



EDWARD A. ECKENHOFF
In First Person: An Oral History

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EDWARD A. ECKENHOFF

In First Person: An Oral History

**Interviewed by Kim M. Garber
On February 13, 2015**

Edited by Kim M. Garber

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EDITED TRANSCRIPT
Interviewed in Naples, Florida

KIM GARBER: Today is Friday, February 13, 2015. My name is Kim Garber, and I will be interviewing Edward Eckenhoff, who is the founding president and CEO of the National Rehabilitation Hospital in Washington, D.C. Ed, it's great to have the opportunity to speak with you this morning.

EDWARD ECKENHOFF: Thank you.

GARBER: Your father, Dr. James Eckenhoff,¹ has been called one of the fathers of modern anesthesiology. He had an eminent career at the University of Pennsylvania, founded the anesthesiology department at Northwestern University and was dean of the medical school at Northwestern. Your mother was a nurse. What were the values you learned from your parents?

ECKENHOFF: First and foremost, we learned to be hard working. We learned that nothing is handed to you, so if you wished to enjoy life, you had better start working. My father worked hard. He was away from home more than he was at home. He was in the OR all of the time, was writing all the time, reading all the time, bettering himself all the time. That clearly taught us that if we were to enjoy life like he and my mother did we were going to have to do the same thing.

We had a summer house on Long Beach Island. The rule was that if we were to spend our summers there with Mother – because Dad was in Philadelphia working in the operating room – we had to have a job. I worked every summer, as did all my brothers. I was a lifeguard on Long Beach Island. After my accident, I said to my father, “I’m disabled now, but I still want to go to the beach. I still want to be with my brothers and my mother and spend the three and a half months there, but I can’t be a lifeguard anymore.” He said, “You’re going to have to find another job. I want all four boys working. You’re not going to rely on Mother twenty-four hours a day.” I became a short-order cook in a restaurant.

GARBER: Your father served during World War II in the European Theater as a battalion surgeon. Do you know of his experiences during the war?

ECKENHOFF: No, I was very young, so I don’t remember much. Mother and my twin brother and I lived in Kentucky outside of Lexington when my father was over in Germany. We were cared for magnificently by Mother. Dad was serving in what was frequently referred to as a MASH unit.

GARBER: Did your mother have help during that time? Was she living with her parents?

ECKENHOFF: No, we lived on my godmother’s horse farm. There were several people in the house. I’m sure Mother had all the attention and care she needed to provide the same to us.

¹ James E. Eckenhoff, M.D., (1915-1996) was dean of the Northwestern University Medical School from 1970 to 1983 and president of McGaw Medical Center from 1980 to 1985. [Heise, K. (1996, Nov. 27). Dr. James Eckenhoff, 81, ex-dean at Northwestern. *Chicago Tribune*. Retrieved from http://articles.chicagotribune.com/1996-11-27/news/9611270124_1_anesthesiology-dean-pharmacology]

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

ECKENHOFF: My twin brother, my father, my mother.

GARBER: Who are your heroes today?

ECKENHOFF: My heroes today are veterans, our soldiers, our wounded warriors. My heroes are also those who have made something of themselves, and there are plenty of them. My heroes are the great CEOs in the health care industry. There are many of those.

GARBER: You attended Swarthmore High School, near Philadelphia. You were a fullback on the football team and you were on the track team.

ECKENHOFF: I was co-captain of the track team with my twin brother.

GARBER: Did you find that team sports developed your leadership skills?

ECKENHOFF: Absolutely. Competition taught me a great deal. Winning taught me a great deal. Losing taught me a great deal. Playing football, being tackled and hurt, taught me that you can get hurt, but you still have to go back in and assist the team as best you can so as to win. Getting pushed down into the mud and having to get up and run a play again taught me a great deal.

GARBER: Who do you remember as being influential during your high school years?

ECKENHOFF: Millard Robinson² was our football coach. He was magnificent in teaching the sport, teaching team play. He was an inspiration. I think he was trying as best he could to make all of us inspirations, too.

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

ECKENHOFF: The only influence was my parents. Watching my father and associating at the dinner table with many of his colleagues – clearly, the medical field made a great deal of sense to me. Was there anything in high school that directed me toward that field or any other field? Not really. I was an athlete, and I labored more on that than I did on academics.

GARBER: When you went to college, you were interested in pre-med?

ECKENHOFF: Because I grew up in a med family, I thought pre-med made a great deal of sense. My major was biology. Then I had my automobile accident. I thought to myself, “Four years of medical school, four or five years of residency, possibly a fellowship – that’s a long time. Why not short circuit some of that and still do something that would assist people?” That’s the reason I went on to graduate school as opposed to medical school.

GARBER: We’ve jumped ahead a little. I’d like to go back to your experience in Europe

² Millard P. Robinson, Sr. (1914-1999) was teacher, football coach and athletic director at Swarthmore High School from 1946 until his retirement in 1971. [Price, B. (1999, June 12). Millard Robinson Sr., teacher and coach, 85. *Philadelphia Inquirer*. Retrieved from http://articles.philly.com/1999-06-12/news/25499499_1_undefeated-seasons-teaching-and-coaching-football-teams]

before you went to college.

