelines laid down at the Retreat in Virginia the previous year. The target was based on what appeared to be financially necessary for the Association to achieve economic self-sufficiency by the scheduled end of the RWJF grant in 1978. It was thought that in addition to increasing the economic base, a larger, more broad-based membership would give the organization greater influence in its representational activities with legislative bodies and regulatory agencies, thus demonstrating NAHSE's worth as a vital organization not only to the members in particular but the greater community of black health consumers as well.

Phase 1 of the campaign concentrated on identifying prospective members and by the first of August the response rate was only 5%. The effort resulted in the discovery that approximately 30% of the mailing list was composed of old members who had not been financially active since the reopening of the National Office in January of 1976. Under increasing pressure to focus on financial considerations, the thrust of the membership campaign was on acquiring a greater number of dues-paying members. It was expected that personal and institutional membership dues would generate enough revenue to contribute substantially toward basic operating expenses when the RWJF grant expired. Of the total number of members on the combined chapter mailing lists, almost 75% had not yet paid dues and 20% of those who had paid were new members. Much of that delay may have been caused by confusion regarding the guidelines for payment of dues. As stipulated by the bylaws, dues were

payable the first of the year and any payment received after September 30 was credited to the account of the following year. A number of members had the mistaken impression that dues were payable a year from the date they were last paid and expected voting rights at the annual meeting in late summer and receipt of full membership benefits for that period. The resulting disorder provided the incentive for pro-rating dues when paid during the post mid-year period (Downing, 1977).

Paid membership approached 33% of the projected goal for the year. The situation with institutional members was just as dire. The percentage of paid institutional members was a disappointing 20%, a decrease of 87% below the projected goal (Downing, 1977). As a result, there was tremendous pressure to get existing members to “rededicate themselves during this crisis” by paying their dues and acquiring new financially active members. Only two chapters had more than 65% paid membership. The remaining had 25 to 50% paid members. Ranked according to paid membership the chapters were: New York, Washington, Chicago, Detroit, Non-Chapter Affiliate Members, Missouri/Kansas, Virginia/Carolinas and Tennessee, respectively (Downing, 1977). It was hoped that a little “friendly competition between chapters” would help solve the problem. Persistent billing was felt to be the only recourse. It was further hoped that promises of payment made by over 50% of regular institutional members would be kept. The leadership had faith that the campaign could succeed if the membership met their financial commitment and recruited financially active members into the fold. The grim report noted a bright side, “the substantial increase in all of these regards over the figures from 1976 for this same time period.”

National Board Chairman Donald T. Watson suggested letters be sent to directors of health centers across the nation inviting them to apply for membership. Minority students in graduate and undergraduate programs in health care administration, and black administrators and directors in various federal and state agencies were also invited to apply for membership. The net effect of these efforts was an extension of the membership to a broader base of administrative and professional health personnel. The effort was enhanced by the use of the NAHSE Hospital Directory that had been compiled in 1972 and published in the 1973

issue of the newsletter. The Directory also listed the number of NAHSE members who were also members of the ACHA. At that time there were chapters in New York, Chicago, Detroit, Washington, D.C., Nashville, and Columbia, Missouri. The paid membership was 163. Fifty-five held ACHA membership, including eleven founders and the first woman president of NAHSE, Florence Gaynor. Andre Lee and Everard Rutledge, both former presidents and longstanding current members were also listed in the directory. Of the thirty-five hospitals administered by NAHSE members, six were headed by founders and another by Florence Gaynor. In addition to Andre Lee and Everard Rutledge, Howard Jessamy, another former president and longstanding current member, was also listed. Thirty-five of the members on the list were classified as Executive Directors or Administrators; fifteen as Project Directors; eighteen as Deputy Directors or Associates; twenty-nine as Assistant Administrators or Directors; nine as Administrative Assistants; five as Administrative Residents; one as Comptroller; three as Accountant/Business Manager; one as Purchasing Director; thirteen as Health Analyst or Technician; two as Labor Relations; two as Community Relations; ten students either in MHA, MPH or MBA programs; five in teaching positions; seven as constituents; and, four as others.

References

NAHSE *Resume*, Summer Supplement, 1977.

Letter from Conway Downing, Jr., Executive Director to the NAHSE membership, June 9, 1977.

NAHSE *Resume*, Summer Supplement, 1977.

In order to get ahead, you put others ahead. NAHSE has always been known for this.

NAHSE should spread its wings and develop its own agenda and not be sandwiched between the priorities and programming of other organizations.

*Andre Lee, DPA, FACHE
1985–1987 national president*

Effect of the Membership Campaign

The Membership Campaign was a significant development in the evolution of NAHSE for several reasons. First, it resulted in a 500% increase in the number of membership applications received by the National Office and a corresponding 200% increase in the number of paid, new members over the previous year (Downing, 1977). The change in membership criteria and strong recruiting efforts altered the composition of the NAHSE membership significantly. The influx of new recruits transformed NAHSE from an association dominated by hospital administrators to one that included an almost equal number of other health care professionals such as nursing home administrators, community health center directors, directors of nursing, controllers, and faculty from health administration programs, staff from Health Systems Agencies, physicians, public health officials, and elected officials (Downing, 1977). This enabled NAHSE to speak out on a variety of health issues that impacted the poor and disadvantaged from several provider and management perspectives. Finally and perhaps most notable, it heralded the shift away from the focus on institutional members causing a greater proportion of Association resources to be reallocated to services for individual memberships.

Three new chapters were added in 1977 including Atlanta, the first chapter in the deep-south, St. Louis, and Los Angeles, the first chapter west of the Rockies and the one with the highest local dues requirement in NAHSE's history (Downing, 1977). Preliminary meetings and discussions were conducted with members interested in organizing chapters in San Diego, Pittsburgh, Columbus and North Carolina. In addition, it was expected that chapters would be organized in Boston, Philadelphia, San Francisco, New Orleans and Houston. Two editions of *Resume* were published during the year with a special summer supplement produced for the summer convention. The second edition was twice as large as the

first. Circulation doubled during the first year from 2,500 to 5,000 copies and a goal of 10,000 copies was set for the end of 1978 (Downing, 1977). With improved mailing procedures, readership was expanded to include elected officials, schools and universities, black physicians, HEW officials, academicians and philanthropic organizations.

Institutional Membership Concerns During the Early Years

Initially, NAHSE membership was composed solely of hospital administrators and over the years the institutional hospital members remained the Association's strongest supporters. In 1978, institutional members paid 40%, \$15,000 out of \$35,000, of the dues collected. Thus, it is not surprising that the organization's early legislative activity focused primarily on the continued existence and eventual revitalization of this constituent membership.

At the annual meeting in Atlanta, Georgia, President Conway Downing, Jr., Harold Rowan from Martin Luther King, Jr. Hospital, Kansas City, and Oscar Carter, Whittaker Memorial Hospital, were appointed to work in conjunction with the National Office to find ways in which Institutional Members could have more input into NAHSE and present their findings at an institutional membership meeting scheduled for October 28–29, 1977 during the CBC Conference, in Washington, D.C. Downing felt strongly that institutional members should form their own association. Downing disseminated a paper to the attendees in advance of the meeting in which he argued that, "NAHSE in its present form had a very unique identity with many different characteristics and purposes, which if not soon separated, would lead to a schizophrenic ex-

A random sampling of 100 new members accepted by NAHSE in 1977 yielded the following occupational breakdown:

Students.....	38
Hospital Administrators (Executive, Assistant & Residents).....	11
Hospital Department Heads (Director/Supervisor).....	18
Health Center Directors.....	20
Academics.....	11
TOTAL:.....	98

Paid Institutional Members for 1977

A. Chapter Affiliated.....	15	\$9,360.00
B. Non-Chapter Affiliated.....	4	2,332.00
TOTAL:.....	19	\$11, 692.00

Membership Report for 1977:

A.Total Paid National Membership

<i>Chapter</i>	<i>Regular</i>	<i>Student</i>	<i>Total</i>
1. New York.....	35	12	47
2. Washington, D.C.	35	2	37
3. Chicago.....	22	12	34
4. Detroit.....	23	1	24
5. Virginias/Carolinas			
6. St. Louis	8	3	11
7. Tennessee.....	9	1	10
8. Missouri/Kansas	6	0	6
9. Atlanta.....	2	0	2
10. Non-Chapter Affiliated	20	2	22
Total	160	33	193

B. New Paid National Members 11
(# included in above)

1. New York.....	9	8	17
2. Washington, DC	2	2	4
3. Chicago.....	11	6	17
4. Detroit.....	1	4	5
5. Virginias/Carolinas	0	0	0
6. St. Louis	5	3	8
7. Tennessee.....	2	0	0
8. Missouri/Kansas	0	0	0
9. Atlanta.....	0	0	0
10. Non-Chapter Affiliates	11	1	12
Total	41	24	63

C. Unpaid National Memberships (Old)

1. New York.....	138
2. Washington	28
3. Chicago	47
4. Detroit.....	34
5. Virginia/Carolinas.....	15
6. St. Louis	21
7. Tennessee.....	42
8. Missouri/Kansas	8
9. Atlanta.....	7
10. Non-Chapter Affiliated.....	6
(364 x \$50 = \$18,200)	

National Dues Structure as of January, 1977:

Personal Membership Rate/Amount

Type I (Regular)	\$50.00 per year
Type II (Student)	5.00 per year

Institutional Membership

Rate/Amount

Type A: Short-term Hospitals	\$5.00 per bed or \$1,500, which ever is less
Type B: Long-term Care Facility	\$1.00 per bed or \$1,000, which ever is less
Type C: Clinic/Ambulatory Facilities	20% of operating budget
Type D: Health Related Programs	40% of operating budget
Type E: Graduate Programs in Health Service Administration	40% of operating budget

NAHSE is like a family, but we can't forget that we are also a business!

*Sandra Gould, Ph.D., FACHE
2001–2003 national president*

istence which will most certainly result in its untimely demise.” He saw the common link between NAHSE and counterpart majority and minority organizations as providing professional services to individuals and not institutions. In Downing’s opinion, it would be just as inappropriate for NAHSE to speak on behalf of black, minority or inner city hospitals as it would seem strange for the ACHA to speak on behalf of hospitals. Downing felt NAHSE was at an important juncture in its history and sought to glean the intent of the founders by examining the original purpose clause in NAHSE’s Articles of Incorporation to support his position. His interpretation was that NAHSE was intended to be an organization that related more to individuals and the minority society at large. He felt his position was reinforced by the deletion of any reference to hospitals in subsequent amended articles in the organization’s constitution or bylaws. Specifically, the membership section of the bylaws failed to clearly define and put into proper perspective the importance of hospitals. He felt very strongly that a simple bylaws change as was being proposed by some would not give the hospitals more say in the affairs of NAHSE. *“Our hospitals need to have more input into and influence over not NAHSE’s affairs, but into and over the political, social and economic processes of this country that directly affect them as providers of health care as well as the people and communities they serve!”*

It was Downing’s opinion that NAHSE’s limited resources prevented it from delivering on its programmatic responsibilities to its many different constituencies and creating a new committee or institutional arm within the organization would be disastrous. *“Our hospitals need to support themselves, and formulate and develop their own policy—and the success or failure of their efforts will vary directly in proportion to the level of their own resources they commit to such an undertaking. A disproportionate amount of NAHSE’s resources have been committed to efforts on behalf of our member institutions, many of whom have not paid dues yet pour thousands into the coffers of the AHA and state and local associations.”* Downing admonished the administrators that the majority associations readily collected their dues and essentially gave them nothing in return while at the same time collaborated hand in hand with the very same forces that were working to close them down. Downing conceded that those not predisposed to

NAHSE Institutional Members forming their own organization had justifiable concerns: Would NAHSE falter without the hospitals? Would the hospitals be expected to pay dues to both NAHSE and NHA? Should NAHSE, notwithstanding the formation of a new association, ensure more representation on NAHSE's board? What would the structure of any new organization be? What relationship would it have to NAHSE?

What relationship would it have to the UBHF? How would a restructuring affect the new leadership on the Board and in the National Office? These were the questions and concerns to be addressed at the meeting which was to be held in the conference room of NAHSE's Washington, D.C. office.

At the meeting, fears were expressed that much of the health legislation being considered by Congress, such as the Hospital Cost Containment Act (HR 6575) and a more comprehensive bill introduced by Sen. Herman Talmadge, the Medicare-Medicaid Administrative and Reimbursement Act (S.1470), could be used successfully to close many black hospitals. In addition to focusing on Medicare-Medicaid reimbursements, Talmadge's bill regulated increases in physician fees and included financial incentives for discontinuing unnecessary hospital units and under-utilized institutions, a dangerous trend for the black hospital. It was the consensus of the group that NAHSE should focus its limited resources on promoting the idea of consolidating or merging small inner city hospitals wherever possible and trying to change language in bills before Congress that called for "discontinuance of hospital services," to language "promoting studies concerning the feasibility of consolidation or merger."

Emphasizing that the facilities resulting from the consolidations or mergers should adequately represent the socio-economic, demographic and ethnic characteristics of the population they served was felt to be adequate for ensuring that the administrators of those institutions, who were NAHSE members, would maintain a certain amount of control. In spite of the fact that under NAHSE bylaws, institutional members had no voice, those present readily acknowledged they had been the direct recipient of most of NAHSE's resources. It was the consensus of the group that NAHSE provided the dual functions of the AHA and the ACHA, any

move to create a separate institutional member organization such as the “failed model of the National Hospital Association of the 1940’s, would not only be counter-productive but suicidal. Rather, it was recommended that the Institutional Members Task Force be elevated to a standing committee and the bylaws be amended to give the institutional members a greater voice. Discussion turned to the Association’s dire financial status. RWJF grant funding was nearing an end, funds on hand would sustain operations at the current level only until July 1978. The institutional members present pledged to move forward with attempting to establish a “hospital fund,” structured after the UNCF and the NAACP Legal Defense Fund, with NAHSE providing the technical assistance needed to launch and operate the fund.

References

Undated Discussion Paper written by Conway A. Downing, Jr. in advance of the scheduled Institutional Member’s meeting scheduled for October 28–29, 1977 in Washington, D.C.

Washington Metropolitan Area Chapter response to the Retreats.

Undated summary of the Institutional Members Meeting, held in Washington, D.C., October 28–29, 1977.

Reuniting with the AHA

At its August 1977 meeting, the Board of Trustees of the AHA voted to establish a joint committee with NAHSE. Gail Warden was encouraged by the letter of support for the move from Conway Downing, Jr., on NAHSE’s behalf. In a response, dated October 28, 1977, Warden cited the Board action as evidence of the AHA’s continued commitment to ensure that opportunities were provided for minorities in the nation’s hospitals. The Board felt that a joint AHA-NAHSE “task force” would be the appropriate forum

for discussion between the two organizations. The Joint Committee was made up of four individuals and a staff person from each organization. Its purpose was to explore and evaluate how input could be achieved by minorities in the deliberative process of the AHA; continued efforts could be directed toward improving health care delivery to the disadvantaged; and, how that information could be used to enhance access to meaningful employment opportunities in the health delivery system for minorities. Warden expressed confidence that the Joint Committee would provide an opportunity to address issues of common concern to both AHA and NAHSE.

The National Office Closes

In January of 1978, NAHSE was awarded a \$10,000 grant from the Henry J. Kaiser Foundation to investigate the feasibility of establishing prepaid health care plans in predominantly inner-city hospitals. A larger proposal to provide prepaid capitation payments to voluntary and public/general, inner-city hospitals was rejected by DHEW. Records indicated there were 71 paid members and 630 unpaid No Albert Dent Research Award was presented in 1977. In February, 1978, the ACHA announced plans to change the format of both the Dent Fellowship and the McGaw Scholarship programs. After three years of administering the Dent Fellowship, the College concluded that the twelve-week internship was too long and because of the high cost of living in the Chicago area, the Fellows would benefit more from receiving the stipend, which by then was \$3,000. The College also decided to utilize its scholarship committee rather than the original selection committee, which had been set up specifically for that purpose and composed predominantly of minorities. Of the nineteen applications NAHSE received the previous year for the McGaw Scholarship, awards ranging from \$600 to \$900 were made

to Eugene Robinson and Sharon Sellers, both of Columbia University, Claude Starks, University of Michigan, and Otis Story, University of Alabama-Birmingham.

The fact that no students from Howard University or Meharry Medical College were selected caused concern for representatives from those institutions and led to several recommended changes that included establishing criteria for awarding chapter contribution monies; setting a limit of two scholarship awards per institution per granting cycle; giving the Education Committee more input into soliciting and considering minority applicants; having a scholarship subcommittee assist the National Office in making decisions about scholarship awards; and having the National Office mail information about the scholarship program to persons directly responsible for minority affairs at schools and programs in health administration. Wanting to provide aide to more students, Conway Downing floated the idea of the ACHA matching funds that NAHSE raised over the \$4,000 allocated for the scholarship, but Richard Stull indicated that was prohibited by the College's financial constraints.

Noting the declining number of hospitals and average age of CEOs made it more difficult for minority graduates to gain access to top level management positions in hospitals, Stull suggested that graduates be encouraged to specialize in other areas within the field and as to the specific problems with the private sector, minority health executives should utilize the services of search firms and position the members to appeal to corporate hospital groups. Throughout it all, the Summer Work Study Program and Albert W. Dent Fellowship continued in conjunction with AUPHA and the New York chapter. The Foster G. McGaw Scholarship Program, administered jointly with the ACHA, made seven awards (out of 30 applicants) ranging from \$500 to \$900 to minority students matriculating in graduate health services administration programs at the University of Alabama, Columbia University, Baruch College, Howard University, University of Michigan and New York University. In addition, several graduating students were placed in jobs through the efforts of the National Office. NAHSE members also visited the campuses of HBCUs throughout the South in cooperation with the Career Awareness Conference

sponsored by the National Urban League. To further NAHSE's interest in identifying and encouraging prospective students to enter the health services administration field, the National Office developed and submitted a proposal to DHEW for funding to produce a short documentary film highlighting the life and work of a young, black hospital administrator.

The ability to survive during 1978 would depend to a great degree upon two sources of revenues: advertising generated by the *Resume* and the prospects of securing approximately \$40,000 of operating support from as yet unidentified philanthropic sources. It was Downing's opinion that if such revenues were not realized by the beginning of the third quarter of 1978, the National Office would be forced to cut back on staff, most probably the president and D.C. representative positions, and operate at a level of substantially reduced services. The gloomiest forecast was reserved for the institutional members. As more and more black hospitals closed and as more of those members utilized the services of professional management companies, the level of institutional dues that NAHSE had always depended on was expected to diminish. In Downing's words, "We shall just have to keep our fingers crossed in 1978 and hope that someone will recognize the worthiness of the role we have performed." By 1978, expenses equaled \$160,000; including \$33,000 for the salary of the President, \$18,000 for that of the Associate Director, and \$11,000 for the Executive Secretary. Questions of what expenses could be cut from the budget by March 31 focused on the Washington, D.C. office.

Downing predicted that 1978 would be a crucial year for black hospitals, especially in light of the trend to reduce hospital beds across the country. To him, the continued existence, or demise, of the black hospital depended to a great degree on NAHSE's ability to continue the same level of advocacy and support, but with a reduced amount of resources. Throughout the year, NAHSE stepped up its advocacy activities for the delivery of quality health care to the poor and disadvantaged. In addition to the Congressional testimony given by Donald Watson and John Noble, NAHSE chapters and members around the nation testified at the regional public hearings held by DHEW on National Health Insurance, in an attempt to ensure that the formulation, development and implementation

NAHSE meets a health care professional's emotional and psychological needs.

*Raymond Grady, M.H.A., FACHE
2005 National Education Committee Co-Chair*

of any scheme of universal health insurance would not adversely impact those who needed coverage the most, the poor and disadvantaged.

Coincident with the ending of RWJF funding, Conway Downing submitted his resignation at the September 8, 1978 BOD meeting. It was accepted pending completion and submission of the final report to the RWJF as well as one to the Kaiser Foundation. All reports were to be completed by November 1, 1978, prior to a special call Board meeting scheduled for November 12. Feeling the need to assure the membership that the Association was on course, a Consensus Resolution was developed for the general membership meeting the following day:

That the board of directors has conducted a complete review and evaluation of the organization's current status in all respects and would like to report out to the membership that the organization is viable, stable and about the business of planning organizing efforts and activities to meet established goals and objectives. It is the desire of the organization to prudently address the issues of communication, image, stability, membership employment and other major concerns. A national retreat has been scheduled for Nov. 11–12 to make operational the organizational program, services and systems necessary to address the above concerns and issues.

The BCA was forced to discontinue its in-kind support to NAHSE due to the dismantling of the regional office in New York City. Prior to his departure, Conway Downing met with Walter McNerney, BCA President, to strategize how that agency might continue to be supportive of NAHSE. From a practical tax perspective, BCA received no direct benefits from a monetary donation to NAHSE. Instead, BCA agreed to

pay NAHSE \$5,000 annually as an advertising fee for entry-, mid-, and senior administrative level managerial positions. This was based on the assumption that cumulatively the BCA Plans throughout the country generated in excess of 100 openings a year and at a rate of \$50 per position announcement, a flat fee of \$5,000 seemed reasonable. The phasing out of the office was accompanied by a change of national officers, which led to more chaos and confusion. John Noble assumed the Chairmanship immediately following the September 9, 1978 annual meeting and records from the National Office were entrusted to his care.

With the loss of the National Office and accompanying funding for staff positions, Bernard Dickens was elected President-Elect; James Hazel, Vice-President; Andre Lee, Recording Secretary; Walter Young, Treasurer; and Jacqueline Flowers, Corresponding Secretary. Robert Short volunteered to assist James Hazel in transferring the records and equipment to Ohio for safekeeping. Noble was given authorization to transfer the operation of the National Office to Homer G. Phillip Hospital, in Cincinnati, Ohio, and obtain the services, half-time, of a qualified secretary.

References

- Letter from Conway Downing, Jr., to Robert Glaser, M.D., Henry J. Kaiser Family Foundation, Palo Alto, CA, January 3, 1978.
- Paid Membership Report of 1978: October. 1, 1977–February 15, 1978.
- ACHA/NAHSE Meeting Minutes, Palmer House, Chicago, IL, February 17, 1978.
- NAHSE Education Committee Minutes, February 16, 1978, Conrad Hilton Hotel, Chicago, IL.
- ACHA/NAHSE Meeting Minutes, Palmer House, Chicago, IL, February 17, 1978.
- President's Report, Minutes of the BOD Meeting, p. 3. Chicago Marriott Hotel, February 13, 1995.
- Letter to Robert E. Hoff, VP, Human Resources, BCA, Chicago, IL from Conway Downing, Jr., September 22, 1978.
- NAHSE General Membership Meeting Minutes, September 9, 1978, Biltmore Hotel, Los Angeles, CA.

The Second NAHSE Retreat

Which Way Is Up?

The closing of the national office was a serious blow. There was no mechanism for maintaining member information or collecting dues in a timely fashion. The organization was in dire straits to say the least. According to Hazel “there surfaced a dedicated group of NAHSE members in chapters, health institutions and independent members at isolated locations whose efforts made the difference between extinction and survival” (Hazel, 1981). NAHSE was able to successfully plan and implement several joint meetings and programs with the ACHA and AHA. The ending of the RWJF funding placed the Association in serious financial jeopardy. In spite of the dismal state of affairs at the national level, Donald Watson convened the second retreat in Nashville, Tennessee on November 11–12, 1978. The theme for the meeting was “Which Way is Up?”

Activity at the local level continued unabated as the chapters maintained their programs and activities. In an effort to harness the strength of the local chapters, a number of initiatives were implemented to revitalize NAHSE. These included soliciting chapters to review and submit comment on both the “Capahosic Plan,” from the first retreat, as well as the report produced in Nashville, paying particular attention to “Proposed Purposes” and “Functions to be carried out,” and conducting a local assessment of each; prepare a 12-month operational plan that included a plan for strengthening the chapters and contributing to a national strategy; send updated mailing lists to the national chairman and treasurer in order to send out membership billings by the upcoming meeting in February; and devise a plan to reduce their budgets and corresponding operations to meet incoming revenue projections.

The Washington Metropolitan Area Chapter (WMAC) provided a comprehensive report in response to the charge that also included several recommended bylaw changes. Their bottom line assessment of the Capahosic Plan with its emphasis on national level activities and collaborations with other organizations was that the framers seemed to be trying to do too much too soon with too little. They viewed the Nashville Plan as being more narrow and realistic in terms of goals, plans, and resources, but reflective of a state of organizational “crisis” that focused on issues of survival rather than growth. With the Nashville approach, individual as well as institutional members had a larger opportunity to become involved in NAHSE’s growth, as long as nagging administrative problems were resolved.

Both plans were deemed deficient in the way they addressed membership in general but officer and institutional members in particular. The two-year active membership requirement for officers left the organization vulnerable to problems that naturally accompanied inexperience, unfamiliarity with NAHSE’s legal basis and its history. In addition, if these individuals had not held leadership roles in a local chapter, there was a good likelihood they would find it exceedingly difficult to implement effective leadership programs and strategies early enough in their two year tenure to build or keep programmatic momentum. Over the years, institutional members, largely consisting of hospitals, had been strong supporters of NAHSE. In 1978, institutional members paid 40%, \$15,000 out of \$35,000, of the dues collected. Describing the institutional members as a vital resource that NAHSE could not afford to lose, the response pointed out that NAHSE had a duty as an organization to provide activities for those institutions throughout the year. They were too important a constituency to treat in such an ad hoc manner.

WMAC felt it prudent to select a few activities that built inner organizational strength concurrently with external credibility. They identified four objectives from the Capahosic Plan that appeared to satisfy that criteria including more visible participation in the legislative process; improved or expanded member services; activities targeted for institutional members; and, finding a role for students and continuing the work/study program. Of the fourteen purposes and functions proposed in Nashville,

the WMAC supported the following seven initiatives including service advocacy for black consumers and black provider institutions; contribution to national policy; serving as the conscience of larger professional health organizations; promoting employment primarily for Association members and black health professionals in general; disseminating health related information; contributing to training models for minority health care executives; and, sponsoring community service programs on a continuous basis. Among the many recommendations included in the WMAC's response, perhaps the most controversial was to realistically assess the pros and cons of attempting to operate a funded national office with a paid staff during the period of revitalization. Since a major goal of the retreat was to revitalize the Association by harnessing the strength of the local chapters, there was concern that the level and intensity of chapter activity appeared to subside when the national office was in place.

In its revitalization plan, the WMAC included health legislative briefings by staff members from the CBC and health committees on the Hill as well as developing position papers on selected local and national health issues. That may be why at the Board of Directors meeting following the retreat, the WMAC was asked to accept responsibility for monitoring legislative activities in Congress and identifying sources of funding. Accepting the charge for the former, WMAC pledged to forward analyses of legislation, recommended positions, announcements pertaining to regulations and federal rule making, as well as other relevant information as deemed appropriate. However, they requested that the National Office develop a legislative agenda to help clarify what was expected of the chapter and permit it to set priorities, keeping in mind the available resources.

While readily accepting the legislative charge, WMAC declined full responsibility for identifying funding sources. They based that decision on the fact that the request failed to specify what was expected from the chapter. It was the consensus of the WMAC that each chapter was responsible for keeping abreast of the various funding sources in their immediate locale as well as at the state and/or national level. Once identified, the funding sources should be catalogued as to sponsor, type of funding (grant or contract), length of time, etc. That information should be com-

piled into a fact sheet that would then be disseminated to the membership. The final recommendation was for the NAHSE budget to include a designated amount of money for proposal development by consultants.

References

Hazel, J. (1981). *History of the National Association of Health Services Executives*, p. 34.

Changes to the National Constitution and Bylaws Recommended by the WMAC:

1. That the definition of “active” membership be clarified to make dues payment of importance equal to integrity of interest and moral character.
2. That specific representation through leadership roles and/or establishment of a standing or special committee be granted to institutional members.
3. That the National Office and its locals be required to institute and validate formal application and certification procedures so that new and renewing members could have validation of their “active” or “financial” status.
4. Require specific kinds of organizational experiences for all National Officers along with three years active membership. Such experiences might include, but not be limited to two years active work on a national or local committee, including standing or leadership of some special project, a minimum of two year’s experience as a local officer or a minimum of three years experience working in the health care field as a manager or professional with some range of independence.
5. Require that the National Chairperson, Chairperson-Elect, and Vice-Chairperson have held office at the local level for at least two years in addition to having been an active member of NAHSE for three years and having demonstrated commitment and support for the organization through their involvement in one or more of its programs as suggested above.

At the Crossroads of Despair

At the start of 1979, NAHSE found itself once again at the crossroads of despair, frustration, hope and achievement. The closing of the national office and dismal state of financial affairs forced critical decisions and a reassessment of the organization's direction. The operations of the national headquarters moved to St. Louis with the President, John Noble. Although the ultimate goals established at the Nashville Retreat resulted in unanimous agreement, the task of setting and meeting short range objectives remained overwhelmingly elusive. The tentative plan of action required that the membership must become more actively involved in running NAHSE; chapters assume a greater role in determining the course and operational affairs of the National Office; the organization never relinquish the need to increase its ranks by incorporating others and seeking student involvement; and, realizing that while the organization's reliance on spiritual guidance was ever present, in the end God helped those who helped themselves. The first newsletter of the year was a meager attempt by a handful of individuals to establish a regular line of communication to the membership.

The AUPHA developed a survey to obtain information on such placement data as job setting, salary, and number of interviews of minority health administration students. Of the 1,480 graduates in 1979, 1,013 responded to the survey. Of these, 118 (13%) were minority students. At the time of the survey, approximately 9% fewer minority students (74.6%) had accepted employment than their white counterparts (84%). Of those, a larger percentage (61.2%) were employed in cities with a population of over 500,000 people compared to whites (48.9%). The average age upon graduation was the same, 29.7 years versus 29.3 years, but minorities had fewer interviews as well as job offers, 3.9 interviews and 1.8 job offers for minorities compared to 4.5 interviews and 2.2 job offers for white students. Slightly more than 65% of the minority students reported accepting their first choice as compared to 76.8% for

whites. While the average annual salary of minority students was approximately \$900 less than white students, \$18,280 versus \$19,160, minority males had the highest average starting salary at \$21,370 (\$19,160 for white males) females had the lowest average salary at \$16,100 (\$17,550 for white females). The report cautioned that the small sample made it impossible to conclude that the minority placement patterns as indicated by the survey were truly reflective of the placement patterns of minority students in the nation.

References

Noble, J. (February, 1979). Presidential Insight, *NAHSE Resume*, 1:1.

A Plan of Action for the AHA

The paths of NAHSE and AHA merged in 1980, setting them on a sure collision course. NAHSE member Denise Reed was an employee of the AHA. Gail Warden, AHA Executive Vice-President, discussed with Reed the idea of an Office of Minority Affairs at the AHA aware that Bernard Dickens was preparing a proposal requesting assistance from the AHA for NAHSE. Reed submitted a detailed report outlining the major minority issues affecting hospitals and the role hospitals and the AHA could play in resolving minority health care problems. In August of 1979, the AHA, BCA-BSA, ACHA, AUPHA and NAHSE convened a meeting, the Joint Committee on Minority Employment in the Health Care Industry (JCMEHCI), to focus on how these organizations could coordinate their efforts in addressing minority health care issues. In her report, Reed recommended that an inter-association committee on health care whose members consisted of the CEOs of each of the aforementioned organizations be formalized to facilitate coordination between the groups. The purpose of the committee would be to discuss and seek solutions to minority related issues of mu-

tual concern; develop and co-sponsor and seek funding for projects and programs that address minority problems; and, coordinate legislative activities related to minority affairs. Each organization would appoint staff to implement the recommendations and actions of the committee; the chairmanship and staffing of the committee would rotate annually.

Reed also recommended the establishment of an Office of Minority Affairs (OMA) at the AHA. In addition to centralizing the minority related activities of the Association, establishing an OMA would serve three other purposes including:

1. Respond directly to the impact of proposed legislation affecting the ability of hospitals to improve the health and well-being of minorities through the provision of cost and quality-effective health services that meet their particular needs.
2. By acting as an internal advocate for minorities in health care, an OMA can insure that consideration is given to the impact of AHA policy, programs, and legislative actions on minorities.
3. Serve as a focal point to communicate to the health care field, government, legislators, and general public, what hospitals are doing to meet the health care needs of minorities.

Well aware that giving minority issues high visibility within the AHA could lead to the potential misinterpretation of the role and function of an OMA, Reed cited potential misperceptions that were bound to arise—it would be viewed as an effort by the AHA to dictate what hospitals should be doing in civil rights and affirmative action; and, some minorities in the field would view it as “window dressing and a defensive strategy in the face of external pressure. She candidly asserted that the title, OMA, risked conjuring up the image of the AHA as a champion of minority causes and would possibly initiate a confrontational response on the part of some individuals both within and outside the Association. She felt the negative aspects associated with creating an OMA would be overshadowed if the reason for establishing the office and its purpose was clearly pronounced at the onset and followed by concrete, positively di-

rected activity. Reed stressed the importance of having a Director of the OMA who was sensitive to the aforementioned perceptions in all interactions on behalf of the Office if it was to be successful. Reed was open to changing the title of the office to one that expressed the broader nature and concerns of the office for community service and human rights in health care.

In Reed's view, the Director of the OMA would report within the AHA structure supported by an Advisory Panel to assist with establishing and implementing goals and objectives (Reed, 1980, p. 9). The OMA would have a broad scope that included representing the Association in public forums as well as membership groups; serving as a liaison to minority professional and community organizations; providing input in the formation and implementation of staff projects directed towards the poor and disadvantaged minorities and the hospitals which served them; participating in the development of Association policies and positions; presenting Association policies and positions and informing the public of the AHA's views and activities related to minority health care; and, participating in various task forces and committees of the Association, including the Task Force on Affirmative Action and the Task Force on Civil Rights (Reed, 1980, p. 10).

Goals of the OMA Were Outlined as Follows:

1. To promote an understanding of the health care needs of minorities
2. To monitor and influence legislation and regulation related to health care of the poor and disadvantaged minorities and the hospitals that serve them
3. To provide guidance to the membership in identifying and addressing minority health care problems
4. To plan and sponsor educational programs and activities which address issues in minority health and minority employment in the health care sector
5. To disseminate information to public officials, legislators, hospital trustees and executives, educators, planners, and the general public on the role and activities of hospitals in improving the health status of minorities
6. To assist the AHA and its member institutions in meeting their affirmative action objectives
7. To provide liaison to related groups and organizations in areas of common interest

Reed believed that the existence and effectiveness of NAHSE was essential to resolving the minority issues she outlined and commended the AHA effort to improve the liaison with NAHSE (Reed, 1980, p. 12). She did caution that both organizations should proceed only after detailed consideration of all aspects of the liaison, including a clear understanding of what form the AHA assistance would take and an agreement of the respective responsibilities and obligations of each association. Describing NAHSE as an organization of black health executives whose primary focus was on the professional development of its members, Reed suggested that the ACHA might perhaps be the best mechanism through which NAHSE could address these issues. The timing was right because the ACHA had appointed an Advisory Committee on Minority Affairs and several NAHSE members served on the committee. Reed saw the AHA as possibly assisting in developing a closer relationship between the two groups. Responding to the suggestion that the AHA could be of assistance to NAHSE in developing a national office, Reed suggested that NAHSE develop a proposal to be presented to a joint meeting of other national associations such as, BCA/BSA, AUPHA and ACHA, to accomplish this goal (Reed, 1980, p. 13).

Acknowledging the shared concern NAHSE and AHA had for the delivery of health care to minority populations and their interest in the effective management of predominantly minority institutions, Reed recommended that both associations continue co-sponsoring sessions at the AHA Convention which focused on minority health care issues. She felt strongly that addressing minority health care issues was particularly important at that juncture in time and suggested that such effort be given a high priority in the liaison with NAHSE. Citing the lack of financial and management resources; decentralized national activities being carried out by the elected officers responsible for each functional area; the time constraints on these officers, most of whom were hospital senior officers; and, the uneven development of local NAHSE chapters, Reed suggested that AHA's knowledge and experience in association management could be of valuable assistance to NAHSE. She further suggested that in its role as NAHSE liaison the AHA could still take the lead in coordinating and implementing an "assistance program" that would help NAHSE set up a

National Office. But she also felt that NAHSE should develop a proposal and present it in a joint meeting to other national associations such as BC-BSA, AUPHA, and ACHA to assist it in organizing a national office.

Reed went beyond addressing AHA assistance to NAHSE and outlined conditions for an AHA-NAHSE liaison. While supporting the idea that the AHA could take the lead in coordinating and implementing a NAHSE assistance program, she felt strongly that NAHSE should consider broadening the involvement to include other national associations. Reed outlined specific conditions for AHA-NAHSE activities, which emphasized autonomous governance and AHA assistance in establishing a NAHSE National Office within the AHA headquarters building in Chicago with the expectation that it would be fully independent of AHA assistance within two years. The activities of the OMA and its Director were to be responsible to the Vice-President of the AHA as agreed upon in the statement of understanding between AHA and NAHSE. She recommended that during the period of the assistance project, the director of the OMA would hold a joint appointment as Director of the NAHSE National Office and an ex-officio member of the NAHSE Board, making that person accountable to the NAHSE President and Board for all activities performed on behalf of NAHSE.

She ended with a discussion of the AHA Task Force on Civil Rights which was considered a very timely move in light of the direction the Office of Civil Rights (OCR) of Health and Human Services was taking and the general mood in Washington. The task force activities centered on developing prototype testimony in response to OCR proposed regulations on civil rights compliance. Reed felt the cross section of staff within the AHA was ideal for examining minority health care issues and what programs could be developed at the Association to address the needs of this segment of the population and the hospitals that served them. While it would mean tailoring many of the programs and activities already conducted by the AHA that had a positive impact on minorities to the needs of minorities, Reed felt it was important that the AHA move forward programmatically on this issue if only from a public relations standpoint. While this would require a redirection of existing resources, it would not

necessitate acquiring new resources. She suggested that in addition to the Director of the OMA assisting in coordinating the ongoing activities of the task force, all of the Constituency Centers be represented on the task force. Reed was midway through a literature search on minority issues in health care when she developed the report. She was looking into such issues as civil rights, access to care, minority employment and education, minority professionals, minority health care needs and ethnicity in health care delivery. She felt the results of that search would be of value to the task force.

It appears Reed's report became the "blueprint" for the collaboration between NAHSE and the AHA that led to the reopening of the NAHSE National Office on the seventh floor of the AHA headquarters, among the Society suites, and the ambiguous title designated for the NAHSE staff person.

References

"Minority Issues in Health Care: Direction for the AHA," authored by Denise Reed, October 16, 1980, pp. 12, 13, 14, 15, 16, 18.

The ACHA Ad Hoc Committee on Minority Affairs

Following the appointment of Stuart Wesbury as President of the ACHA in January 1979, the College undertook several programs and activities to increase its viability, visibility, and role in the health administration profession. As a result, the Wesbury Administration was not only considered to be "progressive and enlightened" in matters of minority concerns, it was warmly received within the minority health administrator community. In 1980, Wesbury appointed four ad hoc committees which included Minority Affairs, Faculty,

Women, and the Uniformed Services to address the ACHA's role in assisting specialized groups of affiliates with career development and their involvement in the College. Each committee was instructed by Wesbury to explore new ideas and make recommendations on the long-term future direction of the College. Each committee was composed of College affiliates with expertise and professional interest in the assigned category and each was provided with ACHA staff support. Wesbury assigned each chairperson and that person reported to the President. In October 1980, Nathaniel Wesley, Jr., Associate Director of the D.C. Hospital Association, agreed to serve as Chairman of the Ad Hoc Committee on Minority Affairs. The Committee consisted of eleven prominent health administrators, including Haynes Rice, Executive Director of Howard University Hospital and ACHA Regent for the District of Columbia.

The charge to the committee was to look at the ACHA role in supporting and enhancing the career development of minority affiliates; focus on what the College could do directly to support its minority affiliates; and, focus on what the College could do to influence external forces and groups. The Committee met three times over a period of eight months using the 1975 Report of the Task Force on Minorities of the College as a critical background document and catalyst to their discussion. Feeling strongly from the outset that there needed to be a baseline statement guiding the proceedings and from which recommendations would flow, the Committee adopted the following statement at their first meeting:

The major concerns are the recruitment, retention, and advancement of minority health administrators in the College, and in the health profession. These concerns are manifested through the evidence of significant employment problems in the field which disproportionately impact the professional career development of the minority health administrators.

The Committee felt the College would derive two benefits worth highlighting including enhancement of its professional and political strength as an organization for all health administrators, thereby positioning it to better address universal issues and concerns; and, contributing to the development and effectiveness of coalitions among professional

health administrators which would complement the College's efforts to stimulate professionalism among health administrators. An earlier effort by the College was initiated in 1972 when the ACHA Board of Governors authorized a Task Force on Minorities that included Florence Gaynor. The primary purpose of that task force was to "study and recommend a workable policy for the ACHA's role in the recruitment, training and employment of members of minority groups, both as a professional society and in its relations with the academic and practice environments." The College took two major actions as a result of the Task Force work and recommendations: (1) its first Survey of Racial and Ethnic Identification of Affiliates, which showed that of the 264 minority respondents, 148 were black, 13 American Indian or Alaskan, 53 were Hispanic and 50 were Asian or Pacific Islander (April 1981); and, (2) hired Shirley Warren to develop and assist in the implementation of feasible programs relating to increasing, training, and retaining minorities in the health administration field (July 1984).

Periodic meetings between ACHA officers and elected officers of NAHSE to review and discuss the recruitment and advancement of black health administrators in the College were ongoing and coordinated by a standing committee in NAHSE. An attempt was made to make the report as comprehensive, yet concise, as possible so that it would indeed be a working document. In a general statement, the Committee recognized that the solutions to the concerns and problems of the minority health administrators did not rest only with the College or the majority administrator community. Equally critical was the commitment of minority College affiliates to putting in the time, energy and efforts to solving social, racial and cultural problems in the field. Minority affiliate members were encouraged to advance in the College as rapidly as possible; encourage other minority health administrators to become affiliates; and, educate and enlighten non-minority health administrators to the contributions that minority health administrators have made to the profession. Recognizing that professional adaptability was a highly regarded trait, especially in the life of the minority health administrator, the Committee made a point to distinguish between adaptation, co-optation or abdication. The difference was important to state because new oppor-

tunities were possible through the former while the latter led to compromise of social, moral and professional standards to oneself and the profession (ACHA Ad Hoc Committee, p. 11). The Committee made twenty recommendations, some of which the College responded to immediately.

References

Ad Hoc Committee on Minority Affairs Final Report, American College of Healthcare Administrators, August 6, 1981, pp. 2, 3, 4, 5, 6, 7, 8, 10, 11.

NAHSE External Affiliations

Yesterday, Today, and Tomorrow

Enough NAHSE members attended the November 1979 American Public Health Association meeting that John Noble was able to convene a call meeting one afternoon in the lobby of the New York Hilton. Those in attendance vowed to keep NAHSE alive and plans were made for the ACHA-NAHSE meeting in Chicago the following year. Through their collective efforts, interest in NAHSE was renewed and “translated into actions.” By 1980 NAHSE was crediting itself as being a conduit of activism and communication regarding issues that affected health care delivery to blacks and other disaffected people. Aggressively pursuing legislative strategies to promote the interests of blacks in policy formulation and to gain credibility with the CBC and the Congress, the Association published several issue papers: Financially Distressed Hospitals; Issues on Conversion and Closure; Medical Facility Compliance with Assurances Regarding Uncompensated Services and Community Service; and, Health Manpower Issues of Particular Interest to Blacks and Other Minorities. The Ad Hoc Legislative Committee de-

veloped a Legislative Work Plan for FY 1980–1981. The goal of the plan was to research, monitor and assess legislative initiatives as they impacted blacks; to keep the black community apprised of legislative initiatives which affected them; to inform legislative bodies of the desires, wants, needs and issues as perceived by the black community; and to develop the most advantageous avenue to accomplish the stated objectives.

Newly appointed Professional Coordinator for ACHA and long term NAHSE member, Richard Lowe, extended the invitation to eligible NAHSE members to join the ACHA. Lowe stated:

The ACHA is dedicated to the achievement and maintenance of administrative competence. This can only help NAHSE members who support this objective. In addition, the professional society presents a comprehensive educational program featuring seminars designed to keep affiliates abreast of the latest developments in managerial practice.... Affiliation with a national organization like the ACHA, whose personal membership includes the top chief executive officers and their management teams in the health service field, can only help NAHSE members, both in their own professional aspirations and as persons interested in improved health care to minorities.

A one-page newsletter was published in June 1980. Intended to maintain contact with the membership the focus of the newsletter continued to highlight issues, chapter or membership activity and employment opportunities. Membership had grown to in excess of 400 and the number of chapters had increased from five to twelve. On the national scene, following a failed assassination attempt, African-American surgeon, Dr. Jeff Towles was credited with saving the life of Vernon Jordan at Parkview Memorial Hospital where Percy Allen was the CEO. In addition to more than 20 resumes from members willing to serve on committees or present seminars at ACHA, John Noble had been contacted by several organizations requesting information on NAHSE. Citing the planned joint program, “Plight of the Urban Hospital,” at the upcoming AHA meeting in Montreal, as evidence of the “growing closeness” of NAHSE with AHA, Noble urged as many members as possible to attend.

In May 1979, Horace Carpenter met with Keith Calwood, Director of the Bureau of Health Planning Resources Development, for the island of St. Thomas and Helen Banfield to formulate plans for establishing a NAHSE chapter on the island. It was expected that a chapter there would provide input into the island's three-year plan for building two hospitals and seven new health facilities. Carpenter also found the time to write a paper entitled *NAHSE—Yesterday, Today and Tomorrow*. Perhaps feeling the need to explain NAHSE, Carpenter wrote, "Unlike many trade organizations in the health care system, NAHSE frequently abandons the conservative professionalism exhibited by well-paid executives and employs what some consider radical measures to further the needs of its constituent black health professionals and consumers." Highlighting the Association's achievements, Carpenter described the activities employed to achieve those goals as well as the realities of the day that thwarted the opportunity to revel in the accomplishments that were made. The paper ended with an appeal for members to help bring the positive change needed to shape NAHSE's vision of the future.

Bernard Dickens was installed as President at the AHA-NAHSE meeting in Montreal, Canada in August of 1980. Two months later the top officials of ACHA, AHA, BCA/BSA, AUPHA and NAHSE "agreed to work together for the advancement of quality health care for all citizens" (Hazel, p. 34). The ACHE agreed to establish special committees to address problems and concerns of minorities in the college; the AHA agreed to help re-establish NAHSE's national office in the AHA building in Chicago; the BCA agreed to help with job advancement for minorities; and, the AUPHA provided the results of its survey which gave the status of minorities in health services administration programs.

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- Carpenter, H. (January, 1980). *NAHSE—Yesterday, Today and Tomorrow*. Unpublished paper.

National Office Finds a New Home

In 1981, the AHA followed through on its commitment to help re-establish NAHSE's National Office and in Mid-July, the office opened on the seventh floor of the AHA headquarters at 840 North Shore Drive in Chicago, Illinois. Reflecting on the strained relationship between the AHA and NAHSE in his oral interview with Lewis Weeks, Haynes Rice would say:

They have since begun meeting again, and are no longer hostile, I'm told. It is much better, and there is hope. But the initiatives that were started got lost through the death of Dr. Crosby. One can look back and say, if we had another year, we probably could have had some impact on the hiring practices of hospitals (Weeks, 1984).

Within the AHA, NAHSE was viewed similar to an "AHA Society" and a Memorandum of Agreement was developed by officials of both associations which specified that the AHA would allocate \$20,000 towards the salary for the OMA Director/NAHSE Director* and NAHSE would add \$1,000 to be paid in full by October 1, 1981 for a total salary of \$21,000, excluding any grade and salary increases, any salary increase was to be financed by NAHSE dues; the AHA would provide some direct secretarial support for typing in addition to a typewriter, office and telephone coverage, and would make available additional support through the word processing area; the AHA would allow \$3,000 to cover the cost of producing new stationary and a NAHSE fact sheet during the first year; other than the incidental supplies such as paper and pencils provid-

*In a report on minority affairs written by Denise Reed to Gail Warden, she outlined a collaboration between the AHA and NAHSE that included the position of Director of Office of Minority Affairs; NAHSE preferred the title Executive Assistant.

ed by the Hospital Research and Educational Trust (HRET), the AHA had no further financial obligations to NAHSE for the first year; as the OMA Director/ NAHSE Executive Assistant, that individual was expected to participate in HRET staff planning meetings and submit reports, including an annual one, like other Society directors; and, NAHSE would prepare and submit an annual report that would be discussed at an annual performance review meeting with HRET, AHA, and NAHSE officials.

Nancy Brown was hired as the NAHSE Executive Assistant and Robert Smith, III, as the Office Manager. A graduate of DePaul University, Brown had over ten years of varied experience in the field of health care as well as in office management, including eight years as human resource manager for a federally funded ambulatory health care facility where she served as the administrator. Brown's management experience included planning, coordinating and managing a state-funded supplemental food program for medical/nutritional high risk women, infants and children. Brown reported to Cleve Killingsworth, NAHSE member and Director of AHA's Hospital Data Center. Her role was to interface with the NAHSE Board and chapter presidents from around the country. Smith's role was to communicate on a weekly basis with the Executive Director to coordinate the various external work order requests and mapping out the work program and assessing completion status (Letter to Gerald Bisbee, Jr., Ph.D., 1981).

The National Office was staffed and set up to establish and maintain an accurate NAHSE mailing list; assemble, layout and oversee NAHSE publications and distribute all NAHSE literature; plan, arrange and direct all official meetings, conferences and gatherings; maintain liaison with each chapter president and corresponding secretary; and, supply all necessary membership information to outside contracted service with official membership listing (President's Report, 1981, p.2). To maintain political integrity and avoid conflict with AHA and/or other contributing organizations, the Office had no responsibility for analyzing public policies and issues, or issuing position statements pertaining to public policy and issues, a stand that many of the Association's members found troubling. It was recognized that there would be occasions when NAHSE would and

should analyze public policies and issues and address the NAHSE position on such matters. In those cases, NAHSE would articulate its position through appropriate coalitions with organizations such as the American Public Health Association or other appropriate groups. Specifics were to be discussed at NAHSE Board meetings. The AHA was committed to only one year of funding and Bernard Dickens pledged to make every effort to get the BCA/BSA, and ACHA to deliver on their respective commitments to support NAHSE. A fund-raising drive, headed by Robert Smith, was given the highest priority and to that end, a working Finance Committee was established to assist the treasurer with managing NAHSE's finances. The report submitted to the RWJF emphasized how that funding helped to build a different kind of philosophy within NAHSE (President's Report, 1981).

With the resignation of Nathaniel Wesley as President-Elect, James Hazel became the interim until his election by the Board at its August 30, 1981 meeting in Philadelphia, Pennsylvania (NAHSE *Notes*, 1981, 1:2). At the time of his appointment, Hazel was employed at the Wright State University School of Medicine; he had been part of the team of professionals who initially developed the school. In addition to the many administrative functions he performed, Hazel was Assistant Professor in the Department of Community Medicine, responsible for curriculum development and teaching medical students. He also served as the Director of Student Health/Counseling Services. Having retired from the U.S. Air Force Medical Services Corp as a Lieutenant Colonel after more than 22 years of service, and serving as a hospital administrator in hospitals all over the world, Hazel described his experience in North Africa as the most memorable. In his role as President-Elect, Hazel attended the Annual Congressional Black Caucus Health Brain Trust (CBCHBT) convened by Congressmen Louis Stokes, (D-Ohio) and Charles Rangel (D-New York). Addressing Congressman Rangel, Hazel stated that he represented more than 600 health administration professionals and pledged NAHSE's support for the 18 black legislators in Washington, D.C. for their hard work and diligent efforts to improve the quality of life in America for the black and poor.

Chairman Bernard Dickens projected that \$40,000 was needed to provide minimal services to the membership, and increasing membership was a must (Ad-Hoc Planning Committee Minutes, 1981). The membership mailing package was redesigned to include the National Office stationary, public relations brochures, membership applications, cards and certificates. Many hours were spent verifying and revising the mailing list which was to be handled by an outside computer service. Attention was focused on those local chapters that were dormant and those showing the greatest potential for revitalization. A tutorial compendium to aid members in the preparation for the ACHA examination was expected to be completed by January 1, 1982 (President's Report, August 30, 1981). Activities in job opportunity announcements and job placement were stepped up. A listing with detailed background data on NAHSE members was to be released to Witt and Dolan, a national search firm, to be added to their national data base. Representatives from the company were also scheduled to address the membership at the NAHSE session of the ACHA meeting in March.

The RWJF grant was a nagging problem. Although the grant had ended in 1978, no final report had been submitted. The Board voted to have the President contact the Foundation and find out how to discharge that obligation. Tasked with developing a national fund-raising drive, Robert Smith appointed a committee with regional representation to explore all potential sources of grants and monies to support the National Office and related activities. The relocation of the National Office required not only changing the bylaws but making them flexible to allow for organizational growth and viability. To that end, the Board needed to restate the organizational mission; redefine the membership requirements; and, clearly define chapter responsibilities.

In his President's message for the fall 1981 issue of the newsletter, Dickens outlined his vision for the Association's future, a vision that continues to resonate today:

Dear Members:

I believe the greatest challenge that lies ahead is that of putting together the collective!

The “collective,” for the purpose of this message, is defined as the pooling of resources and talents for the benefit of the whole. Many of you have shown an ability to succeed as individuals. What remains is a test of your commitment to contribute both your efforts and talents to the national objectives of this Association. That is to say, to improve the lot of minority administrators as a whole, and to improve the delivery of health services to the people we serve. It is extremely clear that the two mutually dependent goals shall not be accomplished by an unwillingness to be a part of the solution nor a desire to look to others to do what we must do ourselves.

To achieve these ends, the process in part has been put in place. This process is evidenced by the recent establishment of a staffed National Office. The National Office has put together a computerized mechanism for maintaining accurate and current membership data. The Association has made collegial arrangements which will, coupled with our job-data bank system, enhance the Association’s ability to track available jobs more readily and allow immediate matching of qualified individuals.

As far as strengthening our focus on improving the delivery of health services to the people we serve, I shall be asking each local chapter to take an active role in participating in crucial discussions on health care delivery that will take place during the next few months at the various State capitals. Our ability to carry out these worthwhile objectives depends largely on the participation of each individual member.

As a people, history has shown that we, as minorities can in fact band together in the face of adversity. In view of the present economic conditions and its subsequent adversities that accompany

such conditions, the collective efforts once again are needed to ensure our survival as a people and an Association.

I believe that SURVIVE we MUST! SURVIVE we WILL with your dedication and determination. Soon each of you will be asked to submit your financial support vis-a- vis your membership dues. Never before has your participation been so important: therefore, I urge your SUPPORT. With your support, we shall together assume the LEADERSHIP that our founding fathers set forth, our youth expect, and our people seek.

Bernard Dickens

NAHSE Notes, Autumn Quarter, 1981, 1:2

References

NAHSE Notes, August/September, 1981, 1:1.

NAHSE Notes, Autumn Quarter, 1981, 1:2.

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Letter to Gerald Bisbee, Jr., Ph.D. from Robert Smith, III, NAHSE Board of Directors, August 26, 1981.

NAHSE President's Report, Board of Directors Meeting, August 30, 1981, Philadelphia, PA.

Ad-Hoc Planning Committee Meeting Minutes, November 15, 1981, Executive House, Chicago, IL.

My fondest memory of NAHSE was meeting Percy Allen during the New York meeting. His charisma overwhelmed me and made me want to serve the organization.

*Robert Currie, M.P.A.
1999–2001 national president*

A Struggle within a Struggle

And yet, undercurrents of discontent were brewing. Reflecting upon his ten years of membership in NAHSE, four as National Secretary, two as Co-Chairman of the Educational Committee, having been the President of two chapters, and consultant to the National Office, Nathaniel Wesley (he joined in 1971) penned his thoughts in a statement to the Association. Wesley recounted the feelings of excitement at his initial meeting in 1970 that stemmed from the professional relationships, years of managerial experience, concerns about students and a special appreciation of the need for equal employment opportunities for black health administrators on display. In his opinion, the veteran administrators were mentor-minded, patient with the young aspiring administrators, and regarded as “heroes” and role models for those anxious to join the firing line. The war stories and tales of unorthodox management strategies utilized to ensure access to care for poor and disenfranchised people were more intellectually stimulating and emotionally inspiring than many hours of academic theory. Leadership in the organization was vested in persons who knew the history of the “black struggle” in a white-dominated world, and the meaning of being committed to color-blind professionalism and a noble cause. Concerns about racism and readiness were expressed with equal vigor.

Describing his first ten years as filled with pleasure and pain, Wesley noted moments of excitement about NAHSE’s accomplishments as well as periods of despair for its failures, what he termed a classic “struggle within a struggle.” The outer struggle was with a system that constantly changed so that it always remained the same. Although integration, desegregation, and re-identification were modern social phenomena in America’s race relations, Wesley saw NAHSE as fighting the same battle fought by the NHA in the early 1900s.

In his opinion, the public sector of the industry, even in its quasi-bankrupt state, had been “kind enough” to provide some degree of equal opportunity for “managerial ulcers” for black administrators, but the private sector was still seeking “qualified” persons of color to fill a few entry-level positions. He found the inner struggle more difficult to define and even more heartbreaking to reveal. He felt the tremendous demand for energy, concentration and commitment to successfully mount a “struggle within a struggle” had drained many members, and declared there were scores of members in chapters throughout the country that had been soldiers in battle for years. While making it perfectly clear that every professional organization struggled in its own way with such powerful internal forces as chapter competitiveness, professional jealousies and hidden agendas, Wesley offered three reasons for what he viewed as NAHSE’s failings over the years, but especially as the 1980s approached—a betrayal of membership trust and the perpetuation of a dual system of professionalism by the elected leadership; young black administrators turned off by the organization’s image of ineffectiveness, which virtually destroyed the student feeder system; and NAHSE’s failure to respond as an advocate and crusader in matters concerning minority health affairs, which directly affected the quality of health services rendered to poor and minority populations and seriously diminished the Association’s credibility.

Wesley predicted that the struggle within a struggle would not be easy to win and would continue beyond the lifetimes of existing members. If NAHSE was to survive and become a viable force in matters of minority health affairs, four basic steps needed to be taken by the elected leadership and members:

1. Elected officers must be committed to professional leadership behavior in the same manner that each would contribute and display in any other profession and organization.
2. The major goals and direction of the organization must be determined annually and translated into specific programs, projects and activities that allow for chapter and individual membership participation.