ECKENHOFF: My father took a sabbatical in 1961 and '62, going to England to do research with a well-recognized English anesthesiologist, Dr. Hale Enderby.³ Our entire family went, and we got to choose which country we wanted to live in. I chose Germany in order to learn another language and another culture. I wanted to see how I fared with people I didn't know, and be bilingual. My brothers chose England. They lived at home with my mom and dad and went to school in England.

GARBER: Someone told me that you were studying piano in Germany.

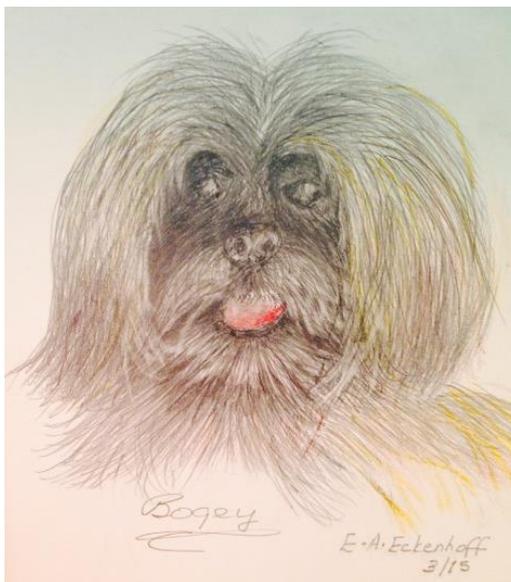
ECKENHOFF: Father was pretty strict that all four boys had to play the piano. I studied piano under one of Germany's great pianists and also studied art at the Alte Pinakothek with Franz Mazur.⁴ I thought to myself, "I like art a great deal. How about medical illustration?" Back then, Frank Netter⁵ was considered our country's best medical illustration artist. I said to myself, "This might be a great occupation." While I was in Germany, I studied art with a bent on medical illustration. I have a talent for art, as my father did.

GARBER: Why did you choose to matriculate at Transylvania University?

ECKENHOFF: I wasn't the greatest student in the world while in high school, being more interested in athletics. Transy was a very good small school down in Lexington. My father went to Transylvania. Ours was a name that was somewhat recognized at Transylvania, and I was very fortunate to have gotten in.

GARBER: Then the accident happened.

ECKENHOFF: At the end of my first year at Transylvania, I hadn't done very well. I had gone to bed already packed and ready to come back to Philadelphia for the summer. My roommate came into the room, woke me up, and said, "I've left my wallet at the sorority house." There had been a party there that I had not attended. He said, "Come on, let's get back out to my car." He had a beautiful 1943 MG TD, completely restored. He said, "Let's go out for a last drive." He meant, of course, a last drive before we head home for the summer. Fifteen minutes later, he was dead. We went off the side of



Colored pencil sketch of the Eckenhoffs' dog, Bogey

³ George Edward Hale Enderby (1915- 2003) was a British anesthesiologist known internationally for expertise in the field of hypotensive anesthesia. [Enderby, D. (2004, May 22). George Edward Hale Enderby. *BMJ*, 328(7450), 1263. Retrieved from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC416617/pdf/bmj32801263.pdf>]

⁴ The Alte Pinakothek, in Munich, is known for its collection of Old Masters. [Alte Pinakothek. *The masterpieces of the Alte Pinakothek*. Retrieved from <http://www.pinakothek.de/en/node/576>]

⁵ Frank Netter, M.D. (1906-1991) practiced surgery for a short time but gained international renown for his medical illustrations, including his masterwork, the *Atlas of Human Anatomy*, published in 1989 shortly before he died. [Prial, F.J. (1991, Sept. 19). Frank Netter, surgeon and master of medical illustration, dies at 85. *The New York Times*. Retrieved from <http://www.nytimes.com/1991/09/19/nyregion/frank-netter-surgeon-and-master-of-medical-illustration-dies-at-85.html>]

the road. I was fortunate to have been thrown out of the car, fortunate to have been a large, muscular fellow. I must have bounced several times on the street. Broke my back, broke my spinal cord, but was fortunate to have lived.

GARBER: What was your care like after the accident?

ECKENHOFF: This was 1963, and there were a lot of people dying from accidents like that back then. Today, medicine is more advanced and far more people live. I was very lucky to have lived. The care was exceptional. Because my father had gone to Transylvania and the University of Kentucky, we knew a number of the doctors there in Lexington.

All I was wearing that night was a pair of Bermuda shorts and a t-shirt – as I had told you, I had gone to bed – and had no wallet, no identification, on me. I was asking for my godfather, Dr. Francis Massie,⁶ a dear friend of my father's, who had assisted my father immeasurably in getting into the University of Pennsylvania. Dr. Massie was called. They told him, "There is someone here who's been in a horrible accident asking for you." Dr. Massie came down to the ED and realized very quickly that it was me. He called my parents, and my father flew down the very next day.