3. Fiscal accountability and organizational record-keeping must be improved.
4. There must be on-going communication with and responsiveness to the membership through channels and mechanisms which are permanent and maintained at a national level.

References

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NAHSE's Second Policy Brief

Impact of Federal Cutbacks on Distressed Hospitals

Having settled into the newly acquired office space within the AHA, the NAHSE national staff set about to write its second policy brief, "Impact of Federal Cut-Backs in Medicare and Medicaid Funding and the Subsequent Impact on the Minority Community." Using previously collected AHA information as background, the brief was written for Congressman Charles B. Rangel, Chairman of the Subcommittee on Oversight of the Committee on Ways and Means. The brief expanded on the potential impact proposed funding reductions by the Reagan Administration would have on the financial solvency of hospitals, especially those serving high proportions of medically indigent patients. Earlier Senate hearings on the issue prompted the AHA to conduct an analysis of financially distressed hospitals. The basic findings of the AHA study suggested that distressed hospitals, in compar-

ison to other institutions, were smaller, somewhat more dependent on outpatient revenue, and more likely to be public general hospitals. The study further highlighted the factors that should be considered comparing financially distressed institutions to those that perform well financially. NAHSE's examination of the AHA study identified several additional factors that needed to be considered in developing public policy with regard to distressed hospitals. These factors suggested that success in reducing distress without reducing rural and inner-city population access to care could very well be dependent on the provision of incentives that would force creativity and effectiveness on the part of hospital management and changes in health financing and payment practices.

NAHSE offered that coupled with the outlook for Medicare and Medicaid funding, the analysis underscored the need for further exploration of policy options to protect the rural and inner-city populations who not only relied on distressed hospitals for their health care needs but in some instances for employment opportunities. The impact on Medicaid funding was emphasized because hospitals serving large populations of the poor were dependent on Medicaid funding which could range from a low of 10% of total patient revenues in one instance to more than 79% in another. It was NAHSE's position that the Reagan Administration's unprecedented proposal to let states charge poor people a nominal fee for basic physician services and hospital care would result in detrimental risks both for the poor as well as the institutions serving the poor.

Recognizing that Medicaid cost containment was going to be an important policy concern at the state and federal level for several years, NAHSE strongly supported innovations that achieved the goal of cost containment but also recognized that urban inner-city hospitals, particularly the public general ones, provided services to a large segment of the population not covered under either Medicaid or Medicare, and that many in that group did not have the ability to pay; recognized hospital management efforts to provide services at a lower cost without impairing the quality of the services; recognized that many hospitals serving the poor were the sole employer of the poor in that area, providing jobs and training opportunities to minorities that would not otherwise exist; and recognized that during periods of high unemployment, hospitals that

were already serving large portions of the Medicaid population tended to be impacted more with further funding limitations.

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Charting the Future Direction of NAHSE

NAHSE obtained political recognition for its activities during the Annual NAHSE/ACHA Meeting in Chicago when Mayor Jane Byrne proclaimed March 2–6, 1982, as NAHSE Week (NAHSE *Notes*, 1982). As per instructions from the Board, the National Office established a checking account in Chicago, while maintaining the one that had been opened in Detroit, Michigan (President's Report, 1982). Including salaries and miscellaneous expenses, the prepared budget had a \$9,000 shortfall before any additional expenses were added (President's Report, 1982, p. 2). The financial records and other pertinent information were submitted to the accounting firm of White, Young and Associates of Chicago, in order to obtain an independent review and reconciliation of any and all bank accounts. All corporate documentation was under review in order to determine the Association's legal status. Incorporated in Maryland, NAHSE had 501(c)3 status. Twenty-two job referrals had been made to date and numerous resumes had been circulated. In an effort to enhance this activity, the National Office encouraged members to send in their dues along with the necessary background information. By the following month, an on-going job bank referral fact list of current industry openings was to be sent to each chapter.

In terms of the future direction of the Association, there were several key issues requiring attention at the March 1982 Board Meeting as the second quarter approached — funding for the 1982–3 operating budget; strategies for more chapter involvement in National activities; development of educational programs that addressed the needs of minority health administrators; and development of a national strategy to increase both institutional as well as individual memberships (President’s Report, 1982, p. 3). Several recommendations were made to address each of the areas of concern. In mid-March 1982, Nancy Brown submitted her resignation. While she freely acknowledged that her experience as Executive Director for NAHSE had provided an opportunity to enhance her skills and develop additional ones, and expressing satisfaction with that position, she nonetheless accepted a position with the AHA (letter to Robert T. Smith, III, from Nancy Brown, dated March 1, 1982). Brown was replaced by Belva Denmark.

References

Letter to Robert T. Smith, III, from Nancy Brown, March 1, 1982.

NAHSE *Notes*, Winter Quarter, 1982, 2:2.

President’s Report, March 3, 1982.

Asking the AHA for More

On Tuesday, June 19, 1982, the AHA met to discuss a proposal from NAHSE requesting continued funding for two years during which time NAHSE pledged to strive to achieve self-sufficiency (Bisbee, 1982). The proposal included a history of the AHA/NAHSE relationship as well as the relationship between NAHSE and the AUPHA Minority Affairs program. The financial data indicated year-to-date membership was 700 with \$15,000 expected to be

generated in dues revenue and approximately \$20,000 expected in FY83 based on membership projections as outlined in the Forward Plan. The AHA's budget for FY83 was being reviewed and while several contributions to NAHSE had been reduced, it was decided that funding would continue until December 31, 1983, along with \$20,000 to cover the expenses for the central office staff. The ACHA was viewed as a more natural locus for the activities outlined in the Forward Plan and it was suggested that NAHSE work aggressively to build bridges with that association.

References

Letter from Gerald Bisbee, Jr., to J. Alexander McMahon, H. Joseph Curl, Bernard Dickens, July 7, 1982.

Building a Paid Membership

By August of 1982, NAHSE had 100 financial individual members; 3 financial institutional members; and, 2 chapters that had paid and received rebates including the Chicago Midwest (15) and Detroit (6); and, 6 financial student members (Membership Committee Report, 1982). Total dues collected amounted to \$5,890.00 and 700 persons received membership correspondence from the National Office, 300 of which were new inquiries and 400 were follow-up letters to names on the 1981–82 mailing list. The Membership Committee recommended that a list be compiled of the 400 potential members and supplied to chapter presidents, local chapter membership chairpersons and the Board for personal follow-up. A public relations campaign was also recommended to highlight the planned 1983 national membership recruitment campaign (President's Report, 1982). The Committee identified four special concerns that needed resolution including eight Board members who were not recorded as being financial; the need to clarify

responsibility for the membership committee in view of the role of the national office staff and office procedures in this regard; membership packets continued to be received in incomplete form; and, expediting the signing and mailing of membership certificates and cards.

In an attempt to reduce costs, the Association began to focus on improving services provided to “those members in good standing,” the newsletter was distributed to “paid” members, chapter presidents and executive officers (President’s Report, 1982). While concerned about containing costs, James Hazel advocated distributing the newsletter to graduate health administration programs as a viable marketing strategy. During these discussions, it was realized that the bylaws specified that the title of the Association’s official publication would be *NAHSE Resume*. This posed a dilemma because of plans to offer official publications as a revenue generating venture but the newsletter was a member benefit. The solution as offered by Robert Smith was that *Resume* would be the title of the Association’s journal and *NAHSE Notes* the title of the newsletter.

After successfully negotiating to receive additional funding from the AHA through calendar year 1983, Bernard Dickens urged the Board to meet with the AHA in July 1983 to discuss future funding possibilities. This good news was countered by news of the AUPHA’s intention to phase out its Minority Affairs program by December 1983 because of an unsuccessful bid to obtain additional funding. Nathaniel Wesley, chair of a Special Minority Affairs Task Force for the ACHA, was successful in his efforts to get the College to reestablish the Dent Scholarship monies which earmarked \$20,000 for minority students in health administration, half of which was allocated on the basis of need. August 1983 was the first summer of the National Work Study Program without financial support from the ACHA. Three programs were operational—Atlanta, Georgia; Washington, D.C.; and Chicago, Illinois (Smith, 1982). The National Committee assumed responsibility for establishing standard procedures for program operation and identifying alternative funding sources for those chapters with input from the Detroit, Chicago, and Washington, D.C. chapters, and developing the following core curriculum including a focus on the health care system (terminology, primary, secondary and ter-

tiary care); health care demographic data (incidence and prevalence statistics by race, sex, age, location); health manpower (training, geographic residence of providers); health planning (methodology of planning, systems approach and health politics); and, health care financing (third party reimbursement, marketing, capitation and competition) (NAHSE *Notes*, 1982).

References

Membership Committee Report, August 23, 1982

NAHSE *Notes*, Summer Quarter, 1982, 2:2.

President's Report, NAHSE BOD Meeting, Atlanta Downtown Marriott, Atlanta, GA, August 29, 1982.

Letter from Robert T. Smith, III, Chairman, National Work Study Program, to NAHSE BOD, August 29, 1982.

The Forward Plan

Formulated by the Ad Hoc Committee on Direction for the National Organization, the Forward Plan was a 5-year strategy intended to provide a mechanism for achieving financial security, expanding the continuing education forum into a multifaceted program and building a career development ladder for minority health care professionals beginning at the high school level (NAHSE *Notes*, 1982). Six priorities were defined in the plan including the formulation of a data base; fund-raising; job referral; maintenance of a national office; continuing education programs/career development; and, policy analysis/ legislative advocacy (Meeting Minutes, 1982). Successful implementation of the Plan was totally dependent on the cooperation and good will of the chapters. In an effort to boost membership morale and pitch the Forward Plan, the Board announced that members would receive an unprecedented number of benefits in 1983.

Drawing a contrast with the AHA, Bernard Dickens described NAHSE as the only organization that acted as both an advisor and an advocate for the minority health care administrator, while the latter served as the major advocate for hospitals, focusing on the industry rather than individual hospitals, but still benefiting individual hospitals in the process (NAHSE *Notes*, 1982). Dickens credited NAHSE's presence and persistence with resulting in an increase in employment opportunities for minorities both in the public and private sectors. NAHSE meetings provided an atmosphere of camaraderie and allowed minority health care administrators the rare opportunity to share experiences and exchange views on vital health care issues. The Association's commitment to elevating the quality of health care services rendered to the disadvantaged and poor was evidenced by testimony provided at Congressional hearings. This advocacy and representation at the national level resulted in the establishment of a board-level joint committee with the AHA (Letter to Conway A. Downing, 1977). The dedication and diligence of this committee was credited with enabling NAHSE to establish its national office in the AHA headquarters. Bernard Dickens pledged that NAHSE would continue to work with the AHA and other organizations to explore ways of improving the status of minorities in health care. He realized that the Association's continued success and ability to realize long-term goals depended upon the commitment and dedication of the membership. Dickens stressed unity of effort, urging the members to stop wasting time in specious debate and start utilizing that time to make a difference in the health care industry.

While expressing the desire to make the administrative tasks on the chapters less burdensome, the national leadership pressed for a response within ten days of receipt of the directive outlining the Forward Plan which was sent out in April. The dilemma this process posed for chapters was typified by the reaction of the Washington Metropolitan Area Chapter (WMAC). Citing commitments with ongoing projects, especially the Summer Work Study Program, the chapter let the deadline pass without responding but included a very pointed response with its Annual Report which was submitted in writing at the combined NAHSE/AHA meeting, August 28–31, 1982 in Atlanta, Georgia (WMAC Semi-Annual Report,

1982, p. 5). Describing it as the “linchpin to the organization’s survival,” Dickens had scheduled a workshop to discuss the Forward Plan at the meeting. He firmly believed that, when fully implemented, the Forward Plan would strategically position NAHSE as a high profile, self-sufficient office that not only provided increased services to its members but made a greater contribution to the communities which those members respectively served (NAHSE *Notes*, 1982, p. 2). Of the six chapters represented at the workshop, Chicago, Detroit, Ohio, New York, Washington, D.C., and Indiana, all expressed negative comments regarding the concept of the Forward Plan as presented (Tom Nowlin Correspondence, 1982).

Although applauding the efforts that went into preparation of the plan, Granderson, President of the WMAC, questioned whether the plan was in keeping with the overriding purpose and philosophy of NAHSE’s existence—to address problems related to the inequity of, access to, and delivery of health services to minorities and other disadvantaged groups (Washington Metropolitan Area Chapter, 1982, p. 6). She recommended that the NAHSE Board develop a plan, including rational and reality-based attention to the resources that were needed and available to implement the plan. In one of her earlier reports, Granderson cited frustration with such issues as poor lines of communication and a lack of central organizational development but offered the assistance of the WMAC in addressing the problem.

Closure of the National Office during this time had shifted much of the advocacy and legislative burdens to the local chapters. After much discussion, the assembled workshop group developed a prioritized list of activities to be incorporated into the plan. Dickens agreed that the newly prioritized list of activities better addressed themselves to the concerns of the workshop attendees and when incorporated into the Forward Plan, the document would encompass the legitimate concerns of the chapters as expressed by the WMAC/NAHSE.

In spite of the WMAC’s acknowledged strength and successes, Granderson resigned three months later (Memorandum of Record from Arlene A. Granderson to WMAC, NAHSE Executive Committee dated December 9, 1982). Reflecting on her five years of experience as a mem-

ber of NAHSE, 1975 to 1982, in two different chapters, she candidly revealed the reasoning for her decision—no perceptible improvement in the organizational and professional problems plaguing the Association; serious question about the need for, role of, and structure of NAHSE; and, persistent lack of follow-through on the part of the National Office. Granderson pointed to the creation of a new organization for black health planners in the Washington, D.C. area as substantiation of the inability of NAHSE to stimulate consistent interest and develop new membership at the local level. Her major concern appeared to be the lack of concrete evidence that NAHSE had grown as a professional organization. In fact, NAHSE’s “declining size, and therefore its strength, had consumed a considerable amount of attention in the WMAC, with no outcome other than lengthy discussions and speculations” (Granderson, 1982). Other organizational questions related to the role of the National Office, including its national program and objectives, and the manner in which the chapters were linked to the national office. Granderson took issue with the attitude that members should not expect to “benefit” from their dues, participation, time and energy investments, viewing that as one of the main reasons the Association remained a voluntary organization rather than a professional one.

In her opinion, “the mere fact that the membership was composed of health and health-related professionals did not, in and of itself, constitute a professional organization.” During Granderson’s tenure, there were frequent complaints about the frequency and logistics of chapter meetings. Describing her tone as half bitterness and hostility, and half frustration and disgust, Granderson assumed all responsibility for the chapter’s organizational failure over the year and welcomed the opportunity to return control to those who felt she had usurped that control. Tom Nowlin accepted the challenge of succeeding Granderson as president of WMAC. At the same time he chastised the chapter in a scathing letter for its collective lack of support, indifference and “lame excuses for non-participation.” Because of the expressed dissatisfaction of the membership, the WMAC Executive officers elected to meet four times a year rather than monthly (NAHSE BOD Meeting Minutes, 1983, p. 3).

References

Letter to Conway A. Downing, Jr., J.D., President, NAHSE, from Gail L. Warden, Executive Vice President, AHA, October 28, 1977.

NAHSE *Notes*, summer, 1982, 2:2.

NAHSE *Notes*, President's Message, fall, 1982, 2:4.

NAHSE Forward Plan Workshop Meeting Minutes, Atlanta Downtown Marriott, Atlanta, GA, August 31, 1982.

Report from Tom Nowlin, WMAC/NAHSE Representative to NAHSE National Convention to A. Granderson, President, WMAC, September 21, 1982, p. 5.

Washington Metropolitan Area Chapter (WMAC) Semi-Annual Report, March–August, 1982, August 27, 1982, p. 5.

Arlene A. Granderson Correspondence to WMAC, NAHSE Executive Committee, December 9, 1982.

NAHSE Board of Director's Meeting Minutes, Guest Quarters, Houston, TX, July 31, 1983, p. 3.

"Together We Stand"

“**T**ogether We Stand” was the theme chosen by James Hazel for FY1983 (NAHSE BOD Meeting, 1983). That togetherness soon showed signs of fraying. At the July Board of Directors meeting in Houston, Texas, a survey developed by President-Elect Andre Lee, generated spirited debate about the future direction of the Association and reignited the issue of addressing the situation of the Institutional Member constituency. Lee’s interpretation of the survey results was that the membership wanted NAHSE to focus on jobs at both the national and chapter levels and advocated strongly for reestablishing support for black hospitals, while Bernard Dickens offered that the local chapters may have a different interpretation. Disenchanted with the identification of employment as the top priority, Tom Nowlin argued that NAHSE should be concerned with a broader spectrum of issues. Lee announced that a black hospital orga-

nization was forming and would take care of those institutions, leaving NAHSE to maintain services for its 700 Individual Members. To this end, the black hospitals that were members of the AHA intended to request special delegate status and support from the AHA. It would be five years before that entity would be chartered.

Tom Nowlin and Bernard Dickens debated whether the needs of the membership would be better served by decentralizing the National Office and delegating more responsibility and authority to committees as deemed appropriate, a position held by Nowlin, or whether a central locus was needed, as argued by Dickens. Seeming to agree with Andre Lee’s pronouncement concerning the embryonic black hospital association, Dickens suggested that black hospitals that were members of the AHA could petition for a constituency center located within that association. But, as pointed out by Nat Wesley, that was a highly unlikely possibility in light of the fact that of the more than 7,000 hospitals in the country less than 100 were “black” (NAHSE BOD, 1983). The discussion led to several questions, but paramount was whether or not the AHA would recognize this newly established constituency center (NAHSE BOD, 1983).

On a brighter note, while NAHSE represented less than 1% of the ACHA membership, Association members made up 4.8% of the total committee membership by the College for the year (NAHSE BOD, 1983).

<i>NAHSE-ACHA Committee Appointments</i>	
Member	Committee
Haynes Rice	Audit
Andre Lee	Ethics
Everard O. Rutledge	Insurance
Reginald P. Gibson	Publications/Public Information
Dennis Gowie	College Standards Review
Florence Gaynor	Editorial Board for the Journal
Daryl Crompton, Ph.D.	Editorial Board for the Journal
James Hazel	Self Assessment/ Committee on Professional Development
Reginald Ayala	Chairman, Committee on Ethics

The National Office Closes—Again

As December 31, 1983 approached, the national leadership concentrated all of its energies on trying to obtain an extension for its office location at the AHA. At one point, James Hazel wanted the Board to consider a written offer from the Columbus Area Community Health Department to provide support in the form of maintaining a mailing list and printing a newsletter as a contingency plan for maintaining a national office when the AHA funding ended (NAHSE BOD Meeting Minutes, 1983, p. 6.). The general administration activities—updating the Association’s mailing list, publishing the newsletter, and handling telephone inquiries, and job referrals—ceased with the departure of Belva Denmark (James Hazel Correspondence, 1984). Membership applications received during this time were returned to the sender. Two plans of action would eventually be considered. One would have retained the space within the AHA building with Bernard Dickens serving as the office coordinator, the other called for moving the office to Washington, D.C. in an affiliation with the NMA (NAHSE BOD Minutes, 1984, p. 3). Advocates for remaining in Chicago pointed to the need to remain close to the AHA, ACHA, and BCA. Supporters of the move to D.C. argued the merits of being close to the nation’s seat of power and the need to become more politically active. A concurrent issue was the need to sustain some form of ongoing permanent office staff.

While the telephone would be answered in Chicago, an answering machine would be set up in D.C. Services provided at both sites were to be limited to referrals and employment screenings with mail forwarded to an unspecified site. Remaining in Chicago would have entailed minimal cost while expenses in Washington would have run \$300–\$500/month. Neither plan was adopted at the mid-winter meeting where discussion also focused on celebration of NAHSE’s sixteenth anniversary. Citing a membership in excess of 1,000 in his final President’s Message, James

Hazel shared his thoughts on achievements accomplished to date and future projections (NAHSE *Notes*, 1984). These included consistently organizing the annual mid-winter meetings in Chicago and the annual joint AHA-NAHSE educational programs. Hazel urged that any future projections must include a strategy to impact public policy and national decisions about the quality of and access to the health delivery system. Wishing incoming President Andre Lee a successful term of office, Hazel committed to remaining active within the organization as Immediate Past President.

References

NAHSE Board of Director's Meeting Minutes, Guest Quarters, Houston, TX, July 31, 1983, p. 6.

James Hazel, Correspondence to NAHSE membership, February 1, 1984.

NAHSE Board of Director's Meeting Minutes, Chicago Marriott Hotel, February 13, 1984, p. 3.

NAHSE *Notes*, Fall-Winter Quarter, 1984, 2:6.

AHA/NAHSE Joint Relations Committee Initiatives

The speaker for the joint AHA-NAHSE Education Program in Denver, Colorado in 1984 was Thomas Malone, M.D., Deputy Director of the National Institutes of Health. Dr. Malone was also Chairman of the Task Force on Black and Minority Health that had been organized by the U.S. Department of Health and Human Services to review the current health status of minorities, their access and utilization of that health care; evaluate existing policies, issues, research, and services affecting minority health status; and, recommend ways to redirect Federal resources and programs to decrease

differences between the health status of minorities and whites (NAHSE *Notes*, 1984, p. 4). At an AHA/NAHSE Joint Relations Committee meeting held during the conference, Jack Skarupa, Chairman-Elect of the AHA Board of Trustees, expressed several of that organization's concerns including the quality of health services being provided to the poor; the growing national concern over physician reduction; and, the severity the resulting impact would have on minority physicians and the communities they served).

Other representatives of the AHA that were present included Herluf Olsen and Bernard Dickens. NAHSE was represented by James Hazel, Howard Jessamy, Alwyn Bridges, Everett Fox, and Denise Reed. They expressed concern about the lack of minority representation on AHA policy making committees and councils as evidenced by the fact that only two of the twelve names submitted by NAHSE had been selected to serve on policy making committees for the upcoming year (NAHSE *Notes*, 1984, p. 4). They strongly recommended that the AHA seriously consider increasing the number of minorities appointed to all key committees to provide a broad viewpoint on issues that impacted minority members and communities. Initiatives discussed included an AHA summer internship program for minority students; a joint health promotion program that would be developed by Bernard Dickens and Dewey Hickman in an urban setting to establish primary care systems that emphasized preventive medicine; AHA representation at future CBC meetings; and, a pilot project to produce a model for short term nonfinancial health care services that would reduce the cost of serving the medically indigent. These initiatives were placed on the agenda for the February 13, 1985 NAHSE BOD meeting.

References

NAHSE *Notes*, Fall-Winter Quarter, 1984, 2:6.

1985: The Year of Commitment

With the closing of the National Office, the NAHSE President's employer served as the Association's "official" headquarters. Strategic administrative support was provided by NAHSE members and officers employed by the AHA and located in the Chicago office. The Association's governance and administrative structure was supplemented by standing and ad hoc committees. The AHA accepted NAHSE's proposal for a Summer Internship Program for Minority Students, applications were to be routed to Bernard Dickens' office at the AHA (Minutes, NAHSE BOD Meeting, Chicago Marriott Hotel, February 13, 1985). Because of the limited amount of time to prepare, only Chicago area candidates would be considered. (Ibid) NAHSE was tasked with publicizing the availability of the internship slots and screening the prospective candidates through the Chicago chapter. Final selections were to take place at the national NAHSE conference in May, with AHA input (AHA/NAHSE Liaison Meeting, March 4, 1985, submitted in the 1986 President's Report). As operations in the National Office were phased out, the Board of Directors approved establishing a bank account in Maryland (Minutes, NAHSE BOD Meeting, Chicago Marriott Hotel, February 13, 1985).

In his President's Report for his first term of office, Andre Lee expressed pleasure with many of the successes attained over the year and disappointment with others. Paraphrasing an unidentified philosopher, he wrote, "Our success has not been great but our progress has been meaningful" (NAHSE President Report, 1985). At the core of his disappointment was the continued inability to communicate to everyone the many significant NAHSE events that had taken place all over the country and the things that had been accomplished by members on behalf of the Association. Lee felt if communication could be maintained on a regular basis, NAHSE would become the premier black professional association (NAHSE President Report, 1985).

Communication became an even greater hurdle when Leslie Sawyer resigned as the editor of the NAHSE *Notes*, citing the lack of resources and demands of a new job (Leslie Sawyer Correspondence, 1985). Without the financial support and contributions from the AHA, the newsletter was no longer being published and communication with the membership for all practical purposes was halted. An abbreviated “Special Edition,” of the newsletter was published for the mid-winter meeting.

Out of the approximately 550 names on the mailing list, less than 50 were financial, 24 financial institutional members provided the primary financial base of support (NAHSE BOD Minutes, 1985). Describing 1985 as the “Year of Commitment,” President Andre Lee reminded the membership that “lest they forget, theirs was a history rich with the heroic efforts of black administrators who sacrificed personal gain in order to ensure that other young blacks could enter the field of health administration.” Stating that the commitment now must be equally “fearless and innovative,” he challenged each member to commit to being a “true activist for quality health care” by advocating that the minority poor not be forsaken because of changes in reimbursement programs; expanding minority employment as managers, particularly in those facilities serving significant minority populations; and, ensuring that no more minority facilities closed. Lee challenged the members to continue to seek parity and disallow posture by any organization that did not encourage their effective, meaningful participation. Lee ended his message saying, “We must do for ourselves that which must be done. NAHSE is about the business of commitment and we need your input and your support.” Lee proposed a retreat for officers and members to discuss the Association’s goals and objectives as a national organization.

References

NAHSE BOD Meeting Minutes, Chicago Marriott Hotel, February 13, 1985.

Leslie Sawyer Communication to James Hazel, D.P.A., FACHA, January 30, 1985.

The Third NAHSE Retreat

Planning in the “Big Easy”

New Orleans was the site of the third NAHSE retreat, May 3–4, 1985. Over fifty people from all over the country took part in setting the future course of the Association. Hosted by the newly installed New Orleans chapter and its President, Otis Story, the retreat focused on the basics of operation for the Association. Topics on the agenda included retaining the National Office in its present location until adequate funds were obtained for permanent staffing; all board members and chapter presidents should be financial, additionally chapter presidents should be accountable for chapter members and activities; appointment of an ad hoc task force to study and prepare recommendations for a separate meeting of NAHSE as an annual affair; advancing the purpose of the Association by focusing more energies on political commentary on behalf of its constituencies and minority poor; and, making it increasingly evident to the major health organizations in the field that NAHSE is an organization of minority health care managers and administrators (NAHSE *Notes*, 1985). The general feeling at the retreat was that NAHSE was indeed needed and should make its presence felt throughout the health care industry. Aylwin Bridges, U.S. Navy, Washington, D.C., was elected treasurer at this meeting, a choice that would present future challenges for the organization.

Acknowledging that chapter activity was spotty, Lee recognized the need to examine how the Association functioned in this regard (President’s Report, 1985). While these failures were admittedly few in number, Lee felt their impact was significant to the point that they would assume greater priority for the coming year. In spite of the difficulties

facing the Association, Lee felt progress had been painstakingly made. As examples, he cited the formation of the New Orleans chapter; a successful third retreat and educational conference; the attainment of black representation on all of the AHA Councils; the favorable ruling in the Tunica, Mississippi revenue sharing case advanced by Marilyn Farrah of the WMAC; the awarding of three Dent Fellowships; and, the possibility that a separate NAHSE conference would soon be a reality in 1986.

AHA's Elworth Taylor first learned of NAHSE in 1968. He started a personal campaign to convince Andre Lee to develop an annual educational program to promote the NAHSE intelligentsia (NAHSE *Notes*, 2001). He felt a NAHSE educational enterprise was an opportunity to sponsor an independent healthcare agenda, spotlight member presentation skills, allow junior executives to see the excellence in their own group, and provide the organization with a source of revenue to maintain its financial viability. The Association's budget had been trimmed considerably to reflect the "Back to Basics" goals espoused by the Lee Administration. It was Lee's hope and desire that the Association continue in that direction so future presidents could enjoy the unheard of luxury of planning ahead rather than reacting to "fires" and "crisis" (President's Report, 1985). Lee viewed NAHSE as a needed organization for the black health care executive and minority population so members were urged to be ever mindful of NAHSE's mission and the role they needed to play as trained professionals.

References

NAHSE *Notes*, Spring Quarter, 1985, 3:8.

NAHSE *Notes*, June 2001.

President's Report, 1985.

The Sugar Ditch Lawsuit

Putting organizational activism to the test, NAHSE joined the effort led by member, Attorney Marilyn Farrah of Washington, D.C., to win a federal discrimination lawsuit against the town of Tunica, Mississippi. The “Sugar Ditch” case, named for the segregated area in Tunica where blacks lived, was featured on the CBS television broadcast, 60 Minutes, alleged discrimination against black residents, in violation of portions of the State and Local Fiscal Assistance Act of 1972, as amended. The complaint alleged that the town of Tunica discriminated against its black residents in three ways—by failing to provide its black residents with water and sanitary sewer services equivalent to those provided its white residents; failing to provide appropriate waste disposal and sewage facilities to its black residents constituting a serious health and safety hazard caused by close contact with human waste; and, failure to provide its black community with substantially equal water services as provided to its white citizens. It was further alleged that serious health and safety hazards have resulted from the failure to provide adequate facilities. The results of a government investigation conducted January 22–25, 1985, found that in fact Tunica was noncompliant with the law. The town contended that Mississippi state law prohibited it from expending its funds to remedy the results of its past illegal conduct.

Implementing the AHA-NAHSE Joint Relations Initiatives

The AHA Summer Internship for Minority Students was ready for implementation when the AHA-NAHSE Joint Relations Committee met on July 28, 1985. Restricted to graduate level applicants, the internship was scheduled to run from June through August. The objective was to provide minority students exposure to the activities of a national hospital membership association, specifically the AHA. In addition to providing two stipends of \$3,000 each, the study materials, and student coordinators to assist in locating and obtaining housing, the AHA was also covering the administrative expenses. NAHSE was responsible for student selection. Bernard Dickens presented an extensive briefing on the details of the Missing Children's Project. It was to be implemented as a joint project between the AHA, NAHSE and the Missing Children's Network, Inc. Dickens also presented the specifications for the AHA-NAHSE Health Promotion Program which related to cancer in the black community. The objective of the four year collaborative effort between the AHA, NAHSE, and the National Cancer Institute (NCI), was to assist selected hospitals in designing a health promotion program aimed at lowering the rate of cancer among black Americans. The role of the AHA was to provide assistance in developing the action plan and to assist in designing the feedback format. NAHSE was to select the participating hospitals and/or local health agencies. The NCI was to provide promotional materials and technical assistance. The cost to both the AHA and NAHSE was to be in-kind contributions, as staff time and local chapter/hospital activities respectively. In addition to all of the printed material, the NCI would provide radio and TV announcements. The expected outcome was to be a 50% reduction in cancer deaths within the black community by the year 2000 (NAHSE/AHA Joint Meeting, 1985).

The National Office Finds New Home

Progress was certainly the order of the day at the start of 1986. Personal membership dues were increased from \$50 to \$55, institutional membership dues to \$1,000 for Category I status (hospitals) and the dues for Category II status (clinics) was set at \$500 (NAHSE Executive Meeting, 1986). It was also recommended that the organizational structure of NAHSE be revised to reflect a regional network system that met semi-annually with regional directors appointed by the president. It was felt a regional structure had the benefit of establishing a relationship with members-at-large who had no affiliation to a chapter. While no specific details were offered, the Board structure was envisioned as being composed of a president, immediate-past president, president-elect, secretary, treasurer, regional directors, three at-large members, committee chairs, ex-officio officers, and parliamentarian. At the March 3, 1986 ACHE/NAHSE Liaison Committee several initiatives were agreed upon—a joint survey would be conducted to obtain demographic data on minority health care administrators; institutional NAHSE members would be encouraged to apply for participation in the February, 1987 ACHE Congress; NAHSE would have an opportunity to establish a forum during the Congress, most likely during a break-fast; NAHSE would be solicited to make recommendations for ACHE committee appointments, from among likely FACHE status members; and, NAHSE would request special status within the ACHE structure (NAHSE *Notes*, 1986). At the AHA/NAHSE Joint Relations Committee the following day, President Lee and Past President Bernard Dickens, met with AHA Chairman-Elect Donald C. Wegmiller and Executive Vice President Joseph Curl to discuss the eminent departure of Bernard Dickens from the AHA and request that responsibility for oversight of agreed upon joint initiatives be assigned to Elworth Taylor, a NAHSE member and AHA employee.

Minority Health Care Task Force Report

Congressman Louis Stokes invited President Andre Lee to attend a meeting on Capitol Hill May 12, 1986 with the CBCHBT to discuss the recommendations of a recently released Task Force Report on Minority Health (Louis Stokes, 1986). The Task Force was established in January of 1984, in the wake of increasing criticism of the Reagan Administration's lack of concern for the disparate health status of black and other minority Americans. Headed by Margaret Heckler, Former Secretary of Health and Human Services, the task force's goal was to identify ways to close the health gap in America. Released on October 16, 1985 the major finding was that there were more than 60,000 "excess deaths" of black Americans compared to whites. The primary factors contributing to the increased susceptibility of minorities to disease and death and making them less likely to receive quality health care were lifestyle, behavior, and lack of information. Further findings showed that black Americans died at a higher rate than white Americans in six key disease areas: cancer, cardiovascular disease, diabetes, homicide and accidents, chemical dependency and infant mortality. The Task Force made eight recommendations for improving the health of blacks and other minorities.

Seeking solutions through legislative and private efforts, Stokes wanted Lee to present a plan of action related to four of the eight findings through patient education and outreach; strategies outside of the federal sector; delivery and financing of health services; and, health professions development (Louis Stokes, 1986). In his response to the Task Force's findings, Lee indicated that NAHSE's concerns centered on two areas of the recommendations, namely delivery and financing of health services and health professions development (Andre Lee, 1986). NAHSE's recommendation was that public funds be specifically earmarked for support of

institutional and individual providers who serve a disproportionate share of poor patients. Strongly supportive of the application of the disproportionate share principle at all levels of federal health programs, Lee suggested the following adjustments, that hospitals serving a majority black patient population be granted exceptions for prospective payment formulation for high blood pressure, cancer, and heart disease; those facilities serving predominantly black and minority populations be designated for special support for the recruitment of health professions in all disciplines; that a waiver be granted so that the “swing” bed concept could be utilized in order to meet a variety of medical care needs of those populations; and, areas served by black and minority health facilities maximize resource utilization and optimize reimbursement potential, the ultimate key to remaining viable in an increasingly competitive environment. Considering the education, training and development of black and minority health professions to be critical to the struggle of improving the health status of black America, Lee made further recommendations for providing funding to support black and minority students and professionals at all levels of the health professions.

References

- NAHSE/AHA Joint Relations Meeting Minutes, Drake Hotel, Chicago, IL, July 28, 1985
- NAHSE Executive Committee meeting, February 10, 1986.
- NAHSE *Notes*, President Report, March, 1986, 4:2.
- Louis Stokes letter to Andre Lee, April 4, 1986.
- Andre Lee’s Response to the Secretary’s Task Force on Black and Minority Health, May 12, 1986.

The First NAHSE Educational Conference

Two major accomplishments were achieved in 1986. NAHSE held its first Annual Education Conference, May 2–3 at the Howard Inn on the campus of Howard University, Washington, D.C., and the National Office found yet another home when the Association contracted with an association management firm in Washington, D.C. Elworth Taylor first learned of NAHSE in 1968. As stated previously, he started a personal campaign to convince Andre Lee to develop an annual educational program to promote the NAHSE intelligentsia (NAHSE *Notes*, 2001). He felt a NAHSE educational enterprise was an opportunity to sponsor an independent health-care agenda, spotlight member presentation skills, allow junior executives to see the excellence in their own group, and provide the organization with a source of revenue to maintain financial viability. The National Office advanced the \$2,500 needed to market the event. The registration fee was \$150. The budget for printing was \$3400. More than 20,000 brochures were mailed to NAHSE members, the Black Nurses Association, Black Social Workers Association, the NMA, the Black MBA Association, and the Black Public Health Association. The theme of the Conference was, “Survival of Minority Healthcare Professionals.” The highlight of the conference was a debate between Clarence Pendleton of the Reagan Administration and NAHSE members Bernard Dickens and Nathaniel Wesley, Jr., on “The Future of Affirmative Action.” The conference drew 54 registrants, 2 of whom were students and 1 person who paid a partial registration. One of the major recommendations made at the conference was to catalog the Association’s membership. It was decided that to achieve this aim a questionnaire would be developed and disseminated at the upcoming AHA-NAHSE meeting in Toronto, Canada.

Urban Shelters & Health Care Systems

The Association signed a one-year association management agreement from September 1, 1986 to August 3, 1987, with Urban Shelters & Health Care Systems (USHCSI), a Washington-based, minority owned health management firm (NAHSE *Notes*, 1986). USHCSI provided a package of basic association management and organizational support services including assistance with the planning and coordination of national meetings and conferences. Its Washington office became the new national headquarters for NAHSE following the phasing out of operations in Chicago. Founded in 1983 as a shelter services and health care systems management company, USHCSI grew out of an association with Roy Littlejohn Associates, Inc., a management consulting firm established in 1968. Littlejohn was also president of Roy Littlejohn Associates, Inc., the nation's second oldest black owned and operated management consulting firm. The NAHSE association management agreement operated under the USHCSI Management Development and Professional Services Division with Nathaniel Wesley Jr., Vice President for Development USHCSI and NAHSE member, serving as the Association Management Coordinator. During the first year of the agreement, the Association experienced a growth in personal and institutional memberships. As a result, it was recommended and approved that USHCSI assume shared responsibility with the NAHSE treasurer for the treasury function (NAHSE *Notes*, 1987).

As his tenure as President neared an end, Andre Lee was jubilant about the achievements and promises of NAHSE and at the same time disappointed at organizational shortcomings and missed opportunities to serve the constituent community better. His initial goal was to reinstate the basic fundamentals of the Association and redirect it toward its original mission. Lee recognized that NAHSE had enormous potential as a professional association and untapped valuable resources within the

membership ranks. He marveled at that strength but cringed at the inability to harness it and utilize it to its full potential. Hailing incoming President Everard Rutledge as a strong, decisive leader who would continue the organization's forward thrust, Lee summarized the following accomplishments which he described as "victories"—NAHSE's role in the Sugar Ditch suit; new chapters in New Orleans and Houston; negotiating a contract with an association management firm and relocation of the National Office to Washington, D.C.; a third NAHSE retreat; convening the first Annual Educational Conference; and operating within budgetary limitations as the administrative functions were executed.

Presiding over his final general membership meeting as President on February 10, 1987 in Chicago, Lee declined to review his two-year term. Instead, he referred the membership to his comments published in his President's Report and the January/February 1987 edition of *NAHSE Notes*. In the absence of the treasurer, Alwyn Bridges, Lee candidly discussed the difficulties with balancing the books for FY 1985–1986. The treasury balance was still being reviewed and no financial report was given (*NAHSE Meeting Minutes*, 1987). An active military officer, Bridges abdicated his responsibilities as NAHSE treasurer. Based on the response to correspondence sent to his commanding officer, it was decided not to pursue recovery of funds any further (*NAHSE Notes*, 1987).

Continuing the Services of USHCSI

In October of 1987, USHCSI submitted a proposal to continue providing association management services to NAHSE. The proposal described the various relationships that existed between NAHSE, the ACHE, and AHA as having been impacted by the philosophy and personality of the elected officers of each (*Association Management Proposal to Continue to Provide Association Management Services to*

NAHSE, October 1987). Completion of the relocation of the National Office from Chicago, Illinois to Washington, D.C., a well-planned and attended 2nd Annual Educational Conference, and a robust roster of dues-paying members were listed as USHCSI's major accomplishments. From USHCSI's perspective, the first year of the shared arrangement had been successful for both and had contributed significantly to the "revitalization" of NAHSE. Having gained in experience, USHCSI felt there was a clearer delineation of services and a better designation of costs related to those services. It was expected that a cost reduction would be realized in year-two for administrative support and general printing of association documents. More significantly overall management costs were expected to decrease as membership increased at all levels.

The proposal was accepted for the period of September 1, 1987 to December 31, 1988 and extended for an additional year. The basic services included general administrative services as well as ongoing development of membership services, including the preparation of six issues of NAHSE *Notes* and a 1988 NAHSE Membership Information Directory; financial management in cooperation with the Association treasurer; and, meeting planning. A complete description of the tasks and activities for each of these areas was included in the proposal. USHCSI's Washington office continued to serve as NAHSE's Washington office and Nathaniel Wesley remained as the Association Coordinator. The payment for the provisions of association management services per this agreement was to be \$35,303, payable in 15 monthly payments of \$2,200, and one payment of \$2,303, to be received at the time of submission of the final association management report. Revenue collected in excess of the projected budget was to be divided equally between USHCSI and NAHSE. Management fees for subsequent years were to be negotiable.

References

NAHSE *Notes*, December, 1986, 4:4.

NAHSE *Notes*, September 1987, 5:7.

NAHSE General Meeting Minutes, February 10, 1987, as printed in the NAHSE *Notes*, 5: 6, June 1987.

Association Management Proposal to Continue to Provide Association Management Services to NAHSE, October 1987.

The Health Careers Opportunity Program Grant Application

In November of 1987, at the encouragement of Horace Carpenter the National Office applied for a Health Careers Opportunities Program (HCOP) grant from the Division of Disadvantaged Assistance of the Health Resources and Services Administration, Department of Health and Human Services. Carpenter was the former HCOP Project Director for the College of Allied Health at Howard University and Research Assistant to Management Consultant Linda Holifield. Designed to recruit and facilitate the entry of black and minority undergraduate students as well as mid-career professionals into HSA graduate programs, the NAHSE project was an innovative program strategy that addressed the issue of the decreasing number of minority students enrolled in graduate programs in health management. In the application, NAHSE was described as the oldest national organization of its kind and the philosophy and purpose of NAHSE was linked to that of the HCOP. It was stated that NAHSE picked up the challenge of health implied by the civil rights and anti-poverty movement of the 1960s and pledged to attack established systems and attitudes that limited participation by minority groups in the health field.

The project was proposed as a natural extension of ongoing efforts by NAHSE to improve educational opportunities for black and minority group members in the field of health administration, as evidenced by improving relationships between all health care executives; the Association's support for involvement of minority consumers and health providers in health policy decisions; assisting major health institutions to recruit minority health care executives; and, its creation of advocacy programs on behalf of black and minority health executives to eliminate racial, social and economic barriers in health service delivery. The plan was to contact 1,500 students nationwide during the first year with follow-up assistance

to be provided to no less than 300 interested respondents. This would be done by a small salaried staff with heavy reliance on consultation services provided gratis by NAHSE's professional members, university faculty, and staff volunteers. Estimated to equal over \$90,000 annually, the in-kind voluntary contributions would double the resources contributed to the project by NAHSE. Because of the declining number of black males graduating from health administration master's degree programs, special emphasis was to be placed on recruitment among that group. It was NAHSE's intent to identify and recruit students into nine core graduate level programs at Cornell University, Georgia State University, Howard University, Meharry Medical College, Ohio State University, St. Louis University, University of Michigan, University of North Carolina, and the University of Pittsburgh.

The Project's goal was to increase the number of black students in the nine core programs by 30% from the number of blacks enrolled in those programs as of September 1, 1988. That same target was set for the second and third years of the project as well. Letters of participation had been obtained from each of the nine designated graduate programs, including a commitment to provide volunteer staff and faculty time toward membership on one of nine Minority Recruitment Councils under the Chairmanship of a NAHSE member who was also an alumnus of that school. Three project networks were to be established to perform informational, counseling and other support activities to promote the flow of targeted students into the programs and provide them assistance. The HBCU Network that provided linkages to historically black colleges and universities as a source of recruitment; the Core HSA Program Network that interlinked the nine graduate programs through each of their Minority Recruitment Councils; and an Affiliated Organizations Network that provided ongoing contacts and interactions with such relevant organizations as alumni associations, black student associations, professional societies, health oriented student programs to mobilize far-flung resources and disseminate relevant information pursuant to minority recruitment goals.

The Networks were intended to help achieve four basic objectives: recruit undergraduate students and health professionals into the program;

provide information nationwide on career opportunities (graduate programs and financial aid) in health administration to black undergraduates at HBCUs; increase graduate school recruitment efforts at the NAHSE annual student forum in Chicago; and develop a mentorship program to increase graduation rates formally linking NAHSE members to minority students in the core program.

All of the project's efforts were to be coordinated by the National Office in Washington, D.C. with NAHSE Association Coordinator, Nathaniel Wesley, designated at the Project Director. Assigned to the project part-time, and reporting to the NAHSE President of project activities, he was to coordinate and chair an annual national planning session with all Recruitment Council Chairpersons. A project coordinator was to carry out the daily operations of the project on a full-time basis, including interacting with the council chairpersons. Other planned staff included a full-time secretary. A detailed monitoring and evaluation process based on the management by objectives model was to be developed as were forms for tracking work plans, student rosters and logs of organizational contacts. Specific project work plans were to evolve with input from the council chairpersons and/or other relevant planning persons.

After five months of suspense, the leadership was informed of the fate of the application of the HCOP grant. While the HCOP grant application was recommended for approval by the National Advisory Council on Health Professions Education, it did not compete successfully for funding and was not supported by the Public Health Service (Clay Simpson, 1988).

References

NAHSE *Notes*, January 1988, 5:9.

Clay Simpson letter to Nat Wesley, April 11, 1988.

Focusing on Disparities

Incoming National President, Everard Rutledge, gave tribute to his predecessors, describing them as visionaries and crediting them with encouraging, cajoling, threatening, and at times intimidating the less sensitive leadership of the AHA, ACHE, and the AUPHA to recognize the needs, goals, and aspirations of minority people, and paving the way for many in NAHSE who would not be where they were if not for that persistence (NAHSE *Notes*, 1987). In addition to the important and traditional role of assisting members secure job opportunities, Rutledge felt NAHSE had the equally important mission of ensuring that constituent-patient populations received the benefit of the Association's expertise, technology and capabilities. "We must continue to adjust our sights so that we not forget that our responsibility as black and minority health professionals is to reduce the scandalously high morbidity and mortality statistics in our own communities. Let us be reminded that the first statement in the purpose section of our bylaws states that, *the organization is formed and shall be operated for the purpose of elevating the quality of health care services rendered to poor people and members of minority races in the United States.*" One of Rutledge's first acts as President was to have the Board adopt a resolution in praise of outgoing president Andre Lee's accomplishments (Rutledge, 1987). Citing improved relationships with affiliated associations, such as the AHA, ACHE, AUPHA and others, expanding member services and moving to financial stability as evidence, Rutledge saw NAHSE reemerging as a dominant force in the industry.

Second Annual Education Conference

The Second Annual Educational Conference held in Atlanta, Georgia, May 1–3, 1987 was considered a smashing success: attendance increased 100% over the previous year and three NAHSE members found job placements because of contact with executive search firms present at the conference (*NAHSE Notes*, 1987). More than 105 registrants participated in the two-day conference which consisted of plenary sessions and workshops designed to enhance career development and promote information exchange. The concurrent workshop model allowed each participant to participate in four conference sessions and have sufficient time to interact with the presenters. The tone for the conference was set by the opening speakers who challenged the audience to acquire those skills and abilities necessary to maintain competitiveness in the health management arena. In his keynote speech, Rev. Joseph E. Lowery, Jr., suggested that the nation was plagued with insidious insensitivity and invidious individualism which causes a “me” and “my” attitude to prevail. Dr. Emma Darnell, Executive Director, Economic Opportunity Atlanta, Inc. also spoke to the group.

In an effort to effectively use the results of the conference to foster the Association’s agenda, several recommendations were assigned to various standing committees for inclusion in their 1987 agenda. The luster of the conference was tarnished by the tardiness of the payment of the outstanding luncheon tab at Paschal Motor Hotel and Restaurant in the amount of \$1,809.60 which was equally divided between two sponsors, Charter Medical Corporation and Gateway Medical Systems of Atlanta (Wesley, 1988a). NAHSE paid Paschal’s the full amount with the understanding that if, and when, checks came in from Charter and Gateway, they would be forwarded on to the Association (Wesley, 1988b).

In spite of attempts to collect the money, the Finance Committee recommended writing off the debt two years later. The added expenses

associated with advertising the Second Annual Educational meeting resulted in below budget program profits and the Board voted to reduce the reimbursement to USHCSI. It was recommended that all future expenditures be approved by the President and the Board (NAHSE *Notes*, 1988). The 1987 revenues were \$10,947.43 and expenses were \$8,375.00 leaving a balance of \$1,571.39. An outstanding invoice from Urban Shelters in the amount of \$3,700 had yet to be submitted for payment (NAHSE *Notes*, 1988). The problem with check authorization had been resolved with the close proximity of the President Everard Rutledge who was located in Baltimore. It was recommended that consideration be given to the future location of the president and the inconvenience which the signature authorization process could present.

References

NAHSE *Notes*, March, 1987, 5:5.

Everard O. Rutledge, FACHE, Correspondence to Andre L. Lee, DPA, FACHE, Immediate Past President, March 4, 1987.

NAHSE General Membership Meetings Minutes, July 26 and 28, 1987, reported in the NAHSE *Notes*, 5:7, September, 1987.

Nathaniel Wesley, Jr. Correspondence to Everard O. Rutledge, August 10, 1988a.

Nathaniel Wesley, Jr. Correspondence to Theo Egbujor, NAHSE National Treasurer, August 18, 1988b.

NAHSE Board and General Membership Meetings, July 26 and 28, 1987 reported in the NAHSE *Notes*, 5:7, September, 1988.

NAHSE Joint Board and General Membership Meeting, Hyatt Regency Chicago, February 16, 1988, reported in the NAHSE *Notes*, 5:10, April 1988.

I knew nothing about healthcare. Then I met Elliott Roberts and all of that changed. After completing my MBA, he offered me my first healthcare job.

*Percy Allen, II, FACHE
1991–1993 national president*

The Question

Rutledge used his President's Message in the *NAHSE Notes* as a forum for raising thoughtful, insightful questions. "Reality vs. Societal Need...That is the Question" was the title he chose after attending the annual Tri-State Hospital Association (MD, VA and D.C.) meeting (*NAHSE Notes*, 1987). Several of the topics at the conference underscored the prevailing wisdom that service and program objectives had to be met within the context of institutional profitability. Rutledge was sympathetic with the many young, aspiring health professionals he had met who were entering the field with lofty ideals and principles regarding helping the disenfranchised only to find themselves expending time and energy meeting bottom line organizational objectives. The challenge was to assure that the organization continued to meet the needs of the community it served, while at the same time, recognizing that without financial stability within the organization, the poor and disenfranchised could not be served.

"To join, or not join" was the question in September 1987, as the Association headed towards its 20th anniversary (*NAHSE Notes*, 1987). Crediting the founders for improving the access and quality of health care services to millions of people in the country and being involved with a variety of concerns and issues facing their respective communities, he singled out their impact on the educational system as perhaps their single most important contribution. Their efforts paved the way for hundreds of black and minority students, including Rutledge, to realize careers in health services administration. In its twenty year history, NAHSE had been a success, particularly in Rutledge's words, "pricking" the conscience of leadership in the health care field. While there were 1,180 officially paid members, Rutledge estimated that, conservatively, there were thousands of black health care managers, administrators and directors throughout the country who were potential members, many of whom

thought the struggle was over and they “had arrived.” Chiding them as having become complacent and secure with their own sense of well-being, Rutledge cited a steady stream of calls from individuals seeking NAHSE’s assistance as evidence that “the struggle for equality of employment opportunity was still alive and well.” The irony of it all was that many of those calls were from those claiming membership but who had not paid dues. Rutledge closed his message by asserting that the focus over the next twenty years would be the expansion of services and accomplishment of the Association’s traditional mission. In his mind, the only answer to his opening question was, “To Join.”

Responding to Rutledge’s message, Tom Nowlin, Chairman of the Bioethics Council of the Pacific Institute, felt Rutledge’s estimate of the number of black healthcare executives in the country was probably conservative. Correlating the low number of active members in NAHSE to the high number of minorities affiliated with other health care trade associations, he proposed a membership marketing strategy that targeted 10% of the black membership of each of the following major national health care organizations including the ACHE; American Public Health Association; American Association of Healthcare Consultants; National Association of Healthcare Marketing; and various state organizations (Nowlin, 1987). Nowlin posed a question of his own, “What do these professional organizations offer that appeals to their black members that NAHSE does not?” His answer was, a multiplicity of things: prestige, employment ticket, educational advancement, job-related memberships, and name recognition. Nowlin candidly revealed that he became a dues paying member of NAHSE only when the Association demonstrated in no uncertain terms that it was ready to assume the responsibilities of a professional organization which he dated as occurring during the eighteenth year of NAHSE’s existence.

Nowlin acknowledged that not all blacks in the field would acknowledge NAHSE as a professional organization but he felt it was NAHSE’s responsibility to know who potential members were. At the same time he felt it was the responsibility of each NAHSE member to identify non-member black healthcare executives wherever they were and

in whatever role they played. Early in 1984, Nowlin attempted to identify the black healthcare executives in the Greater Los Angeles Metropolitan Area for the purpose of forming a chapter. Those persons who already belonged to a professional organization in the field declined any active participation with NAHSE. The most frequently stated reason was the “lack of professional growth oriented activities” something that could easily be overcome. Nowlin felt strongly that proof by exposure, although difficult, could overcome the attitudes that fostered racial segregation in healthcare administration not only in the more prominent healthcare management companies in California but throughout the nation as well. But in order for this to happen, the issue of addressing prospective member needs had to be given a high priority. Nowlin reaffirmed his belief in the NAHSE credo and declared confidence in the abilities of the Association’s leadership to achieve its organization goals.

References

NAHSE *Notes*, June, 1987, 5:6.

Tom Nowlin Correspondence to Everard Rutledge, November 13, 1987.

Twenty Years Later

Twenty years after its founding, NAHSE was continuing its efforts to improve the quality of health care provided to blacks and other minorities throughout the country. William Jackson was assigned to serve on an advisory committee to the National Cancer Society (NAHSE *Notes*, 1988). The Committee’s goal was to reduce cancer deaths in blacks by the year 2000, using churches, colleges and various social groups to advance the message of health promotion. NAHSE was also participating with the Center for Science in the Public Interest, a group promoting public health in black and Hispanic

communities and monitoring the impact that television and other media had on the negative health habits of minorities. Concerned that only athletes were being used to promote the message, the Board moved that a representative from NAHSE be appointed to the Center's advisory body.

In the early 1980s, Korn/Ferry International and the Association of Western Hospitals began co-sponsoring the Emerging Leaders Program (Heuerman, 1988). In 1986, the search for candidates was launched on a national level in conjunction with the Healthcare Forum. For the first five years of the program no black executive was recognized. In a letter to Catherine E. Johnson, Executive Publisher, Healthcare Forum, Everard Rutledge, acknowledged the impressive credentials of those listed, but at the same time, questioned the reasons for the notable absence of minority, specifically black administrators (letter from Rod Rutledge to Catherine Johnson, dated July 25, 1988). Rutledge suggested that significant efforts needed to be undertaken to recognize the contributions of minority executives in the 1989 listing. Johnson wrote to thank him and invite him to nominate candidates from NAHSE that were "deemed worthy" (Johnson, 1988). She enclosed a packet of background materials on the Healthcare Forum and encouraged him to become a member of the Forum. A few weeks later Rutledge received a letter with an accompanying nomination form from James N. Heuerman, Managing Vice President of the Health Care Division. Heuerman encouraged him to "evaluate the young executives inside or outside of NAHSE and let Healthcare Forum and Korn/Ferry know of their existence "in order that they might be considered for this important recognition."

Two things happened as a result of Rutledge's action. Dalton A. Tong, Vice-President and Chief Financial Officer of the Greater Southeast Community Hospital, Washington, D.C., was one of four individuals named as the "1989 Emerging Leader in Healthcare" by The Healthcare Forum and Korn/Kerry International; and, Korn/Ferry, Inc. initiated collaborations with NAHSE to develop minority and female candidates for top positions within the New York City Health and Hospitals Corporation. H. Joseph Curl, Vice President/Partner, Health

Services Division, provided a copy of Korn/Ferry, Inc.'s Statement on the Identification of Minority Candidates for the NAHSE records.

In spite of these high profile activities, membership continued to languish. Of the more than 600 membership solicitations that had been mailed out, only 80 personal and 4 institutional members had been recruited as of February 29, 1988 (NAHSE *Notes*, 1988). New chapters were formed in Birmingham, AL, Memphis, TN, Cleveland, OH, and Philadelphia, PA, but neither Cleveland nor Philadelphia, desired to affiliate with the National Office. The Membership Committee, chaired by Andrea Price, established a contest that rewarded the chapter with the most new members with a plaque and a cash award of \$250 while the individual member recruiting the most members received a \$100 cash award. After several years of relative inactivity, the revitalized New York Chapter received the Most New Members Award for 1988 when it sent a package of 55 checks to the National Office making it the largest of the NAHSE chapters with approximately 60 members (Association Management Report, 1988). Pledges were made for additional financial support in the form of advertisements and attendance at the upcoming joint annual educational meeting and anniversary conference. Percy Allen and Annette Chang were singled out for appreciation from the National Office for their forbearance and determination in getting the black health professionals of the 'Big Apple' on the ball again. Chang received \$100 for recruiting the most new members.

References

Association Management Report, February 3, 1988–April 30, 1988.

NAHSE Joint Board and General Membership Meeting Minutes, Hyatt Regency Chicago, February 16, 1988, reported in the NAHSE *Notes*, 5:10, April 1988.

James N. Heuerman Correspondence, Managing Vice President, Health Care Division, Korn/Ferry International to Everard Rutledge, September 8, 1988.

Cathryn E. Johnson Correspondence to Everard Rutledge, August 5, 1988.

Celebrating the Twentieth Anniversary

Attention turned to the challenge of planning the Association's twentieth anniversary which was to be celebrated in conjunction with the Third Annual Educational Conference in Detroit, Michigan. Strategies to ensure a large turnout included preconference mailings, frequent mention in the newsletters and publication of the Association's history. Andre Lee committed resources from his company, Urban Health Associates (UHA,) to write the history document that would be published by NAHSE. There was consensus that it could be distributed nationally for a price that would lead to some long-term revenue for the association. When it was realized that the project would not be completed before the anniversary, it was suggested that an RFP be developed in an effort to premier the history during the anniversary year. Unfortunately, the scope of the project suggested that it would not be completed until the following year. Hosted by the Detroit chapter, the NAHSE 20th Anniversary Celebration was held at the Omni Hotel, April 28–30, 1988. In a tribute to the Association's founding, the keynote speaker for the occasion was John E. Jacobs, President of the National Urban League. Jacobs considered the occasion memorable not only because his predecessor, Whitney Young, Jr., was the inspiration for the founding of NAHSE, but also for what he described as the "achievements and dedication demonstrated by NAHSE members to improve the availability and quality of healthcare services to the poor and disadvantaged" (NAHSE *Notes*, 1988).

Jacobs challenged the Association to continue its advocacy role for the underserved in the nation and to support its professional programming. The three-day conference brought together more than 150 members and supporters in an educational program of workshops, seminars, and plenary sessions, presented by twenty-eight faculty members who provided a state-of-the art update on health management technology and

those issues and concerns specifically affecting black health care professionals. The gala banquet was a grand reunion of founders, past presidents, representatives of affiliated organizations, members and friends sharing old stories and new visions. It was also a time for reflection, recognition, and honor of those who had given blood, sweat and tears so that NAHSE could live on and face future challenges. Because of the collective advocacy of the group's members, it was boasted that, admittedly or not, the spirit and voice of NAHSE lurked in the lives of every black and minority health care executive in the country. ACHE President, Stuart A. Wesbury, Jr., presented a resolution on behalf of the College.

Announcing that the celebration would continue in New Orleans in August at the AHA annual convention, President Everard Rutledge encouraged everyone to attend, saying, "Only when we look back at the struggles, challenges, accomplishments and future goals can we fully comprehend the substance of this achievement." Therman E. Evans, M.D., Medical Director and Vice-President of CIGNA Corporation, gave the keynote address for the special AHA/NAHSE session. Evans addressed NAHSE's role in improving minority health status. In addition to an educational seminar featuring a panel discussion of Strategies for Governance and Management: Representation for Hospitals Serving Minority Populations, there was an anniversary reception. Other highlights of the meeting in New Orleans included the election of Haynes Rice to a three-year term on the AHA Board of Trustees, and the appointment of Everard Rutledge to the ACHE Strategic Planning Committee which played a critical role in setting future direction for the College (NAHSE *Notes*, October 1988). Nominated by the D.C. Hospital Association, Rice's nomination was supported unanimously by the NAHSE Board of Directors and membership. Having served on numerous committees, councils, and task forces of the AHA as well as the ACHE and serving as the ACHE Regent for D.C. for six years, Rice followed Elliot C. Roberts, Sr., and Robert B. Johnson who previously served terms on the Board.

References

NAHSE *Notes*, 5:10, April 1988.

Statement on the Identification of Minority Candidates

Korn/Ferry International is a strong believer in affirmative action and actively identifies and recruits candidates who are reflective of the constituents and populations they serve. We are proud of our track record which reflects that nearly twenty-five percent of our health care and public service placements are either women or minorities. (*Letter from H. Joseph Curl to Nat Wesley, dated October 10, 1988*)

The Minority and Disadvantaged Health Improvement Act (MDHIA) of 1988

The information for this was taken from the August 1988 issue of the *NAHSE Notes*, Vol. 5, No. 11.

Congressman Louis Stokes solicited NAHSE support for legislation he introduced to the House of Representatives based on the Report on Minority Health, issued by the U.S. Department of HHS in 1985. The Minority and Disadvantaged Health Improvement Act (MDHIA) of 1988 was intended to help ensure that minorities and disadvantaged persons were given access to affordable loans for those interested in the health care professions; scholarships to eligible persons pursuing health professions careers; and, positions in academic and research settings through a loan repayment program. The Bill authorized the OMH to conduct programs of research, training, education, and epidemiologic studies and data collections related to the health conditions experienced by minority populations and provided additional funding to ensure the implementation of the Task Force's recommendations. It was felt this important measure would have had a positive impact upon the health status of minorities by increasing the number of minority health professionals to ensure sufficient supply and quality to serve those Americans who lack basic health care and promotion and disease prevention, as well as other activities directed at improving the health of minorities. Congressman Stokes asked the NAHSE membership to call or write their respective representative in the House and encourage them to co-sponsor the MDHIA of 1988; meet with appropriate legislative assistants, and ask them to have their member support the bill; contact the House Energy and Commerce Committee, Subcommittee on Health and Environment and encourage its members to support the Bill; and, contact other interest groups and encourage them to support the bill.

Improving the Educational Conference

While a good time was had by all at the conference, preliminary review of the program budget indicated it was less profitable than anticipated. The conference generated \$59,713 in revenue and \$45,402 in expenses as of July 31, and a yet to be paid outstanding balance from the Detroit Omni Hotel for \$14–16,000 (NAHSE Minutes, August 7–9, 1988). The goal of the National Office had been to break even. Expenses were excessive due to hotel, mailing, and transportation costs related to relocating national office activities to Detroit in preparation for the meeting as well as the unexpected costs for city and state taxes at 25% (NAHSE Minutes, May 1, 1988). More than 900 brochures and letters were mailed to chapters as well as individuals and yet there had been a lower than expected number of registrants. At a special meeting called to discuss improving the planning and management of future programs, several strategies were discussed including an improved accounting system; establishing clear lines of authority and communication between the program chair, all committee members and the host chapter; personally contacting members who did not attend the meeting to encourage their future participation; discontinuing support to former members unless they demonstrated a good faith effort to become financially active; and, reducing program expenses by convening the 1989 meeting in Washington, D.C.

The Finance Committee chaired by Darlene Ruffin recommended soliciting sponsors to underwrite the conference; expense controls with sign-off authority coordinated by the chairman of the education committee only after review by the committee; and, soliciting funding for underwriting the 1989 program. It would later be decided that the duties of the Chairman of the Budget and Finance Committee could be performed by the treasurer, eliminating the need for that entity. In addition to seven hospital and four non-hospital members, there were 1,185 personal

members; a goal of 3,000 financial members by year's end was set. To that end, membership criteria were changed to attract a broader spectrum of healthcare professionals. Additionally, a membership survey was proposed by the Membership Committee. By the time the survey instrument was developed, membership had grown and it was mailed to an additional 244 members. The results, reported at the August Board of Directors meeting, revealed a response rate of 51%, including 11 institutional members and 287 new individual members. A majority were at the director level and most had an MBA/MHA and worked in a general management area; had been working in the profession for 15–20 years; earned a salary from \$50–\$60,000; and, wanted more networking and professional development opportunities as a part of NAHSE membership (NAHSE Minutes, August 7–9, 1988). The Membership Committee recommended that a greater effort be exerted to recruit military and Veteran's Administration professionals; another membership solicitation drive be conducted before the year's end; and, those members found to be delinquent in paying their dues be removed from the mailing list and receive no correspondence or job referrals. The Nominating Committee recommended that candidates west of the Mississippi were preferred to assume leadership roles in the Association.

Association Manager Nat Wesley reported that there were four active chapters, New York, Washington, Chicago and Houston, with Cleveland and Philadelphia still considering whether to affiliate with the National Office. It was recommended that the bylaws be adapted to accommodate this hybrid of chapter affiliated groups with a designated contact person and nominal dues to encourage national affiliation at some future time once these quasi-like chapters felt comfortable with the National Office. No second on this motion was received, but it was recommended that the idea be explored. It was also recommended that members-at-large positions be developed as regionally designated seats on the board to monitor affiliation agreements with the National Office (NAHSE Minutes, August 7–9, 1988).

The Membership Committee exceeded its goal of increasing new personal memberships from 170 to 275 in 1988, actual new membership

attained was 301. In spite of that, it was becoming more and more apparent that membership dues alone would not support the Association's major initiatives and some other sources of revenue would be required. The FY1988 application for a grant under the Health Careers Opportunity Program was recommended for approval by the National Advisory Council on Health Professions Education but it did not compete successfully for funding and was not supported by the Public Health Service (Simpson, April 11, 1988). Nathaniel Wesley recommended several agenda items for discussion at the upcoming BOD meeting including negotiating a 2-year contractual arrangement with Urban Shelters; increasing dues; recruiting a full-time administrative assistant; defining chapter roles; securing the services of a fundraising consultant; and, increasing the organization's visibility on Capitol Hill.

Mitchell Rice, Ph.D. approached NAHSE for assistance with his research project, *The Black Hospital in the U.S.: Its History, Development, Significance and Future* (Rice, 1988). Rice was seeking funding from the National Endowment for the Humanities and intended to build NAHSE into his grant application as an organizational consultant for a period of 2–3 years at \$2,500/year pending NEH approval. NAHSE's intended role was to provide research guidance and assistance as requested from the Project Director; and, materials and publications on black hospitals as well as its predecessor organization, the NHA; and, assist in developing interviews with former and present black hospital administrators. The research was to be presented at the 1991 and/or 1992 annual NAHSE educational conference. Rice expected NAHSE support and cooperation even in the event the grant was not funded. In a draft response, Rutledge commended Rice's proposal and indicated the Board's approval of NAHSE's involvement. While there is no documentation that collaboration actually occurred, information for this history was found in a publication written by Rice entitled "Public Policy and the Black Hospital," that was supplied by the AHA.

References

NAHSE Board and General Meeting Minutes, August 7–9, 1988.

NAHSE Business Meeting Minutes, May 1, 1988.

Clay Simpson, Jr., Ph.D. Correspondence, Director, Division of Disadvantaged Assistance, DHHS, April 11, 1988.

Mitchell Rice Correspondence to Everard Rutledge, September 7, 1988.

Advancing Entrepreneurship

Viewing NAHSE as both an opportunity and a resource for establishing his company, Urban Health Associates, Inc. (UHAI) as a premier minority consulting company, Andre Lee submitted a proposal to increase institutional member involvement in the Association (Lee, September 10, 1988). Lee reached agreements with a dozen under-employed NAHSE members around the country to act in association with UHAI to provide consultation services at very favorable fees. These services included assisting with certificate of need applications; market assessments; identification of capitalization sources for expansion; replacement or stabilization of operations; staff recruitment, particularly minority candidates for various professional positions; educational opportunities and other training seminars for staff; and, community relations activity — specifically, uniquely designed programs to strengthen relationships. Listing several distinct advantages to NAHSE stemming from such an affiliation, the first and foremost being the latitude to assist under-employed NAHSE members, Lee predicted that as UHAI grew in size, so would its manpower needs.

When Nathaniel Wesley indicated the need to remove the NAHSE association management contract from Littlejohn and Associates, Lee proposed a joint venture with Wesley to serve as the organization's management firm (Lee Correspondence, December 16, 1988). The proposal called for the contract to be formally assumed under UHAI using the existing management contract guidelines; Wesley's role would be to maintain mail and phone communication; continue publishing the NAHSE

Notes for an agreed upon fee; act as NAHSE's legislative liaison; and, collect and transmit all funds and correspondence; UHAI's role would be to coordinate all formal and traditional NAHSE functions and activities; maintain membership files; bill membership dues; maintain all NAHSE records; reply to correspondence and obligations as directed by the President; act at the discretion of the President; and, seeking out additional revenue sources for NAHSE. The proposal called for all revenue collected to be included in an operating budget and with the scope of the contract management fee to be divided as follows: one third to Wesley and two thirds to Urban Health Associates.

On April 25, 1998, Lee convened a meeting of entrepreneurs within NAHSE. The NAHSE BOD accepted recommendations made by the group and voted to allow entrepreneurs to join as Associate members with one free personal membership, provided the individual met the eligibility requirements. This allowed the group to utilize NAHSE resources with Board approval without jeopardizing the NAHSE Ethics Code or its 501(c)3 status. The October 2000 issue of the NAHSE *Notes* was devoted to the Entrepreneurs and featured Robert B. Johnson, President and CEO of Robert B. Johnson and Associates; Geri Johnson, President and CEO of Integrated Legal Services, Inc.; Andre Lee, D.P.A., President and CEO of United Home Hospice; Darnella Nettles, President, Netcol Healthcare Management Solutions, Inc.; Rudolph A. Coleman, President and CEO, Health Management Resources, Inc.; Bessie Harris, President and CEO, The Haven Group, Inc., Chris Allen, FACHE, President and CEO, Family Road, LLC; Patricia Moten Marshall, President and CEO, SynerChange Chicago; and, Adrienne White-Faines, President, Renwal Medical Services, LLC.

References

- Andre Lee Correspondence to Everard Rutledge, September 10, 1988.
- Andre Lee Correspondence to Nathaniel Wesley, December 16, 1988
- Black Entrepreneurs Meeting, April 25, 1998

1988 Election Results

The 1988 election represented a milestone for NAHSE. With 900 ballots returned by the cut-off date and verified, of the seven officers joining incoming President William Jackson, four were women: Annette Chang, Special Assistant to the Executive Director, North Central Bronx Hospital, Secretary; Darlene Ruffin, Ph.D., President, DMR International, Inc., Houston, TX, Treasurer; Jacqueline Burgess-Bishop, Vice-President, ARC Ventures, Chicago, IL, Parliamentarian; and Andrea Price, Assistant Vice-President for Administrative Services, Children's Hospital National Medical Center, Washington, D.C., Board Member At-Large (NAHSE *Notes*, 1989).

References

NAHSE *Notes*, February 1989, 6:14.

At Another Crossroads

By July of 1989, NAHSE once again found its viability as a professional organization threatened. The newsletter came under fire because of grammatical and typographical errors that compelled one member to respond in writing. The member felt that such carelessness lent an air of unprofessionalism to NAHSE so as to threaten loss of the credibility that had been fought so hard to establish (NAHSE Member Correspondence to Nat Wesley, July 5, 1989). While it was initially reported that the Third Annual Conference had

not incurred a deficit, a month later the urgent matter for discussion was resolution of an \$11,000 debt, \$3,000 of which was due to failure of two sponsors to pay their pledged contributions, \$4,000 outstanding to the Vista Hotel and another \$4,000 for Haynes Rice's retirement gift of two Georgetown University basketball season tickets. A variety of short-term as well as long-range fundraising activities were considered, including a 1991 membership campaign which Daniel Thomas and Marie Cameron agreed to support with in-kind services. An immediate step was to accelerate the collection of dues from current and potential members, especially the institutional members. Howard Jessamy suggested targeting 75 members to tap for monetary or in-kind contributions.

With the Association facing serious cash flow problems, President William "Bill" Jackson sought to reassure the membership that there was no need for alarm. The idea was to convey the sense of urgency without increasing the level of apprehension. Jackson framed the situation as a learning experience associated with NAHSE being independent of management services. The sense of pending crisis led Andrea Price, At-Large Board member, to write Jackson and President-Elect, Percy Allen, to request a Board retreat to develop long-range plans for the organization. As a member of the Ad Hoc Transition Committee, it had become painfully obvious to Price that the problems the Association faced required leadership and direction. In her opinion, in order to be more effective, the Board needed to take responsibility for the organization as a whole and re-evaluate its mission; how it was managed; communication between leadership and membership; being proactive versus reactive; being successful versus surviving; enhancing liaison roles with other organizations; and, the strengthening the Board's relationship with the chapters as well as institutional members. There were other questions related to the Association's identity: Was it an organization of blacks or minorities? What types of services could actually be offered to the membership? Was it NAHSE's role to speak out politically on issues affecting African-American health? Quoting Confucius, Price closed by saying, "Only the supremely wise or the abysmally ignorant do not change." She concluded that the leadership of NAHSE was neither; therefore, the modus operandi needed to be changed.

After three years, the association management contract with USHCSI was allowed to expire. Having made the decision to sever ties with Littlejohn Associates, Nathaniel Wesley, President of NRW, was chosen as NAHSE's Association Director over three other applicants. This time the National Office relocated to shared space in a suite in Silver Springs, Maryland occupied by Expand Enterprises, Inc., a minority owned health management consulting company. From 1986 to 1990, association growth was evidenced by increasing numbers in each membership category, except the Associate Member category: Personal, 1,820; Student, 56; Institutional hospitals, 16; while Institutional non-hospitals remained at 3. The Annual Educational Conference became the Association's premier continuing education program. Registration for the conference grew from 50 at the first conference in Washington, D.C. in 1986, to more than 175 registrants for the 1990 conference in New York City. The 1990 association year began with 5 active chapters and 12 organizational affiliates, defined as organized black health professional groups in various cities with no formal NAHSE chapter. In the latter instance, a NAHSE member was designated as the organizational affiliate contact.

Wesley found planning and coordination of NAHSE's meetings increasingly difficult in light of the reduced travel budget that hindered the leadership from attending meetings; competition for attendance at NAHSE meetings during the structured programs at AHA and ACHE meetings and conventions; incomplete or lack of written or oral reports of activities from committee chairpersons and chapter presidents; and the lack of financial resources to support amenities that stimulated interest and enhanced attendance at meetings, such as meals, hospitality suites, and special sessions. As of August 1990, there were nine NAHSE chapters: Baltimore; Chicago; Cincinnati; Delaware Valley; Detroit; Houston; New York City, Tennessee; and, Washington, D.C. There were seven organizational contacts, cities with persons of interest in: Atlanta; Bay Area (Northern CA); Birmingham, New Orleans; Cleveland; and Los Angeles.

By December 7, 1990, NAHSE had 1,872 Personal Members; 6 Student Members; 5 Life Members; and, 8 Institutional/Hospitals. Other accomplishments during 1990 included obtaining official designation as a 501(c)3 tax exempt organization; participation in the "Promise to Protect"

campaign of the AHA, a nation-wide letter writing effort appealing to the Bush Administration to restore budget cuts for Medicare/Medicaid; the 5th Annual National Educational Conference in New York City with more than 175 registered health professionals in attendance; joining with the ACHE as co-sponsor of the nation's first national comprehensive survey of educational background, career development and advancement, and employment experience of black healthcare managers; providing significant input into the preparation of the cover story on black community hospitals for the July 2, 1990 issue of *Modern Healthcare Magazine*; and, joining with the District of Columbia Hospital Association to co-sponsor a Testimonial Reception and Dinner for Haynes Rice, NAHSE founder and former national president who retired on May 31 after 14 years as the Director, Howard University Hospital.

Electing not to renew his agreement, Wesley offered several recommendations to the NAHSE leadership as they deliberated the choice of a new association manager. His recommendations were holding a major two-day retreat, facilitated by an expert facilitator with no affiliation with the Association, as soon as possible after the installation of new officers in February 1991; revision of the bylaws to clearly define the scope of authority and responsibility for all elected officers and committee chairpersons; elected national officers assuming a greater role in supporting the work of the national office; the BOD becoming more involved in association activities by meeting at least quarterly; and retaining Andrea Herbert, as the Administrative Assistant for at least six months into the new agreement period.

References

NAHSE member to Nat Wesley, July 5, 1989

The NAHSE Health Administration Services Program

Committed to the Association's focus on increasing the number of minorities in the health care field, the NAHSE BODs decided to establish a Health Administration Services Program Committee (HASPC). Chaired by Andrea Price, the goal of the committee was twofold: to increase graduate student membership in NAHSE and, explore the feasibility of verifying black and minority candidates currently enrolled at selected graduate schools (Price, 1989). Several NAHSE members voluntarily served as liaison to their graduate programs. Two graduate schools, University of Alabama at Birmingham and Rush University, were contacted to initiate a pilot study as a preferred status school with NAHSE. The concept was for NAHSE to work as a liaison with these schools to recruit and promote minority and black students into these graduate programs. As a result of the Committee's efforts, the Membership Committee goal of 50 student members was realized (Price, February 12, 1991).

References

Andrea Price Correspondence as Chairperson of the HSA Committee to NAHSE Membership, November 29, 1989.

Andrea Price, Report of HSA Program Liaison Committee, February 12, 1991.

When you come to NAHSE, you see so many people that look like you. Then you think that this is the face of leadership and you get inspired. This encouraged me when I was a student to see people of color who are successful.

*Donna Lawson,
president of Birmingham Chapter, 2006–2007*

O & J Associates, Inc.

In July 1990, an Ad Hoc Transition Committee chaired by Dalton Tong was appointed to develop a 1-year proposal, including a budget, for management of the Association following the anticipated expiration of the agreement with NRW Associates, Inc. Securing a 60-day transition agreement with Wesley to assure continued operation, the Transition Committee solicited referrals of names of various groups within the Washington Metropolitan area that were involved in association management. Of the names submitted, two groups were invited to make presentations, the Merritt Group and O&J Associates, Inc. Citing the failure of the RFP to address the growth, development and future independence of the Association, Mark Spradley, managing partner of the Merritt Group declined to submit a proposal for the NAHSE RFP but pledged to participate as a member of NAHSE and lend support (Spradley, November 12, 1990). The Merritt Group had managed such groups as the NMA, National Dental Association, and National Black Nurses Association and prided itself in designing and implementing strategies that had measurable objectives and achievable goals of organizational development. O&J Associates, Inc. provided a wide array of specialized services, including meeting planning, hosting exhibits and providing membership services such as central office management, financial record keeping and individualized database programming. The National Coalition of Black Meeting Planners, NAACP, and American Academy of Implant Dentistry were among O&J Associates, Inc. clientele.

O&J Associates, Inc. was awarded the contract to provide association management services to NAHSE beginning January 1, 1991. The Committee found it difficult to discharge its duties without discussing what most of its members felt were critical issues that needed to be addressed immediately in order to ensure the future of the Association. A review of the preliminary budgetary and financial statements done as part of the process revealed NAHSE was operating at a deficit for calendar

NAHSE HSA Liaison Committee Members (1989–1991)

Mr. Albert Black
Temple University

Mr. Richard Brown
St. Louis University

Ms. Peggy Griffith
George Wash. Univ.

Mr. Kevin Lofton
Georgia State Univ.

Mr. Paul Mullings
Univ. of Michigan

Mr. Steven Scott
Univ. of Pittsburgh

Ms Denise Williams
Medical College of VA/
Virginia Commonwealth Univ.

Mr. Phillip Brooks
Medical College of VA/
VA Commonwealth University

Ms. Jackie Burgess Bishop
Northwestern University

Mr. Andre Lee, DPA, FACHE
Cornell University

Ms. Andrea R. Price
Tulane University

Mr. Everard Rutledge
Univ. of Minnesota

Ms. Tamara Smith
Rush University

Dr. Paul Wallace (Ex-Officio)
Chairman, Educational Committee

year 1990. Not wanting their observations to be viewed as criticism, they felt obliged to share them nonetheless. “NAHSE is at a crossroads. Its future is truly a challenge. But, the strength of its past, and the courage of its present nucleus, i.e., the loyal and dedicated members who continually support it, will sustain it and build on its legacy” (Tong, December 4, 1990). In light of the deficit, the Committee also recommended the BOD consider adopting pursuit of potential funding sources as well as mailing applications to 900 new potential personal members and 100 new potential institutional members. The Committee offered to cover the cost of printing and mailing the invoice packets. NRW continued its management services during the transition period.

References

Mark Spradley Correspondence to Dalton Tong, November 12, 1990.

Dalton Tong Correspondence to Bill Jackson, December 4, 1990

The New York Retreat

On June 15, 1991, NAHSE held a board retreat in Brooklyn, New York. The major goals were to clarify the relationship between the local chapters and the national office; define the Association in relation to the times; strengthen the National Committee as well as the Association's relationship with other organizations; examine educational conference planning; consider the possibility of initiating CEO/COO conferences; and develop ways to build Board cohesiveness. In addition to the strategic planning process, the attendees agreed that in order to strengthen and to improve the relationship between the national office and local chapters there should not be a distinction between being a national and a local member, there should be a single membership fee to be a member of NAHSE. It was moved and seconded that dues for single membership be an amount based on the national rate and a local chapter's variable assessment. The Membership Committee was charged with the responsibility of developing a process for implementing this recommendation and reporting to the board at its next meeting. The board members suggested the development of a single membership brochure and application form that indicated the benefits to being a member of NAHSE. Further, if an individual did not reside in the area where a local chapter existed, then they would not be obligated to pay a local assessment.

An Ad Hoc Committee was established to develop job descriptions for the officers and committee chairs, and define more clearly the relationship between the chapter presidents and the Board. Fund-raising was a high priority topic. The Finance Committee was tasked with developing a 2-year fund-raising plan. Percy Allen felt NAHSE could gain financial viability and additional resources by cultivating corporate relationships to co-sponsor educational programs; market NAHSE; enhance membership recruitment; identify major fund raising activities; promote product sales—t-shirts, mugs, etc.; collaborate with the Grants Committee; foster

executive exchanges; highlight organizational recognition awards; and, provide the use of corporate facilities.

The First NAHSE-ACHE Career Attainment Study

In spite of the upheaval throughout 1991, NAHSE collaborated with the ACHE in a survey of their respective memberships to compare the career attainment between black and white healthcare executives. The study had three objectives, including: (1) to describe and compare the career attainments of the two groups; (2) to suggest what factors could account for any differences in their attainments; and (3) to seek opinions on public policy initiatives that might bring about greater equity of opportunity in the field of healthcare management. While the entire NAHSE membership was identified for the study, approximately one-third was eliminated because they were unemployed, had left the field entirely, or could not be located. A sample of the 17,775 ACHE affiliates was compiled to match the gender make-up of the NAHSE sample which was fully 50% female. Because the ACHE sample was skewed to include more female executives that would have occurred in a random sample of that group, the study was designed to control for the effect of gender and better focus on the effects of race. The black response rate was 61%, 328, and the white response rate was 56%, 524. Demographically, there were few differences between the groups; both were under 50 years of age; had graduate degrees; and were 50% male and female. Both groups chose the profession because of the perceived opportunities it offered.

Released in 1992, the results of the study revealed that fewer blacks held CEO positions or reported directly to the CEO; more were in specialized areas of management such as human resources or finance; white

women were found to hold upper management level positions at a rate slightly more than twice that of black women, 36% versus 17% respectively; more blacks worked in alternative delivery systems, and non-provider settings such as consulting firms, educational institutions and associations. Those blacks who worked in hospital settings typically were in large, not-for-profit, secular, or governmental institutions. Blacks earned a median salary of \$53,000 compared to whites whose median salary was \$67,000. Not surprisingly, blacks were noted to be less satisfied than whites with pay and fringe benefits, the security of their positions, and the level of respect received from their supervisors. A third of the blacks received their bachelor degrees from HBCUs; majored in social science and social work as well as in health administration; and, more than twice as many relied on scholarships to pay their tuition. Although a similar proportion of blacks and whites attended graduate school and a majority in each group obtained degrees in health administration, more blacks received 50% or more of their tuition from grants and fellowships. Blacks more often than whites started their careers in staff positions, frequently in nonhospital settings, while whites more frequently started as hospital department managers. This may have accounted for the finding that even when age and education were the same, blacks accrued an average of one less year of healthcare management experience than did whites. Other contributing factors were thought to be either not taking positions in management or possibly more extended career interruptions due to financial need, lack of opportunity, or pursuing additional education. A majority of blacks felt racial discrimination had negatively affected their careers.

The black respondents were overly represented in organizations where other blacks were employed and which engaged in community outreach services. While both groups felt they obtained their positions based on their qualifications, more blacks attributed their hiring to the organization's compliance with EEOC policies. Both groups worked about the same number of hours, but whites indicated that they socialized more in racially mixed managerial groups at lunch and non-spectator sporting activities than did blacks. It was the belief among the black respondents that they had to be more qualified than others to get ahead in their organizations. They gave lower scores in terms of salary earned, payment by

the organization for membership dues, support for continuing education, promotions, recognition and physical facilities. While blacks identified race relations as a problem and whites did not, blacks were less pessimistic about being promoted in the coming year than whites. Although more blacks indicated their intent to leave their organization in the coming year, the groups aspired to become CEOs in similar proportion. However, blacks projected themselves working in settings other than general medical and surgical hospitals than whites.

The report cited other factors for future analysis: career interruptions, socializing with other healthcare managers, being involved in recruiting for the organization, and intent to leave one's current position in the near future. The study also compared the general attitudes of blacks and whites about racial interaction. More blacks agreed with the statement, "Black managers generally receive more support from the employees they supervise than from white managers." In fact, blacks considered whites not to be sharing about growth and career information and that interracial managerial relationships needed to improve but significantly fewer whites agreed. While most of the blacks believed that whites had greater opportunities to advance their careers but felt limits were placed on them, this perception was discounted by most of the whites. Almost half of the white respondents, 45%, were neutral to the possibility of improving the quality of interracial managerial relationships whereas most of the blacks felt improvements could be made.

The report also focused on the opinions of black and white healthcare executives about the various private sector and governmental initiatives that might have ameliorated racial injustice. Both agreed that healthcare managers should influence their employee's attitudes about race relations and that they had a responsibility to take public positions in support of equal employment opportunities and affirmative action. Blacks strongly favored establishing racial quotas to ensure equal employment opportunities, and further, that the government should create incentives for the healthcare field to engage in equal employment practices and increase financial support for black students seeking careers in healthcare management. The report noted an overall impression that "blacks significantly

more frequently than whites, aspired to leadership roles in the growing, nonhospital sector.” It drew no conclusions as to whether this was due to a perception that the nonhospital sector offered greater opportunities or because they believed race discrimination precluded their achieving their career goals in hospitals.

Eight recommendations were developed to help redress the issues that contributed to the career attainment disparity:

1. Executives in all types of healthcare organizations are well advised to recruit and promote black managers, with requisite preparation, at all levels.
2. Because the first healthcare management position was related to the current position attained in the study, it was deemed appropriate for blacks and whites to seek positions in organizations similar to those in which they hoped to build their careers.
3. Blacks and their employers should work together to recruit for various positions. Recruiting would extend the networking and career opportunities of blacks within and outside their employing organization.
4. Becoming affiliated with professional organizations in the field such as the ACHE, NAHSE and local healthcare executive groups provides networking and informal collegial interactions that appear to enhance career attainment.
5. The professional organizations of healthcare executives should develop policies that encourage their members to endorse affirmative action and equal employment opportunities.
6. More efforts should be made to increase access to financial assistance, loans, stipends, and scholarships for black students in health services administration programs based on need and academic achievement.
7. The results of this research should be disseminated widely and should become the basis of discussions between ACHE and NAHSE and

other societies of healthcare executives, in particular executive search consultants. The report noted that the daily experience with hiring and promotion decisions of the latter makes them a particularly valuable resource to suggest techniques that would enhance and expand the career opportunities of black healthcare executives

8. Finally, a study such as this should be conducted again in three to five years to determine whether career outcomes have improved for black healthcare executives compared to their white counterparts. In order to conduct such a study, a joint ACHE-NAHSE Career Task Force should be established that would: (1) monitor implementation of these recommendations; (2) develop mechanisms to evaluate progress in reducing the disparities in career attainment; and, (3) assist in developing the follow-up survey instrument.

A New Standard for Planning the Educational Conference

Incoming President Percy Allen, II, Vice-President for Hospital Affairs and Executive Director, University Hospital of Brooklyn, set an ambitious goal to increase the NAHSE membership by 60% (NAHSE *Notes*, May 1991). Allen continued his aggressive membership recruitment campaign into his second year in office, expanding it to include corporations. As a consequence, membership increased by 75% and strong bonds were forged with Abbott Laboratories, Baxter Healthcare and Service Master to name a few, yielding scholarships and jobs for NAHSE HSA students. These important linkages meant that students were able to gain practical experience and develop important relationships, giving them a valuable start on which to build their careers. “Setting the Pace for the Next Generation” was chosen as the theme

of the Association's 6th annual National Educational Conference at the Hotel Nikko, in San Francisco, California. In the absence of a formal chapter in San Francisco, the Bay Area Steering Committee (BASC), chaired by Alva Wheatley and Bernard Tyson, was established to host the conference in conjunction with the National Educational Conference Planning Committee (NECPC). The BASC was responsible for all conference planning, coordination and fundraising activities as delegated by the BOD. The NECPC provided consultation, technical assistance and promotional support for the conference. This represented a significant departure from previous conference planning and raised the standard for future conferences.

At its September retreat, the NAHSE BOD proposed a special resolution commending the Bay Area Steering Committee for its dedication and hard work in planning and hosting the "best educational conference in the history of NAHSE" (NAHSE *Notes*, October 1991). The Committee set the "blue print" for future conferences not only for the content and activities of the conference but the significant financial contribution that the Committee made to the National Office from the net proceeds of the conference. More than 300 participants attended the conference. As a result of the work of the Bay Area Steering Committee, as well as corporate contributions from Baxter International, for the first time in its history, NAHSE had more than \$30,000 in scholarship funds for students pursuing careers in health care administration (NAHSE *Notes*, Winter 1992).

References

NAHSE *Notes*, May 1991

NAHSE *Notes*, Winter 1992

There will always be misunderstandings about NAHSE's support for IFD. The history is clear. NAHSE's support occurred under my administration and I still think it was a good decision.

*Howard Jessamy,
1993–1995 national president*

1993: NAHSE's 25th Anniversary Year

Citing NAHSE's established accomplishments, incoming President Howard Jessamy pledged to continue NAHSE's evolution into a premier advocacy and educational organization for health professionals of African descent, making it even more visible and vocal in the health care public policy arena (NAHSE *Notes*, 1993). Jessamy saw NAHSE's future as a viable association depending on its ability to grow by increasing the number of chapters and members to approximate the number of health service professionals the Association represented. ServiceMaster committed to recruit and train black managers at all levels. To that end, an ad-hoc committee was created to establish the structure, guidelines, and budget policies for referring members for employment.

Bylaws changes allowed for the appointment of at-large members who were not affiliated with a chapter, prompting Jessamy to appoint Deborah Lee-Eddie, Brackenridge Hospital, Austin, TX, Harold Williams, Children's Hospital, Oakland, CA, and Patricia Webb, Wake Medical Center, Raleigh, NC, to the Board. Indicating that each of them had been active with NAHSE for a number of years. Jessamy said in the future, individuals in nontraditional, nonhospital positions would be considered for Board appointments. As of April 22, 1993, there were 1,648 Personal Members, 6 Life Members, 17 Institutional Members, 48 Student Members, and 5 Associate Members (Membership Committee Report, April 22, 1993). A membership survey was suggested to get a realistic picture of where NAHSE members were employed. The Institutional Membership Campaign chaired by Kevin Lofton, targeted a goal of 30 new members; for \$1,100, the company would get three personal members and a portion of the fee would go to chapters. A Legislative Committee was formalized to establish focus issues for the upcoming year. They included establishing public policy as a priority initiative; serving as a clearing house for NAHSE state and chapter initia-

tives in health care delivery and reform; establishing a publication either quarterly or semi-annually that addressed public policy issues; allocating funds in the upcoming budget to enable data to be collected on health care reform; establishing a process to attract outside funding to support initiatives in health care reform, health status of African-Americans and other position papers; and sharing work in the public policy arena with NAHSE members so they would understand that this was an additional benefit of their membership.

References

Message from the President, *NAHSE Notes*, Special Edition, 25th Anniversary Issue, 10: 1, Spring 1993.

Membership Committee Report, April 22, 1993

The White House Task Force on Health Care Reform

In advance of the educational conference, Percy Allen, Howard Jessamy, Nathaniel Wesley, Andrea Price, Tamara Smith and Kevin Lofton met with the President's Task Force on Health Care Reform to share NAHSE's views and expectations of a reformed healthcare system. Citing a need to emphasize community linkages as well as education and life-style changes that affected the need for health care, the NAHSE representatives pressed their point that the focus in addressing these issues should be a patient centered case management approach. They encouraged the Task Force to support funding incentives that changed practice patterns, payment for community education and supply of skilled practitioners to provide adequate services for all. Many of these important issues were addressed at the educational conference which had the theme, "Health Care Reform: An African American Prospective." Several staff

members from the White House Task Force were scheduled to present an update at a special session during the conference. The conference was a record setting meeting in terms of attendance, participation and presentations (NAHSE *Notes*, 1994). There were 291 paid registrants, 41 of whom were students; five chapters donated to the 25th Anniversary gala (Educational Conference Committee Report, 1993).

References

NAHSE *Notes*, January, 1994, 10:1.

Educational Conference Committee Report, 1993.

The First Annual Chief Executive Officer Conference

In response to a suggestion from Kevin Lofton, a conference was developed to focus on the needs of senior level NAHSE members. The result was the First NAHSE Chief Executive Officer Conference, “Leadership for the 21st Century,” which was held April 25–28, 1993, a week prior to the 8th Annual Educational Conference in New Orleans (NAHSE *Notes*, 1993). Underwritten by Abbott Laboratories, the conference was designed to allow CEOs to share personal and professional success strategies in a relaxed and informal setting. Ernest Green, Vice President in the Public Finance division of Shearson Lehman Hutton, Inc. and always remembered as one of the nine young African Americans who desegregated Little Rock’s Central High School in 1957, was scheduled to deliver the keynote address during the luncheon on the first day of the conference. Mannie L. Jackson, Senior Vice President for the \$2.3 billion international and home and buildings control business at Honeywell was scheduled to be the keynote speaker on the second day. While evaluation of the conference was favorable, two issues were

raised regarding planning for the next one: whether the CEO Conference should be scheduled in conjunction with the annual educational conference and future sponsorship for the conference.

During the second year of Jessamy's tenure, the BOD planned to assess whether NAHSE was configured in the most effective way to achieve the goal of meeting the expectation of the membership (NAHSE *Notes*, 1994). The BOD planned to undertake an evaluation of the Association and take the necessary steps to assure and ensure the continued growth of NAHSE. The evaluation was to include assessing the need to establish a sound financial base to accommodate NAHSE's current and future levels of activity. The recommendations flowing from this evaluation were expected to ensure that NAHSE would continue to grow with a solid financial base, provide timely and efficient member services, and that NAHSE maintain an organizational presence on a broad range of local, state and national issues. Clifford Barnes, Esq. of Epstein, Becker & Greene, PC, was appointed as NAHSE's General Counsel. Because the National Office was in need of additional finances, individual dues were increased from \$65 to \$100 and dues for students were increased from \$15 to \$30 (NAHSE Minutes, April 30, 1994).

Dr. Peter Matseke, a black South African physician invited eight NAHSE members to his country, October 22–November 6, 1994, to explore the possibility of a joint venture to have NAHSE manage his medical facilities. A Trust/Foundation, established in South Africa and funded with South African dollars would pay for NAHSE to develop educational and training activities associated with the venture (NAHSE Minutes, March 6, 1995). After much discussion, the vote in both the Executive Committee and general membership meetings was not to proceed with the project. Membership figures through the first of 1995 revealed there were 1,548 paid members; 1,319 personal, 148 students; 3 associates and 9 institutional. The goal was to achieve 600 new members, 200 of whom would be students. In spite of the increase in dues, membership increased. The audit completed by Mitchell & Titus, LLP during December of 1994 revealed that NAHSE incurred an operating loss of \$45,783. This loss was offset by proceeds from the 1994 Baltimore educational conference. Net income for 1994 was \$9,932 (NAHSE BOD Meeting, 1996).

References

NAHSE *Notes*, Special Edition, 10:1, spring, 1993.

NAHSE *Notes*, 11: 1, January 1994.

NAHSE General Membership Meeting Minutes, Baltimore, MD, April 30, 1994.

NAHSE Membership Meeting Minutes, Sheraton Chicago Hotel & Towers, Chicago, IL, March 6, 1995.

NAHSE Board of Directors Meeting Minutes, April 28, 1996.

The Institute for Diversity in Health Management

NAHSE joined in collaboration with the ACHE and AHA to found and sponsor the Institute for Diversity in Health Management, IFDHM. Initially based in Atlanta, the IFDHM was established to encourage and facilitate the advancement of minorities into upper management positions in HA. AHA Senior Vice President, Walter Johnson, III, was named President of the Institute and Neysa Dillon Brown, Director of Education. In his capacity as Senior Vice President, Johnson was responsible for relations with state and metropolitan hospital associations, membership recruitment and retention, regional offices and the administration of the association's personal membership groups. Johnson, a 27-year career military officer attained the rank of Brigadier General in the U.S. Army Medical Service Corps and was a former regional director for AHA's Region 7 (NAHSE Membership Meeting, April 30, 1994).

The first planned program of the Institute, the Summer Enrichment Program (SEP) was designed to provide approximately thirty internships for students during the summer of 1994. The SEP was not intended to compete with the NAHSE Summer Work Study Program, but the two

would collaborate as the need arose. NAHSE collaboration would be on a chapter by chapter basis under the guidelines of the Memorandum of Understanding (NAHSE Meeting, September 22, 1995). The Institute agreed not to actively pursue sponsors in a market where a NAHSE Work Study Program was operating unless invited by the sponsoring NAHSE chapter.

References

NAHSE Membership Meeting, April 30, 1994.

NAHSE Executive Committee Meeting, September 22, 1995.

Renewing the Focus on Public Policy

Kevin Lofton assumed the presidency of NAHSE at the April 26, 1995 BOD meeting. Lofton would go on to become the first African-American CEO to be elected as Chairman of the Board of the American Hospital Association. Carolyn Lewis, the first African-American to hold this post was a Trustee member of the AHA. Public policy issues were a major focus of Lofton's administrative agenda and the name of the Legislative Committee was changed to the Public Policy Committee. It was decided that any public policy position advanced by NAHSE must relate to some health or social issue which had, or potentially had, national implications specifically affecting people of color and/or the general public (Glover, 1995). Year-to-date revenue was up primarily as a result of the increase in dues as well as a 43% increase in paid memberships from the previous year. Chaired by Anthony Gabriel, the Membership Committee set a goal for the year of increasing membership by 30%, from 1,950 to 2,535. The expenses incurred with the South Africa project in 1994 were being paid back to NAHSE.

The 1995 Educational Conference held in Birmingham, Alabama was a success in many respects. The level of fundraising was \$140,200, exceeding the target of \$120,000; it featured a Pre-Conference Professional Development Program to assist members with advancing to Diplomate and Fellow status in the ACHE, as well as exhibits, vendors, and a round table networking luncheon (NAHSE Minutes, September 23, 1995). A total of 359 paid members attended the conference, including 49 students. Final net income was \$70,890, the largest profit realized to date. The Birmingham chapter received \$9,194 for its share and \$61,696 went to support National operations. For the first time, elections were held at the educational conference. Under Faye Davis, the Birmingham League of Women Voters served as the independent election committee (NAHSE Minutes, April 26, 1995).

References

Otis N. Glover, NAHSE Public Policy Committee, Undated report, 1995.

NAHSE Membership Meeting Minutes, J.W. Marriott Hotel, Washington, D.C., September 23, 1995.

NAHSE BOD Meeting Minutes, Birmingham, AL, April 26, 1995.

Initiating the Student Case Competition

In the fall of 1995, Tracy Thomas proposed that as a part of its scholarship program that NAHSE develop a Student Case Analysis and Presentation Competition (Thomas, 1995). Thomas conceived the idea while attending the National Black MBA Conference. She felt such a competition would be a unique opportunity for students to develop business problem analysis and presentation skills while displaying their talents and abilities as future health care leaders; additionally, they

could demonstrate those skills before prospective employers at the conference. Primarily due to Thomas' efforts, ably assisted by Eric Conley, the first Everett V. Fox Student Case competition was unveiled at the 11th Education Conference in Las Vegas. Everett Fox, unable to attend due to ill health, was praised in a moving tribute by Nathaniel Wesley. Fox who lived to see three generations of black healthcare professionals enter the field was hailed as the man who advocated for employment and leadership opportunities for black healthcare professionals.

References

Tracy Thomas Correspondence to Patricia Webb, October 12, 1995.

Establishing a National Strategic Plan

Kevin Lofton, NAHSE president (1995–1997) charged Jacqueline Bishop and Neysa Dillon-Brown with the task of developing a three-year strategic plan that would serve as a guide for achieving organizational activities and identified outcomes (Executive Committee Minutes, 1995). The process was initiated at a meeting held December 8–9, 1995, in Birmingham, Alabama, “Setting the Journey for the 21st Century,” that was facilitated by Ruth Brinkley Williams. Twenty-seven people, representing a cross-section of national officers, committee chairs, chapter officers and invited members attended the meeting. Over the course of a year, the principles, structure, and responsibilities for components of the planning process were developed. To measure customer expectations for issues to be addressed in the plan and the strategic outlook for the organization, a questionnaire was developed and issued at random to 100 members, with a 25% response rate (1995/96 Planning Committee Report September 23, 1995). The committee reviewed internal NAHSE membership data and external data

from competitive and collaborative entities. In the process, the mission, vision, values and preliminary goals and objectives for the organization were re-examined. Four strategic themes/ areas were identified — professional and career development, education, health advocacy, economic impact — that served as the cornerstone of NAHSE's focus and activities. The plan which incorporated rolling three year financial projections was reviewed and updated annually.

The final plan approved at the general membership in September 1996, indicated that in order to retain existing members and build the membership to meet the goal of 3,000 members by the year 2000, NAHSE needed to invest in infrastructure and marketing. A 3-year timetable was developed to achieve specific goals and objectives identified in the plan. A major goal of the plan was to establish a full-time national office. To that end a recommendation to perform additional due diligence to determine the staffing levels, structure, timetable, financial resources and interim steps required to accomplish this objective was approved in September, 1996 (NAHSE National Strategic Plan Progress: Order of Presentation, December 12, 1998). A position description for the Executive Director was developed and circulated to the chapters for feedback by December, 1998. The lack of sufficient and consistent, non-restricted funding upon which to base a full-time position, was identified as a barrier to implementation of this strategic recommendation.

NAHSE received a Final Determination Letter designating the Association as a 501(c)(3) organization in 1995 (Membership Meeting Minutes, 1995). The national office planned to develop a National Community Service Project that allowed each local chapter to be involved in their own particular project of interest. Once developed, the guidelines and reporting requirements would be written and used as a vehicle to solicit major funding to support the operation of a full-time national office and executive staff. For the Fiscal Year ending December 31, 1995, a preliminary loss was incurred of \$23,755. Increased expenses in several areas were responsible for the operating loss. Membership dues revenues reached an all-time high at \$192,760. The conversion from a monthly to an annual dues billing system was completed resulting in reduced administrative expenses.

References

Executive Committee Minutes, J.W. Marriott Hotel, Washington, D.C., September 22, 1995.

NAHSE Membership Meeting Minutes, J.W. Marriott Hotel, Washington, D.C., September 23, 1995.

A Series of Firsts

In 1996, NAHSE received a clean bill of health from the IRS, added e-mail to the National Office, bolstered chapter support from the National Office, enhanced chapter representation on the Executive Committee of the Board, had a booth in the exhibit hall at the ACHE conference (thanks to the Chicago chapter), and held the first Strategic Planning meeting since 1991 (NAHSE *Notes*, May, 1996). The CEO Conference, moved from the fall of 1995 to January of 1996, projected a net loss of \$7,000. This was due primarily to lower than projected underwriting contributions (\$14,000) and significant costs for not meeting the hotel room guarantee (\$10,305). Although final expenses were not yet reported, a loss of \$2,000–\$6,000 was projected once the reconciliation was made. For the first time since its inception, the educational meeting was planned for a city with no host chapter, Las Vegas, Nevada. As a result, there were major difficulties in meeting established national fundraising goals: the nine executive committee members were expected to raise \$225,000 (\$25,000 each); the four standing committee chairs \$40,000 (\$10,000 each); and, local chapters \$20,000 (\$1,000 each). The conference budget was predicated on achieving at least half of the targeted amounts. Faced with falling short of achieving a break-even point for the conference, each member was encouraged to move forward to achieve sufficient funding to assure a successful conference.

Several “firsts” were unveiled at the conference: The Everett V. Fox

Student Case Competition; a scholarship honoring Ellis Bonner; the ACHE Board of Governors Examination was offered; every fully paid registrant who attended the conference received a paid subscription to *Black Enterprise* magazine; and ServiceMaster sponsored the first scholarship for a member pursuing an education in food services management. Between 1991 and 1996, NAHSE awarded more than \$125,000 in scholarships and helped place hundreds of students in summer internships. The conference focused on building the skills of individual healthcare professionals and strengthening NAHSE chapters to better support the association's membership and programs. The conference was designed to respond to the dramatic and constant changes in the healthcare marketplace. Of the approximately 273 people registered for the conference, 57 were students. The budget was based on 350 registrants (NAHSE Meeting Minutes, 1996).

References

Board of Director Meeting Minutes, April 29, 1996.

Chapters and Their Charter Dates:

Baltimore	1968	Birmingham	1988	Chicago	1971
Cleveland	1988	Delaware Valley	1989	Detroit	1968
East Carolina	1991	Houston	1985	Military	1992
New Orleans	1993	New York	1968	Pittsburgh	1992
St. Louis	1993	Tennessee	1992	Washington	1970
California	1993	New Jersey	1995	Memphis	1968
South Carolina	1995	Atlanta	1976	Cincinnati	1990

Affiliation Packets were sent to the following interest groups since the last board meeting in September, 1995:

Austin	Boston
Charlotte, NC	Dallas
Ft. Lauderdale/Miami, FL	Kansas City
Norfolk/Virginia Beach, VA	Raleigh/Durham/Chapel Hill, NC
Shreveport (VA Hospital)	

Advancing the Annual Education Conference

By 1996, net profit from each educational conference was increasing. The fact that the registration fee for attending a two-day NAHSE Educational Conference was \$500 compared to the ACHE registration fee which was only \$70 more for a four-day conference was a major discussion at the planning meeting for the 1997 educational meeting scheduled for Atlanta, Georgia (NAHSE Educational Conference Committee Meeting, 1996). A poll of the membership indicated that a three-day conference was preferred. A two-track educational program, administration and clinical, each with their own case study was proposed. Attendees were able to pay for the information technology series and not attend the entire conference. The ACHE exam and workshop formats would remain the same as the previous year. The fundraising goal for the 1997 conference was \$200,000 and incentive gifts were suggested for members and/or chapters to stimulate interest in the fundraising process. During the 1996 conference, the top three fundraisers received \$250. Chapters that reached the \$1,000 level received \$250 from a drawing. Approximately \$55,000 would be returned to the Atlanta chapter if the target goal was met. In-kind tangible services were also counted in that total. The exhibit registration fee was \$700.

References

NAHSE 1997 Educational Conference Committee Meeting, July 13, 1996

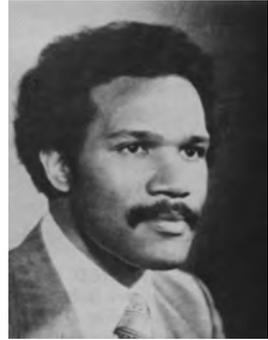
NAHSE PRESIDENTS



1968-1969
Everett V. Fox
FACHE*



1969-1970
Henry J. Whyte
FACHE*



1970-1971
Joseph B. Mann, Jr.
FACHE*



1971-1973
Haynes Rice
FACHE*



1973-1975
Herman Glass
FACHE



1975-1977
Florence Gaynor
FACHE*



1977-1979
Donald Watson

NAHSE PRESIDENTS



1979-1981
John P. Noble



1981-1983
Bernard Dickens, Sr.
FACHE



1983-1985
James H. Hazel
DPA, FACHE



1985-1987
Andre L. Lee
DPA, FACHE



1987-1989
Everard Rutledge
Ph.D., FACHE



1989-1991
William L. Jackson



1991-1993
Percy Allen, II
FACHE



1993-1995
Howard Jessamy



1995-1997
Kevin E. Lofton
FACHE

NAHSE PRESIDENTS



1997-1999
Deborah Lee-Eddie
FACHE



1999-2001
Robert Currie



2001-2003
Sandra R. Gould
Ph.D., FACHE



2003-2005
Patricia G. Webb
FACHE



2005-2007
Christopher R. Mosley
FACHE



2007-2008
Rodney E. Miller, Sr.



2008-2011
Denise Brooks-Williams
FACHE



2012-2013
Andrea Price
FACHE



2013-2015
Roy Hawkins, Jr.
FACHE

NAHSE PRESIDENTS



2015-2017
Anthony King
FACHE



2017-2019
Richelle Webb Dixon
FACHE



2019-2021
Fabian Stone

THE WAY WE WERE



Benita Brady, Hank Whyte, and Haynes Rice
Baltimore Chapter Reception to honor Everard Rutledge, 1990

REMEMBERING...



NAHSE FOUNDERS

(Standing L to R) **Elliot C. Roberts, Sr., M.A.**, Commissioner of Hospitals and Executive Director of Detroit General Hospital;

Henry J. Whyte, M.S., FACHE, Administrator, Flint-Goodridge Hospital, New Orleans, Louisiana;

Haynes Rice, M.B.A., FACHE, Deputy Director, Howard University Hospital and Professor, School of Business, Howard University;

Reginald P. Ayala, M.B.A., Executive Director, Southwest Detroit Hospital Corporation;

(Seated L to R) **Woodrow William Walston**, Administrator, Richmond Community Hospital, Inc.;

James A. Robinson, FACHE, Administrator, Riverside General Hospital, Houston, Texas;

Morris Henderson, Project Director, St. Louis Comprehensive Neighborhood Health Center, Inc.

REMEMBERING...



Joseph Mann and Dr. Edwin Crosby
AHA Headquarters, Chicago, 1972



**Larah Payne, Everard Rutledge, Dewey Hickman, Phillip Brooks,
Nathaniel Wesley, Jr., Charles Bowen, Oscar Carter,**
at the Haynes Rice Memorial, Howard University, 1991

THE WAY WE WERE



**Percy Allen, Andrea Price, Kevin Lofton, Howard Jessamy,
Tamara Smith, Ozzie Jenkins, Nathaniel Wesley, Jr.,
Clinton Health Care Reform,
White House, Washington, D.C., 1993**



THE WAY WE WERE



**NAHSE 20th Anniversary
and 3rd Annual Educational Conference,
Founders, Haynes Rice, Stephen Dorn, and Theodore Frazier
share a moment of reflection, 1988**



Elworth Taylor,
Founder, NAHSE Annual Meeting,
1995



Tracy L. Thomas, FACHE
Founder, Everett V. Fox Student
Case Competition

THE WAY WE WERE



Ellis Bonner,
Managed Care Pioneer



Clifford Barnes, JD., MBA,
Corporate Attorney



Haynes Rice and Stuart Wesbury, Ph.D., ACHE President,
New York, 1990

THE WAY WE WERE



**Nathaniel Wesley, Jr., William Jackson, and Everard Rutledge,
NAHSE Annual Meeting, Detroit, 1988**



**Keith Golden, Fay and Percy Allen
NAHSE Annual Meeting, New Orleans, 2003**

THE WAY WE WERE



**Peter Weil, Ph.D.,
and Nathaniel Wesley, Jr.,**
Career Attainment Presentation,
Lake Buena Vista, Florida, 1999



Sandra Gould, Ph.D., and Ozzie Jenkins,
Senior Executive Conference, Phoenix, Arizona, 2002

THE WAY WE WERE



Charlisa Watson
NAHSE Executive Director,
2008



**Ozzie Jenkins and
Nathaniel Wesley, Jr.,**
Silver Spring, Maryland, 1997



Everett V. Fox Case Competition Committee 2005 - 2007

Back row: **Carlton Inniss, Edward Adams, Khari Reed, Michael Robinson**
Front row: **Sylonda Davis, Tamara Austin, Richelle Webb, Andrea Booth**

The W.K. Kellogg Foundation Grant

In January 1997, NAHSE requested and received funding in the amount of \$142,500 from the W.K. Kellogg Foundation to support the annual educational conference. The funding was based on NAHSE meeting specific general requirements and conditions and submitting a final progress report which had to meet Foundation guidelines. The Foundation encouraged NAHSE to acquaint the public with the project and offered the assistance of its communications department (letter of Commitment to Kevin Lofton from C. Patrick Babcock, Program Director for the Kellogg Foundation, March 18, 1997). The funds were requested to support student participation at the meeting and develop a legislative action plan that led to universal access to health care for vulnerable populations throughout America. In the grant application, NAHSE was described as having more than 1500 members and 20 geographic chapters including a Uniformed Armed Services affiliate (Funding Proposal to the Kellogg Foundation January 21, 1997). The \$142,500 that had been raised to date towards the conference was listed as in-kind support (Ibid.). Also listed was the \$25,000 for ten scholarships contributed by Abbott Laboratories, Baxter Healthcare, and ServiceMaster.

References

- C. Patrick Babcock, Program Director of Kellogg Foundation Correspondence to Kevin Lofton, March 18, 1997

The Florence S. Gaynor Distinguished Lecture Series

The establishment of the Florence S. Gaynor Distinguished Lecture Series at Florida A&M University was formally announced at the 12th Annual Educational Conference. Created to honor the first female President of NAHSE, the series featured a yearly keynote address by a distinguished female executive in the health care field. Gaynor, the first black woman to serve as chief executive officer of a major teaching hospital in the U.S, fought racial barriers from the time she graduated from high school at age 15. Her application to Jersey City Medical Center's Nursing School was rejected because of a policy prohibiting acceptance of black people. Graduating as an R.N. from the Lincoln Hospital School of Nursing, Bronx, New York in 1946 she began her nursing career at Queens General Hospital, Queens, New York. She pursued a B.S. degree in nursing followed by a master's degree in public health at New York University while working two jobs. She spent the summer of 1965 at the University of Oslo in Norway studying the Scandinavian health system. Upon her return, she pursued a career in hospital administration, starting in the Pediatric Department of Lincoln Hospital. After a series of promotions, she was named Assistant Administrator in 1970. Gaynor rose through the ranks of administration at several large New York hospitals at a time when there were few women or blacks in such positions. In February 1971, she was chosen from a field of 20 candidates (she was the only female candidate) to be Executive Director of Sydenham Hospital in Harlem, making her the first black woman to serve as CEO of one of the city's municipal hospitals. Eighteen months later she accepted a job in New Jersey as Executive Director of Maitland Hospital in Newark, a 600-bed teaching hospital operated by the state's medical school. She served as Director of Hospital and Health Services at Meharry Medical College from 1976 to 1980. From 1980 to 1984, she was the Director of the West Philadelphia Community Mental

Health Consortium in Philadelphia. She retired two years later. On September 16, 1993 at the age of 72, she died from a brain hemorrhage.

Ironically the series was established the same year NAHSE's second female president, Deborah Lee-Eddie assumed office, 20 years after Gaynor's tenure (NAHSE *Notes*, May 1997) Lee-Eddie's highest priorities going forward included strengthening the infrastructure of the national office, reaffirming the relationship with corporate partners and assuring that NAHSE, both nationally and through its chapters, played a more active role in the development of public policy initiatives impacting the health and well-being of minority and medically underserved populations. She felt it important that the members of NAHSE understood full well that it was not sufficient to simply earn a living in the healthcare professions. Each one was required to take the necessary steps to assure they were worthy of the trust that was placed in their hands by those individuals and organizations whom they served on a daily basis.

The 12th Annual Educational Conference was lauded by both conference attendees and the national office as one of the best and the most well attended in the history of the organization. As a result of the W.K. Kellogg Foundation funding, there was greater student participation than in previous years. The grant provided scholarships to over 17 students from HBCU's pursuing careers in health administration. In addition to state of the art information technology workshops, a student case competition and student forum, workshops to prepare candidates for the ACHE Board of Governors written and oral exams and an opportunity to take the examination for admission to the ACHE were available. Keynote speakers included David Satcher, M.D., Ph.D., Executive Director, Centers for Disease Control and Prevention, Johnetta B. Cole, Ph.D., President, Spelman College, and noted author and motivational speaker, Les Brown.

Developing a Comprehensive Public Policy Strategy

Deborah Lee-Eddie (1997–1999) charged the National Public Policy Committee with creating and implementing a process and procedure for chapter development and support of NAHSE’s public health policy positions. Such public policy positions would reflect NAHSE’s concern about the health and well-being of minority and medically underserved populations. The Policy Committee responded to this directive with a series of position papers on critical health issues and concerns including Medicare Expenditure Reductions; Medicaid Reductions and Block Grants; Medicaid Care for Women and Children; Disproportionate Share Funding; Managed Care Readiness; and, Preservation of Safety Net Providers in Medicare/Medicaid Programs). At its first planning meeting Public Policy Committee Chairs and Co-chairs gathered to share their visions, discuss issues, concerns and the direction of national public health policy. The committee sponsored a symposium prior to the national educational conference to receive full membership input regarding critical health policy issues. This information was used to create a national health policy and legislative agenda for the association.

In addition to collaborations with the Summit Health Coalition to lobby Congress regarding the tobacco settlement and the American Cancer Society’s crusade to inform and educate African American men about prostate cancer, the NAHSE Public Policy Committee also participated in a think tank with Rev. Joseph Lowery, Kwasi Mfume, Louis Sullivan, and others. The Committee also developed the “NAHSE Health Care Advocates—Guide to Action,” a manual designed to give a person, or a chapter, the starting points for impacting the legislative policy and laws in their communities, states, and the nation. The Guide was specifically tailored to the states with active chapters, while other references were more global, representing an opportunity to network and de-

velop relationships for future coalition building. Funded by the Kellogg Foundation grant, the Guide was distributed to attendees at the educational conference for use in their communities and to various elected officials to evidence NAHSE's renewed commitment to actively engage in the development of health policy and laws. As a working document, it was designed to be updated as needed. The Policy Committee called for a National Legislative Breakfast Forum Day on September 19, 1998 in the cities of each of the respective chapters around the country. It was the Chapter's responsibility to educate, inform and involve the membership, their communities, the health care institutions and elected officials in these forums. The chapters were also responsible for seeking sponsorship for these legislative forums.

References

Newslink, a publication of the Greater Atlanta Chapter, 1997.

1998: NAHSE Turns 30

The NAHSE website became operational in 1998, the year the Association celebrated its 30th anniversary (NAHSE *Notes*, 1998). To honor the occasion, Deborah Lee-Eddie challenged the membership to be proud of the legacy, mindful of the history, committed to the challenge, and dedicated to preserving the mission of the Association.

The profit goal for the 1998 educational conference was \$125,000. (NAHSE Conference Planning Committee Meeting, 1998). It was suggested that the CEO Forum be incorporated into the educational conference to increase the participation of senior level executives on panels and workshops; and, that a black healthcare futurist be included on the

program. Due to a number of unbudgeted expenses, and registration that fell below budget, net income was approximately \$49,655.

References

NAHSE *Notes*, January 1998.

NAHSE Conference Planning Committee Meeting—1999, June 20, 1998.

NAHSE's 30th Anniversary Statement

F*ounded in 1968, NAHSE has become the premier professional association for Black executives in the health care field. NAHSE's membership includes more than 1,500 individuals. Its leadership and members are both administrators and practitioners, working in a wide variety of health care organizations. NAHSE was established for the purpose of promoting the advancement and development of these leaders and elevating the quality of health care services rendered to minority and disadvantaged communities. Since its inception, NAHSE has sponsored and participated in local and national programs designed to improve quality, access and availability of health services and to expand educational opportunities in health services administration.*

References

NAHSE *Notes*, January 1998

The Second ACHE/NAHSE Career Attainment Study Results

The results of the second Career Attainment Study conducted in 1997 were released in 1998. For this study, the minority pool was expanded to include Hispanics and Asians. The collaboration included the Association of Hispanic Healthcare Executives (AHHE) and the Institute for Diversity in Health Management (IFDHM). There were two components to the study: the first termed the “cross sectional study,” paralleled the 1992 effort, with the administration of a detailed questionnaire to the four groups; the second, termed the “follow-up study,” resurveyed the respondents to the earlier questionnaire. The response rate to the “cross sectional study” was 54% for blacks (410, of which 386 were analyzed), 51% for whites (408,

Career Attainment Study NAHSE–ACHE Study Action Plan:

1. Develop strategies for approaching major health care delivery chains/ACHE/AHA to solicit support for hiring blacks in senior level positions.
2. Organize “Executive Breakfasts” across the country through local chapters to present the findings of the study and solicit partnerships to support change.
3. Assist AHA, ACHE, and the IFD in establishing specific goals and plans of action that they will take to ensure that blacks are equally considered for senior management positions.
4. Track the placement of black health care executives in health care organizations as a result of assistance by NAHSE and IFD through their job banks.
5. Issue an annual report card showing A,B,C, D, or F per major metropolitan city of the number of blacks in senior health care management.
6. Request a regular column in the ACHE’s Healthcare Executive bi-monthly publication in which NAHSE speaks to minority issues in health care management.

of which 386 analyzed), 40% for Hispanics (264, of which 240 were analyzed), and 53% for Asians (124, of which 115 were analyzed). The response rate to the “follow-up study” was 32% for blacks (106 of 328) and 55% for whites (289 of 524). The lower response rate for blacks was attributed to the inability to locate them, many appearing to have left the field entirely. The results of the “cross sectional study” revealed that the proportion of white women who held top level management positions was 35%, compared to minorities—23% of blacks, 26% of Hispanics, and 15% of Asians. There were no significant differences in the proportions for male managers. Blacks, Hispanics, and Asians were less likely than whites to be employed in hospitals. Black women earned 17% less than white women, Hispanic women 19% less, and Asian women 20% less. Black men earned 12% less than white men, Hispanic men 11% less, and Asian men 4% less.

The results of the follow-up study showed that several of the gaps had narrowed. The proportion of black women who held upper level management positions nearly equaled that of white women, 38% to 36%, respectively; for the men 58% of both groups were in upper level management.

Twenty-one percent of black women shifted out of freestanding hospitals to other settings such as nursing homes, medical groups, and managed care organizations. Fourteen percent of white women made a similar shift, however, moving from system hospitals. Hospitals continued to be the predominant employment site for both blacks and whites. The 1997 survey revealed that 18% more whites than blacks managed hospitals while in 1992 that number was 11%. A decline in hospital employment was also noted among men, 3% among blacks and 10% among whites with black men opting for such settings as ambulatory care, long term care and home health agencies. In addition to those settings, white men chose consulting firms and associations. Although salaries were higher for all groups, differences remained significant between black women (\$81,660) and white women (\$97,967). In 1992, the difference was \$56,000 for black women and \$66,940 for white women. The gap narrowed somewhat for men: \$82,604 for blacks and \$91,701 for whites in 1992; and, \$111,040 for blacks and 119,630 for whites in 1997.

Both surveys suggested that when controlled by gender and race, the mean salary earned by whites outpaced that earned by blacks. While the “follow-up survey” revealed that black women were as satisfied with their autonomy as white women in 1997, their level of satisfaction in the areas of pay and fringe benefits, sanctions received when a mistake was made, and respect from supervisors remained significantly lower. The report noted it as a positive that black men felt they received as much respect from their supervisors as whites. This was indeed a significant change from the 1992 survey. However, they remained consistently less satisfied than white men in the area of pay and fringe benefits. While a higher proportion of black women than white women achieved their aspirations as identified in 1992, fewer black men did so compared to their white counterparts, 41% to 63%, respectively. The gap between the proportions of black and white women aspiring to become CEOs in the future narrowed, 12% to 17%, while the proportion aspiring to become COOs was essentially unchanged. Except for a slight decline in the number expecting to attain CEO or senior vice presidencies in 1997, no significant differences were noted for men from the previous survey.

NAHSE’s Career Attainment Action Plan

To get the most mileage out of the study findings, the NAHSE Board established a specific action plan to use the findings to promote change within the field. The executive breakfast was viewed as the best and easiest format for impacting the health care delivery system. One such event, sponsored by outside sources, had been hosted by Gail Ward in Miami, Florida. A similar event was planned for Kansas City where local CEOs were to be invited for the purpose

of introducing them to the local chapter and soliciting support for internships, fellowships and donations for the student scholarship program. Richard Brown planned to present both the 1992 and 1997 career attainment studies and request the CEOs partner in helping improve the diversity in health management in the Kansas City area. The University of Kansas Health Services Administration program was slated to sponsor the breakfast and provide a location (Brown, 1998).

Brown proposed that all NAHSE chapters do the same thing across the country in conjunction with the legislative day planned in September and be required to provide reports from both events at the annual meeting (*Ibid.*). The newly established NAHSE column in the ACHE publication, *Healthcare Executive*, was viewed by Brown as a valuable victory for two reasons: it served to allow the discussion of minority issues and progress on job placement; and, an opportunity to keep the findings of the study on the minds of the 27,000 members of the ACHE. Following up the idea proposed by Jacqueline Bishop to secure funding to implement some of the recommendations, Brown suggested taking the show on the road, presenting the study to CEOs of major healthcare delivery chains requesting that they partner with NAHSE to develop blacks so that they could enter the executive suites.

References

Richard Brown Letter to Deborah Lee-Eddie, June 1, 1998

It has been my honor to serve as President and take the mission, vision, and values of the organization to the next generation of leader. I saw my role as honoring our past by reinvigorating the membership and providing the next generation with the opportunity to connect with the organization and then lead.

*Roy Hawkins, Jr., FACHE
President, 2013–2015*

Nat's Notes on NAHSE

Addressed to Deborah Lee-Eddie, Robert Currie, and Kevin Lofton—January 19, 1999

After the December 1998 combined Strategic Planning/New Officer Orientation/Public Policy Forum in Ft. Lauderdale, Florida, Nathaniel Wesley offered his thoughts on where the Association stood at that moment in time. From Wesley's perspective, the most critical challenges facing the Association since the establishment of a free standing national office in 1986, included:

- (1) The newsletter—Wesley considered ongoing communications a vital component of successful association operations and was extremely disappointed that the NAHSE *Notes* newsletter had not continued on a periodic, if not, regular basis.
- (2) Conference planning and association management—after several conversations, Wesley concluded it was the association manager's position that conference planning functions and association management functions could not be separated, and her (OJA association owner Ozzie Jenkins) position may have contributed to the waning emphasis on movement in the direction of an executive director. Wesley's concern was inspired by his impression that the success of the annual educational conference far exceeded the quality of management of the day-to-day operations of the Association. Not wanting to see the "Kevin Lofton experience of not being able to get a membership application 15 years earlier repeated in the 21st century," he was of the opinion that conference planning functions and association management functions

needed to be separated out or delegated to a larger association management organization if NAHSE was to grow as an organization in the coming years.

- (3) Representation in the industry and profession—referencing the fact that each major black national professional caucus that grew out of Dr. King’s assassination in 1968, and the subsequent Civil Rights unrest, now had an identifiable executive spokesperson for its respective industry and profession, Wesley felt that if NAHSE was to continue to serve its membership honorably and to press forward with an aggressive public policy agenda for the coming years, a single individual, appropriately qualified, must be employed to become the face and voice of NAHSE. He was bothered that following what he described as such a dynamic strategic planning session last month, there was not a designated individual responsible for the management and administration of plan implementation. Citing a definite need for an association ‘voice’ yet recognizing the Association took a back seat to the demands of members’ day jobs, Wesley thought it unfair to continue to expect the elected association leaders to serve as association managers.
- (4) Membership perceptions—that NAHSE was a closed or elitist association.
- (5) Chapter reports and national meetings—he believed a format needed to be devised that allowed both to happen but in a much different manner, the question of content and relevance of chapter reporting would be addressed through a formal reporting format.

After raising his concerns, Wesley offered the following suggestions: a periodic update from the president until the newsletter was back on track; five models to consider for conference planning and association management (see following table); devote national meetings to providing information and updates on various national programs, policies and issues; introduce newly chartered chapters and newly elected officers along with major chapter involvements for chapter reporting; distribute a roster of chapters and officers at each national meeting.

Models for Conference Planning and Association Management:

1. Maintain current relationship with OJA and retain an association representative who would serve as public policy coordinator and the association's industry spokesperson.
2. Continue to contract with OJA for conference planning services and acquire the services of an association management contractor. Both contractors would report to the BOD.
3. Establish an independent national office that would contract with OJA for conference planning services.
4. Establish a national office that would be responsible for all association programs and activities.
5. Contract with a major association management firm that would provide all services to the association.

Assessing NAHSE's Positives and Negatives

In 1999, the September board and general membership meetings usually held in conjunction with the CBC were canceled due to turbulent weather conditions (NAHSE *Notes*, April 2000). That meeting served as an important legislative and regulatory forum for concerns about healthcare and to promote NAHSE's action plan for the coming year. The Annual Officer Training Meeting held in Biloxi, Mississippi in December 1999, was followed up with a strategic planning forum in Chicago on March 27, 2000 during the annual ACHE Congress meeting. The purpose of the forum was to allow NAHSE members who did not attend the Officer Training Retreat in Biloxi to provide feedback to the NAHSE Board. The meeting was facilitated by Patricia Moten-Marshall. Approximately 25 NAHSE members were present representing chapters in Baltimore, Birmingham, Chicago, Detroit, Houston, Washington, D.C., and New York City, along with several non-affiliated chapter members. A membership survey was conducted to identify the positive and

negative issues affecting the Association. The results of the survey were to be addressed by the Executive Committee and the BOD during the annual meeting in Houston, April 27–31, 1999 in the workshop, “How to Get Involved in Your National Organization, or Grassroots Leadership.” (NAHSE *Notes*, April 2000).

The respondents to the membership survey represented a cross section of the Association: 41% had been a member for 4–10 years; 31% for 1–3 years; 15% for over 10 years; and, 13% for less than a year. Forty

The Positives of the Organization Were:

1. NAHSE, as a collective of individuals, responds favorably to its members; there is a deep abiding respect for each organizational participant.
2. There are lots of hugs and counsel for members.
3. Various corporations recognize and support the organization as a leader in minority health issues.
4. The organization highlights events that challenge and develop future healthcare leadership, e.g., student case competition, scholarship, summer internship.
5. NAHSE has a diverse membership representing the broad spectrum of healthcare delivery and management.
6. NAHSE provides the opportunity for leadership through its local chapters, national committees, national officership, and educational programming.
7. NAHSE, through its local chapters, provides an important networking vehicle as members relocate.
8. NAHSE has a 30-year history and legacy of service with historic figures who have contributed to the field, e.g., Ellis Bonner, Everett Fox, Florence Gaynor, and Haynes Rice.
9. NAHSE provides clear and open communication with its members.
10. NAHSE provides strong mentor/mentee relationships.
11. NAHSE is open to self-criticism.
12. NAHSE has limited competition as a national resource for black health executives.
13. NAHSE provides incubation for aspiring entrepreneurs.
14. NAHSE provides a forum for advocating for African-American healthcare issues.

percent described their positions as senior management; 24% as middle management; 14% as CEOs; 6% as supervisors; and the balance were in entry level and student capacities. The survey also revealed that 81% of the membership held a membership in another organization and 41% of those were members of the ACHE. Based on the feedback from the survey, the program focus for the coming year was in the areas of membership, financial equity, communication, follow-through, organizational superstructure and benefits. (See tables below.)

The Negatives of the Organization Were:

1. There is an absence of an administrative structure.
2. The database on the membership is limited and requires update.
3. The absence of an executive director has limited the organization's growth.
4. There is a membership perception of elitism from the organization's senior executives, board members, and committee chairs.
5. Benefits of membership come based on the informal network, not based on membership rights and dues payment.
6. The organization doesn't showcase the contributions of its members, e.g., national educational program.
7. Communication is inconsistent and there is limited follow-up.
8. The organization suffers from paralysis of analysis.
9. There is limited use of technology.
10. There are limited resources and lack of assets used to support the organization.
11. There is a disconnect between the needs of members and membership benefits.
12. It is easy to get burned out by the organization because of the volunteer nature of the members serving in leadership roles.
13. There is ambiguity between NAHSE and the Institute for Diversity.
14. The organization has failed to market itself to recruit membership and obtain alternate funding sources.
15. There is no value added for NAHSE membership.
16. There is a need to expand NAHSE's benefits because they have not changed in some time nor are the existing benefits being delivered to the membership (NAHSE *Notes* April 2000).

Top Expectations and Needs for the Membership (in Response to the March 2000 Survey):

1. Networking (formal and informal)
2. Educational programs with CEUs
3. Information (journals, publications, website)
4. Professional development
5. Employment opportunities
6. Advocacy for African American issues
7. Mentoring
8. Fellowships and internships
9. Professional certification
10. Other

Top Ten Opportunities for NAHSE's Growth and Development as Identified in the March 2000 Survey:

1. Develop tangible membership benefits
2. Provide more relevant educational programs
3. Further develop fellowship and scholarships
4. Develop a formal national office
5. Provide more opportunities for networking
6. Increase chapter development
7. Establish Web-based career center
8. Continue advocacy
9. Partner with like-organizations
10. Pursue website development

The Return of the NAHSE *Notes*

Reintroducing the NAHSE *Notes* in 2000, President Robert Currie committed that six issues would be published annually. Co-editorship was assumed by Diane Howard (Washington, D.C./Chicago Chapters) and Lorraine Jenkins (New York Chapter). The Members on the Move section was retitled “Family” and filled with lively and exciting information about promotions, awards, appointments, presentations, honors, births, deaths and travel activities of the members. In June 2000, NAHSE and The First Consulting Group announced a five year \$30,000 scholarship initiative for students pursuing a career in health care information technology at the bachelor, master’s, doctoral levels (NAHSE *Notes*, 2000). The funding supported five two-year scholarships over five years and to provide registration for students to attend the annual educational meeting. The first scholarships were presented at the 16th Annual Educational Conference in 2001. Named by *Forbes* magazine in November 1999 as one of America’s 200 best small companies, First Consulting Group was described as being a leading provider of information-based consulting, integration, and management services for healthcare, pharmaceutical and other life sciences organizations in North America and Europe.

Because of the close timeframe to other national meetings, the NAHSE educational conference was moved to the fall (NAHSE *Notes*, August 2000). Bernard Mims, Chairman of the Committee on Communication Technology was charged with maintaining the NAHSE website and updating the web page with electronic information to keep the membership informed about current NAHSE activities. This enabled the NAHSE *Notes* to be sent electronically for those who preferred that method of communication.

Kevin Lofton, FACHE was the first person to be honored twice by NAHSE. He was the Young Executive of the Year in 1988 and the 2000

In a period of rapid change, NAHSE's leaders focused their attention on sustainability. With financial success, the organization can look forward to the future and focus on the structural issues affecting health care delivery.

*Anthony King, FACHE
President, 2015–2017*

Senior Executive of the Year. The December newsletter paid tribute to the past Presidents from 1985 through 1999. Each had a unique history of contributing to the Association. In some cases, it was the sheer magnitude of a colossal personality, the persuasive nature of a presentation, an insight into an issue or an argument, and an oversight of a product or a process that proved invaluable to the Association. Ultimately, the Presidents were successful in leading the organization because they had a passion for NAHSE and an understanding of the organization's history that made them push and prod the Board and members in the best interest of the organization. Subsequent newsletters highlighted a variety of members, describing how they got their start in the field and the institutions in which they worked. On December 20, 2001, a portrait of Percy Allen, II, FACHE, was unveiled at the Brooklyn Botanic Gardens Palm House in recognition of his years of service as President and CEO of SUNY Downstate Hospital. In unveiling the portrait that was later hung in the University Hospital, John C. LaRosa, M.D., President of the hospital system stated, "Percy did a wonderful job in connecting the institution to the community (NAHSE *Notes*, 2001). The theme of the 16th Annual Meeting was "Strategies for Healthcare Professionals." The meeting agenda focused on health disparities, the generational gap between senior executives and early careerists, technology strategies, and financial management. A new initiative in assisting job seeking members in their search for employment by returning phone inquiries, providing referral information to the individual, and informing other colleagues that a NAHSE member was seeking employment was also an agenda item.

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The Legacy Fund

At the start of her Presidential term, Sandra Gould, Ph.D., FACHE, announced an ambitious agenda that focused on fund development; chapter development; public policy; and, management superstructure (NAHSE *Notes*, April 2001). Crediting OJA for its management services over the previous ten years, Gould cited plans to build on this relationship and enhance it with the talent of an executive director who could focus specifically on the needs of NAHSE. To that end, Gould established the Legacy Fund, an ambitious two-year effort to raise \$200,000 through planned giving to fund the expense of an executive director who could provide NAHSE the full-time attention needed for enhancing membership services. Chaired by Sabrina Shannon, FACHE, the campaign was named to honor and respect the considerable contributions of the founders and their outstanding legacy to the field of health care. Each member, current and past, was asked to include NAHSE as one of the charitable organizations they supported during the 2002 tax year. The NAHSE BOD made the decision to proceed with plans to hold the annual educational conference following the September 11, 2001, terrorist attacks on the United States. The conference theme centered on three areas: personal and professional development; bridging the leadership gap; and public policy. A special “Unity Statement” ceremony to honor the 9/11 victims was held in conjunction with the Public Policy Forum on October 12, 2001. Members were invited to share their thoughts and concerns on how to come together not only as a country but as a people. In her message to the membership, Gould offered “that the rippling economic effect caused by this attack is certain to touch our lives professionally.” Her words would prove to be prophetic. The response to the Legacy Campaign was disappointing. The hope was to have enough monies and financial security to announce at the 35th anniversary that steps were being taken to recruit an Executive Director. The levels of giving were:

Sustainer	\$1,000 and above
Lifter	\$ 500–\$999
Supporter	\$ 100–\$499
Giver	up to \$99

NAHSE held its quarterly membership meeting during the ACHE Congress on Administration in Chicago on March 18, 2002 (NAHSE *Notes*, 2002). The meeting agenda centered on the organization’s finances, membership and chapter expansion, education programming, newsletter, student relations, Everett V. Fox Student Case Competition, ACHE liaison, and chapter reports. It was decided to move the annual educational conference, typically held a month after the ACHE Congress meeting to the fall. Already reeling from the financial losses incurred as a result of the low attendance at the 2001 annual meeting due to 9/11 and the travel cancellations, the Association was forced to rely on membership dues through the third quarter. Held financially responsible for the room and meal cancellations, the Association committed to returning to the New Orleans Hyatt for a future annual meeting which the BOD scheduled for 2003. Generating revenue was imperative and everyone was encouraged to pay dues as expeditiously as possible. A “buddy system” was developed to strengthen the infrastructure of existing chapters through the provision of resources, information, strategies and support. Each Chapter Development Committee member was assigned to four local chapters. The member was expected to conduct an onsite chapter visit with their “buddy” chapters on a bi-annual basis to act as a link between national activities and as a resource. In an attempt to reduce expenses post-9/11, the Board recommended that the production of the bimonthly newsletter edited by Diane Howard and Lorraine Jenkins be limited to a quarterly publication. One of the most disappointing agenda items was the failure of the webmaster to maintain the NAHSE website (Gould, 2002). After committing the funds to assure that a new site would be operational no later than November 1, 2002, Gould appealed to the membership to step up and participate in a substantially meaningful way to not only raise money to support National Office activities, but also facilitate fiscal solvency.

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Sandra Gould Correspondence to membership, October 1, 2002.

Establishing the NAHSE Hall of Fame

Attendance at the 17th educational conference in Miami increased significantly. At the suggestion of several senior executive members, President Gould created the NAHSE Hall of Fame Award. The Awards Committee chaired by Colene Daniel selected NAHSE founder Charles Tilden and Carolyn Boone Lewis, the first African American chairwoman of the AHA Board of Trustees, as the initial inductees. Lewis' daughter accepted the award on behalf of her mother who had passed away a few months earlier as a result of a brain tumor. Donna Lewis commented on her mother's contributions to health care, leadership in the AHA and metropolitan Washington, D.C. governance circles, and her life as a role model for humanity in general, African Americans specifically, and women especially. Tilden who was tricked into attending the event was surprised and delighted to be so honored.

In addition to the change in the date for the annual meeting; acquisition of the First Consulting Group Scholarship; establishment of the Legacy Campaign and the Hall of Fame Award, the Council of Elders was also created during Gould's tenure (NAHSE *Notes*, 2003). The Elders, an informal kitchen cabinet of advisors composed of former NAHSE presidents and senior executives who consulted her administration on the organization's direction, worked with the planning board to strengthen the CEO/Senior Executive Conference to make it the premier educa-

tional experience it had become. Attendance at the 10th annual CEO Conference was double its usual numbers.

References

NAHSE *Notes*, Fall 2003.

Rejuvenating Public Policy

The Public Policy Committee was rejuvenated in 2004 under the leadership of Chairperson Charlotte Collins, J.D. The Committee led efforts to support the Healthcare Equality and Accountability Act of 2003. Letters in support of the Act were sent to Senator William Frist inviting him to meet with the WMAC and Baltimore chapters in regard to the “Closing the Health Gap of 2004 bill.” Incoming President Patricia Webb’s Million Dollar Campaign was almost half-way to achieving its goal of raising \$500,000 in 2004 (Webb, 2004). Her focus areas included membership; chapter development; public policy/advocacy; national office operations; and fund development (NAHSE *Notes*, Summer 2004). The NAHSE website/association management system was unveiled at the 2004 educational conference in Orlando. The system represented a sizable investment and a tremendous return was anticipated. Strong relations were fostered with GE Healthcare and Johnson Controls, agreements were made to sponsor NAHSE programs and discussion was underway to collaborate on future programming (NAHSE *Notes*, Fall 2004). By the end of 2004, membership increased and the fund development goal was almost 70% achieved. On September 30, 2004, NAHSE was granted a Legislative Briefing with Congressional leaders.

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Patricia Webb, President’s Report, NAHSE Board of Directors’ Meeting, March 1, 2004.

In Support of a National Office

New Fundraising Initiatives: The Million Dollar Campaign

An aggressive action plan with two major goals was presented for 2005: to successfully raise \$1 million and to hire an Executive Director (Webb, 2005). NAHSE leaders and members were charged with soliciting major healthcare systems, hospitals, healthcare organizations and corporations for sponsorship dollars to support NAHSE. Association members were also asked to make individual contributions. As a 501(c)3 organization, donations to NAHSE are tax deductible. The goal was to raise a minimum of \$100,000 from individual contributions. The first annual National Student Summit was held in Atlanta, February 4–5, 2005. It culminated in a career fair and workshops that combined classroom learning with a real world experience that gave the students a glimpse of the practical applications of some of the concepts learned in school. This was an outstanding event with more than 100 registrants. One of the major highlights was the establishment of the Nathaniel Wesley, Jr., Executive Brain Bowl in honor of his significant contributions to education and to NAHSE.

Eight teams of 3 competed for \$1,000/person for first place. Styled similar to Jeopardy, students had to answer questions related to healthcare administration. The event was 100% funded by sponsors Boston Medical Center, Roy Lester Schneider Hospital, Franklin Square Hospital and in-

***Statement by Patricia Webb
Briefing to the U.S. Congress September 30, 2004***

My purpose in speaking to you today is twofold, to introduce you to who we are and the important work carried out by our association and members across the nation; and secondly, I want to make you aware of the crisis that is facing professionals of color in terms of opportunities to work as managers and administrators in the health care field. We have a specific proposal that the Congress can act now that will help build a foundation for alleviating this crisis. We are a national organization that has 20 chapters and a member base of more than 3,000. NAHSE strongly endorses the work that members of Congress have undertaken in the past year to pass meaningful legislation aimed at eliminating health disparities in this nation. If enacted, the proposed bills would address our policy priorities:

1. Increasing racial and ethnic diversity in the health care industry and increasing contractor opportunities for underrepresented minority businesses in the healthcare industry, and
2. Eliminating racial and ethnic health disparities

We welcome the report of the Sullivan Commission on September 20, 2004 titled, "Missing Person: Minorities in the Health Professions." Noting that the U.S. health care workforce fails to reflect the demographics of the nation, the Sullivan Commission concludes care must be provided by a well trained, qualified and culturally diverse workforce if we are to achieve the vision of a health care system that focuses on excellence and ensures equality of true quality across all our population. Its findings are profound, and its well reasoned recommendations echo those issued recently by two other expert panels. The IOM of the National Academy of Sciences titled its 2004 report, "In the Nation's Compelling Interest: Ensuring Diversity in the Health Care Workforce." After documenting the rapid growth in the nation's racial and ethnic minority groups, the IOM described the problems associated with having relatively few underrepresented minorities practicing in the health professions. The IOM found that racial and ethnic minorities could help in efforts to reduce cultural and linguistic barriers and improve cultural competence. Another report, published by the ACHE in collaboration with NAHSE, the IFD and the Association of Hispanic Healthcare Executives, and the Executive Leadership Program of the Indian Health Service is of particular interest because it focused on health care executives rather than on clinical health practitioners. In "A Race/Ethnic Comparison of Career Attainment in Healthcare Management-Summary Report-2002," ACHE made extensive findings based on a decade long survey of health care executives. The ACHE survey found that all minorities and women lag behind whites and males in terms of career attainment in health administrative positions. While the ACHE survey is almost uniquely informative about the career attainment of minorities in management, it falls short because the numbers of professionals surveyed was limited-only about 1,600 executives participated. These esteemed panels made extensive recommendations. We urge policy makers to pay special attention to their findings and recommendations, and we especially urge you, lawmakers, to consider these findings as you craft minority health legislation. We note that some common themes emerged:

1. Improving admissions policies and practices of health professional schools.

2. Reducing financial barriers to underrepresented minority students through enhanced government and privately sponsored programs.
3. Improving the institutional climate for diversity through the accreditation process.
4. Making and enforcing policies to increase diversity through the accreditation process.
5. Providing additional research and data collection to assess progress on diversity and its benefits.
6. Commitment and collaboration by key stakeholders.

Underrepresentation of racial and ethnic minorities is an issue in health services management and administrative leadership, and it is an issue at the schools that train management professionals and leaders. Our challenge is to develop a strong base of data on career attainment on which to base important policy decisions. We urge that you take important steps aimed at developing data and research to inform and develop a basis for collaboration among key stakeholders, including provider organizations, health services management professional institutions, their accrediting bodies, professional associations and public officials.

First, we need to have better data concerning the diversity among the health management and administrative workforce. The government is ideally situated to design and execute objective data collection tools and to report findings directly and publicly to policy makers. As a starting point, NAHSE proposes that the Congress of the U.S. direct that as part of its annual National Healthcare Disparities Report, the Federal Agency for Health Care Research and Quality (AHRQ) should include the numbers of underrepresented minorities and women who are enrolled in graduate programs in health care management by institution and state, as well as the number who are currently serving in administrative management positions in hospitals, long term care facilities and health plans in the U.S. Such data can provide a baseline for industry leaders and public officials to assess trends and measure the effectiveness of strategies to increase minority penetration into health management careers.

Second, we are calling for a report assessing the problem of underrepresentation of racial and ethnic minorities in health management training programs and professional leadership positions, and suggesting strategies to close the healthcare management gap. The Congress of the U.S. should commission an esteemed research organization, like the IOM, to assess the problem of minority underrepresentation and suggest strategies for addressing the issue. And third, we hope that the Congress will immediately hold hearings on minority health legislation. The minority health bills filed in the past year have included more than a few exciting proposals to address the several important issues such as a; growing health disparities in the country, disparities associated with racial and ethnic minority status and region of residence. Something needs to be done, and hearings are the logical starting point, if actual bipartisan legislation is your intent. NAHSE realizes that successfully enacting these proposals and any comprehensive minority health and health disparities legislation will require a tremendous effort on all our parts, no matter what happens in the November election. Our membership stands committed and prepared to work with you, and our other elected Representatives, and in coalition with other interested professional associations to ensure that we are successful.

dividual contributions from Nat Wesley, Gertrude Blakey, and Bernard Mims (Webb, 2004).

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Patricia Webb, President's Report, NAHSE Board of Director's Meeting, March 14, 2005.

Challenges for the Future

Fundraising was the byword as incoming President Christopher Mosley announced the “Destiny Fundraising Campaign” to raise \$200,000 by the end of his tenure (Minutes of the Executive Committee meeting/ Board Report, March 26, 2006). Under his watch, NAHSE’s debt was retired and an Executive Director recruitment strategy was initiated. And yet, the challenges are as daunting as ever. While NAHSE provides programming to meet the needs of students with the Everett V. Fox Student Case Competition, and senior-level executives with the CEO/COO Senior Executive Conference, the focus at this juncture centers on balancing the membership needs of recent graduates; early careerists; middle managers; and, the often overlooked entrepreneurs seeking contracts from those executives in decision-making roles within their institutions. John Bluford, President and CEO of Truman Medical Center in Kansas City, MO, said, “NAHSE still needs to provide relevant networking opportunities for professionals of color and senior executives in the healthcare management field. Relationship building has been, and should continue to be two-fold: (1) mentor-to-junior relationships, and (2) peer-to-peer bonding that can last throughout respective careers. I can relate positively to both situations on a personal level.” Not mentioned are the retirees who not only have the institutional memory of NAHSE

as an organization but the wisdom and practical work experience that cannot be found in textbooks.

As NAHSE prepared to celebrate its 40th anniversary, old questions arose: *How does an association that has functioned for decades as a volunteer association transition to a “new model?” How can NAHSE meet the needs of its diverse membership? What does NAHSE offer its members that other health care trade associations do not? How does NAHSE continue its legacy? How does NAHSE generate the necessary funds to sustain itself as a viable organization? How does NAHSE expand its membership base without losing its identity as an organization concerned with the health care needs of minorities, especially African-American populations and the promotion of minorities, especially African-American health care professionals throughout the country?* The fact that the Association continues to exist suggests that NAHSE meets a need that either cannot or is not met by other professional health care trade associations.

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Hudgens Award Winners

NAHSE counts six Hudgens Award winners among its membership. This award, presented by the 40,000 members of the American College of Healthcare Executives, represents peer acknowledgement of exceptional executive capability and demonstrated innovation and creativity in addressing health problems and issues. The Hudgens Award was named after the ACHE’s first vice president and established by the Alumni Association at Virginia Commonwealth University in Richmond, where Hudgens served as director of the health administration program. In 1990, Denise R. Williams

achieved the distinction of becoming the first African-American to receive the coveted Robert S. Hudgens Memorial Award as Young Healthcare Executive of the Year. Williams was a ten-year veteran of administration in inner-city hospitals when she stepped into the role of CEO at the 154-bed Roseland Community Hospital in Chicago, Illinois. Situated in a poor black neighborhood on Chicago's far Southside, with a quarter of its patients on public assistance, Roseland boasted a 70% occupancy rate and a surplus of \$1.2M on operating revenues of \$25M in FY 1989 under Williams' direction. Kevin Lofton received the award in 1993 when he served as CEO of Howard University Hospital, the largest private African-American hospital in the nation. Under the then 38-year old Lofton's leadership, the hospital achieved a \$15M financial improvement over the prior two fiscal years and underwent a substantial rejuvenation, emphasizing patient-focused service and organizational development. Ten years later, the award went to Anthony Munroe, CEO of the Miami-based Economic Opportunity Family Health Centers. Monroe is credited with improving access and expanding services to the medically underserved. In addition, he created tuition-reimbursement partnerships with Miami-Dade Community College through which medical assistants and other personnel were able to take "refresher" training courses, and with the University of South Florida, which provided courses towards a master's degree in public health at the center's main offices in Miami.

Dr. Jessie L. Tucker III received the Hudgens award in 2007 as the Executive Vice President and Hospital Administrator of Harris Health System's Lyndon B. Johnson General Hospital and the American College of Healthcare Executives Regent for Southeast Texas (Texas State, 2009). Prior to joining Harris Health in March of 2009, Dr. Tucker retired from the Army after a 24 year career progressing from Private to Lieutenant Colonel. In the Army, he served in Army health leadership and policy positions culminating with his appointment as the COO of one of the Army's largest health systems. From 2006–2012, Dr. Tucker served as a Commission on Accreditation of Healthcare Management Education Commissioner, was a member of the ACHE Healthcare Executive Editorial Board from 2008 to 2011, and from 2004 to 2008 he served as the ACHE Regent for the Army.

Delvecchio Finley received the Hudgens award in 2011 as the 34-year old CEO of Harbor-UCLA Medical Center in Torrance, CA. The hospital was in risk of losing federal funding for Medicare violations (*Modern Healthcare*, 2011). In less than a year, Finley had Harbor-UCLA back on track, demonstrating compliance with Medicare standards and putting it in excellent standing with the Joint Commission, the organization that accredits healthcare organizations. He also introduced Lean management principles to increase hospital efficiency and save money that could be funneled back into the hospital for additional and enhanced services.

For nine years, following the devastation of Hurricane Katrina in 2005, eastern New Orleans was without a hospital. In July 2014, the newly built New Orleans East Hospital, an 80-bed public facility, opened its doors, returning medical care and jobs to a community in need of both.

Mario Garner, 34, was hired in the summer of 2013 as CEO, asked to oversee construction of the \$130 million facility, lead licensing and accreditation efforts and recruit the hospital's physicians and employees. The facility—on the site of the former Pendleton Memorial Methodist Hospital that was destroyed by Katrina—has 100 physicians on staff and 230 employees serving a community of more than 120,000 resident. For his leadership, Garner received the Robert S. Hudgens Memorial Award (*Modern Healthcare*, 2015).

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NAHSE and Members in the News

NAHSE Member Charlotte Collins Honored by Nelson Mandela

In 1995, the Honorable Nelson Mandela, President of the Republic of South Africa, presented the Third Annual Nelson Mandela Award for Health and Human Rights to Ms. Mankuba Ramalepe, a primary health care nurse from Lenyenyene, Northern Transvaal Province, South Africa and NAHSE member Charlotte Webb Collins, who at the time was Senior Vice President for policy and legal affairs at the Regional Medical Center of Memphis. The awards were presented in a ceremony on March 6, 1995 in Cape Town, South Africa. Established in 1993, the Nelson Mandela Award recognizes extraordinary accomplishments in improving the health of disadvantaged people in the U.S. and South Africa. As the first international award established in Mr. Mandela's name, the award included a trophy bearing a likeness of Mr. Mandela, a grant of up to \$10,000 to be used to fund organizations committed to the goals of the award, and support for a program of travel and technical exchange between the two countries. The award celebrated Nelson Mandela's standing as a universal symbol of the struggle for equal rights and seeks to build bridges between health professionals in the United States and South Africa by enabling each recipient to be involved in health issues in the other's country. President Mandela praised both women for helping to empower individuals and communities to access health resources and to become active partners in health care. Both Ms. Collins and Ms. Ramalepe were selected through a nation-wide nominating process in each country. The selection committee consisted of HHS Secretary Donna Shalala, former Congresswoman Barbara Jordan, the Minister for Public Safety and Security in Gauteng Province, Jessie Duarte, and the Director of Companies in Johannesburg, Dr. Enos Mabuza.

Collins began her career at the Regional Medical Center at Memphis, first as legal counsel before rising to the top administrative level. Working to improve health care for low-income people in one of the nation's poorest regions, the areas of West Tennessee, Eastern Arkansas, and the Mississippi Delta, she initiated a study of patients who had been refused care or transferred by hospitals due to poverty and lack of insurance. The results of this research contributed to changes in both federal and state law prohibiting inappropriate patient transfers. Through her leadership, a second study, later replicated in many other communities and reported in the *New England Journal of Medicine* in May of 1994, documented the access barriers to primary care facing people covered by Medicaid, which often lead them to seek care in hospital emergency rooms. In an effort to alleviate the problem, Collins created an association of public and teaching hospitals to support increased access to primary and specialty care to uninsured, poor, and minority citizens of Tennessee. This resulted in both expanded Medicaid eligibility for low-income people and enhanced Medicaid payments to hospitals serving a disproportionate share of poor and uninsured patients. Collins also had been an effective advocate of civil rights enforcement in the health care industry through her work on the Tennessee Black Health Commission and as plaintiff in a lawsuit to compel federally assisted health care providers to collect and report data on the treatment of minority patients.

I was introduced to NAHSE in the second class of the AHA Institute for Diversity interns in Huntsville, Alabama. I met Kevin Lofton and Antoinette Epps through the local NAHSE chapter. I stayed involved with the Association when I relocated to North Carolina. In North Carolina, I was introduced to Michael Wright and Patricia Webb where I subsequently became N.C. chapter president.

*Fabian Stone
2019–2021 president*

Magazine Articles Highlighting NAHSE and/or Members

Black Enterprise Magazine, July 1983
“The Life Blood of America’s Hospital”

NAHSE and several of its members received national coverage in an article in the July 1983 issue of *Black Enterprise Magazine* highlighting black hospital executives entitled, “The Life Blood of America’s Hospitals.” At the time of the BE interview, Joseph Mann was the CEO of the 500bed Provident Medical Center in Chicago, the nation’s oldest black hospital. “When I first considered going into this field, the administrator of my hospital in Tarrytown, advised against it, saying, you’re a bright, intelligent young man, but this field is not for blacks or Jews.” The article also highlighted Everett Fox’s beginning in 1947 at Kate B. Reynolds Hospital, a segregated facility in Winston-Salem, North Carolina at a time when hospitals received no federal aid and when deficits were underwritten by the local business community and philanthropists. While at Kate B. Reynolds, Fox increased the capital expenditure from \$4,000 per year to over \$76,000 for two years after convincing city officials to allocate funds to upgrade the facilities and health services. Fox’s annual salary at Kate B. Reynolds was \$4,000 a year and as the administrator, he was one of the team who made daily rounds to cheer up patients. At the time of the interview, Fox was a \$70,000-year vice-president and administrator of the 622-bed New York University Hospital, and its satellite 104-bed cooperative care center. The hospital complex had a staff of 7,500 and an annual budget of \$140M.

In the article, Joseph Mann attributed the demise of black hospitals to the decisions of regulatory agencies that considered it more efficient to

consolidate services into one main hospital in an area, usually a predominantly white one. The article referenced working as administrators or assistant administrators in black hospitals as providing a firm springboard to launch the careers of black health care executives throughout the nation's hospital industry. As Mann put it, "Most black administrators cut their teeth in poor hospitals, serving poor communities. They were able to keep things running smoothly. The white counterpart in the suburban hospital has insured patients or patients with money, and it is much easier to do things when you don't have to beg, borrow, steal or coerce the government to give you money." Black administrators have often had to cope with a lot of operational hardships that would have stymied anyone with lesser talents. "They have shown their skills and their ability to be innovative," said Mann. "In time, they will be recognized."

Provident Hospital

"Future Looks Bleak for Black Hospitals" was the title of the April 10, 1987 article in *American Medical News* focused on the fate of Provident Hospital in Baltimore. The article pointed out that at the turn of the century there were more than 200 black community hospitals. According to Nat Wesley, former Vice President of Development for Urban Shelters and Health Systems, Inc., in the years after 1961, 51 black hospitals had closed and another 14 had been converted or consolidated. In August of 1986, the nation's second oldest black hospital, 92-year-old Provident Hospital in Baltimore, merged with Lutheran Hospital of Maryland. With an integrated administration and medical staff, the new hospital was renamed Liberty Medical Center and was no longer considered to be a black facility. In the 1960s and 1970s, coincident with integration, middle-class blacks began seeking other options for their medical care. This exodus was replaced by an influx of public aid recipients. Cut backs and restrictions in federal reimbursement programs added to the woes facing the black hospital.

The irony of Provident is the fact that the year prior to the merger, hospital officials determined that the hospital would have been in the black by \$2,600,000 from 1975 to 1983, had it not been for uncontrolled accounts and unreimbursed services. (American Medical News, 1987). Robert T. Smith III, Chief Operating Officer, was quoted as saying, “We have been excellent social workers; we have not been the best businessmen in the world.” Smith admitted the hospital had not worried about the bottom line and accepted patients who were refused treatment at other hospitals. Haynes Rice is quoted as saying, “an annual federal subsidy of \$22M helped the 125-year-old Howard University Hospital be competitive, without it programs at the 481-bed, university teaching hospital would have to be eliminated.”

Minority Business Journal, Spring Edition 1988
Haynes Rice: America’s Gentle Giant in
Health Care Administration

Born in Tennessee, this gentle man gives his wife the credit for landing his first position as an accountant at the 177-bed Kate Bitting Reynolds Memorial Hospital in Winston-Salem, North Carolina. Rice was Kate Bitting’s first trained accountant. At the young age of twenty-four he was thrust into the role of Administrator while his boss went back to school. “I thought I knew nothing about administration,” he reflected, “but I did know right from wrong.” Upon his boss’ return, Rice was appointed Assistant Administrator. The University of Chicago rejected his first application to its graduate program in health administration. His rejection was in the form of a personal letter advising him that because his standardized test scores were so low he should not apply again.

Rice did apply again and was accepted after enlisting the aid of a well-connected person who placed a phone call for him. He graduated first in his class. Upon graduation, Rice returned to Kate-Bitting and the following year was recruited by the Presbyterian Church USA to “run a

thirty-bed mission hospital in Henderson, North Carolina. Trained to master facts and figures, Rice found himself in a world where creativity, sensitivity and courage were the order of the day. He remarked that his predecessor at Jubilee Hospital “was a remarkable woman. When she left we had to hire five more people to take her place.” There was no city account or state budget to pay for Jubilee’s operation. Things were so tenuous that even crucial supplies had to be purchased cash-on-delivery. He found a solution, he made a deal with Duke University to house their terminally ill patients. He led the hospital into becoming a political instrument for change. Jubilee became the focal point for voter registration drives, job integration, and better health care for the poor. As a result of these activities, more people started coming to the hospital for treatment and they paid their bills. When Rice left after five years, Jubilee was doing more than \$500,000 worth of business and had only \$150 of bad debt. Rice next went to Florida A&M University, then New York City Health and Hospitals Corporation before becoming Executive Director of Howard University Hospital.

AHA Hospitals Magazine, Cover Story, June 20, 1988
Hospitals featuring black administrators

NAHSE member Dewey Hickman was featured in the cover story for *Hospitals* magazine, June 20, 1988, entitled “Removing minority employment roadblocks.” As an undergraduate living in New York City in 1970, Hickman participated in the summer work-study program. Hickman credited that experience as being a pivotal point in his professional life. It introduced him to the health care field, a field he entered to make a contribution to vulnerable people, particularly in the black community. Nearly two decades later, Hickman, Administrator of Planning and Business Development at the Medical College of Virginia Hospitals at Virginia Commonwealth University in Richmond, found himself facing the same roadblocks he and his classmates had hoped to remove. The

article quoted Gary Filerman, Ph.D., President of the AUPHA, as stating a “crisis has broken out” in terms of the small numbers of minorities enrolling in university health administration programs. The question was, “Why?” One explanation offered by Nat Wesley, USHCS, Inc. and NAHSE Association Coordinator, was the cut in federal funding as well as foundation support that began in the late 1970’s to programs targeting minorities.

Also featured in the article was NAHSE member Robert Johnson, then CEO of St. Louis Regional Medical Center, who raised the specter of the Jackie Robinson Syndrome “when black people must perform far better than their white peers just to prove their ability.” According to Johnson, that proving ground was usually limited to the public sector and industry experts agreed. Not only do blacks face a limited number of job opportunities when they enter the field, once in the system, most minority hospital administrators head health care facilities that service a disproportionate number of low-income minority patients. The article quoted Stephen Dorn, President of the Hospital Association of Metropolitan St. Louis, and one of two black metropolitan hospital association presidents, described the situation saying, “This kind of facility, whose board is thinking of hiring a black administrator, is an inner-city public hospital in an all-black community, whose physical plant is used up, whose capital is gone, and that has an aging medical staff. Then the board expects the black administrator to walk on water.” To that Everard Rutledge, then Senior Vice-President of Operations at the University of Maryland Medical System in Baltimore, added: “Or else the black administrator heads a hospital in which the constituency has changed, meaning that the white neighborhood has gone black. The economic circumstances change at the same time. Then the black administrator must don a crown of miracles.” Examining the role that racism played in the mix, John Griffith, Professor at the University of Michigan’s School of Public Health in Ann Arbor offered that “Blacks’ careers are steadily hampered because they are black, regardless of whether they are the best or the weakest students. Blacks’ careers don’t blossom like those of whites.”

Weighing in on the Hispanic perspective, Jane Delgado, Ph.D., President of the National Coalition of Hispanic Health and Human

Services Organizations, Washington, D.C. noted the severe underrepresentation of Hispanics in health care and predicted that the situation would only worsen. She saw two reasons for the problem facing Hispanics being the lack of a historic educational infrastructure such as HBCU's resulting in the absence of role models or professionals attuned to the special needs of Hispanics; and, young Hispanic children not being introduced to the field. Added Eric Munotz, M.D., head of the Department of Surgery at Long Island Jewish Medical Center, New Hyde Park, New York that the restrictions placed on Hispanic physicians immigrating to the U.S. was reducing the pipeline even more, turning the situation into a worse-case scenario.

Modern Healthcare Magazine, September 8, 1989

“SLOW GROWTH TO NO GROWTH: Minorities make almost imperceptible progress in filling top healthcare jobs” was the headline on the cover of the September 8, 1989 issue of *Modern Healthcare Magazine* which also featured a picture of William Jackson as President of NAHSE. When Jackson graduated from the University of Michigan's hospital administration program in 1973, he was one of only two blacks in his 28-member class. The only other minority was an Asian-American woman. In 1987, Equal Employment Opportunity Commission data showed that blacks, Hispanics, Asians and American Indians filled 27% of the technical and clerical positions at hospitals. However, they filled only 10.7% of the managerial positions. A 1988 survey by the ACHE found that non-white executives account for less than 10% of the estimated 19,000 administrators employed by hospitals and other healthcare providers. The number is so small that many organizations, such as the Association of Executive Search Consultants in Greenwich, Connecticut don't even keep such statistics.

In a related article, Gary Filerman, Ph.D., President of the AUPHA—an association of 232 graduate and undergraduate universities under

183 separate institutions dedicated to improving the quality of healthcare administration programs (2018)—was quoted as saying, “The outlook is bleak.” According to a 1987 report by Korn/Ferry International and AUPHA, the number of minority health administration program graduates decreased to 8.2% of all graduates in 1985 from 9.5% in 1983. In the same period, the number of white health administration graduates rose to 91.8% of all graduates from 90.5%. The article referenced the National Summer Work-Study program which at its peak offered black students paying healthcare administration internships in 27 cities. At the time the article was written, it was offered only in Chicago and Washington, D.C. Haynes Rice was quoted as saying, “By 1975, the summer work-study program had approximately \$500,000 in grants a year.” The grants dried up in the 1980’s and weren’t replaced by other revenue sources. “You can’t stay in business just on grants,” said Rice.

***Modern Healthcare*, July 2, 1990**
Black Hospitals Struggle to Survive

The black hospital’s struggle for survival was the subject for the lead article in the July 2, 1990 edition of *Modern Healthcare Magazine*. Of the more than 200 historically black hospitals identified by Vanessa Gamble, M.D., that existed in the 1800’s, only eight were in existence by 1990. They were the 240-bed George W. Hubbard Hospital of Meharry Medical College, Nashville, Tennessee.; 491-bed Howard University Hospital, Washington, D.C.; 59-bed L. Richardson Memorial Medical Hospital, Greensboro, North Carolina.; 40-bed Newport News General Hospital, Virginia.; 117-bed Norfolk Community Hospital, Norfolk, Virginia.; 88-bed Richmond Community Hospital, Richmond, Virginia.; 86-bed Riverside General Hospital, Houston, Texas.; and 156-bed Southwest Detroit Hospital. The article attributed several factors hastening the demise of these institutions including the growing number of black physicians leaving for the better-funded, non-black hospitals; insufficient

funds to make capital improvements, compete with major hospitals or attract new patients; a large indigent patient population; and increasing public skepticism of black institutions' value in the 1990's. In addition to the inadequate cash flow and access to capital, a disproportionate share of their cities' uncompensated-case load was also cited as a special circumstance facing the black hospital.

The Civil Rights movement was noted to have had an unexpected, yet ironic, effect on the black hospital. "As the black middle class found opportunities to live and work outside inner-city neighborhoods served by black hospitals, they moved to areas served by traditional community hospitals. The demographic shift was a heavy blow to black facilities." NAHSE Founder and President and CEO of Southwest Detroit Hospital, Rick Ayala, was quoted as saying, "When the barrier to segregation fell it was probably the most significant event leading to the problems of black hospitals." Taking Newport News as an example, it was suggested that black medical students be educated about the historical significance of black hospitals. The knowledge that these institutions were created because local blacks in the 1800's could find medical care only at the city jail infirmary would motivate them to understand the importance of keeping such institutions strong.

The value of the black hospital could be seen in the reasons cited by those interviewed for the article to keep those institutions open: the health access offered to the otherwise disenfranchised, especially the black elderly; the personal and professional role models they provided for young blacks; their political voice; their economic contributions to the communities they served, especially as employers; and, the training opportunities, medical and non-medical, offered within the communities they served. Nathaniel Wesley pointed out that many black entrepreneurs got their start as attorneys, accountants and insurance brokers after developing their skills in working relationships with black hospitals.

Modern Healthcare Magazine, October 1, 1990
“Coping with Charity Burden”

In 1990, the 645-bed Charity Hospital, the flagship of the nine-hospital, state-owned system, was on the verge of losing Medicare certification and had lost approval from the Joint Commission on Accreditation of Healthcare Organizations. Elliot Roberts, Charity’s CEO for the past ten years, and other state health officials, forwarded a plan to put the Charity public hospital system under a quasi-governmental authority board.

Modern Healthcare October 30, 1995
“Corporate Diversity Is Johnson’s New Battle”

Walter F. Johnson, III, retired as an Army Brigadier General in 1988. He served as Senior Vice President of the AHA from 1991 to 1993 and as President of the Institute for Diversity in Health Management. The Atlanta-based institute was formed in 1994 to improve healthcare opportunities for minorities and to develop career-awareness and mentoring programs for them. The institute was to be more than a learning lab for ambitious college students. After receiving start-up funds from the AHA, ACHE and NAHSE, the institute set about focusing on altering the attitudes of board members and CEOs. “Minorities account for 20% of the hospital work force, yet hold less than 1% of management positions,” Johnson said. There is also a drive to promote minority awareness of healthcare administration education programs. Many minority students realize the opportunities of going into law, medicine, politics or the clergy. The Institute has set aside \$50,000 for scholarships and grants with \$17,000 of it awarded to 12 students in the fall 2005. Career planning and counseling already are available for those minorities currently on the

administration track. In 2006, the Institute planned to form a mentoring network and an employment database. Yoshi Honkawa of Cedars-Sinai Medical Center in Los Angeles, Elliot Roberts, a professor at Louisiana State University Medical School, and Charles Lauer, publisher of *Modern Healthcare*, spearheaded a committee to raise more than \$10M for the endowment. The bottom line: workplace diversity is a worthy goal of healthcare providers, and most will push ahead, despite the fuzzy future of government-mandated affirmative action programs. But the initiatives will not work unless the impetus comes from the executive suite.

Modern Healthcare Magazine, April 20, 1998
“Minorities See Glass Ceiling”

Minority healthcare executives are markedly less satisfied with their career progress and less happy about race relations in their institutions than white executives. Moreover, while the pay gap between black men and white men in healthcare has narrowed, the gap between black women and white women has widened. Improvement was less than what had been hoped for, observers said. “It’s very disturbing,” said Richard Wade, Senior Vice President of communications for the AHA. The study did not describe the actual numbers of minorities in management positions, “but it does tell you about perception, about discrimination, about how they’re viewed in organizations. Those things are going to take time to clear up. We’ve got to be aggressive.” Previous studies showed that while minorities were well-represented in the American healthcare work force, they have not entered the executive ranks in proportion to their numbers. The ACHE conducted the study in conjunction with the Association of Hispanic Healthcare Executives, IFD, and NAHSE. It surveyed 410 blacks, 408 whites, 264 Hispanics and 124 Asians about their career outcomes, factors that might account for differences in those outcomes and respondents’ attitudes.

The survey follows by five years a similar study by the ACHE and NAHSE which also documented dissatisfaction among minorities and a pronounced pay gap. The disappointing results of the 1992 survey spurred the formation of the IFD. The 1997 study was expanded to include Hispanics and Asians. “We’re committed to doing this study every five years,” said Thomas Dolan, Ph.D., FACHE, CAE, former President of the ACHE. That way, change can be measured over time. Also, the study measures differences in achievements and compensation by gender. That was how a growing disparity in pay gap was detected between white and minority women. That pay gap increased to 17% in 1997 from 8% in 1992, while the gap between black men and white men narrowed to 12% from 18%. Only 47% of black men were satisfied with their earnings while 67% of white men were.

Fortune Magazine, January 9, 2013
Lloyd Dean: The Medicine Man of Dignity Health

Lloyd Dean, CEO of San Francisco-based Dignity Health was featured as a top chief executive in health care. The article goes on to state that some years before Senator Edward Kennedy died in 2009, he was supposed to introduce Dean at the Washington Hilton to a big group of executives, policy wonks, and congressional staffers. Dean was head of Catholic Healthcare West, one of the country’s largest nonprofit health care systems, with 43 hospitals in California, Arizona, and Nevada, and more than 50,000 employees. Before Kennedy arrived, Dean did what he always does — shake hands, pepper questions, tell stories, smile, and engage. When the senator showed up, he admiringly took note. “This guy doesn’t need me,” Kennedy told Dean’s colleague. “He works a room better than me!”

*Association of University Programs in Health
Administration, 2014*

Raymond Grady, MHA, FACHE, President and CEO

Raymond Grady joined Methodist Hospitals as President and CEO on February 23, 2015. He serves as a member of the Board of Directors for the Indiana Hospital Association, and is the Chairman of the Board for the American Heart & Stroke Association Northwest Indiana Chapter. He has worked on health care reform issues at a national level through his service on the American Hospital Association Board of Trustees.

Mr. Grady's career includes a long tenure at NorthShore University HealthSystem just north of Chicago, where he served as President and Chief Executive Officer of the health system and CEO of Evanston Hospital, its flagship hospital. He has also served as the Chief Administrative Officer of Aurora Healthcare, a 15-hospital integrated delivery system. In that position he provided strategic oversight of system wide initiatives in supply chain management, clinical research and Aurora Ventures, the for-profit arm of Aurora.

He is a fellow of the American College of Healthcare Executives and has chaired the Illinois Hospital Association, The Institute for Diversity and currently serves on the board of the Association of University Programs. Mr. Grady most recently was Executive in Residence, Department of Health Policy and Management of the Graduate School of Public Health at the University of Pittsburgh, and has also served on the adjunct faculty of the Marquette University Graduate School of Business, where he taught healthcare management.

Penn Medicine News, 2015
A New Chapter for Al Black

It's not unusual to see Al Black, HUP's chief operating officer, walking through the hospital's hallways—or onto patient-care units—and talking with people. It's how he keeps on top of what's happening. "I think, in my role, some of what I hear may be filtered," he said. "I feel you have to listen to staff, who may be seeing things with a different set of eyes."

This openness and his desire to really listen to people have been his MO for most of his career. In a HUPdate article published shortly after he arrived in 2002, he said, "We need to know what each other is thinking in order to create an optimal work environment." And today, looking back on his career at HUP as he prepares to retire, he's most proud of his work to "encourage greater coordination, cooperation, and team work among various departments."

At a recent farewell party, several employees commented on Black's impact throughout HUP. "He helped talk me through some struggles in my personal life and always gave me hope for the future," said one employee. Another noted "how comfortable Mr. Black always makes everyone feel -- he brings joy wherever he goes."

**Hamad Medical Corporation Executive Wins Prestigious
Global Leadership Award**
Colene Daniel (2015)

Ms. Colene Daniel, Deputy Chief of the Tertiary Hospital Group and Chief Executive Officer of Hamad General Hospital (HGH) has been awarded the prestigious GB Group Global Leadership Award for

Corporate Leadership. The award recognizes Ms. Daniel's 30-year commitment to delivering high quality healthcare both in Qatar and internationally and was presented at a high-profile event in Washington DC last week. Other recipients of awards on the night include United States President Barak Obama's grandmother Sarah Obama, President Dr. Joyce Banda, the first female president of the Republic of Malawi, Ambassador Amina Salum Ali, head of the African Union and businesswoman Ms. Isabel Dos Santos. The GB Global Group was founded by author and academic Dr. Gloria Bozeman Herndon to promote women's leadership in the African American community and the African diaspora. The organization raises funds to support social giving-back programs in healthcare, education and development.

The Hub, Johns Hopkins University

Kenneth Grant takes the Mic: 34th Annual MLK Jr. Commemoration at Johns Hopkins celebrates event's late founder Levi Watkins, M.D. (2016)

"This is a very difficult and emotional time," said Kenneth Grant, vice president of General Services at The Johns Hopkins Hospital, at the packed event on Friday afternoon. "For 33 years the person behind the mic was our friend and colleague, Dr. Levi Watkins." Watkins, the first black chief resident of cardiac surgery at The Johns Hopkins Hospital, made medical history by implanting the first automatic heart defibrillator in a patient in 1980. The procedure is now commonplace, saving an untold number of lives annually. On the civil rights front, Watkins was instrumental in recruiting minority students to the Johns Hopkins School of Medicine. Past speakers at the MLK event have included Maya Angelou, Stevie Wonder, James Earl Jones, Bishop Desmond Tutu, Rosa Parks, and Coretta Scott King.

American Hospital Association Oral History Library John Bluford: In First Person (2017)

One of the highest honors bestowed upon a leader in healthcare is to have your oral history included in the American Hospital Association library. John Bluford was inducted into this august group in 2017. His oral history lists a series of “tops.” *Modern Healthcare’s* Top 25 Minorities in Healthcare (2006, 2010, 2012); *Modern Healthcare’s* 100 Most Powerful People in Healthcare (2006, 2007); Becker’s Hospital Review 40 Most Powerful in Healthcare (2012); Gail L. Warden Leadership Excellence Award from the National Center for Healthcare Leadership (2013), among many others. His articles were published in *Hospitals* (1979); *Healthcare Strategic Management* (1988), *Minnesota Medicine* (1992), *Journal of Health Care for the Poor and Underserved* (1994), *Hospitals and Health Networks* (2011); *Journal of Healthcare Management* (2013), and *Healthcare Executive* (2014).

***Becker’s Hospital Review, 2018* Atrium Health CEO Eugene Woods joins Becker’s Healthcare Advisory Board**

Mr. Woods joined Atrium, previously Carolinas HealthCare System, in 2016. The system is comprised of 44 hospitals and over 900 care locations, and is responsible for more than 11.5 million annual patient interactions. Prior to joining Atrium, Mr. Woods was president and COO of CHRISTUS Health in Irving, Texas and has also held leadership positions at Lexington, Ky.-based Saint Joseph Health System, a part of Englewood, Colo.-based Catholic Health Initiatives, and MedStar Washington Hospital Center in Washington, D.C. He received a bachelor’s degree, a master’s degree in business administration and a master’s

degree in health administration from State College-based Pennsylvania State University.

“We are thrilled to add Gene Woods to our Advisory Board. He is an outstanding leader,” says Scott Becker, publisher of Becker’s Healthcare. Becker’s Healthcare’s 18-member Advisory Board is comprised of a select group of healthcare leaders who advise on the editorial direction of the leading healthcare trade magazine and website. The board is chaired by Scott Becker, publisher of Becker’s Hospital Review. He joins NAHSE members Lloyd Dean and Kevin Lofton on the board.

Catholic Medical Mission Boards

Leaving a Legacy of Change: A Conversation with Chris Allen (2018)

and

Crain’s Detroit Business
Healthcare Heroes (2018)

Chris Allen, CEO of Authority Health, is one of few health care executives in Southeast Michigan who has worked to improve health care for underserved populations as both a hospital administrator and for the last two decades working on public health issues. In his 13 years at Authority Health, Allen has spearheaded a number of projects that have addressed inner-city health problems that range from improving prenatal care to enhancing the primary care physician pipeline and expanding behavioral health services. But his latest passion is preaching how to become a “population health executive” said Allen, a University of Michigan graduate of health care studies and administrator at Detroit Osteopathic Hospital, Hutzel Hospital, and Detroit Medical Center from 1976 to 1995.

Other Collaborations

The Links Foundation, Inc., solicited NAHSE's participation in a national educational and enrichment program entitled Project Lead: High Expectations! This three-year demonstration project was designed to prevent substance abuse, adolescent pregnancy, and sexually transmitted diseases among high risk black youth. With a Federal grant from the Office of Substance Abuse Prevention, Department of HHS, The Links Foundation, Inc., planned to spearhead a national effort to increase the effectiveness of education in the areas of drug and alcohol abuse, and sexuality education for black youth.

National Black Hospital Association

In December of 1988, a group of traditional black community hospital administrators met at the headquarters of the NMA to discuss various strategies to combat the challenge of the waning financial viability facing small community hospitals serving minority populations. Following two subsequent meetings and extensive discussions among the leadership of the ten remaining black hospitals, a new national organization was chartered. The National (Black) Hospital Association was created on September 12, 1989. During meetings in November and December in 1989, the association elected Reginald Ayala, President, Southwest Detroit Hospital Corporation as President and Chairman of the Board of Directors and Charles E. Windsor, President and Chief

Executive Officer, St. Mary’s Hospital, East St. Louis, Missouri was elected Vice-Chairman. In an effort to address the financial plight of the black hospital, Ayala and nine of his counterparts at other black and inner-city hospitals each contributed \$5,000 to launch the National Hospital Association (NHA). In yet another case of “déjà vu” all over again, Ayala was quoted in the July 2, 1990 edition of *Modern Healthcare Magazine* as saying, “We felt the American Hospital Association and the local associations did not adequately address the problems of our hospitals or give enough attention to the minority populations of these cities.” It is not clear whether this effort represented a resurrection of the earlier NHA or an entirely new and different entity.

As described in the article, the initial focus of the organization was to assist hospitals in developing innovative programs unique to their community needs and ones that could work well at other member facilities. For example, Southwest would share information about its managed-care business and Howard University Hospital would offer information about its nurse retention program through which the hospital supported its nursing aides while they pursued their nursing education. A part of the money, however, was to be used to retain the services of an Atlanta-based consulting firm, WRC Associates, Inc., the organization’s association manager responsible for the legal incorporation and organizational development of the new association. Though well-intentioned, the effort never really got off the ground.

The prospective members were:

George W. Hubbard Hospital Nashville, TN.	Norfolk Community Hospital Norfolk, VA.
Harlem Hospital Center New York, NY	North General Hospital New York, NY
Howard University Hospital Washington, D.C.	Southwest Detroit Hospital Detroit, MI
L. Richardson Memorial Hospital Greensboro, NC	Southwest Hospital and Medical Center Atlanta, GA
Newport News General Hospital Newport News, VA	Riverside General Hospital Houston, TX

Leadership and Management

Everett Fox was installed as the first NAHSE president in 1968. He was the consummate Southern gentleman who served as Vice-President and Secretary for New York University Medical Center. His first order of business was to establish bylaws and a functioning organization that expanded beyond its beginnings in that Atlantic City hotel room. Fox was a native of Richmond, Virginia and a graduate of Hampton Institute and the University of Chicago. He was an accountant by training and entered health care as a supervising auditor for the Southern Aid Life Insurance Company in Richmond, Virginia. When NAHSE was formed, Fox was the contracts administrator at NYU. As the first NAHSE president, it was natural that NAHSE activity centered in New York City. Fox, along with his successors, Henry Whyte (1969) and Joseph Mann (1970), continued the formation of NAHSE which was introduced to them by Fox. Because of Fox's steadfast interest in training the next generation of leaders, the Everett V. Fox Student Case Competition is named in his honor.

Haynes Rice was president from 1971 to 1973 and will be remembered for initiating meetings with AHA and ACHA (now ACHE) to advocate for minority leadership in the hospital executive suites. Rice eventually altered his strategy to add the Association of University Programs in Health Administration (AUPHA) to NAHSE's meetings to develop the pipeline of hospital executives. Rice was influential in advocating for the recruitment, retention, and placement of African Americans into the nation's hospital management educational programs. He was also instrumental in contacting the University of Michigan program director John Griffith to recruit students into NAHSE. In 1971, the AUPHA committed to work with university programs to expand minority graduate enrollment from 3.3 percent to 12 percent over a five-year period. In addition, Rice was involved in obtaining funding for students who were

The NAHSE Presidents

1968	Everett V. Fox, FACHE*
1969	Henry J. Whyte, FACHE*
1970	Joseph B. Mann, Jr., FACHE*
1971 – 1973	Haynes Rice, FACHE*
1973 – 1975	Herman Glass, FACHE*
1975 – 1977	Florence Gaynor, FACHE*
1977 – 1979	Donald Watson*
1979 – 1981	John P. Noble*
1981 – 1983	Bernard Dickens, Sr., FACHE*
1983 – 1985	James H. Hazel, DPA, FACHE*
1985 – 1987	Andre L. Lee, DPA, FACHE
1987 – 1989	Everard Rutledge, Ph.D., FACHE
1989 – 1991	William L. Jackson
1991 – 1993	Percy Allen, II, FACHE
1993 – 1995	Howard Jessamy
1995 – 1997	Kevin E. Lofton, FACHE
1997 – 1999	Deborah Lee-Eddie, FACHE
1999 – 2001	Robert Currie
2001 – 2003	Sandra R. Gould, Ph.D., FACHE
2003 – 2005	Patricia Golden Webb, FACHE
2005 – 2007	Christopher Mosley, FACHE
2007 – 2008	Rodney Miller, Sr.
2008 – 2011	Denise Brooks-Williams, FACHE
2011 – 2013	Andrea Price, FACHE
2013 – 2015	Roy Hawkins, Jr., FACHE
2015 – 2017	Anthony King, FACHE
2017 – 2019	Richelle Webb Dixon, FACHE
2019 – 2021	Fabian Stone

**Deceased*

admitted into these graduate programs. During his presidency, Rice was the Deputy Commissioner of the New York City Health and Hospitals Corporation and used his office to bring aspiring students to New York for summer internship programs. The NYC summer program brought Clifford Barnes, Merritt Hasbrouck, Howard Jessamy, Nat Wesley, and Robert Johnson into its ranks. From those early summer internships with the architects of the association, all coincidentally in New York City, NAHSE began to mushroom.

In 1975, NAHSE received a \$250,000 Robert Wood Johnson grant to advance student training and support the organizational infrastructure. In the absence of a permanent leadership and having to rely on voluntary officers with full-time positions, the management of the grant and final reporting was not managed well. In 2007, over thirty-years later, there are personal antagonisms and regrets based on the poor grants management of this program.

The first recorded NAHSE strategic planning retreat was held in 1976 during Florence Gaynor's presidency. She was the only woman at the table in NAHSE's early years and was the organization's first female president. Her training as a nurse with an advanced degree in public health and having served in several hospital CEO roles made her a formidable president. She had a way of speaking her mind that commanded respect. At that time, the greatest explosion of chapters occurred under Gaynor's presidency. Chapters existed in New York, Washington, D.C., Chicago, Detroit, Kansas City, and Virginia/Carolinas. New chapters were developed in Atlanta and Columbus. Under Gaynor's presidency, a membership drive was launched with a disappointing 30 percent response from the members. This was an early attempt to free the association from its reliance on outside funding sources and to rely on membership dues.

Donald Watson was president from 1977 to 1979 and was the first openly gay president of NAHSE. Some have said that members and peer organizations had an arms-length relationship with NAHSE because of Watson's sexual orientation. Watson like Gaynor was aggressive when it came to health care policy. He was instrumental in using his legal background and academic credentials serving as the FAMU program direc-

tor of health administration, and working with the Congressional Black Caucus chaired by Louis Stokes of Cleveland. Gaynor and Watson's presidencies were marked by the number of times they were contacted to give Congressional testimony on health disparities. Watson is also credited with beginning the NAHSE/Congressional Black Caucus relationship where NAHSE was a registered organizational member at the CBC meetings from 1977 to 2000.

During 1980 to 1981, NAHSE hit on financial hard times and moved its national office to St. Louis with its then president John Noble. While Noble was not totally responsible for the raucousness of NAHSE, his presidency was noted for plenty of cards, liquor, and music. Female members of NAHSE were referred to as NAHSE-ettes and were encouraged to keep the president's suite organized and ready for the cocktail receptions. As more women came into the organization, the dismissive NAHSE-ette term was no longer used. Noble arranged for Clifford Barnes, who had obtained a law degree from the University of Virginia, to revise the organization's bylaws. He also worked out an arrangement where Barnes would serve as the NAHSE corporate counsel for no fee as long as Barnes was listed as counsel on the organization letterhead. The organization also nominated Nathaniel Wesley to serve as a member of the ACHE Committee on Minority Affairs and Elworth Taylor was appointed to the AHA Committee on Minorities.

Bernard Dickens was responsible for changing the organization's party orientation and seeking to professionalize its internal operations during his 1981–1983 presidency. Dickens could see that in order for the organization to be taken seriously, both internally and externally, NAHSE was going to have to limit the cocktail receptions and focus on promoting its business meetings and educational programming. Under the editorship of Nathaniel Wesley, Jr. the organization's quarterly newsletter, *NAHSE Notes*, was published regularly. Dickens saw to it that communication and professionalism would be the key to his success as president and that of the organization. He worked with Gail Warden, former Executive Vice-President of the American Hospital Association, to establish NAHSE's National Office at 840 N. Lake Shore Drive, Chicago.

NAHSE piggy-backed its meetings onto AHA and ACHA's annual meetings. Dickens' presence at the Chicago headquarters of AHA stabilized the organization, and provided continuity for telephonic and print communications to members.

NAHSE continued to rely upon the largesse of its presidents to secure resources. Transitioning the president's office from Dickens to James Hazel had positive and negative consequences for the organization. On the one hand, Hazel was dedicated to advancing NAHSE's agenda and he was able to parlay his Ohio presence to work with former Congressman Louis Stokes who became Chairman of the Congressional Black Caucus. Hazel was employed in the public behavioral health sector and so did not have the organizational resources to devote to NAHSE. As a former military officer in the Air Force, he found it difficult working with NAHSE civilians who were not going to respond to his commands. The fact that Hazel was not employed by a hospital seemed to limit his credibility in the organization. Hazel's legacy endures because he wrote his dissertation on NAHSE and left a written record on which NAHSE's anniversary books were developed.

In 1985, Andre Lee took the reins of NAHSE. At the time, he was CEO of Hubbard Meharry Hospital and returned luster to the NAHSE presidency. By his own admission, Lee was an agitator and felt the organization needed to refocus and be reinvigorated. He pushed through the development of the National Education Conference with the first meeting held at the Washington, D.C. based Howard University Inn in 1985. He responded to the membership complaints that they were paying annual dues with nothing to show for their contributions and so Lee instituted a membership roster to clarify who was a dues-paying member and moved to clean up the mailing lists. The membership at the time was 500 and grew upwards to 2,000 members nationwide. He also got NAHSE to file a friend of the court brief on behalf of the residents of Tunika, Mississippi, where federal funds to build a sewage system in the South was not being extended into the African American communities. The "Sugar Ditch" attorney Marilyn Ferrah was a NAHSE member who had completed her administrative residency with Lee and it was to him that she came for

assistance. The importance of Sugar Ditch was evident when the events surrounding the case were reported on the CBS 60 Minutes.

Lee worked with Elworth Taylor, a senior staff specialist at AHA, and Nathaniel Wesley, Jr., the NAHSE executive director, to initiate the first NAHSE educational conference in 1987. After continuing dialog about whether we should or should not have a separate education program from AHA, Lee just instructed Taylor to make it happen and it did. While the attendance at the first and second meetings at Howard University Inn in Washington, D.C. and Atlanta's Pascal's Hotel in 1985 and 1986, respectively, attracted under 50 registrants, it was still a measure of Lee's independence to establish a separate educational program. Lee was an early president to recognize the youth movement of NAHSE and so advanced early careerists in his administration and encouraged their input.

The vulnerability of NAHSE was revealed when the elected treasurer failed to perform his duties and Lee along with his successor Everard Rutledge had to arrange a meeting with the treasurer's Base Commander to retrieve funds that had been inappropriately used. With the organization about to turn 20 years, Rutledge introduced a review of the bylaws and a review of the organization's internal controls. In an attempt to stabilize the organization's finances, the membership of the organization was reclassified to require bachelor's prepared membership and increase the dues structure. While some said the organization was becoming elitist and pushed members out of the organization, the dues increase made up for the loss of membership. Rutledge served as the moral compass for the organization from 1988 to 1989. Being mentored by Everett Fox and Haynes Rice had an indelible mark on him. When he felt NAHSE was veering away from its mission, he reminded the membership to get back on course. Rutledge was president during the 20th anniversary celebration in Detroit where Ayala, Fox, Rice, and Florence Gaynor appeared together on an executive panel for the final time. He remained true to Haynes Rice and Henry Whyte's initiatives to continue a dialog with AHA and ACHA (now ACHE). The first survey of minority attainment in healthcare management was developed by ACHE in collaboration with NAHSE. Rutledge and his successors William (Bill) Jackson and Percy Allen are to be credited with this accomplishment.

Jackson was president from 1990 to 1991 when the decision was made to hire an association management firm on a full-time basis to manage NAHSE. Nat Wesley had been working in a part-time capacity to manage the association through his employer, the consulting firm Urban Health in Washington, D.C. Wesley met Ozzie Jenkins, CMP through a series of contacts and interviewed her about an association management role with NAHSE. Jenkins was setting up her own association management company and saw NAHSE as a potential client. Jackson, Allen, and Wesley visited Jenkins' office, OJA Associates in Silver Spring, Maryland, and soon signed the agreement to retain the company as its association manager.

Percy Allen, II was president when William Jefferson Clinton entered the White House in 1992. Allen, the visionary, could see the importance of public policy and engaging with the new Democratic administration. His skill as president was his sophistication at getting things done by working through people. The highlight of his presidency was the testimony before the Task Force on Health Care Reform in the Old Executive Mansion in Washington, D.C. Allen accompanied by Clifford Barnes, Howard Jessamy, Kevin Lofton, Andrea Price, Tamara Smith, and Nathaniel Wesley testified on health care disparities. Allen established relationships with corporate sponsors to bring money into the organization to support student scholarships. He negotiated the initial ServiceMaster contract and used his relationship with The Kellogg Foundation to fund the development of the policy manual after he had left office. Under his leadership, NAHSE held its first planning retreat in five-years in New York City. In addition, the NAHSE-ACHE joint study on disparities between blacks and whites in career attainment was released. Allen was the first president to use the media to garner attention for the project and *Modern Healthcare* along with ACHE released the study results.

Howard Jessamy, Bill Jackson, Rod Rutledge, Barbara White, and Marilyn Farrah came into NAHSE in 1970 through the New York City summer student program run by Haynes Rice. In 1972, Jessamy along with Rod Rutledge and Nathaniel Wesley, Jr. started the forerunner of the student movement in NAHSE by establishing a New York City student

chapter. Jessamy was NAHSE president from 1993 to 1995. The highlights of his tenure as president will be remembered for many reasons, but particularly for the NAHSE trip to South Africa to open business opportunities for NAHSE entrepreneurs, to consult on hospital management projects, and to identify NAHSE talent to work in South Africa. Several NAHSE leaders were involved in this trip including Percy Allen, Clifford Barnes, Kevin Lofton, Marlon Priest, Patricia Webb, and Alva Wheatley. Howard, along with his twin brother Ronald, was the initial contact who spearheaded this trip. The NAHSE delegation presented an educational program to showcase the talents in the group. Jessamy was responsible for convening the first CEO conference in Florida to allow senior executives to talk informally in a safe space with other senior executives.

Jessamy was the quiet leader of NAHSE working behind the scene to help shape policy and spearhead the organization's vision. While Percy Allen was the originator of the CEO Conference concept, it was Howard Jessamy who requested that the conference include "senior executives" and thus the name change to CEO/Senior Executive Conference. It was his thoughtful way to ensure participation and the ongoing viability of the conference. It was also Jessamy who committed \$10,000 for the first CEO/Senior Executive Conference from Witt Kieffer, the executive search firm, to fund the meeting. He made sure that the conference received this funding for over 13 years running where he has been in attendance at every meeting. A major rift between NAHSE and AHA occurred in 1993 when the AHA Institute for Diversity was established with the former AHA Regional Director Walter Johnson was appointed as its President. Several members thought IFD was 'stealing' NAHSE's signature achievement, the summer work study program. Jessamy was the NAHSE leader who thought taking the summer work study to IFD would remove the variability of quality between chapters and systematize the processes, thus elevating the program's visibility and stature.

Kevin Lofton was president from 1995 to 1997. His presidency was marked by the most sweeping changes to the organization. He initiated the organization's first strategic plan that presaged initiatives the organization pursued for the next twenty years. Incorporated in the strategic

plan was the initiative to update the organization's bylaws. Lofton worked with Clifford Barnes to redraft the bylaws to structure the national office with its chapter affiliates. The bylaws extended the national structure to the affiliates and mandated how the affiliates could use the organization's name and logo and required the chapters to submit annual financial statements. Lofton also secured the paperwork for the organization's 501(c)(3) registration as a non-profit. His presidency was also marked by the most successful financial programs to date in Birmingham and Las Vegas. His most significant contribution was endorsing Tracy Thomas and Eric Conley to develop the Everett V. Fox Student Case Competition which galvanized the youth movement into the organization and allowed them to assume leadership roles. The Case Competition also brought significant external attention to NAHSE by involving corporate officers from various health organizations to participate as judges.

Deborah Lee-Eddie was president from 1998 to 1999. She was the second female president in NAHSE's history, with a gap of 20-years between Florence Gaynor and her term. Eddie was the classic networker who had moved around the country assuming senior executive leadership positions in health care management. She was appointed to the NAHSE board as an at-large member by Howard Jessamy. Her role as an At-Large Board member was to visit NAHSE chapters around the country. This was the major contribution she made to the organization. As a founding member of the South Florida Chapter, she understood the difficulties of starting and sustaining a chapter. She also maintained monthly contact with her committee chairs by calling them to assess their progress in achieving NAHSE organizational goals. This personal touch endeared Lee-Eddie to the members. She was a nuts-and-bolts president who was called 'the general' behind her back. More important than anything she did as president was the transformative role her election did to and for the organization. Her election removed the glass ceiling that existed for women and effectively terminated the NAHSE-ette sobriquet in reference to women members in the organization.

Robert Currie assumed the NAHSE presidency in 1999 and served until 2001. He was the first modern president who had served as treasurer

so he was keenly aware of the organization's finances. He called for an independent audit of the association's finances when he took office. Currie could see that the single source of funding for the organization outside its dues structure was the association's annual and CEO/senior executive conferences. While the change was controversial, he moved to increase the registration fees by 50 percent. His rationale, which was subsequently endorsed by the Board, was that NAHSE provided such a rich networking and educational experience for its members that the members should pay higher fees that were still lower than its competing organization registration fees. Currie gets credit for reviving the organization's newsletter *NAHSE Notes* and was intimately involved in its quarterly publication through his term. He also spearheaded the organization's return to the public policy arena when he worked with Percy Allen to secure grant funding from the Kellogg Foundation to publish a manual on public policy for non-profit organizations. The manual authored by Denise Savage, J.D. continues to be used to educate the membership on grassroots lobbying and advocacy. Currie also gets credit for initiating the chapter visits by the NAHSE president. During his term, he made appearances at the monthly meetings of the Atlanta, Baltimore, Birmingham, Boston, District of Columbia, Chicago, Cleveland, Houston, New York City, Northern California, North Florida, and Northern New Jersey chapters.

Sandra Gould entered her presidential year in 2000 with the 9/11 terrorist attacks at the World Trade Center, the Pentagon, and the downed United Airlines flight in western Pennsylvania. She made the decision to soldier on and have the annual meeting in New Orleans scheduled 30 days later. Gould actively engaged her husband Jim, a Baptist minister in New York, into the emotional healing process of NAHSE following the terrorist attacks. Gould's administration will also be remembered for its development of the Legacy Fund to raise money for NAHSE's treasury and the establishment of an advisory body named The Elders to keep past-presidents involved in the organization's decision-making. The Elders morphed into The Dinosaurs where a number of senior health care leaders, including past-presidents, provided input into Gould's administration. Under Gould's leadership, the *NAHSE Notes* newsletter introduced "The Young Turks" section to highlight the talents of the early

careerists in the organization. In addition, Gould gets credit for developing the NAHSE Hall of Fame to honor the organization's leaders. Over the period, the inductees have included founders Everett Fox, Florence Gaynor, and Haynes Rice, the CEO/Senior Executive education architect Percy Allen, and Carolyn Lewis, the first African American woman to chair the American Hospital Association Board of Trustees.

Patricia Webb was the modern president who formalized the introduction of the youth movement in the organization. She had a clear vision for where she wanted to take the organization in 2003 to 2005. She invested a tremendous amount of her capital in strengthening the organization's committee structure. During the December 2003 retreat in Atlanta, she asked the members to provide feedback on what they wanted to give to the organization. Under her presidency, the public policy and research committees were established. There were two Capitol Hill visits with NAHSE officers and the Public Policy Forum was reintroduced to widespread membership interests at the annual meeting. The Research Committee issued surveys that quantified who the members of NAHSE were; developed a health habits survey; quantified the interest of middle management members for executive coaching; quantified the members' insurance coverage; and identified the policy interests of the members. The organization also unveiled its new website that was to serve as a membership tool for communication. In addition, the Student Summit was introduced in Atlanta as a stand-alone meeting for graduate students. The meeting highlight included the Nathaniel Wesley, Jr. Brain Bowl where students competed for scholarship dollars based on their health care knowledge.

Christopher Mosley served as president from 2005 to 2007. He is credited with introducing monthly conference calls with his executive committee members to enhance communication, opening the Executive Committee meetings to include committee chairs of the Association, and for initiating the search for an association executive director. His executive committee authorized the use of executive search firm The Desir Group to initiate the process and to start the conceptual process of thinking through the organizational structure and scope of responsibilities for

the new executive director. He, along with Patricia Webb, developed a relationship with General Electric to participate in their minority training initiative in health care. He is credited with strengthening the organization by paying off the association debt and introducing fiscal discipline. Mosley was a believer in leaving a written legacy as the organization moved into its 40th anniversary year by initiating the development of the NAHSE History Project that culminated in a chronicle of the organization. Finally, Mosley pushed the concept of developing middle managers to enter the corporate suites of health care organizations by commissioning the development of the Middle Management Institute.

The chapter on Rodney Miller's presidency was short-lived after he took the reins in 2007. His vision for the organization included establishing bridges to other African American health related organizations to advance the issue of access to health care. Miller was the first sitting president to have fulfilled so many executive committee seats prior to becoming president where he served as parliamentarian, secretary, and president-elect in three different administrations. Miller introduced the leadership trademark "Together we can. Together we will."

Denise Brooks-Williams (2008–2011) entered her term of office prematurely due the resignation of her predecessor. She served as co-chair of the 2005 NAHSE Annual Meeting in Detroit that supported the retirement of NAHSE's long-term debt at the time. Prior to being installed as president, she served as Board Member-at-large and received the Young Healthcare Executive of the Year. Her personal character, leadership skills, and support by the activist Detroit Chapter for which she served as president kept the national organization moving during a transition year. Denise took Rodney Miller's strategic plan and built upon it. Her major goals were to develop NAHSE's infrastructure, enhance member services, grow the membership, maintain the organization's finances, and advance the organization's visibility in public policy. She did so while keeping an eye on building relationships with her executive committee, board, chapters, and membership. She spearheaded the movement of services from the Association's long-time association management firm, OJA Associates, to a full-time executive director with offices on Connecticut Avenue in

Washington, D.C. Brooks-Williams' undeclared goals were to maintain the professional credibility of the organization and transition from being volunteer-dominated to being professionally managed. She accomplished her declared and undeclared goals in spades all while assuming the presidency of a new hospital, relocating her family, and celebrating NAHSE's 40th anniversary in Atlanta. A thorny issue that she tackled was consolidating the CEO Conference and the Student Summit into the NAHSE Annual Meeting along with the Fox Student Case Competition. She engaged the past-presidents to get support for this initiative which continued for three annual meetings. Under her leadership, the organization's website was upgraded and a digital version of NAHSE *Notes* was introduced.

Denise was the first sitting president who involved her children into the lifeblood of the organization by bringing them to the annual meetings and leadership retreats. The exposure of her daughters to the world of work and volunteerism in NAHSE was a milestone for the organization and exemplified that being organized and cool under fire kept the organization moving forward. Even with the loss of the organization's executive director, Denise maintained the services of the office manager and recruited another staff member as an assistant. Her hopes and aspirations for NAHSE were that it continue to mature and engage the next generation of leadership by preparing Gen Y to run the organization and invest in its mission of advancing minorities in health care leadership positions.

Andrea R. Price assumed the NAHSE presidency in 2011 as the organization continued its financial growth and stability. Her deep roots in NAHSE began with her first meeting at the Howard Inn in Washington, D.C. as Nat Wesley, Haynes Rice, and others worked to revitalize the local organization while holding its first national conference. Andrea volunteered to serve on the Membership Committee and to begin the arduous task of identifying individuals who had been a part of NAHSE and others who were interested in joining. She quickly became recognized for her ability to get things done and served on the Executive Committee during the presidencies of Percy Allen and Howard Jessamy as Secretary and Membership Chair. At the same time, Andrea helped to build the

Washington, D.C. Metropolitan Chapter and served in various officer roles. Her efforts continued at the local and national levels as an Officer and At-Large Board Member, as well as a past Chair of the Student Case Competition (during its infancy), past Co-Chair of the Senior Executive Conference, Chair of Awards, and Chair of the committees on Chapter Development, Annual National Educational Conference, and Strategic Planning.

Prior to leaving the Washington area, Andrea volunteered her services to NAHSE and worked with OJA and the National Office to improve the membership process and annual conference processing. Early on Andrea was the recipient of the NAHSE Young Executive of the Year Award and later was recognized as the NAHSE Senior Executive of the Year. Only one other NAHSE member has received these two awards. Andrea's commitment of service to NAHSE continued as she transitioned from Michigan to Ohio and assumed the role of president.

NAHSE Turns the Page to Its Future

Roy Hawkins, Jr. was introduced to NAHSE as an undergraduate student at Howard University in Washington, DC. He participated in the NAHSE Summer Work Study program at Washington Hospital Center where Clarence Brewton served as his preceptor. He spent a subsequent summer at the University of Michigan where he was introduced to Denise Brooks-Williams, Joy Calloway-McIntosh, Audrey Smith and other members of the NAHSE Detroit Chapter. During his graduate school matriculation at Florida International University, he participated in the Everett V. Fox Student Case Competition and the Institute for Diversity Summer Enrichment Program (SEP). After graduate school, he formalized his participation in NAHSE becoming the chair of the NAHSE Student Forum. He later served as parliamentarian and president of the South Florida Chapter, parliamentarian of the Atlanta Chapter and is a founding mem-

ber and a past parliamentarian of the Veterans Administration Chapter. In 2011, Roy was elected as president-elect of NAHSE.

Roy began his career with the Department of Veterans Affairs in 1998 and advanced to various senior leadership positions. He is one of the few executives in the industry who has been employed with federal, public, non-profit, and for-profit hospitals. Returning to his Florida roots after several years in Virginia, he recognized the importance of working in his childhood neighborhood with the responsibility of being the hospital CEO.

Roy gets credit for moving the organization to “the next generation of leader.” During a summer leadership meeting, he convened Deborah Lee-Eddie, Kevin Lofton, Patricia Webb, all former NAHSE national presidents, to discuss moving the organization forward and capturing the participation of the millennial generation. This meeting tested his hypothesis that NAHSE needed to give leadership opportunities to Generations X and Y for the long-term future of the organization. He is proud of his Institute for Diversity Board role and gaining access to ACHE and AHA leaders. During his presidency, he came to realize the power of his NAHSE role as evidenced by the number of telephone calls asking for his opinion, seeking guidance on minority health care issues, and providing references from search firms seeking diverse talent. He worked tirelessly to develop linkages with other sister organizations. He was the first to recognize that these sister organizations were “better together” which subsequently became the moniker for ACHE, Asian Healthcare Leaders (AHLF), NAHSE, National Forum for Latino Healthcare Executives (NFLHE), and the LGBTQ affinity groups coming together to promote common goals at the ACHE annual meeting in March 2018 which proved to be an enormous success.

Roy’s vision for the future is that NAHSE continue to renew its commitment to its mission: to promote the advancement and development of Black healthcare leaders, and elevate the quality of health care services rendered to minority and underserved communities. While the focus of the organization has been on the recruitment and retention of

African Americans in leadership roles, he wants the organization to focus on the mission of addressing quality health care service delivery.

Anthony King (2015–2017) brought his twenty-five year background in health plan and practice management to the office of president. Having served as Detroit chapter president and National treasurer, he brought fiscal discipline to the organization with an emphasis on investments and long-term strategic planning. His emphasis was on “growing the organization” for the next fifty-years. While he is reluctant to take credit for his relationship building with the Association of University Programs in Health Administration (AUPHA) and Council on Accreditation of Health Management Education (CAHME), the major pipelines for undergraduate and graduate health management programs, his actions grew university participation in the NAHSE case competition.

Anthony’s presentation to the AUPHA board of directors and presentation at its Kansas City annual meeting cemented an important relationship with graduate faculty who support the teams attending and participating in the Everett V. Fox Student Case Competition. The case competition team members ultimately become future NAHSE ambassadors and organizational members who become chapter and national officers who advocate on behalf of the organization. The relationship also reinforced AUPHA and CAHME’s commitment to diversity which is contained in each organization’s mission, vision, and value statements and in their strategic plans. CAHME’s award program provides \$5,000 to universities to support travel and participation at the NAHSE case competition.

AUPHA in celebration of its 70th anniversary in 2018 published its own history book which drew liberally from the American College of Healthcare Executives (ACHE) 75th anniversary book, *Coming of Age* (2008) and the National Association of Health Services Executives (NAHSE) 45th anniversary book, *45 Years of Breaking the Color Line in Health Care Management* (2013). AUPHA held three of its board meetings at NAHSE’s annual meetings in Detroit, Las Vegas, and San Antonio due to Anthony’s leadership. He also reached out to the ACHE’s chapter

affiliate Chicago Health Executives Forum where he was invited to speak at its first Diversity and Inclusion summer program with Asian, Latino, and LGBTQ affinity groups.

Looking forward, Anthony wants NAHSE to triple its membership and staff, own its office space, create an endowment fund for future growth, recommit to advocacy, and continue to enhance the organization's relations with ACHE, AHA, AUPHA, and CAHME.

Richelle Webb Dixon assumed the helm of NAHSE at its 2017 San Antonio meeting. As President Obama remarked when he endorsed Hillary Rodham Clinton's candidacy for President of the United States, "No candidate is more prepared to assume the presidency." The same comment could be said of Richelle. She was introduced to NAHSE as a graduate student at the University of Michigan's School of Public Health. Her professor Richard Lichtenstein, Ph.D. invited the Detroit NAHSE Chapter to present to a class and Richelle's relationship with NAHSE began.

After graduation, she relocated to Houston to begin an administrative fellowship at Memorial Hermann Health System and joined the Houston Chapter where she served as Education Program Chair. After relocating to Mayo Jacksonville, she was a founding member of the North Florida Chapter and served as its secretary. She assumed the leadership of the Everett V. Fox Student Case Competition along with Carlton Inniss and became recognized for her organizational skills. After managing the competition for three-years, she had the leadership acumen to train a cadre of former case participants to assume leadership roles through a carefully orchestrated succession plan. This strategy was a gateway for emerging leaders to manage an important aspect of the annual meeting where they could be recognized and triaged to national committees. After her role as case competition lead, Richelle was the National strategic planning chair, secretary, national parliamentarian, and board member-at-large prior to becoming National president-elect.

Immediately after assuming the presidency, Richelle moved to upgrade the organizational website and news magazine. Her strategic fo-

cus is on advocacy, sustainability, and innovation. She has taken the NAHSE moniker “training the next generation of leaders” and put it into action. She added the Early Careerist Liaison position to the Executive Committee, and pursued enhanced relations with ACHE and AHA with assistance from Kevin Lofton. At the helm as she prepares to celebrate the 50th anniversary of the organization, she wants NAHSE to have a strong presence in Washington, D.C. in collaboration with the Congressional Black Caucus. In 2019, NAHSE will relaunch its Capitol Hill visits to advocate for health care for all. Comparable to the sentiments expressed by her predecessors Roy Hawkins and Anthony King, Richelle wants a secure foundation and infrastructure for the organization. She tapped treasurer, Al Webb to launch the NAHSE endowment with a silent launch that brought in \$100,000. Richelle is working closely with president-elect Fabian Stone to make the transition process seamless.

As Fabian Stone prepares to take the baton from Richelle, he plans to advance her three-tiered approach of advocacy, sustainability, and innovation to ensure the viability of NAHSE through action. He wants to advance organizational initiatives, engage people internal and external to the organization, and network to promote the organization’s strategic plan and financial sustainability. He also wants to look to having an impact on the health and welfare of African Americans through relations with the American Heart Association, American Cancer Society, HIV Society, and to cascade these relations from the National office to NAHSE’s 29 chapters.

Fabian brings his leadership as past-president of the North Carolina chapter and National treasurer. He started his NAHSE journey as a scholar in the AHA Institute for Diversity cohort in Huntsville, Alabama. While he was in Huntsville he met Kevin Lofton when he was president of UAB Hospital and Antoinette Smith Epps who was president of the local NAHSE chapter and COO at Cooper Green Hospital. When he returned to North Carolina, he met Michael Wright and Patricia Golden Webb at Wake Med where he became an active N.C. chapter member. Fabian wants to use NAHSE data in decision-making so it maximizes the organizational voice in the area of disparities. His focus will be innovation

NAHSE has been a beacon to aspiring health care leaders. The organization allows its' members to be heard, appreciated, guided in the best interest of health services delivery. The organization's 50-years have meant a great deal for so many.

*Richelle Webb Dixon, FACHE
2017–2019 president*

to advance organizational initiatives, engaging people internal and external to the organization, and networking to promote the organization's strategic plan and financial sustainability.

The Presidents Look Forward

The former NAHSE Presidents who have remained engaged compliment the new generation of NAHSE membership. They think the young are smart, aggressive and polished; more so then when they were coming through the pipeline. They reflect that NAHSE is a major part of the students' development because of leadership opportunities provided to them through mentorship and the ability to showcase their talents through the Everett V. Fox Student Case Competition and the organization's committee structure.

Presidents of the 1980s and 1990s remarked that the organization has not remained committed to its mission—promoting health care management as a career option and helping to secure employment opportunities for African Americans. Their advice to emerging NAHSE leaders is to set an aggressive agenda that challenges the status quo; to open the doors of opportunity to those who want to pursue a health care management career; and to serve as a national sounding board on policy issues that

affect minority populations. In addition, the former Presidents want to see the fulfillment of a NAHSE endowment to put the organization on a firm financial base with the recruitment of a full-time Executive Director who is based in Washington, D.C.

The Presidents remain committed to NAHSE because it provides a valuable forum and platform for African Americans to discuss the future health care delivery environment. The concern expressed by many is that in the absence of a paid Executive Director to evaluate the organization's leadership team and to make sure operations are on target, there is too much opportunity for the organization to be hijacked by the ambitions of a sitting president. The presidents were particularly sensitive to the issues of personal ambition and loss of an organizational-line-of-sight. Because the NAHSE membership behaves more like a family unit than a business, there is more room for dysfunctional relationships where poor performance is tolerated. Each president has wanted to leave a personal legacy which, in some cases, can come at the expense of the organization.

The relationships of the NAHSE presidents and officers are rich and deeply connected as evidenced by their history through graduate programs at the University of Chicago, University of Michigan and Cornell University. In the early years, the elected presidents who graduated from these programs included Percy Allen, Everett Fox, William Jackson, Howard Jessamy, Andre Lee, Deborah Lee-Eddie, and Haynes Rice. Senior executives who assumed leadership roles in the organization also graduated from these programs that included Clifford Barnes, Dewey Hickman, Robert Johnson, and Nathaniel Wesley. At some level, their management styles were similar because of their academic preparation and personal association.

Money consumed the time of each president. The vulnerable financial position of the organization saw fund-raising efforts through various administrations. Florence Gaynor worked with the Oram Group to initiate a United Negro College Fund phone-a-thon, Sandra Gould initiated the Legacy Fund, and Patricia Webb initiated the one-million dollar campaign to raise money so the organization could recruit and retain an executive director.

Several past-presidents advocated for a change in organization structure. While there was no consensus, there was movement to have a paid executive manager who would hold the title of president/chief executive officer who would be housed in Washington, D.C. The president/CEO would perform the functions as the chief of association operations and policy and collaborate with the elected chairman of the board and the other officers. The president/CEO would be the spokesman for NAHSE and would remove operations being the prerogative of elected officers who currently have a two-year term of office. This change would require a major philosophical change on the part of the organization leadership.

In addition, past-presidents have registered their concern about the balance between public policy and service. The organization has essentially abdicated its public policy role since 2000 when its relationship with the Congressional Black Caucus came to an abrupt end. NAHSE didn't lose its interest in public policy, it just started to become focused on service through its annual meetings, CEO/Senior Executive meetings, and its committee structure. Several presidents would like to see a return to the policy front with a more active role on Capitol Hill.

A strategic orientation was recommended and there are numerous calls for a strategic planning retreat where officers and members can put their feet up and ask the hard questions such as who does the organization represent; what do the members want and need; what should the organization do to better meet the identified needs of members; and what quality control is there to ensure service delivery. In looking forward, the presidents recommended that future presidents be focused on the financial independence of the organization, the creation of association products to raise money beyond the dues structure, performing market research to adjust to the changing needs of the members, hire staff to implement new strategies, and build the organization infrastructure to service individual member and chapter needs. Inter-professional relationships with other health care groups such as the Black Nurses Association and the National Medical Association were also recommended by the presidents.

The number of entrepreneurs in the organization has increased and one president in particular remarked that NAHSE needs to do more to

advance their businesses. In addition, several presidents remarked on how insular the organization had gotten and that the presidents and officers of NAHSE needed to appear at other professional organizations and report on the activities of NAHSE to raise its visibility.

Over the past 50-years, black advancement has morphed into minority advancement. Not only does minority include blacks, Hispanics and Asians, but it also includes women. NAHSE has to compete with other organizations for scarce resources. So, the question is raised, do organizations like NAHSE need to exist? The resounding response from the members is yes. The majority of the members reflect on their isolation in their current organization and the importance of having a sounding board of people with whom there is a common bond of history and cultural norms.

A major challenge ahead is to create a wider open door for blacks in future health care executive positions. It is a factor impacted fourfold. First, there is a wide leadership gap to close. According to a 2012 study by the Institute for Diversity in Health Management, Whites represent 86 percent of C-suite executive leadership, while blacks account for only seven percent. Second, while minority graduate students in healthcare management programs grew significantly between 1990 and 2010, from 14 to 42 percent, enrollment does not necessarily translate into opportunities. Third, the industry's narrow pipeline to recruit minority talent has led to the false assumption of a limited talent pool. Fourth, as identified in the 2008 follow-up study on Race/Ethnic Comparison Career Attainments in Healthcare Management conducted by the American College of Healthcare Executives, organizations need to initiate succession planning to include identifying talent that would come from a diverse work force. In a 2012 survey conducted by the American Hospital Association and its affiliated Institute for Diversity in Health Management, while the majority of the 900 hospitals surveyed indicated they offer staff training to address patient culture and language, fewer than half had implemented a program to find and promote diverse employees.

Each of these challenges makes it imperative to promote the vision of NAHSE, to have a seat at the table when it comes to the future delivery

of healthcare, and to have the essential talent to pursue our strategic goals. Our success depends on growing a strong volunteer base that will serve the organization in new ways. To yield measureable outcomes, NAHSE will have to change the way we ask people to support our goals. That means engaging volunteers in new and vibrant ways; leveraging internet and smart phone technology and new micro-volunteering strategies that maximize skills through minimum commitments of time.

Andrea Price's comments as president speak volumes as she reflected on the question posed by former President Rod Rutledge in his NAHSE *Notes* article "To Join, or Not to Join—Should African-Americans Join NAHSE?" (September 1987). Her response was an unequivocal "yes." Her vision and goals for the Association:

- Maintain the relevance of NAHSE's founding commitment to black healthcare executives and commit that NAHSE will remain pertinent to our future health care leaders;
- Ensure a mentoring environment where experienced professionals pass along knowledge allowing future leaders to safely learn and seek advice;
- Develop a plan for NAHSE to have a seat at the decision table and equal representation with other organizations that have a voice in closing the gap in health disparity and health equity;
- Introduce a succession plan for the organization where "the next generation" is developed for leadership opportunities;
- Embrace the inclusion of a diversified membership beyond the current hospital-centric focus.

As NAHSE celebrates its 50th anniversary in Orlando, Florida, the torch has been passed to a new generation of leader. Roy Hawkins, Anthony King, Richelle Webb Dixon, and Fabian Stone reflect how the transition of power should be conducted. The founders and succession of presidents have advanced the organization and mentored its current leadership. Now, it is time for the past to transcend to its future.

The National Office

The NAHSE National Office was initially located in New York City and managed by Robert Merritt, a part-time executive director who held a full-time position as Administrator of the Marcus Garvey Nursing Home. Merritt served as executive director for two years until he took a leave of absence in 1974. After the conclusion of the Robert Wood Johnson grant in 1978 that provided a subsidy for the management office of NAHSE, the office headquarters traveled with the National president to St. Louis, Missouri. For three years, the office was wherever the elected president resided and the NAHSE president merged the national office functions into their hospital governing role. When Bernard Dickens assumed a vice-president role at the American Hospital Association, he negotiated with then Executive Vice President Gail Warden to relocate the NAHSE National Office at the AHA headquarters address at 840 N. Lake Shore Drive. This arrangement worked as long as Dickens and Warden were at AHA, but the careers of these men soon took them away from AHA to hospital leadership roles.

Nathaniel Wesley, Jr. assumed the NAHSE executive director role during his tenure as Vice President of D.C.-based Urban Health and Health Care Systems, Inc., a minority owned health management consulting firm. Wesley meticulously cared for NAHSE during this period and took on the added role of NAHSE newsletter editor. Maintaining a full-time job and managing NAHSE was not a functional solution for Urban Health, NAHSE, and Nat so in 1991, he knocked on Ozzie Jenkins' door for advice. Ms. Jenkins was the president of OJA, a professional association and meeting management firm in Silver Spring, Maryland. Wesley approached Jenkins to consider managing NAHSE as one of her clients. Jenkins had worked for Slack, Inc., an association management firm with offices in Maryland. When the firm was ready to close, Jenkins put a bid on the company and was successful in her offer. She changed the name

of the firm and went into business for herself. As she said, “I had no husband or children at that time and so taking the risk of starting my own business was a life-long dream.” Percy and Fay Allen, William Jackson, Howard Jessamy, and Nat Wesley visited OJA’s offices and discussed the management of NAHSE. Within 60-days, Allen and Jessamy had signed the contract to secure full-time association management expertise for the organization.

The seventeen-year relationship with OJA was a sound one. OJA successfully managed through the terms of eight national presidents, 16 national education programs, and 12 CEO/senior executive conferences. Jenkins was the rare person who worked with over 80 national committee chairs and co-chairs and over 100 chapter presidents and treasurers. While the OJA-NAHSE relationship had been a good one, it was often strained due to various personalities who came to the National Office with demands that were perceived by OJA as unrealistic. There were tremendous loyalties between the original signers of the OJA-NAHSE agreement. As the years passed, new relationships that lacked the historical context of the original agreement tested the longevity of the OJA-NAHSE agreement.

In May 2007, the Board of Directors voted to retain the services of Atlanta-based The Desir Group, Inc. to complete the search for a full-time executive director. Long-time NAHSE member and Desir President, Etheline Desir and Desir Vice-President Neysa Dillon-Brown were the team who drafted the job prospectus and began interviewing candidates. The communication of this new thinking was met with some resistance from OJA. After all, OJA had been the long-time meeting planner who had been pulled into managing the daily activities of NAHSE. The sentiment was expressed that NAHSE as an organization was showing disrespect in the manner in which the recruitment of an executive director was being managed. There were a number of questions to answer with the recruitment of an executive director—where would the executive director reside; to whom would the new ED report; how would the ED and OJA interface; who would control the organization’s resources; and could association management and meeting planning roles be bifurcated

to meet the long-term needs of the organization without jeopardizing service quality?

The aforementioned questions were being answered when Charlisa Watson officially took the reins as the Executive Director of the National Association of Health Services Executives on February 1, 2008. Ms. Watson came to the job with clinical and management expertise. A nurse by training with an M.S. in health management, she served as the interim Executive Director and Chief Operating Officer of the National Black Accounting Association and as Operations Manager for the National Medical Association. Familiar with the Washington, D.C. scene, Watson along with the co-chairs of the NAHSE Transition Committee, Christopher Mosley, NAHSE immediate past-president, and Clifford Barnes, NAHSE corporate counsel, and search executive Neysa Dillon-Brown organized weekly conference calls to reorganize the NAHSE structure and reporting relationships.

Watson, who was well versed in the life blood of association politics, established a 90-day transition plan to separate NAHSE activities into an independent office in Washington, D.C. Along with the NAHSE executive committee chaired by president Denise Brooks-Williams and the Transition Committee, Watson identified those financial and operational issues that needed to be addressed as the organization transitioned into new headquarters at 1140 Connecticut Avenue. The tenure of Charlisa Watson ended with her recruitment by a national insurance company. The executive committee moved quickly to supplement the office staff by recruiting Stephanie Anderson to complement the work of Beverly Glover. For ten years, Ms. Glover has been the backbone of NAHSE and will celebrate the organization's 50th anniversary in Orlando, Florida on October 10–12, 2018.

The NAHSE Logo

Donald Watson, J.D., is given credit for developing the NAHSE logo in 1978. The blue logo seal contains seven symbols imbedded into three concentric circles. The center circle contains a pyramid that serves to support the core principles of the organization—community service, education, health care access, and knowledge. The second innermost circle contains the building blocks of its core principles—the man/woman for community/networking and coming together; the serpent and rod for health care access, the lamp for wisdom and knowledge; and the scroll and pen for education, publication, and learning. The outermost circle contains the cross that stands for protection and neutrality consistent with the symbol adopted by the American Red Cross and the multinational pharmaceutical and diagnostic healthcare giant Johnson & Johnson.



Bylaws and Committee Structure

Clifford Barnes, J.D. has served as the NAHSE general counsel since 1997. He began providing bylaws consultation to NAHSE as a University of Virginia Law School graduate. Barnes with an MBA from Cornell had worked for Haynes

Rice, a NAHSE founder who was Deputy Commissioner of Health in New York City. After obtaining his law degree, Barnes provided pro bono work to NAHSE until he struck a deal that put his name on the NAHSE stationary as general counsel which served as payment in full for services rendered.

During Don Watson's presidency, Barnes revised the original by-laws and during Kevin Lofton's presidency, he incorporated the chapter designations and outlined chapter relationships with the national office. The original committee structure included the Executive Committee, Program and Education Committee, Membership Committee, and Special Committees appointed by the president. Since 1997, Public Policy, Scholarship, Everett V. Fox Student Case Competition, CEO/Senior Executives Conference, Membership, ACHE Liaison, Research, Student Summit, and Website responsibilities have been added and revised over time. The proliferation of committees and the demands of the committee chairs exacerbated the tension in the OJA-NAHSE relationship. The Executive Committee and Board revised the organizational structure so there is clear delineation of responsibilities and the service needs of the members are met.

The Entrepreneur Committee

The Entrepreneur Committee was established in 1997 to support the business interests of NAHSE members. The newly constituted committee was chaired by former NAHSE president Andre Lee. The membership was composed of business leaders interested in providing their accounting, insurance, IT, management, and technology services to NAHSE institutional membership. For the most part, the committee has served as a sounding board and

mini-support group for business people in the organization. The committee membership co-exists with two competing member philosophies. On one hand, the committee members feel NAHSE should be a place to network for business and the organization leaders should hire the NAHSE entrepreneurs because they are known quantities. On the other hand, some committee members feel the organization leaders are not obligated to purchase anything from the members unless it meets a business need and the entrepreneur can compete against other vendors. Antoinette Hardy Waller joined Andre Lee in co-chairing the Entrepreneur Committee to continue promoting the business interests of its members through promoting their presentations at the annual and CEO/Senior Executive conferences and serving as the business-connectors to spotlight them in the organization's publications. Webinars were introduced in 2012 to expand the reach of entrepreneurship in the organization.

NAHSE Notes

The first NAHSE newsletter was the *Resume* published in 1972 under the editorship of executive director Robert Merritt. The publication continued as a quarterly publication under Merritt until his 1974 resignation. Forever in the background was Nathaniel Wesley, Jr., the unofficial organization historian, who picked up the mantel and continued to collect updates and publish the organization newsletter under its new name NAHSE *Notes* through 1990. At the December 1997 Leadership Retreat in Biloxi, Mississippi, president Robert Currie and Cincinnati Chapter president Otis Story recommended that the newsletter be reconstituted. Diane Howard and Lorraine Jenkins served as co-editors until Lorraine's death in 2003 when Howard continued as editor through 2005. The editorship was passed to Carrie Harding and Andre Lee introduced an electronic format to communi-

cate to the membership. In 2009, Stacy Marshall assumed the editorship. From 2011 to 2013, the electronic newsletter editorship was managed by Andre Lee and Diane Howard. The *Notes* is being co-authored by Cachet Colvard and Christian Balcer in 2018.

The *Notes* serves as an important link to the membership by providing valuable updates on the organization's direction, spotlighting national and local chapter activities, and announcing membership advancement in the field of health care management. The *Notes* provides a link to the members who have been unable to attend national and local chapter meetings and serves as the glue to those who have no chapter in their locale.

Everett V. Fox Student Case Competition

Tracy Thomas went to NAHSE president Kevin Lofton in 1995 with the idea of developing the case study format during the annual meeting to showcase the talents of matriculating graduate students in business and health management. Thomas had seen how effective student talent could be developed through the case format presented at the Black MBA annual meeting. She strategically determined that carving out a student space at the annual meeting would expand NAHSE's reach into the academic community and engage students in the organization. Thomas was joined by Eric Conley to develop the case study philosophy. The new program was named after Everett V. Fox, one of NAHSE's founders and its first national president. NAHSE leaders have come through the Case Competition ranks including Tamara Austin, Christian Balcer, Alton Brooks, Kyle Buchanan, Mario Harding,

Brionne Holiday, Robin Hunt, Carlton Inniss, Michael Robinson, Shreeta Quantano, and Briene Simmons.

Each year the case has been funded by a health care provider. Along with the Case Competition Committee, the health care provider develops the script of the case. Over the years, the sponsors have been the American College of Healthcare Executives, Catholic Health Initiatives, Catholic Healthcare Partners, Chesapeake Regional Health System, Deloitte Consulting, GE Healthcare, Hospital Corporation of America, Kaiser Permanente, Schneider Regional Medical Center, Trinity Health, University of Alabama at Birmingham Health System, and the University of Maryland Health System, to name a few. The case competition runs for three-days of the annual meeting with up to 35 teams participating for the first, second, and third place financial awards. Since the inception of the program in 1996, NAHSE has awarded over \$400,000 in student awards.

Kevin Lofton was wise to encourage Thomas in establishing the program as it has become the major activity at the annual meeting. Friendships and professional relationships are formed that last a lifetime not only between students and schools, but with the professionals who volunteer to be judges. The judges have proved to be an invaluable source of career advice for the students.

Public Policy Committee

NAHSE's involvement with public policy ebbed and flowed over the years. In the early years, Florence Gaynor and Donald Watson shared a mutual interest in public policy as it affected minority patient care and employment issues.

They were the leadership who advanced public policy interests. With the location of NAHSE operations into the AHA headquarters in Chicago from 1981 to 1985, NAHSE was limited in its efforts in the legislative and regulatory arena because of its agreement with AHA to refrain from policy development that might contradict AHAs position. With the NAHSE office relocation to Washington, D.C. under the management agreement with Urban Shelters and Health System, NAHSE could re-enter the policy arena. Otis Glover reorganized the public policy initiatives in 1997 when he was appointed by then NAHSE president Deborah Lee-Eddie. The public policy directives of the organization had been the domain of the association president and executive committee. By virtue of its location in Washington, D.C. adjacent to federal and state policy deliberations, the Washington Metropolitan Chapter of NAHSE assumed the de facto public policy leadership role. Glover, who was located in Buffalo, New York was able to think strategically about the organization's policy direction in the absence of 'Potomac fever.' He developed a clear outline of where the Association's priorities should be. His directives integrated nicely into the work that Denise Savage was leading with the development of a training manual on grassroots legislative advocacy.

The Committee took off under the leadership of Charlotte Collins, an attorney, educator, association executive, and Washingtonian who knew her way around D.C. Appointed by then president Patricia Webb, Collins arranged Capitol Hill visits for the senior officers of the Association. Pat Webb also gave testimony on minority health workforce issues to the U.S. Congress on September 30, 2004. In addition, Collins organized the development of the public policy forum at each annual meeting by inviting prominent national speakers to discuss policy issues to keep the membership apprised of federal and state issues; she wrote a policy column in *NAHSE Notes* from 1998 to 2005; and served on the NAHSE Research Committee so that research could compliment the organization's policy initiatives. As Collins relinquished the chairmanship to Audrey Smith and Knitasha Washington, the direction that she set continues to be a major focus and highlight of the annual meeting. The Committee is chaired by Audrey Smith and Tyra Tomlin.

Research Committee

The Research Committee was introduced in 2004 by then president Patricia Webb when a group of educators approached her about working to develop NAHSE's policy positions with data from its membership. The Committee introduced surveys on the demographic profile of the membership, health habits, health insurance, public policy, and 2008 presidential candidate preferences. The Research Committee held workshops from 2005 to 2007 to collect and present data from and about the membership. The Committee began working with the Everett V. Fox Student Case Competition to provide quality control advice and to read and score the paper submissions from the student teams. In 2006, the Research Committee began work on the history project that culminated in the development of the fortieth anniversary history of NAHSE. The second and third editions of the history book were introduced in 2011 and 2013. The Committee is chaired by Keith Elder, Ph.D. and Ebbin Dotson, Ph.D.

Student Summit and Student Forum

Activities for students centered on the Summer Student Work Study established in 1973. A formal student request came from Kimberly Reynolds to then NAHSE president Sandra Gould in 2002 to initiate the Student Connection. Members of the Committee would liaison with universities to recruit students into NAHSE. This concept morphed into the first Student Summit in Atlanta

on February 4–5, 2005 with Kimberly and Bernard Mims serving as the meeting co-chairs under then president Patricia Webb. The purpose of the Summit was to allow the undergraduate and graduate students to attend workshops, participate in the Nathaniel Wesley, Jr. Brain Bowl for scholarship dollars, and to network with employers from across the country. The event was so successful that subsequent events were held in Dallas, Atlanta, and Miami in 2006, 2007, and 2008, respectively. Attendance exceeded 150 students for each of the events. Corey Fleming and Stonish Pierce served as the Summit co-chairs, which was renamed Emerging Leaders Conference.

The Student Forum, which was renamed the Young Healthcare Professional Forum and now functions under the Early Careerist Liaison Committee, is a component of the National Education Committee. Kimberly Gay and Eric Ford served as co-chairs who recruited Melanie Cannon and Akela McDonald. The Early Careerist Liaison Committee serves to introduce students attending the national education program to career opportunities and leadership skills for the early careerists.

Strategic Planning and Bylaws

The strategic planning process and bylaws revision under president Andrea Price ushered in the reorganization of association committees in 2013. The Bylaws Committee co-chaired by Marie Cameron and Dennis Hemphill incorporated the Chapter Development Committee under its auspice; the Planning Committee chaired by Jacqueline Burgess-Bishop incorporated AHA Liaison, Public Policy, Newsletter, and Research Committees; the Education Committee chaired by Tracy Prigmore incorporated the Annual Conference, Awards, Scholarship, Everett V. Fox Student Case

Competition, CEO/Senior Executive, and Young Healthcare Professionals under its authority. This structure led to streamlined communication, enhanced organization efficiency, and better collaboration between committees.

Over the period with a growing Association membership and expanding membership needs, the number of committees has expanded to include AHA Liaison, Awards and Scholarship, Budget and Finance, Case Competition, C-Suite Leadership, Membership, Mentoring, NMA Liaison, and Social Media.

NAHSE Chapters

The local chapters of NAHSE have always been the national organization's life blood. The chapters serve as an excellent training ground for the national organization, and advance and translate national issues into local initiatives. Most national officers were active at the local level before getting active with national committees and running for a national office on the board. The NAHSE website boasts 29 local chapters (June 2018). Much like the national organization, local chapters are run by volunteers who manage the chapters while maintaining full-time employment. This arrangement offers challenges and opportunities.

Because of the 1968 founding of NAHSE in Atlantic City, New Jersey by a group of black executives who were geographically dispersed, the national association preceded the development of the local chapters. A national organization reflects national issues and finds its meaning and initiatives focused on national events. The challenge to any national organization is to translate the excitement and camaraderie to the local level.

This is done through the active engagement of local chapter presidents into the governing structure of the national organization.

The bylaws revision during Kevin Lofton's presidency memorialized the national structure and incorporated the mirror structure for the local chapters in 1997. The national board and local chapters were composed of president, president-elect, secretary, treasurer, and parliamentarian. The term of the officers was to be two-years and change at the beginning of the calendar year. Local chapter officers were to attend a national officer training meeting each year in December before their terms began in January of the next year. The local chapter presidents were provided a seat on the national board and were required to attend the national business meetings twice a year or send an alternate to represent the chapters. The chapters were also responsible for submitting an annual report of activities along with filing its budget with the national office. To be officially recognized as a full-fledged participant of the board, each chapter was encouraged to submit \$1,000 to support the annual national education conference. The introduction of chapter donations to the national education planning committee began in 1998. The intent was to provide seed money from local chapters for national education programming.

In 2007, there were 25 chapters, four of which were inactive because there were no elected officers participating in national board meetings and the chapter had not filed an annual report or budget. By 2013, the new or reactivated chapters included Greater Denver, Golden State, Greater Nashville, South Carolina, and Southeast Louisiana. The challenge to the national association board is to infuse the chapters with new learning and provide support as members age in and out of the organization. The activities of the various local chapters have been phenomenal as they work to advance the initiatives of the national organization. A selected representation of chapters appears on the following pages.

The New York Regional Chapter (founded in 1968)

The New York Regional Chapter was founded in 1968 and is the grand-daddy of all chapters. From the oral history and records it is difficult to decipher if this local chapter preceded the National organization or not, because their histories are so intertwined. What is clear is that in the early years the founders and former presidents held management positions in New York City. Mr. Percy Allen, II was instrumental in its re-vitalization efforts which resulted in making it, once again, the epicenter for the organization's activities.

Key Members, Past and Present

Current Leadership includes President Abigail Eshun Nimako; President-Elect Carle-Marie Memnon; Treasurer Christopher Choudhry; Secretary Jay Fergus; and Immediate Past-President Georges LeConte.

The efforts of a number of past key members have kept the foundation of the New York Regional Chapter solid. These members included Percy Allen, II; Gregory Calliste; Marlo Gantt; Dr. Sandra Gould; Patricia McDougal White; Antonio Martin; Linda Curtis; Edison Bond, Jr.; Orville Francis; Georges LeConte; Kamille Wright; Dianne Chappelle; June Delina Parkes; Steve Phillips; George Hulse; Vivien Salmon; Uraina Jones; Sylvia White; Mary Medina; and Orville Francis, among others. The 2018 leaders are President Abigail Eshun Nimako, President-

New York Chapter

William Brown
Alex Berthoumieux
Edison Bond, Jr.
Gregory Calliste
Dianne Chappelle
Christopher Choudhry
Enrique Cobham
Lynda Curtis
Cheryl Eppason
Abigail Eshun-Nimako
Jay Fergus
Orville Francis
Sandra Gould
Uraina Jones
George Hulse
Georges Leconte
Jacqueline Lennon
Stephanie Mack
Antonio Martin
Sherman McCoy
Patricia McDougal-White
Hope Mason
Carle-Marie Memnon
Mary Medina
Lina Osorio
June-Delina Parkes
Joelle Pierie
Steve Phillips
Vivien Salmon
Marian Y. Scott
Charles Shorter
Sylvia White
Kamille Wright

Elect Carle-Marie Memnon, Secretary Jay Fergus, Treasurer Christopher Choudhry, Parliamentarian Charles Shorter, Immediate Past-President Hope Mason, and members William Brown, Dianne Chappelle, Orville Francis, Georges LeConte, Lina Osorio, Errol Pierre, Steve Phillips, Carol St. Pierre, and Marian Scott.

Special topics and issues address:

- 2018 Summer Enrichment Program Closing Ceremony
- Annual Scholarship Gala
- 2018 NAHSE Educational Conference
- Monthly Membership Meetings
- Young and Senior Healthcare Executive Awards

Future Chapter initiatives include:

- Retention of current and establishment of additional partnerships with key healthcare stakeholders within the New York Metropolitan area.
- Expanded attention to healthcare disparities
- Participation in Public Policy Forum
- Career Panels focused on the Early Careerist, Mid-level and Senior Executive
- Enhanced dialogue with higher centers of learning

The New York Regional Chapter Executive Board has worked in collaboration with the Greater New York Hospital Association and co-sponsored *Summer Enrichment Program*. The idea that young professionals could be exposed to hospital operations and management over a summer, and then, one day, contribute to NYR NAHSE in a more meaningful way has been borne out. Chapter efforts in the area of mentoring and nurturing young professionals will continue.

Annual events include the Young and Senior Healthcare Executive Awards; Women of Distinction; Men of Distinction and the Annual Scholarship Dinner Dance. This scholarship event allows NYR NAHSE

to present two to three young professionals with scholarship funds each year, in addition to honoring other healthcare and community leaders for their longtime efforts. The Percy Allen II Healthcare Leadership Award is presented as the main award of the event.

Professional enrichment, participation, and growth are in the future of NY Regional Chapter.

Chapter president Abigail Eshun Nimako plans to focus on increasing NYR NAHSE's visibility within the healthcare industry by being an actionable partner. With member support, she looks forward to continuing the work of those who came before and create amazing opportunities for those yet to follow.

Atlanta Chapter (founded 1976; reinstated 1995)

Kim Bell, Marie Cameron, Aiyanna Cottman, Neysa Dillon-Brown, Tanya Seaton, Sabrina Shannon, Debra Townsend and Reinetta Waldrop served as the leadership core for the Atlanta Chapter. Since her tenure as Vice President/ Treasurer (2007–2010), former Chapter President Kim Bell has ensured the provision of high quality chapter programs/ events without compromising the fiscal stability of the chapter. This was achieved by:

1. Focusing on quality of events versus quantity of events; and
2. Executive Board approval for implementation of financial modeling for all Chapter programs/events and requiring break-even at minimum.

Chapter President Briene Simmons brings a wealth of knowledge from six-years serving on the Everett V. Fox Student Case Competition and over six-years in health care consulting where she will continue to stress the importance of fiscal health as a key consideration to assure the Chapter's long-term success.

The 1986 and 1997 annual meetings were held in Atlanta and, in 2008, the Atlanta chapter hosted the 40th anniversary celebration of the national organization. The 1997 meeting attendance at 524 participants had not been surpassed until the 2008 meeting with over 550 attendees.

A host of NAHSE leaders have passed through Atlanta including Kim Bell, Marcie Brown, Marie Cameron, Etheline Desir, Neysa Dillon Brown, Roy Hawkins, Dewey Hickman, William Jackson, Robert and Geri Johnson, Wally Johnson, Tony Jones, Otis Story, and recent arrival Howard Jessamy. Atlanta, like its counterpart chapter in Washington, D.C., is a magnet for talent. With talent comes employment opportunities in other locales, resulting in a constant in- and out-migration of chapter leaders. Additionally, financial constraints on healthcare organizations have contributed to a declining membership trend as association membership costs have been shifted to individuals. Nonetheless, the Atlanta Chapter will continue to strategize around member retention and growth, and how to emphasize and demonstrate the unique value that NAHSE membership brings.

Baltimore Chapter **(founded 1968; reinstated 1990)**

The proximity of Baltimore to the Washington, D.C., chapter can get its members to be schizophrenic. A number of NAHSE members may live in one location and work in the other. The member has some difficulty deciding which chapter to join. The chapters have collaborated on legislative days, summer picnics, and holiday receptions. The key membership pocket surrounds Johns Hopkins Health System and the University of Maryland Health System where a number of chapter members are employed. Baltimore lays claim to Charles Tilden, a NAHSE founder and former Associate Administrator of Provident Hospital before becoming President of Baltimore Community College. He was the first inductee into the NAHSE Hall of Fame. Tilden credits Elliott Roberts and Henry Whyte for preparing him to take and pass the American College of Hospital Administrators (nee ACHE) membership examination.

Renee Frazier was instrumental in the reinstatement of Baltimore as a chapter when she initiated conversation with Everard Rutledge and Percy Allen. Renee was elected president of the reconstituted chapter during the national term of president Kevin Lofton. The Baltimore leadership team was sworn in by Andrea Price, a member of the Washington, D.C., chapter and chairman of the national NAHSE Membership Committee. Prominent members who were recruited to the organization include Peggy Allen, Allen Bennett, Peggy Griffith, William Jews, Josephine Goode Johnson, Gerald Jordan, Paula McCullen, Calvin Pearson, Stu Simms, Kurt Schmoke, former Baltimore mayor and his wife Patricia.

Prominent national chapter members have come from Baltimore. Former national NAHSE presidents, committee chairs, and young and senior administrators of the year have come from Baltimore including Percy Allen, Brandon Batiste, Tameka Bell, Herbert Buchanan, Jennifer Campbell, Larry Campbell, Colene Daniel, Dana Farrakhan, Renee Frazier, Kenneth Grant, Howard Jessamy, Dr. Samuel Ross, Senator Shirley Nathan-Pulliam, Dalton Tong, Antoinette Williams, and Michael Wright. Baltimore hosted the 1994 and 2005 national education meetings. The work to put on a successful program brings the chapter membership together, but it also exhausts its chapter members physically and emotionally. Baltimore is known for having the most profitable chapter with its annual scholarship dinner. The demands of organizing the 2005 meeting set the chapter back because it advanced the National NAHSE initiatives to the detriment of its local Chapter initiatives. It took two years to get the Chapter back on strong financial footing. The Chapter is still smarting after achieving limited financial results from its work on making the 2005 national meeting a success. Speaking for the chapter, Ken Grant remarked that familiar faces in the organization create a collegial relationship that develop into close friendships that have endured over the years. Members of the Baltimore and the Washington Metropolitan chapters have joined together for winter holiday and summer picnic activities which have ushered in the discussion of consolidating the chapters into one.

Baltimore attracts up to 100 registrants at its monthly meetings, but the participants are more “friends” of the organization than mem-

bers. They come out for events, but they are reluctant to formally commit to run for office and assume a committee chairmanship. The Chapter acknowledges that it has to develop a value-proposition for prospective members and then has to close the deal by getting its “friends” to commit to membership and an ongoing committed relationship with the organization. In 2013, the Chapter focus was on succession planning and developing early careerists to assume leadership positions in the organization. In 2018, the chapter has achieved its goal.

The NAHSE Baltimore Chapter kicked off 2018 with a Meet & Greet hosted at the Turner Concourse of Johns Hopkins Hospital. The event brought together professionals and students alike, for a joyous night of music, dining, and networking. Maha Sampath, President of the NAHSE Baltimore Chapter, commented on the ways in which the chapter will remain true to the NAHSE vision, “to Educate, Empower, and Engage,” to address social determinants of health and advocate for the medically underserved communities of Baltimore. This vision includes hosting noteworthy annual events such as the 4th Annual Women’s Forum, the Summer Internship, the Regional Conference, and the Legislative Black Caucus of Maryland & NAHSE Symposium. In true chapter of the year fashion, NAHSE Baltimore also announced innovative programming for 2018. This summer, for the first time, the chapter hosted a Men’s Forum that coincided with Father’s Day and a Regional Case Competition for Historically Black Colleges and Universities. The Meet & Greet was an exceptional event that was made even more robust through special remarks from Catherine Pugh, Mayor of Baltimore, and Chief Lieutenant Colonel Melvin Russell, the Chief of the Community Collaboration Division for the Baltimore Police Department. Mayor Pugh and Chief Russell emphasized that the role of healthy communities is the role of us all.

The Baltimore leadership includes Members-at-Large Dana Farrakhan, Kenneth Grant, Dr. Samuel Ross, Antoinette Williams, Destiny-Simone Ramjohn; Executive Leadership Maha Sammpath, Wande Kotun, Darren Brownlee, Tashonda Frazier, Courtney Newkirk, Samuel Boadu, Krystal Hampton, George Howard, Mopeninujesu Oluyinka, Kashondra Smith, Jillian Harp, and Clintonette Garrison.

Birmingham Chapter (founded 1988)

The Birmingham Chapter had its peak experience in 1995 when it hosted the 10th annual education meeting and exhibition. There was a confluence of people in Birmingham—Kevin Lofton, Maude Lofton, Gilbert Harding, Huberta Mayfield, Christopher Mosley, Sabrina Shannon, and Antoinette Smith-Epps. With highs can come lows. Just ask Kyle Buchanan and Donna Lawson, who with Huberta Mayfield tried to revive the chapter. With several senior executive relocations to take employment opportunities elsewhere, the chapter was in need of a revival. The revival came in the form of Dr. Foster Expose, Jr. who officially got the chapter reinstated at the 2018 ACHE Congress on Leadership. Before being officially welcomed back into the NAHSE network of chapters, the chapter began meeting in 2017 with its holiday party, strategic planning retreat, panel discussions, and membership drive.

The Chapter welcomed officers Immediate Past-President Expose Foster, Jr.; President Denise Pruitt; President-Elect Mona Jackson; Treasurer James Camel; Secretary Arina Riley; and Communications Chair Lamar Beasley. Active members include Miguel Harris and Elicia Jacob. The Chapter introduced a three-month professional development series on career planning, executive presence, and emotional intelligence.

The Chicago Midwest Chapter (founded 1971)

While the New York Regional Chapter has had historical bragging rights, Chicago has never shied away from its moment in the spotlight. Some have said that the aggressiveness of Chicago members in serving on national committees has worried national officers about the power-play of some members. At any one time, Chicago members have served as chairs of the chapter development, education, membership, newsletter, and strategic planning committees and the national education program.

Robert Currie, a former Chicago Chapter president, served as national treasurer, president, and national education program chair. Jacqueline Burgess-Bishop served as Chapter president, national treasurer, co-chair of the CEO/Senior Executive Conference, co-chair of the national education program, and co-chair of Strategic Planning Committee. Diane Howard, a former Chapter president served as national secretary, newsletter editor, co-chair of the national education program, co-chair of the national education committee, and research committee chair. Antoinette Hardy-Waller, a former Chapter president served as the chair of the membership and chapter liaison committees, and chair of the CEO/Senior Executive Conference and national parliamentarian. Rupert Evans, a former Chapter president was the president of the AHA Institute for Diversity and by virtue of his AHA role was a member of the national NAHSE governing body. Raymond Grady, a former national education co-chair, former Institute for Diversity board member, and AHA and AUPHA board member along with Merritt Hasbrouck, first class of national student interns to work for Haynes Rice in New York, and Beverly Hines have been stalwart supporters of the local chapter.

Chicago has served as a training ground for national officers as have other local chapters with a large membership base. The issue that Chicago has had to address in the 2000's is the limited senior executive participation to guide and nurture its junior executives to assume leadership at the local level. To keep the involvement of its senior executives, the Chapter developed a "kitchen cabinet" where they call on senior executives periodically. The goal is to not expect senior executives to attend monthly meetings but to serve in an advisory capacity and sounding board on issues. The Chapter also recognizes that it must do more to attract members and it must also retain their active engagement with the local Chapter.

An idea that the local chapter is experimenting with is the concept of the "Inside the Executive Suite" where they get senior executives to describe what they were thinking when a major problem solving event occurred. This is a real life case study where an issue is dissected and discussed. The Chicago Chapter much like its New York Regional counterpart has seen its membership ebb and flow. The question—what do I get

for my dues?—is a constant refrain. Chicago serves as host to the annual American College of Health Care Executives Annual Meeting held in Chicago in the early spring of each year. This event brings the chapter membership together to plan a social event for the national attendees. The downside to the ACHE being held in Chicago is that the NAHSE annual meeting will bypass Chicago as a meeting site because members will not want to come to Chicago twice in a given calendar year for ACHE and NAHSE.

Hattie Johnson, Lakeisha Daniel, Judson Allen, Knitasha Washington, Keisha Kimbrough, and Shaan Trotter, the 2008 chapter officers, approved the development of a Senior Executive Leadership Group chaired by Antoinette Waller with input from Shirley Bomar Cole, Adrienne White-Faine, Stephanie Wright Griggs, Linda Hale, and Howard Robinson. In an attempt to keep the senior executives active in the chapter, the SELG is an attempt to galvanize the group around important issues without demanding their participation at monthly meetings. The SELGs initial activity was examining the Cook County Bureau of Health Services Blue Ribbon Report on care to the underserved. This activity has brought the various age-bands in the chapter to collaborate. This strategy has been communicated to other chapters that may want to develop a comparable template to keep senior executives involved in the local chapter. Nicole Huff, Angela Davis, Lena Dobbs-Johnson, Tiffanie Johnson, Michael Arnold, William Davis, Michael Holmes, Alicia Smith, James Waller, and Howard Robinson provided the chapter leadership.

Knitasha Washington, former Chapter president, Young Healthcare Executive of the Year (2008), and national executive committee board member elevated the policy initiatives for the chapter and translated this enthusiasm to the national organization. Knitasha, along with Jacqueline Burgess Bishop, Steven Wilson, Siohbon Hardy, Diane Howard, Phillip Burton, Bruce Cooks, Jonathan Dopkeen, Ph.D., William Davis, Rupert Evans, Dawn Gay, Michael Holmes, Nicole Huff, Hattie Johnson, Tiffanie Johnson, Dwayne Mitchell, Alicia Smith, Edwin Ukpaby, Jim Waller, and Larry Wrobel continue their active involvement. The chapter has an annual strategic planning session where plans for the incoming adminis-

tration are developed and published. In 2018, the Chapter is in good hands with leadership coming from President Philip Burton; Immediate Past President Sherri Peavy; President-Elect Trena Burke; Treasurer Tabari Woodson; Secretary John Butler; Marketing Chair Amelia Fulham; and Members-at-Large Tiara Muse and Diane Howard. The arrival of hospital CEOs George Miller and James Robinson were welcome additions to the membership.

The Chicago Chapter joint ventures with the ACHE Chicago Health Executives Forum at its annual diversity and inclusion reception. The Chapter has also been generous in helping to sponsor Governor’s State University, Rush University, and University of Illinois-Chicago graduate students to the Everett V. Fox Student Case Competition held during the NAHSE Annual Meeting.

Cincinnati/Ohio River Valley Chapter **(founded in 1996)**

The Cincinnati Chapter was founded in 1996 after the lecture of noted psychiatrist Alvin Pouissant, M.D. A number of health care executives including Otis Story, Vincent Hughes, Jeffrey Brewster, Guy Richardson, Emery Livers, and Oliver Walker were so inspired by the presentation and the need for black executives to come together to address community and professional issues. The local chapter was developed later that year with Otis Story becoming its first president. In talking with the membership, Cincinnati has had its racial issues as evidenced by the 2003 community riots after a young black man was killed by the police. Black professionals come to Cincinnati to start or build their careers, but they gravitate to larger destinations leaving the

Ohio River Valley

Terresa Adams
Yemi Adeyanju
Tara Burt
Gyasi Chisley
Howard Elliott
Roderick Elmore
Lawrence James
Yonathan Kebede
Stacey Lawson
Nancy Linenkugel
Ken Macon
Walter McLarty
Erika McMullen
Candice Owens
James Page
Janelle Richardson
Venita Robinson
Lisa Smith
Phylesha White
Nicole Williams
Janis Yergan

local chapter with a membership hole. Otis Story started the chapter, and when he was recruited to New Jersey, then Florida, and Georgia, the chapter floundered and then became inactive. While the members report no groundbreaking initiatives by the chapter, they do feel their networking with other black professionals advanced their personal and professional careers. Their career trajectories were enhanced by coming together with other black professionals.

In 2005, Karen Bankston and Emery Livers attended the NAHSE Annual Meeting in Orlando, Florida and decided that the Cincinnati chapter had to be reconstituted. And so they returned home and completed the paperwork to revive the chapter so it could become functional. The group now holds monthly meetings with a large contingent of students from Xavier University serving as a core contingent. With the Xavier students successfully competing in the NAHSE Everett V. Fox Student Case Competition in 2007, this was a way to solidify the membership around its student membership. The student membership has become so vital to Cincinnati that they have developed “The Young Turk” group that operates to promote the younger membership in their career aspirations. Xavier University students have participated in the 2014, 2015, 2016, and 2017 Everett V. Fox Student Case Competitions.

The goals of the existing Chapter leadership are to retain the enthusiasm for the chapter participation and to retain its leadership in Cincinnati. The former may be easier to manage than the latter as talent is recruited out of Cincinnati for other destinations. With the Cleveland Chapter becoming inactive, the Cincinnati Chapter has become the chapter home for members throughout Ohio. The NAHSE national office directs the Cleveland-area members to the Cincinnati Chapter for support. This creates its challenges as the Cincinnati Chapter supports its local initiatives, serves its’ networking functions, collaborates with its Veterans Administration members who are active in the V.A. Chapter, and works to encourage graduate students at Xavier University who want career advice and support. In 2009, the Northeast Ohio Chapter was constituted with leadership coming from Adrian Anderson in Youngstown, Ohio.

The Cincinnati Chapter has been vocal in its desire to establish a better working relationship from the national office and get its rightful resources. No longer willing to stand in line behind the larger local chapters, Cincinnati is making sure its officers attend national board meetings and participate at the national leadership forums where its chapter's voice can be heard. After surveying its members, the chapter's immediate needs are to find mentors for young executives entering the field and to begin the development of young members in developing a succession plan for chapter leadership. In viewing the 2007 leadership landscape in Cincinnati, Karen Bankston reported that of the 33 hospitals, there were four vice-presidents and one CEO who were African American. In looking at the community health network, there were four CEOs of the fifteen federally qualified health centers. Bankston believed that the FQHC is a critical source of talent that the local chapter needed to tap. The chapter absorbed the 2008 goals established by national immediate past-president Rodney Miller and incorporated them into the chapter. Bankston and the executive members arranged one-on-one meetings with disaffected members to bring them back into the fold. Seventy percent of the Cincinnati Chapter was under 40 years of age and the membership was anxious to advance. As former president, Bankston scheduled a strategic planning retreat facilitated by an external consultant. She captured the enthusiasm of the chapter's "young turks" and moved them responsibly into the leadership ranks of NAHSE.

Key Members, Past and Present

Current Leadership includes President Venita Robinson; Treasurer Roderick Elmore, Secretary April Mack-Williams and an illustrious group of Past-Presidents including Karen Bankston, Gyasi Chisley, Matthew Turner, Yonathan Kebede, Terresa Adams, and Tara Burt. Additional members include Phylesha White.

Connecticut Chapter (founded 2013)

In recognizing the need for a professional organization in the state of Connecticut that would be committed to the advancement of blacks and minorities in healthcare, Gina L. Calder, MPH, FACHE chartered the Connecticut chapter in 2013. As the chapter's first president, Gina pulled together healthcare leaders around the state to provide education, networking opportunities, and awareness around disparities in healthcare.

Under Chapter President Fred Boateng, President-Elect N. Chineye Anako; Treasurer Oladayo Sule; Parliamentarian Michael Bell; Immediate Past President Craig Glover and Board members Gina Calder, Terrie Estes, Ena Williams, Greg Jones, M. Natalie Achong, and Michael Holmes, the Chapter is fulfilling its strategic objectives:

- **Visibility**—Continuing to add value through well planned and executed educational and networking events.
- **Growth**—Engaging new members in the services of the Chapter.
- **Cohesion**—Supporting other professional organizations in Connecticut that aligns with the overall mission of the National Association of Health Service Executives.

The Chapter sponsors monthly educational programming and events to promote networking and information sharing including Back to School Community Event, Shoot Your Shot Professional Headshot; Wine Social; Leaders Luncheon; and Holiday Toy Drive.

Dallas–Fort Worth Chapter (founded 1997)

The Dallas-Fort Worth Chapter has had its roller-coaster ride of membership. Like other organizations, members attend the national meeting, get inspired, return home to invigorate their local chapter,

and then to get swallowed up in the work. Ron Coulter and Cheryl Prelow were the driving forces to resurrect the chapter. The 2007 Annual NAHSE Meeting hosted by the DFW Chapter served to give notice that the chapter was capable of showing the national membership down-home Texas hospitality. The DFW Chapter stepped in after a meeting venue in Chicago could not be located. The Chapter worked with Education Committee Co-Chairs Robert Currie and Renee Frazier to develop the successful program with the assistance of chapter members Rhonda Beam, Lillie Biggins, Debra Innis, John Gavras, Gilbert Harding, Kim Hollan, Yasmine McDaniel, Stacy Marshall, Maribess Miller, Charles Williams, national treasurer Rick Stevens, and Carlton Innis.

The Dallas-Fort Worth meeting celebrated NAHSE's 39th year and served as the national organization's 22nd national education meeting and exhibition. The meeting also occurred in an election year with open officer positions for president-elect, secretary, treasurer, and parliamentarian.

The DFW Chapter has board meetings and educational programming on alternating months. Having chapter meetings six times a year energized the membership, but did not exhaust them. The Chapter re-established itself with the successful 2007 meeting. Former president Christopher Mosley visited the chapter and the relocation of Rick Stevens to the DFW area served to bring some clout to the chapter.

Rather than invent the wheel, the Chapter prefers to joint venture with other local organizations and has done so with the Black MBA and Black Public Administrators associations. When television and radio per-

My first introduction to NAHSE was through the Everett V. Fox Student Case Competition. I had never been exposed to any organization or situation that was as pronounced and awe-inspiring as that event, with the exception of the black church.

*Ronald Coulter
president of Dallas Fort Worth Chapter, 2006–2007*

sonality Tavis Smiley came to speak in Dallas, the Chapter purchased seven tables and communicated to the meeting organizers that the Chapter was present. The Chapter received public recognition before 2,000 people in attendance. Keith Plowden is the 2018 chapter president who is joined by Charles Williams, Kyllan Cody, Quintin Ficklin, Grayling Yarbrough, Gabrielle Hawthorne, Demetria Wilhite, Felton Stevens, Chad Collins, and Lori Love. The executive lecture series with talks given by Eugene Woods, Margaret Burcie, Charles Williams, and Kyllan Cody earned the chapter its 2016 Program of the Year.

Delaware Valley (Philadelphia) Chapter (founded 1989)

Albert Black, Fred Carey, Jacqueline Kelly, June Nelson, and Wayne Swann started the Delaware Valley Chapter after a series of meetings in 1985 and 1986. The constant over the thirty-years has been Al Black, the chapter's first president who went on to be named the national 1995 Senior Executive of the Year. Black pulled together the cadre of leaders to begin the chapter. With the call for membership came those from New Jersey who lived and worked between Philly and New Jersey and thus, the chapter name Delaware Valley to be inclusive of those in the metropolitan area.

The chapter started out with a cadre of 12 members. After a period of time chapter stalwarts Jamahal Boyd, Gary Brown, Marcellus Brown, Michael Brown, Jeff Duperon, Kim Evans, Pamela Keele, Christine McCallister, Debborah Peoples, Ellen Thomas, and Bonnie Williams joined the leadership ranks. The chapter meets monthly on the second Tuesday where business and educational programming is the norm. Topics such as affirmative action, health disparities, HIV/AIDS in the black community, financial reimbursement, public health, and managed care have been presented by external speakers. Al Black readily admits that the 1998 National Education Conference in Philadelphia galvanized the membership, but then exhausted the members. National meetings often do this and it takes several years to rebuild the chapter enthusiasm. Every

chapter has its uniqueness and the Philadelphia-based chapter has found it difficult to encourage its members to seek out a relationship with the national chapter, rather its members can become Philly-centric. Jamahal Boyd seems to have extended the chapters tether when he was awarded the 2005 Young Health Care Executive of the Year following the example set by Black and accepted the chair of the Website Committee; Debborah Peoples was appointed to the national Board in 2005. Eva Watts went on to become current chapter president.

The major areas for the chapter are to make sure its members get the proper education and experience that will allow them to get into leadership positions and to encourage the National Office, coupled with the strength of its chapters, to use its leverage and work with ACHE and AHA to advance minority members in leadership, and to participate in the debate of universal coverage for the nation's uninsured.

The Delaware Valley Chapter moved into a new generation of leadership as characterized by its former officers and committee chairs Alecia Grimes, Sharese Ramey, Craig Morgan, Tony Griffin, Elisha Morris, Amala Daniels, and Jamahal Boyd. The membership is 60% female with an age range of 20s to 60s who continue to support the chapter. The chapter continues to meet monthly at the Philadelphia Public Library and Einstein, Temple, and the University of Pennsylvania hospitals which are the best draws for monthly members.

The 2018 officers include President Shonalie Roberts, President-Elect Tyshawn Toney, Treasurer Kayla Burley, Secretary Iyvana Fletcher, Parliamentarian Maimuna Sayyeda, and Immediate Past-President Reyna Florentino along with Committee Chairs Endye Riley, Christopher Nyenpan, Zupenda Davis-Shine, and Carlton Alouidor and members Jeshahnton V. Essex, Albert P Black, Jr, Dana Beckton, Philip Okala, Jacquelynn Y Orr, Carolyn Ballard-Freeman, Dominic Adams, Fred Carey, T. Jibri Douglas, Alia Barnes, Krystal Lee, Richard Kajim, Precious Gabriel, Kesa Boyd, Nicole Huff, Joe Wilkins, and Christopher Cullom.

Greater Denver Chapter (founded 2012)

The Greater Denver Chapter was introduced in 2012 with a kick-off event at former national president Kevin Lofton's home. The Denver Chapter boasts having three national presidents in its membership, including Kevin Lofton, Deborah Lee-Eddie, and Patricia Golden Webb, plus NAHSE president award recipient Maude Lofton, M.D. Chapter officers include president Mario Harding, Secretary April Cech, Treasurer Carl Patten, and Parliamentarian/Membership Chair Tamara Bourda, Members Rosalyn Carpenter; Patrick Green; Tara Cleare; Carrie Harding; and Natalie Lamberton. Additional Chapter members include Al Webb, Michael Rowan, and Elbra Wedgeworth. The chapter goals are to focus on membership growth and fund development.

Activities in 2018 include partnering with the ACHE Chapter of Colorado Association of Healthcare Executives (CAHE) for the annual Student Career Night with a presentation on how to get a job in health-care administration, executive panel session and resume review. The chapter participated in this event last year as well. In addition, the chapter sponsored its 5th Annual Second Look Minority Scholars in Medicine Program to increase the number of underrepresented minorities accepting residencies at the University of Colorado School of Medicine. Haselden Construction, an institutional member, hosted a social outing for NAHSE members and guests at a Denver Nuggets basketball game to promote the benefits of joining NAHSE.

Detroit Chapter (founded 1968)

The Detroit Chapter of NAHSE (locally called NAHSE-Detroit) has been home to many of NAHSE's chief architects and champions. It has had the distinction of having former National President Dr. Andre Lee as an engaged and active chapter member. Dr. Lee, who relocated

from Tennessee to Michigan, assumed the local chapter presidency in both the late 70's and the late 90's; and continues to be a guiding force for local leadership and healthcare administration students alike.

National NAHSE founders Rick Ayala was also a cornerstone member. He provided space at Southwest Hospital Corporation (where he served as President and CEO) for standing NAHSE meetings. The annual Ellis Bonner Scholarship Award is named for a long-time NAHSE member who was also the architect of managed care in the state of Michigan. And the list goes on: Detroit is home to several prominent national NAHSE leaders—former national Presidents Denise Brooks-Williams, Herman Glass, Anthony King, Deborah Lee-Eddie, former national Secretaries Audrey Smith and Andrea Roberson, former national Parliamentarian Allison Christie-Lee, National President, CEO/Senior Executive Conference co-chair and ACHE Regent Andrea Price—as well as numerous NAHSE “vineyard workers.” These members include 1998 national conference Co-chair Chris Allen, Sharon Matthews, and nationally renowned healthcare leaders such as Vernice Davis Anthony, Dr. Marilyn French-Hubbard, Diane Pressley Capers, and Cynthia Taugue, just to name a few.

The Detroit Chapter was honored to be the host site of both the national organization's 20th Anniversary Celebration in 1988 and the 20th anniversary of NAHSE's educational conference and exposition in 2005. This conference boasted the first positive conference financial bottom line in several years. At the 2007 national education conference in Dallas, Texas, the Detroit Chapter hit the proverbial jackpot in awards: Denise Brooks-Williams was elected National President-Elect, Anthony King was elected National Treasurer, Dr. Andre Lee received the Senior Executive of the Year Award, the Chapter received the Chapter of the Year Award, and the University of Michigan student case competition team—Shreeta Quantano, Sheeba Ibidunni, and Jacky LaGrace—were first place winners of the Everett V. Fox Student Case Competition. What a year! The Chapter is learning, though, that with success comes the burden of meeting the expectations borne of that success.

Joy Calloway, the 2008/2009 chapter President, had the challenging role of galvanizing the chapter for another great run. She acknowledged her professional fatigue after serving as President-Elect when Detroit was the host chapter of the 2005 National Educational conference and as a key chapter organizer for Denise Brooks-Williams' candidacy for President-Elect of NAHSE's national body in 2007. Calloway articulates the perils of being a local Chapter President who serves as a "worker-bee" in the chapter for many years and then inherits such a great and storied history. She acknowledged that it would be easy (and much less work!) to rest on that history, but she knew that her predecessors would be disappointed. With a roster of approximately 60 paid members, the Chapter continues to hold monthly educational and business meetings where 20 members are routinely present. Calloway recognized that members require different professional supports based on their tenure in the health management field and their particular niche in the field.

Calloway lovingly called the Chapter's seasoned senior executives "the old heads," who religiously pay their dues and become active when called upon by the Chapter for specific assistance. Calloway's goal was to keep the Chapter relevant and effective after an exhausting three years of highly-touted and nationally visible successes. Add to that task the reality that members Denise Brooks-Williams, Anthony King, and Audrey Smith are active at the National NAHSE level. Calloway "bookends," as she calls them, are pulled toward national-level responsibilities. This is the peculiar organizational position in which the Chapter found itself in 2014. The chapter president Valerie Gunn now has the challenge of motivating the chapter membership.

Golden State Chapter **(founded 1991; reinstated 2012)**

The chapter hosted the 6th annual education conference in 1991 with Alva Wheatley leading the way. In 1997, when Bernard Tyson relocated to the East Coast to head the Kaiser Permanente Division of Maryland, Washington, DC, and Virginia, the chapter lost a major or-

ganizer and sponsor. The chapter was officially reinstated in 2012 and is laying down strong roots in the community. The chapter goal is to be the premier healthcare organization in the Bay Area by building the important relationships and solidifying consistent and dedicated members. The Golden State Chapter has collaborated with a variety of community groups and has established a formal relationship with the local ACHE chapter (CAHL) and started co-sponsoring events with National Association of Latino Health Executives and East Oakland Collective.

The Golden State officers are President Andrea Swann, President-Elect Benjamin McLarin, Treasurer Ganiyu Hassan, Secretary Simiat Adeyemi, Student Liaison Ashley Green, and Immediate Past-President Debra Green Oliphant. Membership includes Vaughn Williams, Donna Jones, Samson Mael, Willie Payton, Nicholette Bourgeois, Melody Powell, Delvecchio Finley, Warren Lyons, Tania Webb, Joe Wilkins, Eric Williams, Christina Huynh, Stephanie Ogamba, Jonathan Watkins, Mebrak Kahsai, Marvin McGregor, Angela Shoga, and Tiffany Wilson.

Houston Chapter **(founded 1985, reinstated 1996 and 2011)**

Houston's nickname is 'space city' for its global importance to space exploration. It is also the largest city in Texas that has witnessed the reincarnation of the chapter on two occasions. A vibrant chapter at its founding that established a close relationship with ACHE and served as home to a number of hospital executives who relocated to assume roles outside of Houston. Members included Betty Ammons, Jeffrey Austin, Vertie Bennett, Lyne Broxton, Paul Bruder, Barbara Candley, Stephen Carter, Adrienne Cozart, Darcel Dixon, Ambrozene Epo, Robbie Evans, Ruth Franklin, Demetrious Guidry-Moore, Mario Harding, Janice Harrison, Roscoe Harrison, Fanny Hawkins, Jennifer Hudson, Andrew James, Shannon Jones, Tiffany Kithcart, Cherlyn Latham, Evelyn Malone, Sherry McGowan, George Miller, Karen Mitchell, Elnora Nunnally, Philip Okala, Dennis Pullin, Venieta Rawls, Stacey Tircuit-Frank, Eugene Smith, Carla Tyson, Roscoe Wade, Don

Washington, Richelle Webb, Gwendolyn Whigham, Sadalia White, Anganette Young, and Lakisha Zenon.

The Houston Chapter was reinstated to the NAHSE network of chapters in 2011 thanks to the organizational skills of national parliamentarian Carlton Inniss. Inniss was approached by students at the University of Houston who had competed in the 2010 Everett V. Fox Student Case Competition at the NAHSE National meeting in Memphis. The students were energized from their experience at the national meeting and wanted to replicate those positive experiences in Houston. Carlton realized that reconstituting the chapter would take energy and time and so he challenged the students to work with him to gauge the interest of prospective members in the area. In 2006, Andrea Boudreaux began the same reinstatement initiative, but then relocated to pursue doctoral education. So, Inniss was cautious about getting people excited when he knew the challenges of what chapter reinstatement meant.

With the help of Elizabeth Wright, Inniss scheduled a social event to determine how many members would be interested in reviving the chapter. Thirty prospective members attended the organizational meeting and then worked to understand the requirements of chapter reinstatement and their role in sustaining the chapter. The chapter has over 50 members in the metropolitan area who are affiliated with the national organization. Inniss' goal was to claim their allegiance for the Houston chapter. The chapter holds monthly meetings that alternate lectures, social events, and community service projects. In addition to Carlton Inniss and Elizabeth Wright, active members include Terrence Blackshire, Nicolette Bourgeois, Cheryl Gayden Hicks, Nkem Okafor, Willie Payton, Jr., and Tasa Woods. The chapter goals are to create energy to grow the membership, educate the population on the NAHSE brand, and engage the membership in community service. The 2018 chapter officers are President Carl McGowan, President-Elect Johnathan Leonard, Secretary Ayesha Williams, and Treasurer Brian Jelks.

Kansas City Regional Chapter (founded 2013)

With the help of Steven Wilson, the President of the Chicago Chapter, as a mentor, the Kansas City Regional Chapter of NAHSE was officially chartered on February 27, 2013. The chapter was started with a total of 9 participants with Clinton Fields serving as its first president. Mr. Fields, originally from Chicago, IL; was living in Kansas City and working at Truman Medical Centers (TMC) saw the need and the importance of establishing a chapter. John Bluford, former President and CEO at TMC, an active participant and supporter of NAHSE was very helpful in making this happen. Mr. Bluford also served on the chapter's advisory board.

The first meeting was held February 14, 2013 onsite at Truman Medical Centers' Lakewood facility. Discussions ensued and through the course of many conversations, emails, phone calls, mailed documents and a strong showing of support, the Kansas City Regional Chapter (KCR) was born. At the conclusion of August 2013, KCR grew its membership after holding a successful networking social event.

Kansas City is a growing metropolitan area and much like a number of other places, diversity in healthcare is not a widely discussed topic. With the creation of the chapter, conversations on diversity were initiated. Once diversity conversations started, more people were willing to participate.

The network of individuals that support NAHSE's mission has developed as word about this chapter continues to spread. This has proved to be invaluable. The chapter made a solid effort to engage the public and build its brand and membership. Topics and issues important to the chapter and area are access to care and education, and health and wellness because the chapter believes that the hospitals are doing their job when they can keep people out of their facilities. KCR members have gone to the state's capital to be heard about the importance of access to healthcare and the importance of early childhood education.

The officers and members of the KCR-NAHSE include President Alisa Smith and members Denzil Ross, Kristin Lambert, Niki Donawa, Veronica Knight, Derek Rowell, John Bluford, Tendai Zinyemba, Augustin Sylvester, Michelle Mitchell, Lenton Bailey, Terrance Goldston, and Dr. Susan Wilson.

Kentucky Chapter **(founded 2006)**

If the chapter had it to do over, it would reconsider the wisdom of forming a chapter with two disparate memberships located in Lexington and Louisville. Ninety percent of the membership is located in Lexington and its first chapter president was located in Louisville. The constant refrain is ‘can this marriage of two cities be saved?’ Debra May was the first president of the chapter and worked hard to develop its infrastructure. She cites the location of Kevin Lofton in the state who beat the drums to start a chapter. The relocation of former Washington, DC chapter president Eugene Woods and national treasurer Rick Stevens were reasons to start the chapter. Stevens and Al Trotman called for a meeting of African American members to consider starting a chapter and 15 prospective members showed up at the meeting. A subsequent meeting was held and 25 prospective members showed up. The chapter was officially chartered at the Detroit Annual Meeting in 2005 where seven chapter members attended the meeting.

Christine Brooks, Alice Simmons, Martha Dawson, and Derrick Jones have been critical to the success of the chapter. As May readily admits, the first year of organizing a chapter energizes the base. The most successful event was the introduction of NAHSE to the Louisville CEOs at a luncheon meeting on the University of Louisville campus with invited guest Christopher Mosley as luncheon speaker. The event attracted 90 guests and served as the springboard upon which successive events were built. Other successful events called for purchasing a table at an NAACP event where chapter officers attended in the name of the local chapter or piggy-backing chapter activities onto the Kentucky African Americans

Against Cancer event, the Take A Loved One to Check Up Day, the joint ventures with the NAACP, or the Career Development Series with the Urban League.

The challenge for the chapter is to engage its members and to look beyond its initial years of success and to build for the future. Kentucky, much like Virginia and the New England chapters, has a territory of membership that does not fit neatly into a chapter. The chapter struggles to find a membership formula that works and one that can sustain member interests and organization longevity. Adonna Bass Wickliffe, Swannie Jett and Dr. Tim Findley provide chapter leadership.

Memphis Chapter **(founded 1968, reconstituted 1993)**

Since its inception in 1968 the NAHSE Memphis Chapter has made excellent progress in the pillars Growth, Education, Community Relations, and Finance. Excellent leadership has been a foundation of the Memphis Chapter. While originally founded in 1968, the chapter was revived under the tutelage of Aubrey Howard in 1993. Howard is credited for enlisting other prominent leaders in the Memphis health-care community to become active in the Memphis Chapter. One such leader was William Jackson who went on to serve as a National President of NAHSE. In recognition of the great works of both Aubrey Howard and William Jackson, the Memphis Chapter awarded undergraduate and graduate students with scholarships in their honor. Following Aubrey's leadership, he passed the baton to Chad Pendleton. Under the leadership of Alicia Smith-Steele, Shaun Essex, Cynthia Bardwell and former president Jonathan Watkins, the chapter has achieved many accomplishments of which to boast.

In 2006, Alicia led the chapter in developing a strategic platform that focused on membership growth as well as succession planning. Networking sessions entitled the Healthcare Professional Network (HPN) and the formation of an advisory board which encompassed key leaders in

the healthcare community were established to further support the chapter. In 2009, the Memphis Chapter was awarded the prestigious Chapter of the Year Award. Through Shaun's leadership, the chapter formed connections with community leaders including Fred Jones of the Southern Heritage Classic and Luke Yancy of the Mid-South Minority Business Council. Shaun also served as the Founder and Tournament Chair for the chapter's inaugural "Highway to the Final Four" basketball tournament which continues to raise funds for the Sickle Cell Institute of TN and scholarships for Memphis/MidSouth students pursuing healthcare careers. Under the leadership of President-Elect Michael Dexter, the tournament has grown its net revenues to over \$8K annually.

In 2010, the Memphis Chapter was honored to host the 25th Annual Educational Conference which at that time achieved the highest level of attendees, highest level of sponsorship dollars and highest amount of participation in the case competition. The Executive Committee, led by Cynthia Bardwell worked hard to ensure the conference attendees received the best southern hospitality available from the warm welcome at the Memphis International Airport to the fabulous food and entertainment throughout the conference. In 2012, the NAHSE Memphis chapter inked a deal with Blue Cross and Blue Shield of Tennessee to administer their inaugural diversity scholarship. Johnekia Catron, education chair extraordinaire, Cynthia Bardwell, immediate past president, and Jamille Bernard, community relations chair, were integral in establishing this partnership. The NAHSE Memphis chapter was involved in the interviewing, selection, and awarding of two \$5,000 scholarships to deserving undergraduate minority recipients throughout Tennessee. Because of the work of these amazing ladies, NAHSE Memphis chapter will continue to administer this scholarship in upcoming years.

Wellness and promoting healthy lifestyles has become a prominent component of the NAHSE Memphis chapter. Following the lead of the National Conferences, the Memphis chapter has instituted its own annual *Fit for NAHSE—Fit for Life Fitness Challenge*.

In an effort to reach a broader audience and increase the awareness of others in the city about NAHSE, Jonathan Watkins led the Memphis

chapter in creating a strategic partnership with the Memphis Urban League Young Professionals (MULYP). In looking to partner, MULYP was a natural choice as one of their aims is a commitment to empowering communities through Health Literacy and Advocacy, which falls directly in line with the Memphis chapter's strategic platform initiatives around eliminating health disparities and improving the health of the communities we serve. The chapter has partnered with the MULYP in various events including the Fit for NAHSE Fit for Life Challenge, networking events and sponsoring their annual empowerment conference.

In 2014, Michael Dexter assumed leadership of NAHSE-Memphis. During his tenure the chapter made a number of strides and received several accolades. He was able to enhance the diversity of the Advisory Board by adding Kevin Spiegel, then CEO of Methodist University Hospital, and Denise Burke, a healthcare attorney with Butler Snow. The chapter also worked more collaboratively with the Memphis chapter of the American College of Healthcare Executives. This collaboration resulted in the first of many events, including Health Professional Networking (HPN) session and A Night Out with the Grizzlies. His efforts were recognized in 2015 with the chapter receiving awards for Program of the Year, Chapter of the Year, and NAHSE's Image Award at the NAHSE national convention. Also, a member of the chapter, Dr. Michael Ugwueke received the award for Senior Healthcare Executive of the Year.

NAHSE-Memphis's community engagement also set a new bar under Dexter's leadership. An initiative was developed to become more engaged in Memphis area schools and to expose more students to the options in healthcare careers. NAHSE-Memphis members visited schools such as Memphis Grizzlies Preparatory Charter School, Craigmont High School, Memphis Academy of Health Sciences, and Trezevant Vocational and Technology Center. By serving as speakers and guest lecturers during career days and other special events, NAHSE-Memphis was able to expose more Shelby county youth to the reality that healthcare can be a successful career. Another new initiative was a partnership with INROADS, Inc., a non-profit organization focused on developing and placing talented underserved youth in business and industry and to prepare them for corporate and community leadership. NAHSE also made financial con-

tributions to many organizations such as the Benjamin Hooks Institute for Social Change and members served on healthcare-related boards such as Trezevant's HOSA Advisory Board and Concorde Career College's Advisory Board.

The chapter continues to flourish under the current leadership of President Chara Stewart-Abrams, President-Elect Tavorski Hughes, Secretary Andrea Curry, Treasurer Veronyca Washington, Parliamentarian Simon Lampkin, and members Michael Dexter, Cynthia Bardwell, Sheena Freeman, Nicole Jones, Dina Newman, Jeremy Sanders, Johnekia Catron, Jamille Bernard, and Lesley Coleman, and Erica Plybeah Hemphill.

Greater Nashville Chapter **(founded 1984, reinstated 2012)**

The Greater Nashville Chapter was founded in 1984 under the leadership of Florence Gaynor and Donald Watson, who consecutively served as the National President from 1975–1979. Under their leadership, the Greater Nashville Chapter developed its niche in the Middle Tennessee Healthcare community. One of the chapter's earliest achievements included facilitating the development of the Masters of Science in Public Health Program in the School of Graduate Studies and Research at Meharry Medical School.

In February of 2012, Dr. Vera Chatman and Vincent Sessoms led the charge to reinstate the chapter charter. The chapter has since worked to reestablish its presence in the Nashville community. The chapter has hosted several speakers that represent community hospital, academic medical centers, managed care, and long-term health care facilities. These activities have sparked the interest of individuals ranging from students at the local health management graduate programs to executive leaders of local healthcare institutions. In March 2013, Justin Wright was elected to serve as President of the chapter. Justin, along with chapter officers Ashia Blake, Larisha Davis, and Reginald Coopwood II, focused the chapter's efforts on providing scholarship and education opportuni-

ties to students and career development opportunities to professionals at all levels. Achievements include Meharry Medical College becoming the chapter's first institutional member since its reinstatement. The chapter has also formed a relationship with the American College of Healthcare Executives of Middle Tennessee. They hosted a joint seminar on the significance of diversity in leadership. The chapter was very fortunate to have Dr. Andre Lee return to Nashville in the summer of 2013. Dr. Lee is a former National President and Greater Nashville Chapter President. With his guidance, the chapter is positioned to continue making positive strides. Ryan Nelson serves as the Chapter President.

New England (Boston) Chapter **(founded 1976, reinstated 1997)**

Beauregard (Beau) Stubblefield-Tave, a Chicago transplant who relocated to Boston, started the New England Chapter in 1997. The limited number of blacks in New England, the mobility of the membership, and the geographic area for which the chapter was responsible made the chapter a governing challenge. Eventually the president's torch was passed on to Al Webb and then Barbara Catchings. When Patricia Golden Webb relocated to Boston from Raleigh, North Carolina and was elected president-elect of the national organization, the visibility of the chapter rose on the national stage. In support of his wife, Al Webb and Barbara Catchings conspired to enliven the chapter with support from Diane Pressley Capers, Kimberly Reynolds, Beau Stubblefield-Tave, and James Wall, who became the organization's roving ambassadors.

The chapter held monthly conference calls with its officers and sponsored four networking and education programs in its inaugural year. With a limited membership and an expanded geographic area that incorporates NAHSE members who live and work in Rhode Island and New Hampshire, the chapter found that quality programming was their priority. For the first five years, the chapter began its calendar year at a networking event sponsored at the home of Al and Patricia Webb. The chapter held quarterly meetings and encouraged its members to attend

the national NAHSE events including the annual meeting, the senior executive conference, and the student summit. The chapter established linkages with the New England Minority Health Organization that met every two years to encourage networking of health care executives. The chapter had a small constituency of 12 die-hard members and attracted up to 20 members at a meeting. The New England Chapter was successful at recruiting institutional membership from Harvard Vanguard Associates and Massachusetts General Hospital. In addition, Simmons College through the support of its Health Policy and Administration chairman John Lowe, Ph.D. was instrumental in supporting a Diversity Conference in May. Collaboration rather than competition was the cornerstone of the New England Chapter. The membership understands that its limited body count means that it had to work harder and smarter as an organization so it is moved to develop a succession planning strategy where Cheryl Dorsey, Elijah Jenks, and Carlyene Prince-Erickson move into leadership positions. With the relocation of Patricia and Al Webb to Denver, the organizational energy was lost and the chapter became inactive in 2014.

North Carolina Chapter (founded as Virginia/Carolinas 1976; reconstituted 2003)

The North Carolina Chapter has geography that presents challenges to pulling its members together. The health care executive population in the state centers around its hospitals in the Western, Eastern, Piedmont, and Research Triangle areas. Patricia Golden Webb being a North Carolina native and a former employee of Wake Medical Center (before relocating to Boston Medical Center and then CHI-Colorado) inducted the Chapter in 2003. The Chapter has a wealth of talent including Sylvia Austin, Monica Card, Shalya Higgenbotham, Fabian Stone, Pamela Sutton, Kerry Watson, Dana Weston, and Robert White. J. Robert Clapp and Michael Wright were architects of the chapter before both relocated to Chicago.

The chapter alternates its monthly meetings between business and educational programming. Sixty-percent of its members are female and forty percent are male; the chapter takes advantage of the health administration program at the University of North Carolina-Chapel Hill by inviting university students to join the local chapter. The success that UNC has had during the Everett V. Fox Student Competition has been an anchor that attracts members to the monthly meetings. The chapter is led by President Jhaymee Heinlein, Treasurer Jon-Michael Williams, Secretary Jasmine Ballard, Immediate Past President Levelton Thomas and members Oluoma Chukwu, Lori-Ann Lee, Lauren Jordan, Dennis Campbell, AHA Immediate Past Board Chair Eugene Woods, and NAHSE National President-Elect Fabian Stone.

South Carolina Chapter (founded 1995)

The South Carolina Chapter locates its meetings at Palmetto Health, a large multi-site facility in Columbia. The chapter tries to hold luncheon meetings on Fridays so its statewide membership can participate. For a number of years, Frederick Hobby was the glue that held the chapter together. With his relocation to Chicago in 2005 to assume leadership for the American Hospital Association's Institute for Diversity, Cynthia Walters served a six-year term as chapter president. In addition to tapping into Fred Hobby's leadership, former national president Everard Rutledge and Lathran Woodard serve as organizational sounding boards. The membership is 80% female and 20% male and the vast majority of the membership is under 30 years of age. There is a core of 20 to 30 attendees at its monthly meetings. The leadership recognizes that it needs to grow its membership and so welcomes all from front-line supervisors who incorrectly assume that they are not welcome to the meetings. Walters acknowledges that the membership dues are a barrier to getting South Carolinians active at the national level.

With Tiffany Sullivan receiving the NAHSE 2007 Young Health Care Executive of the Year, the chapter used her award recognition to

I was living in a health care vacuum until I discovered NAHSE and attended its annual meeting in Philadelphia. I was finally able to exhale.

*Cynthia Walters
president of the South Carolina Chapter, 2002–2008*

recruit members. While Walters continues to enjoy her leadership role in NAHSE because she understands the organization's tremendous potential, she was anxious to groom new members and passed the leadership torch to Joel Nesbitt in 2009. Vince Ford is the current chapter president.

South Florida Chapter (founded 1995)

Deborah Lee-Eddie along with Gail Bouie Ward served as catalysts to start the South Florida Chapter centered in the Miami area. Coral Springs Medical Center, located in Coral Springs, was the site of the initial meetings when 10 executives gathered at the first meeting to initiate the chapter. It helped that Lee-Eddie was the National president who could use her clout to begin the chapter. The chapter successfully attracted the 2002 NAHSE Annual Meeting to the Miami area. Key chapter members included Ray Coleman, Danette Gipson, Roy Hawkins, Joyce Robinson, William McCormick, Hamish Reed, Jasmin Shirley, LaRae Staples, and Stephenie Whitfield. Subsequently, Pauline Grant, Shyroll Morris, Adrian Parker, and Sandra Sears joined the organization. In addition to monthly meetings, the chapter hosted a Board Leadership Retreat for the National Organization in 2000. The chapter was successful at attracting and retaining students who assume leadership roles at the chapter and national levels.

The chapter held a 2010 educational forum on Healthcare Reform and Potential Impacts which attracted more than 250 individuals, held successful collaborations with other local health professional organizations

including Healthcare Financial Management Association; South Florida Health Executives Forum; and Women Health Executives Network; worked to improve relations with local universities to enhance NAHSE awareness and recruit potential student members into the chapter; and hosted monthly general membership meetings with alternating teleconference meetings versus face-to-face meetings to improve participation. Chapter President Grant McGaugh, Treasurer Kim Griffin-Hunter, Secretary Natola McGarrell, and Immediate Past-President Christie Grays and members Kadesha Nicholas, Celesia Valentine, Sashah Damier, and Daniela Gilet serve in leadership roles. The Chapter includes an Advisory Board composed of Deborah Lee-Eddie, Gail Bouie, Roy Hawkins, and Jasmin Shirley.

Southeast Louisiana (SELA) Chapter (founded as New Orleans Chapter 1974, reconstituted 2012)

Prior to the devastation of Hurricane Katrina, this group of health care leaders down by the bayou enjoyed a rich history of supporting minorities in the field of healthcare administration. Dissolved in August of 2004 the chapter experienced an 8-year hiatus until being recognized as an official NAHSE chapter on June 4, 2012.

Inspired by former NAHSE president, Andrea Price (Tulane University Alumna), several young health care leaders re-established the chapter to serve as a resource for minority health care professionals in Southeast Louisiana. Membership included Dante Green, Hiral Patel, Jay Patel, Corey Cormier, David McBride, Brandon Darrington, Michael Griffin, Francine Miguel, and Dr. T.J. Stranova. The 2018 Chapter President is Brandon Darrington.

Strategically renamed and aligned to serve minority health care executives in the Baton Rouge and New Orleans health care markets, the chapter has made a commitment to focus on membership, fundraising, and chapter development to increase chapter awareness and ensure sus-

tainability. To date, the chapter has held several meetings with current and future health care leaders to share the purpose of the chapter and discuss potential opportunities in Southeast Louisiana. In addition, key stakeholders within the 8 major universities will be engaged to establish education opportunities for minority students who have interests in health care administration.

The long-term plan for the Southeast Louisiana Chapter will be to focus on eliminating the disparity of minorities in health care leadership positions. The implementation of the Affordable Care Act has generated significant movement in the Louisiana health care market, thus creating new opportunities for health care leaders to attain executive level positions in a developing health care delivery system. The Southeast Louisiana chapter will establish opportunities for minorities to attain visibility for those employers seeking new talent that will help lead in the delivery of high quality health care services.

Activities over the last two years include strategic planning sessions to discuss chapter goals, infrastructure, communications, and potential community partnerships. Three chapter officers participated at Annual Educational Conferences in Houston, New Orleans, and San Antonio. Informational meetings have been organized in New Orleans, but there has been opportunity to provide information to prospective NAHSE members in Baton Rouge where knowledge about NAHSE was limited.

Meetings to discuss leadership changes in the chapter, potential for events in quarter one, and priorities for the chapter during the second quarter of 2013 were held. The chapter decided that Mardi Gras and festival season created a difficult environment for event planning and focused on cementing logistics for the interest meeting at the Daughters of Charity Services of New Orleans (Carrolton Location) in the second quarter. Members were encouraged to attend the American College of Healthcare Executives annual meeting in Chicago and five chapter officers attended.

The SELA Chapter held an interest meeting in New Orleans at the Daughters of Charity Services of New Orleans (Carrolton). Minority

Health Care Leaders from various primary care clinics, hospitals, dialysis clinics, and managed care companies were in attendance. The event was followed by an opportunity for fellowship at a local restaurant in New Orleans. The SELA Chapter has begun to actively recruit minority health care leaders who currently occupy C-suite positions with their respective organizations.

St. Louis Chapter **(founded 1993; reinstated 2011)**

The St. Louis Chapter was reinstated at the NAHSE National Conference in Las Vegas in 2011. Craig Glover, President/CEO of Central Counties Health Centers, served as president. With the help of Adrienne Ford, Operations Manager of the Neuroscience Center at Barnes-Jewish Hospital, Mr. Glover worked closely with key individuals from the community to grow interest and membership. In early 2012, the chapter hosted an interest meeting, leading to a significant increase in members.

In 2013, Andwele Jolly, Executive Management Fellow at Washington University School of Medicine, took over the reins as president. Shortly thereafter, the executive leadership team recruited three institutional memberships from Mercy Hospital, St. Louis Children's Hospital, and Washington University School of Medicine. Followed by an aggressive event planning strategy, individual memberships more than doubled in 2013. One of the chapter's key accomplishments during 2013 was its first symposium on health disparities. The chapter invited a variety of speakers including, politicians, professors, urban developers, and physicians to the meeting. The goal was to identify areas of focus in St. Louis in order to form partnerships for community outreach.

To enhance the chapter's community outreach capabilities, the St. Louis Chapter also created a Senior Advisory Council (SAC), comprised of key executive leaders from different industries in St. Louis. The SAC serves the purpose of providing strategic guidance and resources toward our mission. Moving forward, the chapter will focus on developing a pipeline

of talented under-represented minorities into healthcare leadership roles, elevating the quality of health care services rendered to minority and underserved areas in St. Louis through educational and outreach programs. Key executive leaders include Deqa Bashir, Traci Carter, Victoria Fretty, Adrienne Ford, Tara Gause, Craig Glover, Andwele Jolly, Armel Hannah, Diedre Boozer, Crista Johnson, Patty Johnson, Chris King, Leroy Love, and April Mickens Jolly. Chapter leadership is provided by President Brian Washington, President-Elect Rikki Takeyama Menn, Immediate Past-President Carmel Hannah, Treasurer Kashwayne Williams, Secretary Calencia Mitchell, and Parliamentarian Mikel Whittier.

Congratulations to the Chapter for receiving the 2017 Program of the Year Award and for the 2nd Place Winning at the 2017 NAHSE Everett V. Fox Student Case Competition with team members Brianna Clare, Matt Glassman, and Kwamane Liddell.

Virginia Chapter **(founded as Virginia/Carolinas Region 1976,** **reinstated 2006)**

The Virginia Chapter was restarted by a 2001 NAHSE Student Case Competition participant from Medical College of Virginia, Michelle Hereford. Hereford had been impressed with the connections she had made at NAHSE after her university recommended that she participate in the case competition. She completed graduate school and eventually returned to the notion that there should be a chapter in Virginia. She called upon Christopher Mosley, who was the National NAHSE president and who fortuitously was the CEO of Chesapeake General Hospital. Mosley helped with the chapter formation and officer recruitment.

Hereford readily admits that a new chapter requires a tremendous amount of nurturing and care. The chapter has had its challenges of attracting members outside its Richmond headquarters. While the chapter has bragging rights to the entire state, it is difficult to get the Northern Virginia, Williamsburg, and Tidewater membership together. The pros-

pect of attracting the contingent from the Western part of the state is equally as daunting. Twenty members routinely attend monthly meetings. Hereford's term ended in March 2008 and she is working with the board to attract student members and community professionals who may not have heard of NAHSE. Hereford passed the leadership torch to Angela Wilkes.

Washington (D.C.) Metropolitan Area Chapter (founded 1970)

The Washington Metropolitan Chapter operates in the world's most influential city in the world. WMAC has capitalized on its resources in D.C. to advance NAHSE. Since its inception, the Chapter has impacted the healthcare community within Washington, D.C., Northern Virginia, and Southern Maryland, by serving members and associated professionals representing over 30 healthcare organizations, 12 universities, nonprofits, and federal agencies. Moreover, WMAC has established a track record for developing students, early careerists, mid-level professionals, and executives within and surrounding Washington.

In the 1970s, WMAC supported Howard University's graduate program in Health Administration. In the 1980s, John Green, Med Star Executive Vice-President and Morgan State University Board Member, provided funding to support the student work-study program. A number of influential leaders were in D.C. at the time to advance the organization's initiatives including Haynes Rice, Kevin Lofton, Clifford Barnes, Marie Cameron, Thomas Chapman, Nathaniel Wesley, Jr., Andrea Price, Tamara Smith, Walter Jones, Julius Spears, Daniel Thomas, Michael Thompson, Dalton Tong, and Leroy Charles. Other executives who have passed through Washington, DC include Diane Howard, Gavin Latney, Elliott Roberts, James Waller, and Eugene Woods to name a few.

The D.C. Chapter like others located in urban areas concentrates its activities around a major university to get students active in the chapter. George Washington University's School of Public Health has been

a critical source of student talent. Charlotte Collins, former associate professor at George Washington, served as the chair of the Public Policy Committee, and was the champion of bringing NAHSE leadership into contact with federal legislative and regulatory leaders on Capitol Hill. Because of the revolving door that is D.C., members will assume leadership roles and may not get the opportunity to complete their terms because career opportunities take them away from the city.

The Washington, D.C., Chapter takes ownership of the Haynes Rice legacy because Rice served as the President of Howard University Hospital and was the impetus behind the start of the master's in health administration program at Howard University. The Association of University Programs in Health Administration (AUPHA) is located in a Washington, D.C. and serves as a valuable resource to NAHSE.

Leroy Charles, Charlotte Collins, Walter Jones, Michael Thompson, Julius Spears, and Robert Yates served as the linchpins to the organization in the 1990s. Artensia Hawkins-Bell established a robust summer internship that preceded the AHA's Institute for Diversity. Funded by John Green, the program employed over 20 summer students to familiarize them with health care delivery organizations. Prominent educational programs included topics on tobacco use, health care disparities, federal sector, and joint educational programming with the Congressional Black Caucus. Daniel Jackson and Al Campbell continue the annual golf tournament to raise funds for scholarships and initiated the minority C-suite executive roundtable. The Chapter leaders are President Deon Norals, Vice-President Dione Dillard, Treasurer Shomari White, Secretary Phylicia Cross, and Immediate Past-President Charlisa Watson. Active committee chairs include Monique Outerbridge, Stephanice Willis, Marva JoCamp, Dr. Christopher King, Raymond Ware, and Antonio Brown. In 2018, the Chapter continues to host the Healthcare Legislative Leaders Conference in conjunction with the Congressional Black Caucus held annually in September.

Western Michigan Chapter (Founded 2009)

Ernest Lanier became the first president of the Western Michigan Chapter after an introductory meeting with National President Denise Brooks-Williams. Brooks-Williams had recently relocated to Battle Creek and wanted to interest local executives in starting a NAHSE chapter to bring balance to the state with the Detroit Chapter anchoring the eastern part of the state. Ernest and 14 others took the bait and have been meeting monthly through 2014. Membership includes Ernest Lanier, Derrick Brown, LaTonya Beady, Rico Earl, Marcus Glass, Mayor Bobby Hopewell, Antoinette Smith-Epps, James Young, Ph.D., Marlon Wordlow, Seline Nichols, Debra Brewer, Shirley Tuggle, Gloria Corrpue, LeMark Payne, and Denise Brooks-Williams (prior to returning to Detroit). The chapter held successful golf outings and wine tasting events to raise money for local charities. The chapter held a successful health disparities conference that attracted 75 attendees. In addition, the chapter started a computer awards program where it gives a computer to a graduating senior preparing for college. The student is required to write an essay describing the value of technology and how the student proposes to use the computer. Student awardees are attending Michigan State University and Saganaw State University. Future plans for the chapter include continuing with the networking events that bring members together for fun and relaxation, volunteer work with a local homeless shelter, and a career circuit training program to prepare members for employment interviews. The Chapter President is David Barnes.

The Military Chapter (founded 1992)

In 1991 a group of Air Force Medical Service Corps Officers (MSCs) along with two Army (MSCs) and one Navy (MSC) held a meeting during the Annual Congress on Administration in Chicago, at the Hyatt Regency Hotel. The purpose of the meeting was to discuss how black

MSC officers could begin to network and become more involved with their civilian counter parts. At that time very few of the military administrators were active in NAHSE and although the services supported the officers attending and belonging to the ACHE there was no support for an association such as NAHSE. There was general agreement that military officers shared many of the same challenges and values of their civilian counter parts but because frequent reassignments and individuals being located all over the world it was almost impossible for individuals to join local NAHSE chapters. It was decided that the service members would need a different option.

Under the leadership of Lt. Col. Carlisle Harrison, a delegation attended the NAHSE general membership meeting during the 1991 ACHE Congress on Administration and petitioned the membership for a military chapter of NAHSE. The petition was granted and the first two officers of the new Uniformed Services Chapter-at-Large were Lt. Col. Carlisle Harrison as President and Capt. Rupert M. Evans as Secretary. Although there was a small ground swell of activity supporting this new NAHSE affiliate, the initial members consisted of a few core MSCs most of whom were from the Air Force and included Capt. Marilyn J. Rucker, Major Freda Facey, Major Lamar Odem, and Lt. Col. Anthony Woodson. This group worked to build the first formal Uniformed Chapter-at-Large which became officially Region IV, Air Force Medical Services Corps Chapter of the Uniformed Services Chapter-at-Large of the National Association of Health Services Executives. The first elected slate of officers included:

Col. (select) Carlisle Harrison—Uniformed Services Chapter President

Major Freda Facey—Air Force Chapter President/ Chairperson

Lt. Col. Anthony Woodson—Air Force Chapter Vice President

Lt. Col. Smith—Air Force Chapter Treasurer

Member Representatives from 7 Regions which were as follows:

Region 1 East (ME, VT, NH, MA, RI, CT, NY, PA, NJ, DE, DC, MD, VA, WV)

Region 2 South (AR, IN, NC, SC, GA, FL, AL, MS, LA)

Region 3 Mid-West (MN, WI, IA, MO, IL, MI, IN, OH, KY)

Region 4 Southwest (MT, ND, SD, WY, NE, CO, KS, NM, OK, TX)

Region 5 West (WA, OR, ID, CA, NV, UT, AZ)

Region 6 PACAF (Air Bases in Alaska, Hawaii and Japan)

Region 7 USAFE (Air Bases in Europe and Turkey)

The initial charter of the Air Force Medical Services Corps Chapter of the Uniformed Services Chapter-at-Large of the National Association of Health Services Executives was as follows:

- To promote and develop a chapter composed primarily of African American Medical Service Corps Officers;
- To improve the professional competence and professional development of MSCs through mentorship, marketing and membership in professional organizations;
- To foster relationships with other recognized healthcare organizations;
- To distribute information pertinent to activities of the Chapter and other items of interest to its members;
- To promote adherence to the code of ethics accepted by the United States Air Force Medical Services Corps, the National Association of Health Services Executives and the American College of Health Care Executives;
- To encourage free exchange of information related to principles and practices in healthcare administration;
- To maintain association with other professions concerned with the operation of healthcare organizations.

The membership included active duty military members, retired, reserves and National Guard medical service corps officers. The formal charter for the chapter was signed and approved by the NAHSE membership at its annual meeting in 1992.

The early concern of potential members was that by joining it could be perceived as being in conflict with the ACHE. This concern came from individuals who talked with their administrators and supervisors who were not familiar with NAHSE. Others were concerned with the benefits

of membership from a military perspective and how to communicate the benefits of membership.

During a meeting of the Air Force Medical Services Corps Chapter of the Uniformed Services Chapter-at-Large of the National Association of Health Services Executives on June 25, 1994 the following policy statement was developed and provided to each region:

NAHSE does not consider itself to be an organization in conflict with the ACHE. NAHSE is recognized by the ACHE and is in fact an outgrowth of the minority sector of the ACHE. Members of NAHSE are encouraged to continue their ACHE affiliation for access to broad health issues and for attainment of ACHE's nationally recognized credentialing program. While many NAHSE members are active in the ACHE as Diplomats and Fellows, they have benefited greatly from networking with other minority healthcare executives. Many believe that the larger pool of minority mentors and role models, found in NAHSE, offers a quality, non-threatening, and ultra-supportive environment for honing or sharpening skills as healthcare executives.

Veterans Administration Chapter (founded 2006)

The Veterans Administration Chapter started as a Breakfast Club in Washington, D.C. in 2004. Guy Richardson, Anthony Dawson, Orlando Dunson, and Lesia Johnson met during breakfast to discuss career mobility. Bruce Triplett provided the leadership for the V.A. Breakfast Club and petitioned the National NAHSE to recognize V.A. employees as a NAHSE Chapter. The request was formally approved in October 2007 during the NAHSE Annual Meeting in Baltimore, Maryland. Unlike most NAHSE Chapters that are locally-based, the VA Chapter represents executives from VAs across the nation. In addition to chartering their chapter at the NAHSE Conference, VA employees conducted two workshops and three VA employees participated in the Annual Student Forum. The VA Chapter

was installed with 18 charter members: Bruce Triplett served as the organization's first president with representation from Anthony Dawson, Roslyn Cole, Cheryl Y. Gayden, Earl Newsome III, Roy Hawkins, Jr., Lisa Barnes, Donna B. Cobbah, Yettalevette Enobakhare, Roderick Gilbert, Tenisha Hughes, Deborah Mavis Johnson, Rica Lewis Payton, Guy B. Richardson, Phyllis J. Smith, Tiffany R. Smith, Linda F. Watson, and Maria Lewis-Wilson. The 2018 Chapter President is Naeemah Dyer.

The Chapter celebrated the 30-year career of Guy Richardson as retiring Chief Operating Officer of the VA Capital Healthcare Network. Since 1995, Guy was a dedicated member of NAHSE and held numerous formal and informal positions within local and national committees and was a founding member of the VA Chapter in 2006. His formal positions included VA National Chapter Treasurer, President Elect, and President. He also served on the National Board of Directors, National Board Executive Committee, and a member of the Nominating Committee.

Game Changers— How Can We Say Thank-You

The Game Changers are contributors to adding a new dimension to the NAHSE annual meeting. The impact they have had on making the annual meeting a national forum for leaders with innovative print, digital, and onsite programming is due to their contributions. Through their organization and management skills and their ideas to enhance the meeting with forums on policy and health and wellness have been critical to the success of the event. In identifying the NAHSE Game Changers, the Association says thank-you for all you have done.

Beverly Glover

Beverly was introduced to NAHSE in 2008 by Charlisa Watson, the former Executive Director of the association. Beverly was a transplant born in Alabama who relocated to Cleveland, OH with her family. Matriculating at Glenville High School, Cuyahoga Community College, and Central State University, Beverly made a 12-year home at the United Negro College Fund with the Lou Rawls Parade of Stars. At UNCF, she met her husband, John Glover, who was in university philanthropy and development. Together, she and John made six career moves through Gettysburg, PA, Jackson, MS, Atlanta, GA, New York City, and Tyler, TX before her current transition to Washington, D.C. where she has been for 24-years.



I love the organization and its members. NAHSE has been a wonderful professional experience. NAHSE has come so far in its development and it cannot limit its trajectory by thinking small.

*Beverly Glover
NAHSE manager, 2008–2018*

When Charlisa made the decision to leave her NAHSE role, Beverly remained with NAHSE because she felt responsible to manage the association until a new executive director was recruited. After ten-years, she has remained the power behind the throne for a succession of NAHSE elected presidents. A meeting planner by profession, Beverly was critical to enhancing the professionalism of the association. She recalls her first NAHSE annual meeting in Atlanta where getting the signage and registration counters organized were critical details of the meeting.

Over her 10-year tenure with NAHSE she has seen the organization grow its membership and its level of sophistication. She gives credit to the NAHSE presidents for enduring the tough years and developing a new generation of leaders to fulfill the mission of the association. Her goals for NAHSE are that it continue to develop its level of mission and cultivating young leaders. She also wants the board to appreciate the level of management required to be a national association. Beverly's typical day is composed of e-mails, meetings, site visits, credit card processing, check deposits and recording, files management, accountant interface, national and local committee meetings, gift and plaque ordering, and thrice-weekly interaction with the national president. While Beverly has made it look easy, her successor will have big shoes to fill.

In the arc of NAHSE's history, Beverly has been the longest serving office professional who has been witness to the organization's leadership changes and she understands the importance of steady and consistent leadership. She has been most impressed with the baton passing of the next generation of leader and compliments them on moving the organization to the next level.

Curtis Davis

A native of Selma, Alabama who grew up with the legacy of Bloody Sunday and the Edmund Pettis Bridge, Curtis attended Tennessee State University on a basketball scholarship and graduated with a B.A. in Mass Communications and Television Production. He worked in the Orlando market for the ABC affiliate and then moved into real estate to manage company video production. When the real estate market crashed in 2008, he started his own company, CLD Productions, and then joined forces with All Access Audio Visual to expand the video component of the company.



Curtis was introduced to NAHSE seven-years ago to elevate the video marketing of the Everett V. Fox Student Case Competition and has gone on to develop the association's 40th, 45th, and 50th anniversary digital programming at the annual meetings. He has been instrumental in cataloguing the digital library of NAHSE and working to advance its history through film. Curtis lives to capture the case competition participants as he continues to do for his daughter Kayla, an aspiring actress at 13 years in the production of *The Big Fish* where she plays a shepherd.

Curtis would like to see NAHSE expand its reach into the healthcare board room and c-suites around the country. He relishes the role he has played in broadcasting the NAHSE message and introducing those who lack information on NAHSE of its value proposition.

I would like to see NAHSE enlarge its platform to have influence on Capitol Hill as it relates to healthcare. NAHSE's collective voice is very much needed.

*Curtis Davis, General Manager
Access AV/All Access Productions, 2001–2018*

Brian Parker

Brian met Charlisa Watson when she was the Interim CEO of the National Association of Black Accountants. When Charlisa arrived at NAHSE to become its Executive Director, she recruited Brian to manage the 2008 NAHSE annual meeting in Atlanta, GA. Brian is a Jersey guy from Newark whose family relocated to Metuchen, New Jersey after the 1968 riot. He graduated with a B.A. in communications from Seton Hall University with dreams of becoming a radio personality. Refusing to take the career advice that he had to start his radio career in a third-tier city to get experience, he resisted and relocated to Los Angeles where he was affectionately known as “Brian Parker: The Black Eye in the Sky” as his Cessna flew over LA delivering traffic reports. After 5-years of news reporting from the sky, he realized he wanted to settle down and so considered returning home to New Jersey. When his family uprooted itself for Orlando, FL, he made the leap to Florida as well.



In relocating to Orlando, he was introduced to the hospitality business where he spent fifteen-years in the hotel and convention business serving most recently as the Orlando Convention Bureau Director of Convention Sales. He could see that African-American associations were being inadequately served by the hotel contracts being negotiated. He got the entrepreneurial bug and decided he could better service these groups by working directly with them. In 2001, he struck out on his own to enhance the meeting planning and professionalism of National Black Accountants, National Society of Black Engineers, Black Energy Professionals, and NAHSE, to name a few.

In working with NAHSE, he came to realize that his cousin, Donald Watson was a former NAHSE president (1977–1979) who was born in Orlando, FL. What Brian finds most compelling about NAHSE is its in-

For the future, I look forward to NAHSE's continued growth and its enhanced value to the healthcare industry by way of the professionalism it provides to its membership.

*Brian Parker, President
Parker Conference Management, Inc., 2008–2018*

roduction of young professionals to the organization through the Everett V. Fox Student Case Competition. He has learned a great deal about the healthcare industry through NAHSE and would like to see the organization expand its reach. While Brian works with a staff of eight, he gives special recognition to Sharmagne Taylor for managing registration and Rodney Rackley for managing logistics and minimizing NAHSE meeting hiccups.

Toya Flewellyn and Tom Flewellyn

The father-daughter duo has been working with NAHSE for ten-years. It all started when Brian Parker called Toya to say he needed a photographer the next day to take pictures at a NAHSE annual meeting. Ten-years later in Orlando (where they started), the team is helping NAHSE celebrate its 50th anniversary.

Tom Flewellyn is a native of Cleveland, Ohio where he attended Glenville High School and received his B.S. in Finance and Accounting at Central State University and received his CPA at the State University of New York. He had a success-



ful career with PriceWaterhouseCoopers as an auditor who was recruited to Xerox as a controller before leaving New York for Florida-based Phillip Crosby Associates, experts in quality management. Walt Disney World in Orlando came calling and Tom was recruited into Strategic Planning and Community Relations. After retiring, he went to work for his daughter Toya Flewellyn, the owner of EyeSeeImages. He also owns two nursing homes where he provides the residents with dignity and respect.

Toya Flewellyn was born in Queens, New York and relocated with her parents to Connecticut and then Florida where she graduated from Lake Mary High School. She started her photography company as an undergraduate at the University of Central Florida. Her mother and father were early investors in the business which she has run for 18-years. She credits her mother with teaching her the beauty of photography and her father with giving her the entrepreneurial spirit.

NAHSE reminds Toya of photography in how the organization shines its light on a blank sheet of paper and through an amazing process of agitation develops a work of beauty. Toya and Tom see NAHSE doing this in its mentoring, scholarships, and case competition with students and then cultivates the relationship through their careers.

Stacy Marshall

Stacy Marshall serves as President of Southeast Fort Worth, Inc., a business development, marketing, public relations, and project management firm. Prior to joining Southeast Fort Worth, Inc., Marshall served as President and CEO of an area chamber of commerce and worked in business development and as a consultant for various nonprofit and for-profit organizations.

Stacy, who was born in Mayersville, MS, a small community with a big heart, where he



has been an advocate for community growth his entire career. After completing B.A. degrees in English and Broadcast Journalism and an M.A. in English from The University of Mississippi, Stacy moved to Dallas in 1999 and soon became involved in several civic and political activities. Stacy has been widely recognized for his leadership in strategic planning and growing businesses in the community with a grassroots approach. Stacy is the father of Javian M. Marshall and is parenting his younger sister, Destiny Green.

Stacy's business and philanthropic achievements have garnered recognition from a variety of prestigious organizations and media outlets, including the Society for Marketing Professional Services, Society for Professional Journalists, National Association of Black Journalists, and American College of Healthcare Executives North Texas Chapter. He currently serves on the board for the Hispanic Real Estate Brokers Association, and West Dallas Community Centers, Inc., just to name a few.

Stacy is the thought-leader and designer behind the NAHSE history book jackets. He took the concept of the book titles, *Breaking the Color Line in Health Care Management* and *Celebrating Our Future by Remembering Our Past*, to design the 40th and 50th anniversary book jackets. He reflected on the winds of change by placing the NAHSE founders on the book jacket back with the guiding principles of the association. The winds of change sweeps from the book back to its front jacket cover with the presidents of NAHSE, Roy Hawkins, Anthony King, Richelle Webb, and Fabian Stone to whom the historical baton has been passed.

It has been my honor to be associated with the NAHSE anniversary books in celebration of the organization's rich history.

*Stacy E. Marshall, President
Southeast Fort Worth, Inc., Dallas/Fort Worth, TX*

Edward Adams

Ed served on the first place case competition team from The Ohio State University with Tamara Austin and Duane Reynolds in 2003. The Everett V. Fox Student Case Competition introduced him to a world of successful health care executives and he found his home on the Case Competition Committee co-chaired by Richelle Webb Dixon and Carlton Inniss. He had the idea of growing the case competition with the introduction of an Ambassadors Program that would bring former case competition students into leadership. His goal was to develop a succession plan for former case contestants to keep them engaged and connected to NAHSE.



Ed completed an administrative internship at Evanston Hospital, an administrative fellowship at St. Luke's Episcopal Health before serving as Director of Emergency Services at Kershaw County Medical Center. Ed was a graduate of Winthrop University, The Ohio State University, and pursued doctoral studies at Duke Divinity School where he was a graduate assistant with the Duke Athletic Department. As Carlton Inniss remarked, "Ed epitomized love and his smiling heart always preceded him." Ed and fellow OSU MHA alumna April Jackson married after leaving OSU and their daughter Elyssa was born in 2010. Ed passed away in 2011 from a rare form of cancer. The Ohio State University Ed Adams Leadership Development Symposium was named in his honor to bring together current and future healthcare leaders to engage in discussion and promote the development of core leadership competencies. The NAHSE Ambassador program has grown in importance at the NAHSE annual meeting thanks to Ed's foresight.

Judson Allen

Judson Todd Allen was NAHSE’s in-house chef. He received his bachelor’s degree in food science and human nutrition from the University of Illinois at Urbana-Champaign and an MBA in Entrepreneurship and MPH from DePaul University Graduate School of Business. After being bullied through high school for his enormous size and graduating from UIUC at over 300 pounds, Judson changed his eating habits and lost 160 pounds. He worked in executive search and then transitioned to the culinary industry by traveling the world where he studied at



the world-renowned Le Cordon Bleu and the Ritz.

He began catering events and became a contestant on *The Next Food Network Star-Season 8*. He raised awareness for and was a member of the American Heart Association and American Liver Foundation. He created his own “All Purpose Chef Blend Hot Sauce” and provided private event chef services for noted celebrities including Steve Harvey and Robi Reed along with NBC executives and corporations such as Walgreens. Judson showcased his talents at the NAHSE annual meetings where he conducted cooking demonstrations to encourage healthy eating. His demonstrations were a must-attend event. Since early 2018, Chef Judson was on tour for his book, *The Spice Diet* which chronicled his 160-pound weight loss journey and offered readers innovative ways to spice up their meals while eating healthy. Judson passed away unexpectedly May 5, 2018 at 36 years of age.

Jacqueline Burgess Bishop

An undergraduate in biology from Northwestern University and MBA recipient from Northwestern University Kellogg School of Management, Jackie was an early NAHSE member fresh out of gradu-

ate school. She served as Vice-President with the American Cancer Society, Habilitative Services, and Rush University Medical Center's Arc Ventures. She became National NAHSE parliamentarian in 1988 followed by NAHSE Health Services Program Liaison, Co-Chair of National Strategic Planning, National Treasurer, Co-Chair of the CEO Conference, and Chicago Midwest Chapter President.



It was during Kevin Lofton's presidency when Jackie and Neysa Dillon Brown were co-chairs of the Strategic Planning Committee that the recommendation was made to introduce a policy forum into the NAHSE annual meeting. Jackie was critical to the Policy Forum development at the NAHSE Annual Meeting which has been a critical feature of the meeting. She is currently serving as a member of the National Policy Committee that is working to shape NAHSE's policy strategy for the next five years. Jackie is a former Chicago Chapter president and treasurer. After the untimely death of the local chapter treasurer, Cory Cooper, she stepped in and assumed the role of treasurer again. Jackie was recognized as the NAHSE Unsung Hero (2018) for her work at the local and national levels.

Carlton Inmiss

A Miami native and graduate of Northern Miami Senior High School, home of the Mighty Vikings, Carlton received his undergraduate degree in nutrition and MHA from the University of Florida. As a health care administrator, Carlton knew he would have an impact on patients' health care experiences and outcomes. What



he didn't expect was the additional reward of having a positive effect on employees. Carlton serves as the Senior Director of Clinical operations for Austin Regional Clinic in Austin, Texas. Carlton was introduced to NAHSE as a student case competition participant in 2001. Carlton and Ajani Dunn were the first place winners of the Everett V. Fox Student Case Competition that year. He subsequently served as Co-Chair of the Case Competition with Richelle Webb Dixon from 2004 to 2005. Their organizational skills made the competition one of the premier student events in the country.

While serving as Co-Chair of the Case Competition, the number of participating teams grew from 15 to 20 and now attracts over 30 teams. Carlton has served as the National Treasurer and Parliamentarian, National Education Chair, and President of the Austin and Houston Chapters. Carlton was the recipient of the Fox Legend Award (2018) presented to former participants of the association's student case competition who have gone on to exemplify professional excellence and have a tangible impact on their communities. As a Game Changer he wants to give to others what NAHSE gave to him—a feeling of home, family, and camaraderie. He wants to see NAHSE meet others where they are and to continue advancing the next generation of leader.

Maude Lofton

Maude Brown Lofton, MD was born in Jacksonville, Florida. She graduated from Spelman College and received her medical degree from the University of Florida. Dr. Lofton completed her pediatric residency training at the University Hospital in Jacksonville where she was selected to serve as Chief Resident of Pediatrics. Upon completion of her residency, Dr. Lofton joined the University of Florida College of Medicine faculty as an Assistant Professor of Pediatrics.



While living in Jacksonville, Dr. Lofton, served on the Mayor's Commission for Children and Youth; the Governor's Commission on Children and Youth for the state of Florida; and, wrote a weekly column for the Jacksonville Advocate Newspaper. She received numerous awards and commendations from the city of Jacksonville, area churches, the Jacksonville Urban League, the NAACP, and Alpha Kappa Alpha Sorority, Inc. for her child and family advocacy. She was on the faculty of Howard University Hospital, the UAB College of Medicine where she pursued advanced training in Child Development; and, the University of Louisville College of Medicine. She served on the admissions committee at both the University of Florida and the University of Alabama.

A longstanding member of the National Association of Health Services Executives, Dr. Lofton is retired from the active practice of medicine and resides in Denver, Colorado. Her focus is on supporting health and education programs for youth; leadership development for girls and young women; and women's health and wellness. As a member of the NAHSE Research Committee, a health habits survey was administered. From the survey results, it was clear that NAHSE needed to expand its health promotion programs during its annual meeting. Maude was instrumental in adding a health and fitness component at the annual meeting to improve physical and emotional health.

Sabrina Shannon

A former Executive Director of Operations at the University of Alabama at Birmingham, Sabrina moved into the entrepreneurial route as an executive coach. She is a partner with Morgan Executive Development Institute (MEDI). She received her B.S. in Nursing from Howard University and MBA with a concentration in marketing from The George Washington University.



Sabrina successfully developed and introduced the NAHSE Women’s Forum at the annual meetings. The Forum allowed for a cross-generational dialog between NAHSE members on issues unique to women—parental and child care, succession planning, and promotion and salary negotiations. Her 2017 session was on *Sacrifice and Sacred Spaces: Ascending to the Top* with Patricia Maryland, Dr.PH., Executive Vice-President and President and CEO, Ascension Healthcare. After a successful ten-year run, Sabrina is passing the torch to her fellow Atlanta resident Neysa Dillon Brown for meeting coordination. Here’s hoping the next ten-years will be as successful as the first.

Cynthia Washington

Through Cynthia’s leadership at the American Hospital Association, she keeps NAHSE connected with the AHA policy positions serving on the NAHSE Board of Directors as its AHA Liaison. She serves as the Interim President and CEO of the Institute for Diversity and Health Equity at AHA where she has been instrumental in establishing a vital liaison with the National Urban League and NAHSE. She often reminds AHA constituents that hospitals are major economic engines in our communities.



Cynthia is a graduate of North Carolina A&T with a B.A. in business and the University of Chicago Graham School. AHA serves as a major sponsor of local and national NAHSE activities. When Richelle Webb Dixon was assuming her role as President of NAHSE, Cynthia was instrumental in meeting with Richelle and AHA President Rick Pollack to reaffirm organizational commitments. Cynthia was recognized as the NAHSE Unsung Hero (2017) for her work at the local and national levels. She serves on the boards of Diversity MBA and Habilitative Services.

Demographic Profile of NAHSE Members

Over the fifty-years of the National Association of Health Services Executives, the organization's membership reached a high of over 2,000 members. The organization's membership reached a peak in the late 1980s and early 1990s when the culture in the general population was to join professional membership groups. NAHSE is no different from other professional groups that have struggled to keep its focus and provide services to its members. In 2004 under the leadership of Patricia Webb, the NAHSE Research Committee was established to work collaboratively with the NAHSE Public Policy Committee. The focus of the Research Committee was to collect data on the membership to better provide services and to support public policy positions of the organization.

The Research Committee issued a series of surveys to gather data on the demographic profile of the NAHSE member. Subsequent surveys addressed health habits, insurance coverage, middle management needs, and public policy issues. The survey instruments were loaded on the organization website for a 30-day period and members were directed to the survey through a series of alerts directed to their personal e-mail addresses. The voluntary nature of survey completion is such that not all members responded, but the completed surveys speak volumes on who the NAHSE member is and what the membership wants.

In a 2005 survey, it was revealed that 60% of the NAHSE members were female and 40% male. Respondents were in the following age categories: 20 to 29 years—25%; 30 to 39 years—23%; 40 to 49—22%; 50 to 59 years—27%; and 60 years and over—3%. Sixty-six percent of the membership has an MBA/MHA/MPH/MSPH degree; 5 percent have a Ph.D., 4 percent have a J.D., 2 percent have an M.D., 2 percent are RNs; 11 percent have a bachelor's degree, 11 percent have an M.S.,

MSN, MPA, Dr.P.H., DBA, or Ed.D. The employment category of the membership is overwhelmingly hospital health system-based at 60.6 percent; consulting firms are at 6.9 percent; ambulatory care/group practice management is 3.7 percent; managed care is 1.6 percent; Veterans Administration/Military Hospital is 0.8 percent; 3.9 percent of the membership are self-employed in an entrepreneurial venture; and 11 percent reported that they were in health education, long-term care, durable medical equipment, association management, law firms, and students seeking employment.

The salary ranges of the respondents reveal an economically prosperous membership: 20.8 percent earn \$101,000 to \$150,000; 10.4 percent earn \$151,000 to \$200,000; 14.5 percent earn over \$201,000; 5.4 percent earn between \$91,000 and \$100,000; and 5.6 percent earn \$81,000 to \$90,000. Twenty percent earn under \$50,000, which reflects the large student membership in the organization. Approximately 90 percent of the membership are active with a local NAHSE chapter. Fifty percent of the members are affiliated with chapters in Baltimore, Boston, Chicago, Detroit, District of Columbia, and New York City.

Urban chapter affiliation may explain the high salaries where the expense to live in a locale is reflected in compensation. Forty-seven percent of the membership have attended four or more annual meetings and 48 percent have attended 4 or more CEO/Senior Executive Conferences. When asked about their professional affiliations, 85 percent were members of the American College of Healthcare Executives; 10 percent were members of the American Public Health Association; and 5 percent were members of the Healthcare Financial Management Association. Thirty-three percent hold multiple professional memberships that include the aforementioned groups and the Academy of Management, Black MBA, American Nurses Association, Black Nurses Association, American Hospital Association, Medical Group Management Association, and National Association of Behavioral Health, among others.

When questioned about the priority issues in health care and given a choice of 18 priority areas, respondents ranked the following as their top five issues to address:

1. Health care disparities
2. Health professional shortage
3. Impact of Medicaid reductions on the uninsured
4. Federal and state deficits and the impact on health care
5. Access to health care

When asked the health care issue to which their organization was responding, the membership responded that their top five organizational issues were:

1. Health care disparities
2. Health professional shortage
3. Impact of Medicaid reductions on the uninsured
4. Federal and state deficits and the impact on health care
5. Organization profitability

In a 2012 Membership Survey, 50% of the members had been affiliated with NAHSE for less than five years; 23% for 6 to 15 years; and 17% for 16 years or more. The primary reasons for joining NAHSE relate to networking (70%); education (16%); career professional development (12%); and other category such as mentoring and case competition participation (17%). Of the members contacting the National Office, 97% had a favorable experience interacting with the staff. The data from the 2005 survey remained very much the same related to salary and participation in national membership groups.

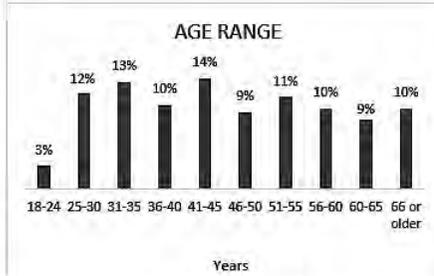
To update data in the 50th anniversary history book and better understand the needs of the members, the National Office issued a 16-question survey related to basic demographics of members, membership benefits, and services. In the 2018 survey of 214 NAHSE members, it was revealed that 65% were female and 35% were male. Respondents were in the following age categories: 18 to 24 years—3%; 25 to 30 years—12%; 31 to 35 years—13%; 36 to 40 years—10%; 41 to 45 years—14%; 46 to 50 years—9%; 51 to 55 years—11%; 56 to 60 years—10%; 60 to 65 years—9%, and 66 years and over—10%. Forty-three percent of the membership have an MHA/MPH degree; 6 percent have a Ph.D., 3 percent have a J.D.; 2 percent have an M.D., 23 percent have an MBA; 8 per-

Response Analytics

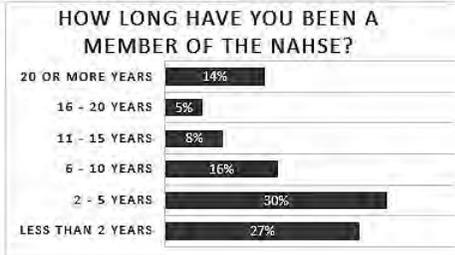
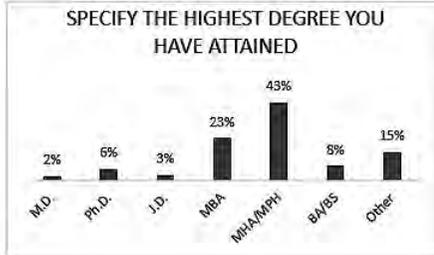


National Association of Health Services Executives
Empowering the Next Generation of Health Care Leaders Today

TOTAL RESPONSES	GENDER	RESPONSES	PERCENTAGE
214	Male	74	35%
	Female	139	65%



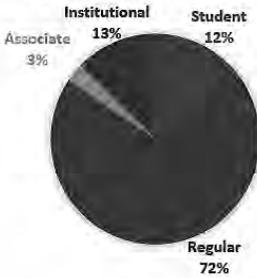
ARE YOU CURRENTLY OR HAVE YOU EVER BEEN IN THE ARMED SERVICES?	
Yes	10%
No	90%



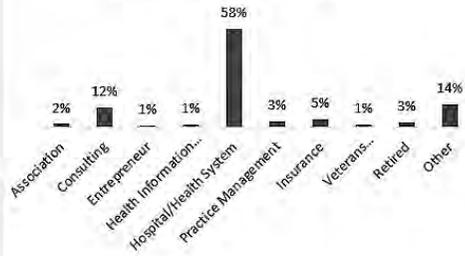
ARE YOU A MEMBER OF A NAHSE LOCAL CHAPTER?	
Yes	68%
No	32%

cent have a bachelor's degree, and 15 percent have an M.S., MSN, MPA, Dr.P.H., DBA, or Ed.D. The employment category of the membership is overwhelmingly hospital/health-system based at 58 percent; consulting firms are at 12%; 2 percent are in a health-care-related association, 1 percent of the membership are self-employed in an entrepreneurial venture; 2 percent are employed in health information technology companies; 3 percent are employed in practice management; 5 percent of the mem-

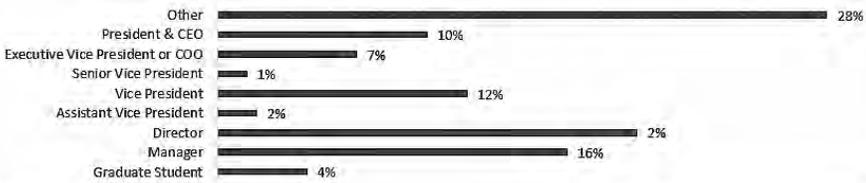
WHAT KIND OF NAHSE MEMBERSHIP DO YOU CURRENTLY HOLD?



SPECIFY THE TYPE OF ORGANIZATION WHERE YOU ARE EMPLOYED



WHAT IS YOUR CURRENT POSITION WITHIN YOUR ORGANIZATION?



bership operate in health-insurance; 2 percent are employed in veterans administration management; 3 percent have retired, and the remaining 14% reported they work in health education, coordinating health care, students seeking employment, long-term care, or in various management positions.

The salary ranges of the respondents reveal an economically prosperous membership with 35% at \$50,000 and \$100,000; 21% earning between \$100,001 and \$150,000; 16% earning between \$150,001 and \$200,000; 10 percent earning between \$200,001 and \$250,000; 8 percent earning between \$250,001 and \$300,000, and 10% earning over \$300,000.

When asked what top priority issues were impacting their employers, the membership responded that their top 5 employer issues were:

WHAT IS YOUR PRIMARY REASON FOR JOINING THE NAHSE?

Growth ^{Private} Learn ^{Care} Relationships
 Modest People **Support** Networking and Recruiting
 Opportunities ^{Mentorship} Health Care
 Case Competition **Professional**
 Networking and Mentoring **Education** Knowledge
 Career ^{African American} ^{Services} ^{Organization} ^{NAHSE} Community ^{Following}
 Leadership ^{Services} ^{Organization} ^{NAHSE}

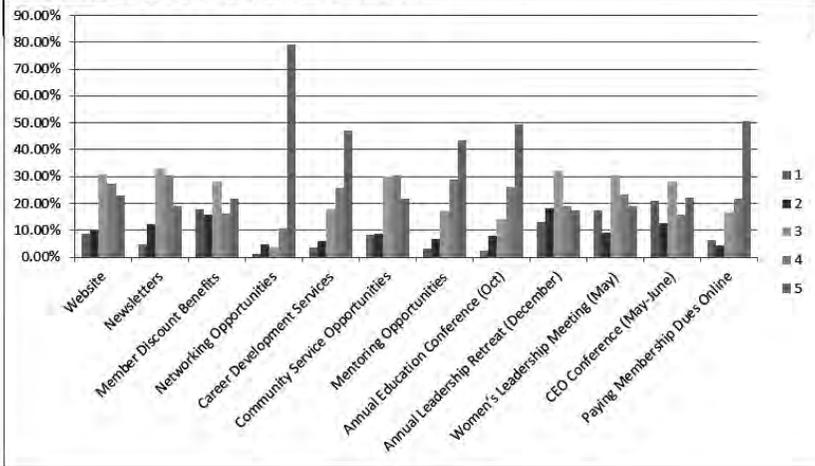
WHAT DO YOU FEEL THE NAHSE COULD DO DIFFERENTLY TO BETTER SERVE ITS MEMBERSHIP?

Meetings ^{Share} Think ^{History} Continue ^{Service}
 Development ^{Collaboration} Health Care
 Good Job **NAHSE** Young **Networking**
 Webinars **Opportunities** Case Competition
 Membership ^{Thanks for Asking}
 Local
 Chapters ^{Have} ^{New} ^{Members}
^{Openness} ^{Shared} ^{Resources} ^{Offer} ^{more} ^{Benefits} ^{Inclusive}

WHAT ARE THE TOP 5 PRIORITY ISSUES IMPACTING YOUR EMPLOYER?

Physician ^{Skills} Expansion ^{From} Quality ^{Environment}
 Funding ^{Financial} ^{Stability} Access ^{Value}
 Reimbursement ^{Growth} Health Care
 Federal ^{Retention} Market ^{Cost} Leadership ^{Budget}
 Competition ^{Revenue} ^{Patient} ^{Inclusion} ^{Technology} ^{Planning}

RANK THE VALUE OF THE FOLLOWING NAHSE MEMBER BENEFITS WITH 1 BEING LEAST IMPORTANT AND 5 BEING MOST IMPORTANT



1. Health care disparities
2. Quality of care
3. Funding and financial reimbursement
4. Recruitment and retention
5. Impact of Medicaid reduction

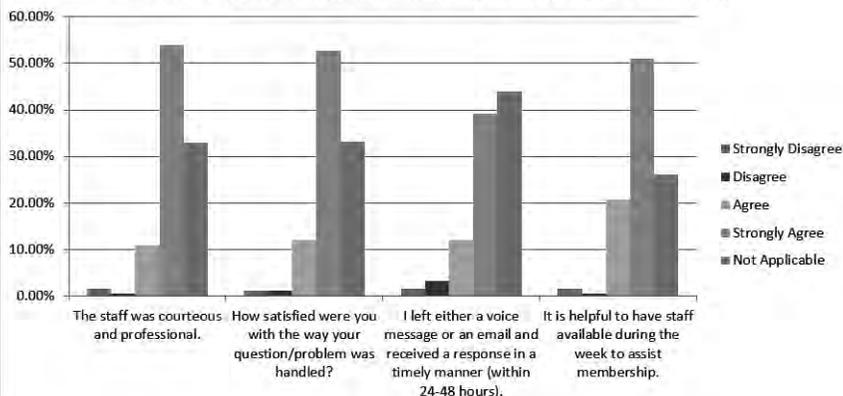
When questioned about the benefits of NAHSE membership, respondents ranked the following as their top 5 most valuable interests:

1. Networking Opportunities
2. Online Membership Engagement

HAVE YOU EVER CONTACTED THE NATIONAL HEADQUARTERS?

Yes	121 Responses	57%
No	93 Responses	43%

IF YOU HAVE CONTACTED THE NATIONAL HEADQUARTERS, WE WANT TO KNOW IF YOU WERE SATISFIED WITH THE ASSISTANCE YOU RECEIVED



Diane Howard, Ph.D., MPH, Associate Professor, Health Systems Management, Rush University
 Daniel Vasquez, B.S., Administrative Intern, Health Systems Management, Rush University
 For the National Association of Health Services Executives, July 2018

3. Annual Education Conference
4. Career Development Services
5. Mentoring Opportunities

The demographic change from 2013 to 2018 is not statistically significant. It is clear that the membership is predominately female and under 50 years of age with advanced degrees at the master's level. Organizational employment in hospitals/health systems is the predominant employer with 72 percent of the membership with salaries under \$200,000 which speaks to 61 percent of respondents being under the age of 50.

Special thanks to Daniel Vasquez, Administrative Intern, at Rush University Medical Center for data analysis and drafting the report narrative.

Summing Up—Conclusion

The 2008–2009 Board of Directors, Committee Chairs, and Chapter officers were invited to a NAHSE Leadership Summit in Atlanta, Georgia on November 30 to December 3, 2007. The new administration extended an employment contract to Charlisa Watson who became Executive Director of NAHSE on February 1, 2008. A Transition Committee of elected officers and committee chairs was designated by the president to orient the new Executive Director and to transition the organization from being volunteer-led to being professionally managed. The relocation into new office headquarters in Washington, D.C. in March 2008 officially severed the tie NAHSE had with its longtime association manager Ozzie Jenkins and its management agreement with OJA in Silver Spring, Maryland.

The Transition Committee met until policies and procedures and internal controls were in place. In the immediate future, the way forward for NAHSE will be establishing organizational priorities and working to outline the relationship between its national office and its national and local chapter leaders. The focus at its 45th anniversary celebration in Miami on October 16–18, 2013, was an important milestone. It was an acknowledgement that its organization founders left an enduring legacy for those who came behind them. There was recognition that the current and future generations need to revisit the organization’s mission, to reflect on its storied past, and to go forward.

As Nat Wesley reported in his “Nat’s Notes” in 1980, NAHSE’s elected officers must be committed to professional leadership behavior, major goals and direction of the organization must be determined annually and translated into specific programs, fiscal accountability and organizational record-keeping must be improved, and there must be ongoing communication with and responsiveness to the membership. In 2008, Thomas Dolan, Ph.D., FACHE, CAE, past-President/CEO of

the American College of Healthcare Executives, commented on the vital role specialty organizations such as NAHSE play in the larger health care community. Dr. Dolan stated, “There is a role on the national stage for NAHSE as long as its members continue to support its initiatives. The economy, employment dislocations, personal time constraints, and family commitments challenge the resources that individuals can devote to membership groups. The NAHSE value proposition with its members will be the key to its long-term survival.”

As NAHSE moves to celebrate its 50th anniversary, there has been an outpouring of senior executives who plan to attend the Orlando meeting. All have remained active in the Association and have assisted in some manner of guiding “generation next” to leadership roles in the organization. Over the last five years with the leadership of Roy Hawkins, Anthony King, Richelle Webb Dixon, and Fabian Stone, there has been a focus on strategic goals of visibility, collaboration, sound governance, professional development, succession planning, infrastructure, membership, public policy/advocacy, sustainability, and innovation.

Where there have been insults leveled at Millennials in the popular press, NAHSE has embraced what it sees as its future. What has been made abundantly clear over the last fifty-years is that the demise of the black hospital settled the issue of NAHSE’s organizational schizophrenia—it now represents individual members and not hospitals. The internal debate has shifted to focus on advocacy and endorsement of its founding mission—to elevate the quality of health care services rendered to poor people and members of minority races in the United States with a focus on leadership.

National Education Themes

A Certain Mission in Uncertain Times: Advancing Healthcare as a Civil Rights Issue

Orlando, FL

October 10–12, 2018

Creating a Healthy America Together: Serving Our Communities

San Antonio, TX

October 17–20, 2017

Ready, Set, Lead.....Transforming Healthcare

Las Vegas, NV

October 11–14, 2016

Creating the Blueprint for Sustainable Change: Diversity, Inclusion & Equity in Healthcare

New Orleans, LA

October 13–16, 2015

Transformation in Leadership: From Volume to Value

Detroit, MI

October 14–18, 2014

Shaping Sustainability: Innovation, Diverse Leadership and Consumer Engagement

Miami, FL

October 16–18, 2013

Navigating the Healthcare Destiny: Anticipate | Understand | Adapt

Houston, TX

October 10–13, 2012

Healthcare: Rethink Possible

Henderson, NV

October 11–14, 2011

Patient Centered Health Care: The Time is Now

Memphis, TN

October 12–15, 2010

Is America Ready for Real Health Care Reform? The Rewards and Risks for Real Change

Orlando, FL

October 13–16, 2009

Closing the Healthcare Divide to Improve Health Outcomes: The Integration of Services, Technology, Finance and Training

Atlanta, GA

October 14–18, 2008

Accepting the Challenge: Public and Private Collaborations to Improve Health Status

Dallas, TX

October 2–6, 2007

Innovative Change: Tools for Leading Policy Changes and Managing Risk in the Twenty-First Century

Baltimore, MD

October 10–14, 2006

Eliminating Health Care Disparities through Leadership, Training and Practice

Detroit, MI

October 4–8, 2005

Health Care Challenges: A Toolkit for Survival and Success

Lake Buena Vista, FL

October 4–8, 2004

Challenges of the U.S. Healthcare System: Practical Solutions

New Orleans, LA

September 30–October 4, 2003

Leadership Challenges: Positioning for the Future

Miami Beach, FL

October 2–5, 2002

Strategies for Healthcare Professionals: Building on a Solid Foundation

New Orleans, LA

October 9–13, 2001

Strategies for Managing Healthcare in the New Millennium

Houston, TX

April 26–19, 2000

The Healthcare Highway: Where Is It Leading?

Lake Buena Vista, FL

April 28–May 1, 1999

Pursuing Partnerships; Preserving Mission: The New Health Care Paradigm

Philadelphia, PA

April 22–24, 1998

Healthcare 2000: Understanding Managed Care Financing Strategies and Community Health Status

Atlanta, GA

April 23–25, 1997

Purpose + Preparation + Practice = Power: The Challenge of Change for Health Care Professionals

Las Vegas, NV

April 29–May 1, 1996

Restructuring, Redefining, Reengineering: Health Care Delivery for African-Americans in the 21st Century

Birmingham, AL

April 26–30, 1995

Urban Health Care Challenges for African-Americans: New Horizons and Great Expectations

Baltimore, MD

April 27–30, 1994

Health Care Reform: An African-American Perspective

New Orleans, LA

April 28–May 1, 1993

Transforming the Health Care System: Empowerment is the Key

Chicago, IL

April 29–May 1, 1992

Setting the Pace for the Next Generation

San Francisco, CA

May 1–4, 1991

The 1990's: A Decade of Opportunity for Black Health Professionals

New York, NY

May 3–5, 1990

Health Status Crisis: A Strategic Agenda for Black Health Professionals

Washington, DC

April 27–19, 1989

NAHSE 20 Years: Positioning Healthcare Professionals for Leadership Challenges of the Future

Detroit, MI

April 28–30, 1988

Black Health Care Professionals: Challenges and Strategies in a Changing Industry

Atlanta, GA

May 1–3, 1987

Survival of Minority Healthcare Professionals

Washington, DC

May 2–3, 1986

Awards Listing

NAHSE Founders

Charles Anderson*
 Reginald P. Ayala, LFACHE*
 Stephen Dorn, FACHE*
 Everett V. Fox, FACHE*
 Theodore Frazier
 Willis Fryer*
 Morris Henderson
 Waverly Johnson*
 Theodore Perkins
 Inder Persaud
 Clyde Reynolds, LFACHE*
 Haynes Rice, FACHE*
 Elliott C. Roberts, Sr, FACHE*
 James Robinson*
 Charles Tildon*
 Woodrow W. Walston*
 Henry J. Whyte, FACHE*

National Award Recipients

Hall of Fame

2017	n/a
2016	n/a
2015	n/a
2014	n/a
2013	n/a
2012	n/a
2011	Howard Jessamy
2010	n/a
2009	n/a
2008	n/a
2007	Elliott C. Roberts, Sr., LFACHE* Haynes Rice, FACHE*
2006	Everett V. Fox, FACHE* Florence Gaynor, FACHE* Percy Allen II, LFACHE
2004	Ellis J. Bonner*
2002	Carolyn Boone Lewis * Charles Tildon*

President's Award

2017	Denise Brooks-Williams, FACHE
2016	Andre Lee
2015	VeLois Bowers and Beverly Glover
2014	Tracy Prigmore
2013	Calvin Wright and Jacqueline Burgess-Bishop, FACHE
2012	Marie Cameron, FACHE
2011	Maude Lofton, M.D.
2010	Robert Currie
2009	Kevin Lofton, FACHE
2008	Christopher Mosley, FACHE
2007	Neysa Dillon-Brown
2006	Ernest Urquhart
2005	Richelle Webb, FACHE Carlton Innis
2004	Tracy L. Thomas Prigmore, FACHE
2003	Michael T. Rowan, FACHE
2002	Robert B. Johnson, LFACHE
2001	Patricia G. Webb, FACHE
2000	Otis L. Story, Jr.
1999	Otis N. Glover, Jr.
1998	Diane M. Howard, Ph.D., FACHE
1997	Nathaniel L. Wesley, Jr., FACHE
1996	Chris Allen, FACHE
1995	Clifford Barnes, Esq.
1994	Erik Thomas
1993	Elliott C. Roberts, Sr., FACHE*
1992	Percy Allen, II, LFACHE

Senior Healthcare Executive Award

2017	Corwin Harper, FACHE
2016	Rupert Evans, Sr., DHA, FACHE
2015	Michael Ugwueke, DHA, FACHE
2014	Guy Richardson, FACHE
2013	Eugene Woods, FACHE
2012	Lloyd Dean
2011	Renee Frazier, FACHE
2010	Linda Watson
2009	Patricia Webb, FACHE
2008	Marian Scott
2007	Andre Lee, DPA, FACHE
2006	Richard L. Brown, Ph.D., FACHE
2005	Kenneth Grant
2004	Ruth W. Brinkley, FACHE
2003	Andrea A. Price, FACHE
2002	Deborah Lee-Eddie, FACHE
2001	James H. Waller
2000	Kevin E. Lofton, FACHE
1999	Frederick D. Hobby
1998	Sandra Gould, Ph.D., FACHE
1997	Harold Williams
1996	Robert Currie
1995	Albert Black, Jr., FACHE
1994	Dalton Tong, FACHE
1993	Ellis Bonner*
1992	Robert B. Johnson, LFACHE

Young Healthcare Executive Award

- 2017 Jyric Sims, FACHE
- 2016 Mario Garner, FACHE
- 2015 Dominique Morgan-Solomon
- 2014 Gyasi Chisley
- 2013 Jonathan Watkins, FACHE
- 2012 Derrick Frazier, FACHE
- 2011 Roy Hawkins, Jr., FACHE
- 2010 Michael Griffin
- 2009 Michael Robinson
- 2008 Knitasha Washington, FACHE
- 2007 Tiffany Sullivan
- 2006 Jamahal Boyd, Sr.
- 2005 Jennifer Campbell, Dr.P.H.
- 2004 Denise Brooks-Williams, FACHE
- 2003 Christopher R. Mosley, FACHE
- 2002 Rodney E. Miller, Sr.
- 2001 Rick L. Stevens, FACHE
- 2000 Cheryl Mayo
- 1999 Eric L. Conley
- 1998 Tracy L. Thomas Prigmore, FACHE
- 1997 Sabrina Shannon, FACHE
- 1996 Janice Nero-Phillips
- 1995 Jacqueline Burgess Bishop, FACHE
- 1994 Colene Daniel, FACHE
- 1993 Lynne Scroggins, FACHE
- 1992 Andrea Price, FACHE

Everett V. Fox Student Case Competition

2017	1st Place	University of North Carolina at Chapel Hill
	2nd Place	Saint Louis University
	3rd Place	The Ohio State University
2016	1st Place	University of Michigan
	2nd Place	George Washington University
	3rd Place	University of North Carolina at Chapel Hill
2015	1st Place	University of Michigan
	2nd Place	The Ohio State University
	3rd Place	Trinity University
2014	1st Place	University of North Carolina at Chapel Hill
	2nd Place	University of California, Los Angeles
	3rd Place	Georgia State University
2013	1st Place	Rush University
	2nd Place	The Ohio State University
	3rd Place	Trinity University
2012	1st Place	University of North Carolina at Chapel Hill
	2nd Place	Ohio State University
	3rd Place	George Washington University
2011	1st Place	Rush University
	2nd Place	University of South Carolina
	3rd Place	Texas A&M
2010	1st Place	Georgetown University
	2nd Place	Virginia Commonwealth University
	3rd Place	University of North Carolina at Chapel Hill

2009	1st Place	George Washington University
	2nd Place	University of North Carolina at Chapel Hill
	3rd Place	Rush University
2008	1st Place	University of Houston–Clear Lake
	2nd Place	George Washington University
	3rd Place	Columbia University
2007	1st Place	University of Michigan
	2nd Place	University of North Carolina at Chapel Hill
	3rd Place	Xavier University
2006	1st Place	University of Michigan
	2nd Place	Johns Hopkins University
	3rd Place	University of North Carolina at Chapel Hill
2005	1st Place	University of Michigan
	2nd Place	The Ohio State University
	3rd Place	University of Alabama at Birmingham
2004	1st Place	University of North Carolina at Chapel Hill
	2nd Place	University of Michigan
	3rd Place	The Ohio State University
2003	1st Place	The Ohio State University
	2nd Place	University of Michigan
	3rd Place	Tulane University
2002	1st Place	The Ohio State University
	2nd Place	University of Minnesota
	3rd Place	University of Florida

2001	1st Place	University of Florida
	2nd Place	The Ohio State University
	3rd Place	Cleveland State University
2000	1st Place	Meharry Medical College
	2nd Place	University of Florida
	3rd Place	Virginia Commonwealth University
1999	1st Place	Johns Hopkins University
	2nd Place	Arizona State University
	3rd Place	University of Michigan
1998	1st Place	The Ohio State University
	2nd Place	University of Pennsylvania
	3rd Place	University of Kansas
1997	1st Place	University of North Carolina at Charlotte
	2nd Place	University of Washington–Seattle
	3rd Place	The Ohio State University
1996	1st Place	Medical College of Virginia
	2nd Place	Duke University
	3rd Place	The Ohio State University

I was introduced to NAHSE during the 2001 Fox Student Case Competition. I was one of two African Americans in my graduate program. I feel strongly about NAHSE because it gave me the opportunity to take a leadership role and to expand my management skills.

*Carlton Inniss
2008–2009 national parliamentarian*

Interview Participants

The Founders

Elliott Roberts, FACHE

Charles Tilden, FACHE

The National Presidents

Percy Allen, II, FACHE

Denise Brooks-Williams, FACHE

Robert Currie

Sandra Gould, Ph.D., FACHE

Roy Hawkins, Irs., FACHE

William Jackson

Howard Jessamy

Andre Lee, DPA, FACHE

Deborah Lee-Eddie, FACHE

Kevin Lofton, FACHE

Rodney Miller, FACHE

Christopher Mosley, FACHE

Andrea Price, FACHE

Everard Rutledge, Ph.D., FACHE

Patricia Golden Webb, FACHE

Chapter Presidents

Tamara Austin (Northern California)

Karen Bankston (Cincinnati)

Albert Black, Jr., FACHE
(Delaware Valley)

Gail Bouie (South Florida)

Jamahal Boyd (Delaware Valley, PA)

Joy Calloway (Detroit, MI)

Barbara Catchings
(Boston/New England, MA)

Ronald Coulter, FACHE
(Dallas-Fort Worth, TX)

Lakeisha Daniel (Chicago, IL)

Anthony Dawson (Veterans
Administration – Indianapolis, IN)

Neysa Dillon-Brown (Atlanta, GA)

Shaun Essex (Memphis)

Freda Facey (Military–Houston, TX)

Camille Fisher (North Florida)

Corey Fleming (North Florida)

Ken Grant (Baltimore)

Michelle Hereford (Virginia)

Aubrey Howard (Memphis)

Hattie Johnson (Chicago)

Ernest Lanier (Western Michigan)

Donna Lawson (Birmingham, AL)

Debra May (Kentucky)

Huberta Mayfield (Birmingham, AL)

Marian Scott (New York)

Gavin Latney (Washington, DC)

Emery Livers (Cincinnati)

Jasmine Shirley (South Florida)
Pamela Sutton-Wallace (North Carolina)
Cynthia Taugue (Detroit, MI)
Calvin Thomas IV (Southern California)
Bruce Triplett (Veterans Administration
–Cincinnati, OH)
Cynthia Walters (South Carolina)
Al Webb (Boston/New England, MA)
Marylyn Stanton-White
(Military–Houston, TX)

National Officers

Renee Frazier, FACHE (Secretary)
Rick Stevens, Treasurer
Carlton Innis, Parliamentarian
(also National Education Co-Chair)
Richelle Webb (Secretary)
(also National Education Co-Chair)

CEO/Senior Executive Conference

Antoinette Hardy Waller
Linette Webb Black

Corporate Counsel and Bylaws

Clifford Barnes, J.D.

Education Co-Chair

Raymond Grady, FACHE
Elworth Taylor

Everett V. Fox Student Case Competition

Alton Brooks, Jr.
Kyle Buchanan (also Birmingham
Chapter president)
Eric Conley (also Baltimore Chapter
president)
Robin Hunt
Michael Robinson
Tracy Thomas

Executive Director/Manager

Ozzie Jenkins, CMP
Charlisa Watson
Nathaniel Wesley, FACHE

Institute for Diversity of the American Hospital Association

Rupert Evans, DHA, FACHE
(also Research Committee)
Frederick Hobby

NAHSE Notes

Carrie Harding
Diane Howard, Ph.D., FACHE
(also Research Committee)

Public Policy

Charlotte Collins, J.D.
(also Research Committee)

Research Committee

Forrest Daniels, FACHE

Maude Lofton, M.D.

Velma Roberts, Ph.D.

Student Liaison

Kimberly Gay

Michael Grant

Stonish Pierce

Strategic Planning

Jacqueline Burgess-Bishop, FACHE

Website Management

Monika Black

Members

Merritt Hasbrouck (Chicago)

Patricia Maryland (Detroit)

Gwendolyn Smith (Chicago)

Gyasi Chisley (Cincinnati)

National Healthcare Associations —

American College of Healthcare Executives

Thomas Dolan, Ph.D., FACHE, CAE

American Hospital Association

Alexander H. Williams

Association of University Programs in Health Administration (AUPHA)

Gary Filerman, Ph.D.

NAHSE Milestones

1968

The National Association of Health Services Executives was formed in Atlantic City, New Jersey.

1971

NAHSE boasted 100 members with chapters in New York City, Chicago, Columbia, Missouri, Detroit, Nashville, and Washington, D.C.

1973

Summer work-study begins.

Directory of black run hospitals published in NAHSE *Resume*.

Conflict between institutional members and individual members as to focus of Association initiatives.

NAHSE opens headquarters in Blue Cross Association in New York City.

1974

Albert Dent, Ph.D. becomes first American College of Hospital Administrators Life Time Fellow — the first African-American to receive this honor.

NAHSE is confronted with leadership ethics issue when its president Herman Glass is implicated in a federal financial scandal in Detroit.

Florence Small Gaynor, FACHE is elected first female president of NAHSE.

NAHSE bylaws change to institute two-year terms for officers.

Executive Director Robert Merritt requests leave-of-absence from NAHSE.

Joint Committee of NAHSE and ACHA meet to discuss membership in College. ACHA President Richard Stull, NAHSE President Florence Gaynor and Past President Everett Fox are representatives.

1975

American College of Hospital Administrators introduces the Dent Scholarship Award named in honor of Albert Dent, the first black ACHE Fellow in the College.

The Chicago Midwest Chapter and the National Office of NAHSE have confrontation over which entity can interface with the American Hospital Association for programs.

Charles Bowen appointed as 2nd NAHSE Executive Director.

1976

Robert Wood Johnson grant received for three years to provide education workshops and seminars, serve as manpower clearinghouse, develop information and publications, and sponsor national symposium.

First NAHSE newsletter published under the name "Resume."

Membership dues were increased to \$50.

Charles Bowen resigns as NAHSE Executive Director.

Clifford Barnes assumes interim NAHSE Executive Director role.

First Board Retreat held in Gloucester, Virginia. Research activities formulated under Norma Goodwin, Ph.D.

New NAHSE chapters introduced in Memphis and Virginia/Carolina; four in the development phase—Atlanta, Boston, Houston, St. Louis.

National fund-raising drive proposal for the organization introduced by the Oram Group.

Institutional and professional membership interests become blurred creating internal power struggle.

Donald Watson, J.D. inducted as president with his stated interest on association needs, chapter formation, and customer service.

Honoring the founders Reginald Ayala, Morris Henderson, Elliott Roberts, James Robinson, Haynes Rice, Charles Tildon, Henry Whyte, Woodrow Walston.

1977

NAHSE headquarters lease in New York City Blue Cross Association building ends with closure of BCA regional offices.

Job Bank initiated.

Financial Audit Committee established.

Conway Downing, Jr., J.D. appointed as the 4th Executive Director of NAHSE.

Bylaws change altered Executive Director job title to President.

Donald Watson (president 1977–1979) and John Noble (president 1979–1981) testify before Congressional House Subcommittee for Labor and Health, Education, and Welfare on medical facility construction funds.

NAHSE enters fiscal crisis resulting in membership recruitment campaign and change to membership criterion.

New chapters introduced in Atlanta, St. Louis, Los Angeles. Others express interest in chapter development in Boston, Columbus, Houston, New Orleans, Philadelphia, Pittsburgh, North Carolina, and San Diego.

Circulation of *Resume* newsletter reaches 5000.

Conway Downing recommends that institutional members form their own Association because of their unique needs and resource consumption.

1978

Kaiser Foundation grant to investigate prepaid health plans in inner city hospitals

No ACHA Dent Awards presented.

Summer work-study remains in force.

HBCU campus visit with National Urban League.

Expense reduction affecting Washington, D.C. office.

Universal health insurance testimony at state and federal levels.

Conway Downing resigns as NAHSE Executive Director.

Robert Wood Johnson funding expires.

2nd Board Retreat planned for November 11–12 to discuss organization stability; letter issued to membership to assure them of organization's ongoing status.

New York office closure.

Robert Wood Johnson grant ends.

1979

NAHSE files relocated with incoming president John Noble to St. Louis, MO.

AUPHA survey on minority student employment.

ACHA (now ACHE) committee structure to address minority affairs, women, faculty, and uniform services.

NAHSE committee to promote ACHA membership and to encourage member advancement through the College.

Stuart Wesbury appointed President of ACHA with progressive agenda for minority concerns. Ad Hoc Committee on Minority Affairs initiated.

1980

NAHSE membership at 400 with 12 chapters.

ACHA education director Richard Lowe reaches out to NAHSE to solicit membership in the College.

St. Thomas, The Virgin Islands Chapter established.

Nathaniel Wesley, Jr., FACHE writes his first in a series of "Notes from Nat" to the NAHSE elected officers on methods to enhance the organization.

1981

NAHSE National Office re-opens with assistance from AHA Executive Vice-President Gail Warden at 840 N. Lake Shore Drive, Chicago.

Nancy Brown recruited as NAHSE's Executive Assistant/Director; Robert Smith III appointed as manager of NAHSE office.

Denise Reed, AHA Fellow, completed The Reed Report on the organizational structure of NAHSE within AHA. NAHSE agrees to refrain from endorsing or supporting public policy positions.

James Hazel, FACHE replaces Nathaniel Wesley, Jr., FACHE as NAHSE president-elect.

Relationship developed with Congressional Black Caucus Brain Trust through Congressmen Louis Stokes (D-OH) and Charles Rangel (D-NY).

Bernard Dickens (president 1981–1983) is instrumental in revising NAHSE's

orientation with its members through revision to membership package and automation of membership roster.

Tutorial developed for members taking ACHA membership examination.

Job data bank instituted.

Membership resumes submitted to Witt and Dolan (now Witt Keiffer Hadelman and Lloyd) for executive search consideration.

Bernard Dickens appeals to the membership to think in terms of “The Collective” and to pay membership dues.

1982

Jane Byrne, Mayor of the City of Chicago declares March 2–6, 1982 as NAHSE Week.

Nancy Brown submits her letter of resignation to take a position with AHA. Brown is replaced by Belva Denmark as the 6th Executive Director of NAHSE.

AHA agrees to extend NAHSE office lease at its headquarters.

Membership fluctuation becomes a major concern.

NAHSE *Resume* name change to NAHSE *Notes*.

AUPHA Minority Affairs program phased out.

Wesley renegotiates Dent Scholarship with ACHA.

Atlanta, Chicago, and Washington, D.C. Chapters continue student work-study programs without AUPHA support.

The NAHSE Forward Plan published outlines 5-year plan for the organization.

Washington Metropolitan Chapter president Arlene Granderson resigns over Chapter-National Office differences regarding The Forward Plan. Thomas Nowlin assumes chapter presidency.

1983

Together We Stand is the national theme for the year selected by President James Hazel, FACHE.

Internal debate continued over national versus local interests and support to black hospitals.

First year of national work study program without support from ACHA. Program operational in Atlanta, Chicago, and District of Columbia

1984

Departure of Belva Denmark as Executive Assistant/Director.

Outgoing President James Hazel recommends establishing Mid-Winter Meetings with ACHA and Summer Meetings during AHA Annual Meeting.

1985

President Andre Lee affirms The Year of the Commitment. Introduced “back to basics” movement.

3rd NAHSE Board Retreat held May 3–5 in New Orleans, LA.

NAHSE work-study program restricted to Chicago with the Chicago Midwest Chapter serving as coordinating body.

AHA-NAHSE initiative on cancer in the black community.

NAHSE New Orleans Chapter introduced.

NAHSE newsletter editor Leslie Sawyer resigns.

1986

NAHSE education conference introduced by Andre Lee with support by AHA Elworth Taylor at Howard University Inn with 54 attendees.

Membership dues restructured for individuals at \$55, hospitals at \$1000, and clinics at \$500.

Board bylaws revised to include offices of president, immediate past-president, president-elect, secretary, treasurer, past president, president-elect, secretary, treasurer, regional directors, members-at-large (3), committee chairs, ex-officio officers, and parliamentarian.

Bernard Dickens resigns AHA position.

NAHSE president Andre Lee and immediate past president Dickens meet with AHA Executive Vice-President H. Joseph Curl and Chairman-Elect Donald Wegmiller to request that Elworth Taylor be appointed NAHSE's AHA liaison.

NAHSE signs 1-year association management agreement 9/1/86 to 8/3/87 with Urban Shelters & Health Care Systems.

Nathaniel Wesley assumes management of national office in Washington, D.C.

Treasury difficulties assume Board's attention with the abdication of treasurer responsibilities.

1987

President Everard Rutledge, FACHE assumes NAHSE leadership.

2nd Annual Education Conference sponsored at Paschal's Hotel in Atlanta, Georgia with 105 attendees.

Contract with Urban Shelters extended for 1-year through 1988.

Ongoing financial challenges for the organization where Rutledge challenges members to pay their dues.

1988

President-elect William Jackson appointed to National Cancer Society Advisory Committee.

Andrea Price, NAHSE Membership Chair, institutes Chapter Awards for membership recruitment. The New York Chapter is recognized as the largest chapter with over 60 new members.

New chapters formed in Birmingham, Cleveland, Memphis, and Philadelphia.

At-Large membership seats designated by NAHSE Board.

1989

Cleveland and Philadelphia chapters are established, but refuse to affiliate with National Organization.

3rd Annual Education Conference in Detroit, Michigan; 20th Anniversary Celebration of organization with 150 members in attendance. This is the final time Rick Ayala, Everett Fox, Florence Small Gaynor, and Haynes Rice will be together.

Haynes Rice elected to AHA Board of Trustees.

Everard Rutledge appointed to ACHE Strategic Planning Committee.

NAHSE membership criteria is changed to include all management levels in a health care organization. Membership increased 100%.

NAHSE elections occur with four women elected to the Board—Annette Chang, Darlene Ruffin, Jacqueline Burgess-Bishop, and Andrea Price.

1990

Association management contract with Urban Shelters terminates.

NRW is awarded the Association management contract with Nat Wesley, Jr. serving as Executive Director.

NAHSE Liaison Committee established with graduate programs to recruit student members chaired by Andrea Price.

1991

5th Annual Meeting held in New York City with attendance at 175.

501(c)(3) tax status recognized by Internal Revenue Service.

NAHSE participation in AHA Promise to Protect campaign.

NAHSE collaboration with ACHE on Career Attainment Survey.

NAHSE co-sponsored with District of Columbia Hospital Association the Testimonial Dinner on the retirement of Haynes Rice as CEO of Howard University Hospital.

NRW elects not to renew NAHSE association management agreement.

Nine NAHSE chapters are operational—Baltimore, Chicago, Cincinnati, Delaware Valley (Philadelphia), Detroit, Houston, New York City, Tennessee, and Washington, D.C.

1992

OJA awarded the association management agreement. Ozzie Jenkins becomes association meeting planner and NAHSE manager.

6th Annual Education Conference held in San Francisco, California May 1–4 at Hotel Nikko with over 300 attendees.

President Percy Allen established aggressive membership growth at 75%.

Abbott, Baxter International, and ServiceMaster become NAHSE corporate sponsors.

\$30,000 awarded in student scholarships.

4th Board Retreat held in New York City. Dues structure changed so that national and local chapter dues collected at one time through national dues payment system.

Job descriptions for officers and committee chairs developed.

1993

President Howard Jessamy assumes office and introduced CEO Conference held a week prior to national education conference in New Orleans.

8th Annual Education Conference in New Orleans.

Percy Allen, Kevin Lofton, Ozzie Jenkins, Howard Jessamy, Andrea Price, Tamara Smith, and Nat Wesley meet to discuss health reform in the Old Executive Mansion with the Clinton Administration representatives.

1,648 personal members recorded in the Association.

Deborah Lee-Eddie (Austin, Texas), Patricia Golden Webb (Raleigh, North Carolina), and Harold Williams (Oakland, California) appointed as At-Large members to the NAHSE Board.

Public Policy established as an Association priority since relocation out of the AHA headquarters.

Clifford Barnes, Esq. appointed as NAHSE General Counsel.

1994

25th Anniversary Year with National Education Conference in New Orleans with 291 registrants.

Walter Johnson appointed AHA President/CEO of the Institute for Diversity (IFD). NAHSE becomes sponsor and gets a seat on the Board of the Institute.

NAHSE and IFD have competing summer work-study programs which fosters conflict between the organizations.

Howard Jessamy, with Board input, undertakes thorough management assessment of the organization.

Jessamy receives invitation from Peter Matseke, M.D. to visit South Africa and lecture on health care management.

Jessamy and seven NAHSE members participate.

1995

President Kevin Lofton assumes the NAHSE leadership role with an emphasis on public policy as it affects people of color.

NAHSE membership was at 1,950 with a goal to expand membership by 30%. Membership dues were increased.

10th Annual Education Conference held in Birmingham, Alabama with 359 registrants.

Tracy Thomas proposes a student case competition concept. The concept was introduced at the 11th Annual Meeting in Las Vegas.

Lofton introduces strategic planning initiative chaired by Jacqueline Burgess-Bishop and Neysa Dillon-Brown.

1996

NAHSE receives clean bill of health from the IRS.

Dues structure was changed from monthly to annual system to reduce administrative expenses.

The Everett V. Fox Student Case Competition introduced along with the Ellis Bonner Scholarship; the ACHE Board of Governors Examination was

offered; every fully paid registrant who attended the conference received a paid subscription to *Black Enterprise Magazine*, ServiceMaster sponsored the first scholarship for a member pursuing an education in food services management; and NAHSE awarded over \$125,000 in scholarships.

The 11th Annual Education Meeting was held in Las Vegas with 273 registered including 57 students in attendance.

National elections held onsite at Annual Meeting in Birmingham, AL.

Howard University Health Administration Program loses its accreditation.

1997

President Deborah Lee-Eddie assumes the NAHSE leadership and establishes priorities in strengthening the infrastructure of the national office, reaffirming the relationship with corporate partners and assuring that NAHSE, both nationally and through its chapters, played an active role in the development of public policy affecting minority and medically underserved populations.

Fundraising goal for the 12th Annual Meeting set at \$200,000.

NAHSE receives \$142,500 from the W. K. Kellogg Foundation to support public policy training and the development of a guide on health care advocacy.

The Florence Gaynor Distinguished Lecture Series established at Florida A&M University.

12th Annual Education Conference in Atlanta with 524 in attendance—the largest meeting in the history of the organization.

Collaboration with the Health Summit Health Coalition on tobacco.

NAHSE viewpoint printed in *Healthcare Executive on Career Attainment of Minorities* written by Richard Brown, Ph.D.

1998

New Officers Training and Strategic Planning held in Ft. Lauderdale, Florida.

Contract with OJA remained in force.

Entrepreneurs Committee formed with Andre Lee as chairman.

NAHSE website introduced.

1999

September meeting with Congressional Black Caucus cancelled due to weather conditions in Washington, D.C.

President Robert Currie assumes leadership of NAHSE.

Board Retreat and Officer Training held in Biloxi, Mississippi in December.

Diane Howard and Lorraine Jenkins appointed to resurrect *NAHSE Notes* as Co-Editors. They maintain this role collectively and then Diane Howard continues in the role from 1999 to 2005.

2000

Kevin Lofton became the first NAHSE member to be honored with the Young Executive of the Year and Senior Executive of the Year awards.

NAHSE calendar changed to move Annual Meeting from Spring to Fall.

Bernard Mims assumes responsibility for website and electronic mailing of NAHSE *Notes*.

2001

President Sandra Gould, Ph.D., FACHE assumed the leadership with a focus on fund development, chapter development, public policy, and management superstructure.

Gould introduces the Village of Elders to get advice from former presidents and senior leaders in NAHSE. The group morphs into “The Dinosaurs.”

Gould initiates The Legacy Campaign to raise money for NAHSE to finance its administrative infrastructure.

Percy Allen II was honored with a portrait of himself at the Brooklyn Botanic Gardens Palm House that was mounted in the SUNY Downstate Hospital where he served as president. He assumed the presidency of Bon Secours Health in Baltimore, Maryland.

The 16th NAHSE Annual Meeting in New Orleans is held even with the destruction and anxiety caused by 9/11 terrorist attacks.

2002

President Gould introduces the NAHSE Hall of Fame with Charles Tilden, NAHSE founder, educator, and philanthropist, and Carolyn Boone Lewis, the first African American woman to serve as chair of the American Hospital Association, as the first inductees.

2003

President Patricia Golden Webb assumes leadership.

Revised NAHSE website unveiled under the leadership of Tracy Thomas and John Green.

Research Committee inaugurated with Diane Howard, Ph.D., serving as chair with membership of Charlotte Collins, J.D., Forrest Daniels, MHA, FACHE, Rupert Evans, DHA, FACHE, Maude Lofton, M.D., and Velma Roberts, Ph.D. Committee issues surveys on membership, health habits, public policy, middle management, and insurance.

Student Summit concept endorsed.

2004

Charlotte Collins, J.D. reinvigorates the Public Policy Committee and coordinates Capitol Hill visits on behalf of the leadership.

Association management system unveiled at Orlando annual meeting by Tracy Thomas.

2005

Student Summit held in Atlanta on February 4–5 chaired by Kimberly Reynolds and Bernard Mims. Nathaniel Wesley, Jr. Brain Bowl introduced.

2006

Andre Lee and Carrie Harding assume editorship of the NAHSE *Notes* and introduce it in an electronic format

2007

President Christopher Mosley, FACHE appoints the Research Committee along with Nathaniel Wesley, Jr. to write the history of NAHSE in time for its 40th anniversary celebration in Atlanta, Georgia in October 2008.

Chris Mosley introduces monthly Board conference calls. Administration retires NAHSE's outstanding debt.

Chris Mosley and the Board recruit the Atlanta-based Desir Group to manage the recruitment of the NAHSE Executive Director. Etheline Desir and Neysa Dillon-Brown draft the job description. Neysa Dillon-Brown serves as the search executive on the account.

2008

President Rodney Miller assumes organization leadership. He introduces Leadership Summit in Atlanta, Georgia on November 30–December 2, 2007 with the motto *Together we can. Together we will.*

Charlisa Watson introduced as the NAHSE Executive Director.

National NAHSE Office relocates from Silver Spring, MD to Washington, DC.

Transition Committee formed co-chaired by immediate past-president Christopher Mosley and corporate counsel Clifford Barnes.

President Rodney Miller resigns.

President-Elect Denise Brooks-Williams assumes presidency.

40th Anniversary Celebration Gala in Atlanta, Georgia on October 14–16, 2008.

2009

Annual Leadership Retreat held in Orlando, Florida on January 9–11.

Arrival of new executive director, Charlisa Watson, introduces transition planning initiatives. Strategic goals include financial self-sufficiency, enhancement of stakeholder relationships, strengthening organizational leadership, sustaining, enhancing and expanding NAHSE's core program, and expanding external influence. 2,800 individuals and 35 institutional members received membership renewal notices.

National Strategic Operating Plan (2009–2011) introduced. Chapters held accountable to submit annual reports and support annual reporting and financial commitment to the annual meeting. Chapter reporting to be submitted at nahsechapters@nahse.org. New marketing campaign, special member services programs, grant opportunities are being pursued.

Cost reduction measures introduced including free service for conference calling; obtaining nonprofit mailing permit; RFP process for any expenditure over \$5,000; obtaining new lockbox to facilitate deposits; and cash reserve target established.

Electronic version of NAHSE *Notes* introduced by editor, Stacy Marshall.

Conflict of interest statements mailed to all board members.

New contract with website manager Avectra signed.

Standing conference call meetings between executive director and committee chairs to enhance communication and

better collaboration with the national office.

Denise Brooks-Williams meeting with David Burda, editor of *Modern Healthcare*, to discuss the challenges of attracting voluntary members to serve in leadership roles that meet ethical standards in March 2009. She followed-up with correspondence to invite *Modern Healthcare* to attend the upcoming annual meeting of the organization.

Denise Brooks-Williams' *Modern Healthcare* commentary appeared, which discussed NAHSE health habits survey results in June 2009.

The 24th Annual Education Meeting held in Orlando, Florida October 13–17.

2010

The organization enters the year with the loss of its executive director who was recruited to the insurance industry. Office functions being managed by the capable leadership of Beverly Glover and Stephanie Anderson.

Annual Leadership Retreat held in Memphis, Tennessee on January 15–17 with an emphasis on organization superstructure. Meeting facilitated by Joy Calloway-McIntosh.

Denise Brooks-Williams and Diane Howard, Ph.D. published an article for *ACHE Frontiers* on “Disaggregating Diversity Data for Optimal Decision-making” in response to the publication issue on diversity. Information on NAHSE was prominently presented.

The 25th Annual Education Meeting held in Memphis, Tennessee October 12–16. New membership workshop in-

roduced to acquaint new attendees to the organization.

NAHSE Infrastructure Committee instituted and chaired by president-elect Andrea Price to address comments from the Memphis Leadership Retreat.

NAHSE Fund Development Committee instituted and chaired by treasurer Anthony King to address comments from the Memphis Leadership Retreat.

Annual Leadership Retreat held in Las Vegas, Nevada on December 3–5.

Denise Brooks-Williams goals for the final year of her term were introduced with the following goals: to focus on leadership, planning, execution, accountability, communication, and the value proposition of NAHSE membership. Correspondence directed to the membership providing an update on “what has been done” since the Memphis Leadership Retreat.

2011

Equity in Care Initiative introduced in collaboration with the American Hospital Association's Institute for Diversity. The primary goal is to increase minority governance leadership and consequently have an impact on patient care quality. Initiatives to develop the pipeline for minority professionals in their early career through to retirement were introduced in collaboration with AHA IFD.

26th Annual Educational Conference, Business Meeting and Exhibition held in Henderson, Nevada, October 12–14.

Andrea Price assumes presidency.

2011 Update to NAHSE history book distributed to membership at the annual meeting.

The December 2011 Leadership Retreat marked the first opportunity for NAHSE's general membership to attend the annual event and learn alongside NAHSE leaders.

2012

The organization website was updated to make it more vibrant, faster, and easier to navigate. Special thanks to Board Member-At-Large Corwin Harper, SVP at Kaiser Permanente along with the Kaiser IT team made this possible.

NAHSE supported the U.S. Supreme Court's decision to uphold the Patient Protection and Affordable Care Act in the National Federation of Independent Business v. Sebelius case, which called for state approval of the expansion of Medicaid to provide greater access for the poor and uninsured.

NAHSE Research Committee conducted as assessment on perceived value of Fellow status in the ACHE and the benefits of the Accountable Care Act.

American Hospital Association recognized NAHSE as a supporter of its Equity of Care initiative to eliminate health care disparities. NAHSE served as a sponsor of the Owens & Minor 7th Annual Supplier Diversity Symposium.

NAHSE participated in forums and roundtable discussions, and served on panels with healthcare and industry leaders during events such as the American College of Healthcare Executives' Chapter Leader Conference, Becker's Hospital Review Annual

Meeting, and the MidSouth Minority Business Council Continuum—Annual Economic Development Forum, HIMSS, and CMS Partnership for Patients.

During the 2012 annual conference, NAHSE elevated its media presence through all Houston, TX media channels, including print, radio and TV. Launched the first Mobile App allowing attendees to virtually access the conference agenda along with detailed schedule of activities.

Adopted revised organizational bylaws during the October 9, 2012 Annual Membership Meeting where the new board format includes 8 chapter presidents, elected by a corresponding four geographical regions. This created a Board of 21 members, reduced from 48 members, and created a council of chapter presidents.

2013

NAHSE welcomed the following new or re-activated chapters: Greater Denver, Golden Gate, Greater Nashville, SC, and Southeast Louisiana.

NAHSE offered a series of webinars including ACOs: Core Features and Implications for Care Delivery and Health System Transformations—A Case Study.

NAHSE welcomed Kansas City Regional as a new chapter.

The organization established reduced membership dues and conference fees for members who are 65 and older, are retired non-employed professionals, and have been paid members for the past five-consecutive years before applying.

The five strategic goals of visibility, collaboration, governance, professional development and succession planning were advanced. The organization strategic plan was developed with the intent to guide the organization for five-years.

2014

More than 500 attendees and 22 exhibitors participated in the Ready, Set, Lead.....Transforming Healthcare Annual Meeting in Las Vegas, NV. The Public Policy Forum and the Presidents' Luncheon had speakers that encouraged the audience to speak out on healthcare issues.

The Career Transformation Center was introduced.

The membership campaign was introduced to attract 1,000 financially active members.

Incentive system introduced to reward a chapter \$1000 for recruiting the largest number of new members.

President Roy Hawkins visited chapters in California, Florida, and Washington, DC.

Kevin Lofton, FACHE is awarded the ACHE Gold Medal for activity and influence extended beyond his job that helped to improve the nation's health.

Mario Garner received the ACHE Young Healthcare Executive of the Year.

NAHSE was a HIMSS endorser so NAHSE members were eligible to receive the member discount to attend the conference.

2015

Richelle Webb Dixon was elected as President-Elect; Lt. Anthony Coleman elected Treasurer, Tracy Garland elected Secretary, and Clinton Fields elected Parliamentarian at the NAHSE Annual Meeting in New Orleans, October 13–16, 2015.

The 20th reunion of the NAHSE Case Competition participants was held in New Orleans.

The Case Leadership Health Challenge was introduced at the annual meeting co-sponsored with the National Medical Association.

The bylaws change related to the composition of the Nominating and Planning committees was voted on at the annual meeting.

The Southern California Chapter was reinstated.

2016

President Anthony King, FACHE introduced his strategic focus on infrastructure, membership, education, and public policy.

The C-Suite Leadership Conference was reintroduced on May 26–29, 2016 in Boca Raton, FL.

President Anthony King presented at the AUPHA Board of Directors Meeting and was a panel discussant at the AUPHA Annual Meeting in Kansas City, MO, June 22–24, 2016.

President Anthony King issued a special message to the membership on the crisis in the Flint water supply which was

switched to the Flint River which corroded pipes and contaminated resident water with lead.

Dr. Richard Lichtenstein, Associate Professor, Health Policy and Management, University of Michigan retired. An excellent professor, Dr. Lichtenstein is directly responsible for founding and managing the Summer Enrichment Program for the University. This program has been responsible for introducing health care management as a career to over 600 students of color, of which many are prominent NAHSE members.

The 20th Annual Everett V. Fox Student Case Competition 1st place winners, the University of Michigan, met with Kaiser Permanente Chairman and CEO Bernard J. Tyson, Group Vice President Greg Adams, Senior Vice President Corwin N. Harper and Chief of Staff Ije Udeze at Kaiser Headquarters in Oakland, California. The University of Michigan team, comprised of Jonathan Waller, Linda Bi, and Jennifer Dingle, presented their methodology, case analysis and recommendations. Following the presentation, the students engaged with senior level executives for a question and answer session on healthcare industry trends and career advice.

The NAHSE San Antonio Chapter was approved as a chapter.

The NAHSE V.A. celebrated its 10-Year anniversary.

2017

President Richelle Webb Dixon was installed and introduced the initiatives of advocacy, sustainability, and innovation

for her administration. She introduced the NAHSE endowment with a silent launch that brought in \$100,000. She revised the organization website and made plans to reintroduce the Capitol Hill visits in 2019.

Officers President-Elect Fabian Stone, Secretary Nicholette Bourgeois, Treasurer Al Webb, and Parliamentarian Darren Brownlee were installed.

The Kansas City Public Library unveiled a special new collection donated by former Truman Medical Centers CEO John W. Bluford—personal papers and other effects reflecting his contributions over a more than four-decade career to the American healthcare system. The materials, dating from the 1970s through 2017, are part of the Library's Missouri Valley Special Collections, housed in the downtown Central Library's fifth-floor Missouri Valley Room.

Ascension Health announced Patricia Maryland, Dr.PH as Executive Vice President and President and CEO of Ascension Healthcare.

The NAHSE Men's Forum successfully introduced to complement the NAHSE Women's Forum at the San Antonio Annual Meeting, October 17–20, 2017.

2018

The C-Suite Meeting was held in Naples, FL, May 31–June 3, 2018.

Plans were initiated to celebrate the 50th anniversary of the organization in Orlando, FL, October 10–12, 2018 with the Honorable John Lewis as the keynote speaker.

Everett V. Fox Student Case Competition Participants 1996–2017

2017

***Governors State
University***

Dhupina Patel
Brittnee Harris
Lis Purdy

University of Florida

Amin Ahmadzadeh
Keandra Brown-Davis
Alex Roumbos

Baylor University

Joel North
Hafsa Syed
Nitheesha Alapati

St. Louis University

Brianna Clare
Kwamane Liddell
Matt Glassman

***University of North
Carolina at Chapel Hill***

Jessica Broadus
Lauren Jordan
Oluoma Chukwu

***George Washington
University***

Daniela Junco Fiehn
Javin Peterson
Alisha Reginal

***Western Kentucky
University***

Zaiba Moledina
Emmanuel Ezekekwu
Brittney Dearing

George State University

Jamil Faddol
Trevor Brand
Angela Lewis

***University of Illinois at
Chicago***

Stephanie Guinto
Heather Afriyie
Alex Paul

Columbia University

Michelle Aiyanyor
Ariel Cordero
Palak Bhatnagar

***The Ohio State
University***

Wilkister Tangasi
Gennel Vieira
Esther Olsen

***University of Oklahoma
Health sciences Center***

Ashiq Zaman
Bennett Pickar
Whitney Dockery Miller

Tulane University

Shamaha Noel
Kathryn Woodward
Trey Holmes

Cornell University

Daniel Jean-Phillippe
Kelvin Polanco
Adrian Jones

***University of North Texas
Health Science Center***

Ela Vashishtha
Laci Sherman
Liana Cherian

University of Iowa

Alton Crocker
Nora Kopping
Winnie Uluocha

Trinity University

Andrea Reyes
Hanna Batory
Francisco Escobedo

Xavier University

Patara Williams
Amber Sain
Joshua Smith

***University of Alabama at
Birmingham***

Andrew Dees
Jessica Andry
James Powell

Georgetown University

Ciara Williams
Jonathan Moreno
Celina Holson

University of Memphis

Samuel Boadi
Erin Frazier
Janessa Dockery

***Virginia Commonwealth
University***

Ciara Jones
Jasmine Wharton

***University of Southern
California***

Serena Welch
Luis Chavez
Janiel Jones

Rush University

Benjamin Perkins
Magdalena Popek
Angad Ravanam

University of Maryland

Nygel Williams
Brenton Andreasik
Sanjeev Ganesh

University of Michigan

Kara Wilson
Quian Callendar
Medhane Amanuel

***The Pennsylvania State
University***

Julian Orozco
Imani Adegbuyi
Palak Patel

University of Scranton

Salomey Mensah
Louis Finnerty
Millicent Obuadey

***University of South
Carolina***

Robert Felts
Manel Boufaled
Kaitlin Kidwell

Army–Baylor

Molly Byrnes
Harris Abbasi
Quentin Stewart

2016

Trinity University

Chelsea Bryant
Judith Brown
J. Travis Ish

University of New Haven

Mark Sabal
Rima Shah
Nida Anwar

Xavier University

Taylor Duncan-Presson
O'Brien Davis
Siah McCabe

University of Scranton

Emmanuel Yeboah-Addo
Ryan Stillman
Salomey Mensah

George Washington

University

Mira King
Javin Peterson
Khang Vuoung

**University of Alabama at
Birmingham**

Alexis Jackson
KaShondra Smith
Javeen Thomas

**Armstrong State
University**

Dominique Johnson
Vi Khuu
Olumide (Stephen)
Akeredolu

Penn State University

Dexter Carr
Deshawn Baker
Chandni Patel

**University of North
Carolina - Chapel Hill**

Yamira Maldonado
Mark Travis

Tulane University

Hala Kershah
Silmon Ghebreyesus
Sydney Edmonds

Georgia State University

Emily Ryan
Mitra Olatayo-Oladhinbo
Brooke Gonzalez

**The University of the
Incarnate Word**

Justin Smith
Tiffany McLean
Matthew Reyna

University of Florida

Cali Sanford
Jared Burdges
Amara Kaimrajh

**The Ohio State
University**

Jessie Sun
Rachelle Barr
Wilkister Tangasi

**Western Kentucky
University**

Aditya Sharma
Nadia Khan
Ayodeji Omosule

**Governors State
University**

Natalie Robinson
Brittnee Harris
Dhupina Patel

**University of Illinois at
Chicago**

Maryann Bolis
Shawn Akam
Heather Afriyie

St. Louis University

Brianna Clare
Isra Elsiddig
Megan Rensing

**Virginia Commonwealth
University**

Danielle Scott
Jennifer Eguzoro
Abdulhamid Nur

Cornell University

Andre Hook
Edgar Akuffo-Addo
Quetrell Heyward

**University of South
Carolina**

Sarah Sentmore
Megan Le
Hunter Nichols

University of Memphis

John Baldwin
Nathalie Occean
Samuel Boadi

University of Michigan

Vaughn Williams
Cachet Colvard
Christian Balcer

Rush University

Erika Torres
Brianna Solola
Renata Costa

2015

Tulane University

Justin Rahman
Kayla Curry
Jeremy Weintraub

**Governors State
University**

Keshiha Bathani
Anne Chlipala
Natalie Robinson

**The University of
Scranton**

Aimee Miller
Prudence Akindo

**The George Washington
University**

Liberty Pertiwi
Rachel Miller
Phlyssia Hunter

University of Michigan

Jennifer Dingle
Jonathan Waller
Yingda (Linda) Bi

**The Ohio State
University**

Anton Johnson
Chris Kvale
Phillip Weiss

Trinity University

Elizabeth VanConia
Christina Roscoe
Shawntae Batiste

**University of North
Carolina at Chapel Hill**

Candace Gaillard
Nicholas Moody
Michelle Murphy

**University of Texas
School of Public Health**

Jake Casanova
Komi Akpalu
Shefali Kothari

South Carolina School of Public Health

Tom Stevens
Trey Dymack
Sarah Lewis

Xavier University

Spencer Hale
Amy Kidane
Abigail Marker

Georgia State University

Anokie Desai
Kimberly Fox
Leia Francis

University of Alabama at Birmingham

DeAngalo Nesby
Praneetha Elugunti
Franch Forbes

University of Maryland

Maya Macon
Jessica Greenbauer

University of Florida

Thomas Leach
Danielle Scheer
Herlydcia Joseph-Andre

Medical University of

South Carolina

Bilan Williams
Dhmir Grant
Steven Graves

St. Louis University

KaHill Liddell
Aurielle Young
Jay Patel

Virginia Commonwealth University

Valerie Mondestin
Michael Davis
Chelsea Perry

University of Southern California Price School of Public Policy

Christina Hoang
Ariel Williams
Jamaul Weaver

The Pennsylvania State University

Dexter Carr
Deshawn Baker
Chandni Patel

University of Illinois at Chicago

Tia Faraon
Tarek Behry
Raven Patterson

Rush University

Nicole Powell
Mallory Nolen
Erika Torres

University of Memphis

Nathalie Occean
Kenric Duncan
John Baldwin

Tulane University MBA

Jayda Jones
Jaymee Lewis Desse
Nathaniel Dorsey

2014

UCLA Fielding School of Public Health

Michelle Chen
Joshua Morrow
Marisol Rodriguez

University of Michigan

Jasmine Page
Kisha McPhetson
Tom Riley

Armstrong State University

Michelle Horne
Shinal Patel
Juanita Pratt

Marymount University

Helen Kidane
Kamran Hassan
Rachel Armstrong

Virginia Commonwealth University

Tiasha Bhowmik
Allison Fisher
Valerie Mondestin

Georgia State University

Mariam Kotun
Hosie Waters
Jacob Potter

Trinity University

Megan Pove
Patra Katsiginis
Tyson Traveller

University of South Carolina

Maurice Mitchell
Bryan Jenkins
Jenna Rogers

University of North Carolina at Chapel Hill

Emilia Ndely
Camille Grant
Daniel Douthit

Tulane University

Whitney Evans
Erik Edwards
Shelley Applebaum

California State University, East Bay

Briththa Seevaaratnam
Jameelah Muwakkil
Amina Sopha

University of Southern California

Andrea Swann
Michael Salmon
Julianne Brechtel

University of Florida

Eddine Luma
David Lee
Meredith Brady

Cornell University

Megan Roberts
Alan Wang
Joy Cai

Texas A&M University

Megan Chattam
Gabrielle Knight
Kiera Miller

University of Illinois at Chicago

Patrick Sanders
Michael Zeniecki
Allyson Lee

University of Memphis

Simone Lampkin
Farra Hych
Demarcus Nash

University of Central Florida

Gayathri Ramanathan
Jaren Blake
Matt Abbene

University of Maryland

Brooke Moore
Minata Sangare

The George Washington University

Jasmine Cross
Pernell Williams
Aarika Hall

St. Louis University

Jen-Fu Lee
 Marquisha Johns
 Sophia Debs

The Ohio State University

Macreshia Salters
 Rachel Metherd
 Asyad Musa

Xavier University

Heena Parvez
 Spencer Hale
 Eric Harris

2013**Trinity University**

Ashley Nelson
 Vanessa Duran
 Rendell Gazzingan

The Ohio State University

Brandon Buchanan
 Gabrielle Mindingall
 Issac Aziramubera

Governors State University

Josephine Anetekhkhai
 Nisha Mehta
 Uzma Saleha

The George Washington University

Ketan Patel
 Lauren Sims
 Nikhil Baviskar

Rush University

Sid Chittajallu
 Tumaria McDaniel
 Kelsey Lynch

University of Alabama at Birmingham

Nevette Sample
 Jared Fitzpatrick
 D. Ron Wilson

Widener University

Tyler Schoenberger
 Jasmyn Trent
 Frank Urbano

University of North Carolina at Chapel Hill

Mohamed Jalloh
 Ama Achampong
 Emilia Ndely

Tulane University

Brandon Darrington
 Christopher Cobb
 Vincent Jones

Xavier University

Jon-Michael Williams
 Eric Harris
 Saad Jaka

University of South Carolina

Emanuel Smith
 Punan Patel
 Alexander Macklin

California State**University – East Bay**

Jessica Wadsworth
 Samson Mael
 Thomas Henderson

Florida A&M University

Jamie Smith
 Malika Callinder
 Musiliat Ogbozor

Cornell University

Daly Gullermo
 Megan Roberts
 Ali Smith

Virginia Commonwealth University

William Clinton
 Tiasha Bhowmik
 Blake Wehman

Winston-Salem State University

David Showers
 Jontraye Davis

University Of Florida

Misa Hoang
 Acsah Abraham
 Eddine Luma

Texas A&M University

Megan Chattam
 Keira Miller
 Gabrielle Knight

St. Louis University

Melissa Barnett
 Sebrina Campbell
 Jen-Fu Lee

University of Illinois at Chicago

Sarah Lax
 Nikita Pradhan
 Omar Salim

2012**Armstrong Atlantic State University**

Shalena Baker
 Adam Fillharper
 Prino Jacob

Baylor University

Usmaan Ahmad
 Shannon Evans

George Washington University

Am'Asa Baldwin
 Xavier Robinson
 Amy Flores White

Georgetown University

Kara Jose
 Cindy Sarmrento Manaoat
 Rafiat Olasunbo Igho Osagie

Georgia State University

Vernorris Kelly
 Meya Tidwell
 Andrew White

Governors State University

Akhilesh Duratkar
 Denishia Harper
 Robyn McMath

The Ohio State University

Tamara Durr
 Jessica Jolly
 Nicole Williams

Rush University

Megan Bogany
 Sid Chittajalu
 Jyotsna Somaraju

St. Louis University

Michael D'Souza
 Bhumi Patel
 Rebecca Tabron

Texas A&M University

Anisha Kalavar
 Brandon Lewis
 Nisha Patel

Tulane University

Sasha Hibbard
 Janelle Lacey
 Jay Patel

University of Alabama at Birmingham

Nevette Sample
 Vincent Turner
 Julie Won

**University of Detroit-
Mercy**

Tiffany Dobbins
Masha Olandran
Cathy Square

University of Florida

Vidhi Bhatia
Cassandra Clesca
Cilia Zayas

**University of Houston-
Clear Lake**

Amineh Baradah
Alethia Lawry
Robert Rhodes

**University of Illinois at
Chicago**

Kaytriona Lewis
Mary Pettis
Scott Williams

University of Michigan

Desmond Davis
Brian Frey
Eboni Thompson

**University of North
Carolina at Chapel Hill**

Jessica Monet Johnson
Christina Lomax
Levelton Thomas

**University of South
Carolina**

Jamiko Cooper
Yu Lin
Montrelle Robertson

**Virginia Commonwealth
University**

William Clinton
Dennis Morales
Jimmy Zhou

2011

**California State
University-Long Beach**

Vi Tran
Aamir Farooq
Michele Rodriguez

Cornell University

Shawn Varughese
Grandon Brimley
Chinonmso Nnodum

Florida A&M University

Angelika Siplin
Jonathan Jean-Marie
Lynn Dorvil

**George Washington
University**

Kerrian Williams-Simpson
Am'asa Baldwin
Praneet Boparai

Georgetown University

Neeca Servati
Kara Jose
Artair Rogers

Georgia State University

Rashan Knight
Mutoro Gaston Bushirir
Norvella Hunter

**Governors State
University**

Dana Burnett
Richard Ogunniyi
Kranthi Akula

Johns Hopkins

Jessica Gundel
Nisha Jain
Fadi Rammo

Rush University

Samyukt Bajaj
Kevin Weng
Jyotsna Somaraju

St. Louis University

Tyrone McCall
Andrea Griffin
Neha Sarkar

Texas A&M

Perry Heard, Jr.
Courtney Gordon
Brandon Lewis

Tulane University

Francis Chen
Whitney Brookins
Jay Patel

University of Alabama

Bryan Cutliff
William English
Vincent Turner

**University of California,
Los Angeles**

Daniel Tran
Anthony Duff
Rutulika Narulkar

University of Florida

Ellington Jones
Kiala Lindsey
Matt Medley

**University of Houston-
Clear Lake**

Jason Payne
Andrae Turner
Robert Rhodes

**University of Illinois at
Chicago**

Min Zhu
Scott Williams
Mary Connor

University of Michigan

Nicole Jones
Linda Sun
Olushola Samuels

**University of North
Carolina at Chapel Hill**

Natalie Gill
Ryan O'Quinn
Britany Williams

**University of South
Carolina**

Larry Middleton, Jr.
Courtney Murray
Sunshine Cobb

**Virginia Commonwealth
University**

Quinetta Claytor
Beatrice Dierisseau
Adria Vanhoozier

Xavier University

Sena Quist
Sachi Sunamoto

2010

**Armstrong Atlantic State
University**

Ifunanya Ifezulike
Mona Patel
Michael Fann

**California State
University-Long Beach**

Toni White
Carlos Montalvan
Patricio Camacho

Cornell University

Lawrence Smith III
Elise Gonzales

Florida A&M University

Johnathan Leonard
Desiree Caldwell

George Washington University

Maha Sampath
Desdemona Smith

Georgetown University

Phillip Morris
Anne-Karen Jose
Deanna Marie Jenkins

Georgia State University

Lakshmi Challa
Andwele Jolly
Cynthia Lang

Governors State University

Angela Davis
Alena Katsnelson
David Lester

Medical University of South Carolina

McChelle Smothers
Jenny Chen
Jimmy Tolley

The Ohio State University

Tracy Thompson
Reem Aly
Zamda Lumbi

Penn State University

Schaeffer Charles
Gabriel Oshode
Latoya Tatum

Saint Louis University

Annetter Linwood
Whitney King
Husain Esmail

Texas A&M University

Ritu Patel
Keela Jackson
Perry Heard, Jr.

Tulane University

Valithia Head
Whitney Brookins
Frances Chen

University of Alabama at Birmingham

Derrick Wheeler
Bryan Cutliff
Alfonse Spencer

University of California, Los Angeles

Alvin Kwong
Tingting Yu
Newsha Poursoghi

University of Houston-Clear Lake

Robert Rhodes
Margaret Xu
Parminder Singh Lamba

University of Illinois at Chicago

Samantha Gagni
Trushar Champaneria
Navraj Singh Mudahar

University of Memphis

Uwem Umontuen
Scott Wansley
Charence Williams

University of Michigan

LyTonya Fowler
Divya Pamnani
Kimberly Williams

University of Minnesota

Bhrunil Patel
Walter Wilson, Jr.

University of North Carolina-Chapel Hill

Takeila Stringfield
Justin Wright
Carmesia Straite

Virginia Commonwealth University

Chernelle Hill
Joyce Posadas
Justin Coury

Winston-Salem State University

Shielvonda Haith
Thurmond Carter
Christopher Jones

Xavier University

Tara Burt
Venita Robinson

2009

University of Michigan

Judith Bruno
Essien Ukanna
Nathan Smith

George Washington University

Angela Raphael
Laura Munro
Anthony Huynh

Xavier University

Jaya Agrawal
Selena Hariharan

University of North Carolina

Jessica Folmar
Gregory Mascavage
Presha Patel

Georgetown University

Tia Chase
Jonathon Duxbury
Sarah Okorie

Georgia State University

Bruce Abdul
Vernessa Glenn
Murry Ford

University of Alabama at Birmingham

Rhonda Magee
Danielle Jupiter
D'Anna Holmes

University of Houston-Clear Lake

Merenna Francis
Elizabeth Wright
Kristopher Holliday

Seton Hall University

Arndreya Price
Mark Richardson
Prince Raj

University of Missouri-Columbia

Michelle Beightel
Abhi Dutta
Akil McClay

Governor's State University

Kesha Moore
Angela Baker
Neeketta Dotson

Texas A&M University

Andrew Garza
Lydia Ricketts

Columbia University

Jovan Mitchell
Tianne Wu

St. Louis University

Nicholette Bourgeois
Ryan Clarke
Scott Herbert

Rush University

Amy Tsang
Eric J. Alvarez
Dawn V. Wheeler

University of Kentucky

John Kim
Michael Mitchell

Tulane University

Mario Jones
David McBride
Valithia Head

Penn State University

Teenice Nebblets
Laura Leahy
Schaeffer Charles

Florida International University

Guy Cayo
Shaista Mohammed
Jennifer Nimmo

2008**Virginia Commonwealth**

Sam Jordan
Andra Gwyn

Tulane University

Kanna Page
Ronni Sholes
Mariam Rahman

Armstrong-Atlantic State University

Adrian Anderson
Chelsea Roberts
Kosha Joshi

Mercer University

Janice Mompoin
Ruth Arumala
Teria Tate

University of North Carolina

Morris Davis c/o Bruce Fried
Geraldine Pierre
Miriam Mutuku

University of South Carolina

Tremaine Robinson
Brandi Elliott
Keva Murph

The Ohio State University

Jennifer Lenihan
Melissa Wong
Radhika Ramachandran

Georgetown University

Kenneth West II
Stephan Davis
Tia Chase

University of Michigan

Akofa Bonsi
Joel Roberts
Poorva Virginkar

Rush University

Siriporn "Patty" Satjapot
Jessica Stewart
Gerard Thomas

Georgia State University

April Mickens Jolly
Brian Wofford
Danielle Haywood

University of Missouri-Columbia

Fallon Cunningham
Susan Ullah

Texas A&M University

Christy Chukwu
Luis Barron-Martinez

St. Joseph's University

Danielle Warner
Dominic Adams
Carlton Alouidor

George Washington University

Stefanie Kirk
Tashonda Frazier
Allison Au

University of Alabama-Birmingham

Ron Hamner
Taylor McClain
Dana Lester

University of Houston-Clear Lake

Nicole Lansing
Alistair Macholka
Zach Budd

Penn State University

Briene Simmons
Teenice Nebblets
Grant Simmons

Governors State University

Monica Longmire
Jermaine Paul
Donna Y. McCarthy

University of Louisville

Keisha Dorsey
Natasha Dejarnett
Adell Mendes

Columbia University

Rodney Thomas
Kiyana Harris
Morin Oluwole

Xavier University

Willie Payton Jr.
Britnie Herndon
Sonya Verma

2007**Armstrong Atlantic University**

Adrian Anderson
Kelly Mullins
Chelsea Robert

Emory University

Deepti Damle
Rachel Lee
Janelle Holloman

Florida A&M University

Mary Kwakye Peprah
Alesia Traeye
Leasha Weaver

George Washington University

Jennifer Bond
Shruti Goel
Chastity G. L. Keyes

Georgetown University

Charles Folsom
Kenneth West

Morehouse School of Medicine

Thomas Drayton
Divine Offoegbu
Kamesha Smith

Ohio State University

Sharifa Alcendor
Francheska T. Sanford

Pennsylvania State University

Juanita Bowser
Tiffany Lieba
Brienne Simmons

Rush University

Milagritos Aldacio
Renardis Banks
Maritza Barajas

Texas A & M University

Shenitra Davis
Darlene James
Toccaro Robinson

Trinity University

Andrea Cherman
Kristen Howard
Ashley Weber

Tulane University

Holly Small
Tashanna Thorns

University of Alabama at Birmingham

Christopher Cullom
Eddie Davis

University of Florida

Erno Cherenfant
Dwight Roache

University of Michigan

Sheeba Ibidunni
Jacky LaGrace
Shreeta Quantano

University of Missouri-Columbia

JaKeitha Patterson
Kimberly Rodgers

University of Pittsburgh

Sara Barada
Laura Duncan
Shamika Johnson

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My first introduction to NAHSE was through the Everett V. Fox Student Case Competition. I had never been exposed to any organization or situation that was as pronounced and awe-inspiring as that event, with the exception of the black church.

*Ron Coulter,
president of Dallas Fort Worth Chapter, 2006–2007*

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The National Association of Health Services Executives (NAHSE) describes their 50-year history in this book, known as the NAHSE History Project. Thanks to meticulous note taking, collection and recording of correspondence and newsletters, and the cataloguing and safekeeping of 50 years of pictures, mementos, and factoids, Nathaniel Wesley, Jr. single-handedly preserved the organization's history. His personal interest in preserving NAHSE's history led to the culmination of this book. Mr. Wesley through collaboration and partnership with the NAHSE Research Committee during a 20-month process completed a labor of love for the participants that will serve as testimony to the leadership and fortitude of the Association's founders, officers, committee chairs, and members.

The formation of NAHSE fits squarely into the political and social turbulence of the 1960s. In 1968, Whitney Young, the president of the National Urban League, was the invited speaker at the American Hospital Association's Annual Meeting. In his speech, he made the connection between the blight in urban America and the role of non-profit hospitals as economic engines in these communities. He challenged these hospitals to employ and promote black leadership and to administratively reflect the community in which they resided. Young's eloquence in advocating for employment opportunities for racial minorities in hospitals was the impetus for the formation of NAHSE. The NAHSE story begs to be told in the context of the times in which events unfolded. It is a story steeped in the experience and events of the civil rights struggle and the conditions leading up to that time.