GARBER: What role did your father have in your care?

ECKENHOFF: He didn't have any direct role but was by my side as care was being provided. Then Mother came down. The care was very good, and I was very fortunate. After several weeks, when I was stabilized, they decided to fly me to the University of Pennsylvania Hospital, where my father was on the faculty.

My father was a friend of Mead Johnson,⁷ (maker of Metrecal). Mead Johnson had a private plane, an old DC-3. There weren't any air ambulances back then. Dad called Mead Johnson, told him of the accident, and Mead Johnson said, "Is there anything I can do?" Dad said, "Yes, there is one thing you can do. Your plane may be the only way my son Eddie can get back to Philadelphia, where we'd like to have him treated." The plane arrived. I was on a stretcher, was jacked up to the door on a lift, into the aisle I went, and home I flew.

GARBER: It must have been excruciating for your parents to have received word of your accident. Did your father ever share any feelings with you about that?

ECKENHOFF: He never shared feelings, nor did Mother, directly after the accident happened. I knew they must have been going through hell. However, our family has always been competitive. I don't know how many times Dad had been knocked down or Mother had been knocked down and gotten back up, but it was something I knew I had to do. Interestingly, I cannot remember even one day when my mother or father appeared upset. It was life as usual. We were going to get through it, and everybody was behind me. My brothers were behind me. They were all

⁶ Francis M. Massey, M.D. (1894-1985) was a surgeon who helped in the formation of the Albert B. Chandler Medical Center at the University of Kentucky. [Lexington Public Library. *Local History Index BETA*. Retrieved from <http://68.171.218.101/subject-headings/massie-dr>]

⁷ D. Mead Johnson (1915-1993) was CEO of Mead Johnson & Company, a manufacturer of pharmaceuticals and nutritional products, which had been founded by his grandfather in 1900. [Saxon, W. (1993, Jan. 23). D.J. Johnson, 78, led Mead Johnson in rapid expansion. *The New York Times*. Retrieved from <http://www.nytimes.com/1993/01/23/obituaries/d-m-johnson-78-led-mead-johnson-in-rapid-expansion.html>]

athletes. It was really quite remarkable.

Can we go forward four years? I only missed the fall semester and was back in college in January. I started studying because I knew I had to use my brain instead of my body through athletics. Although I had been on the wrong Dean's list as a freshman, I graduated on the right Dean's list, because I began applying myself and thinking about the future.

One evening after graduation, my father came into my room and said, "Son, I want to tell you how very proud your mother and I are. You've had a tough four years. You've been through your accident. You've graduated with colors. We're very, very proud of you." He went on to say, "I'm not sure but that your accident was not one of the best things that could have happened to you, for it taught you something your mother and father could not teach you, and that was how to use this [pointing to head], as opposed to how to use this [gesturing to body]." He said, "I think someday you're going to understand that." He was right. It was a hard lesson – don't get me wrong. It turned me around, but I needed to be turned around. It was extremely beneficial in making me use what God had given me and to move forward and to become successful.

GARBER: It's hard to accept that a devastating accident can be a good thing, yet you are the proof that this can be true.

ECKENHOFF: Yes, I am.

GARBER: After you graduated from Transylvania, you went on to grad school at the University of Kentucky, to work towards a Master's degree in education. The University of Kentucky was also your father's alma mater.

ECKENHOFF: It was. He also finished his medical school at the University of Pennsylvania.

GARBER: What happened after you received your master's degree?

ECKENHOFF: I was employed by the Fayette County School System in Lexington, Kentucky, as a counselor for disabled children, where I worked for about four years. Although I enjoyed it, I didn't see a great future in it. Because I wanted to do something that was even grander than helping people at that level, I decided to go back to graduate school, and still had sights on the medical field. After looking at a number of different schools, I decided that it would make a great deal of sense to go on to the Washington University School of Medicine in St. Louis, which housed the Health Administration Program. Somewhat to my surprise – but remember my grades were much better as I progressed after my accident – I was accepted and enjoyed that stint in St. Louis.

GARBER: Was this a two-year program?

ECKENHOFF: It was a two-year program. First year was on campus – lots of study, lots of classroom time. The second year was an administrative residency which I did up at Northwestern in Chicago. By then, my family had moved from Philadelphia to Chicago, and I thought it made a lot of sense to be around the family. My thinking was that it might be a little bit easier to get a residency slot there in the same university system that my father was working in, and indeed it was. I worked at the Northwestern Memorial Hospital, which had just been formed by the merger of

Wesley Hospital and Passavant Hospital in Chicago.⁸ I became a resident under John Milton,⁹ who was the executive vice-president of the newly-merged hospitals for a year.

GARBER: Before talking more about Northwestern Memorial, could we back up to your graduate school experience at Washington University? You mentioned that it was one year of academic coursework and then a one-year residency. Is that a good model?

ECKENHOFF: Absolutely. There's little question but that you get experience more quickly. If you're slapped into an office where you do little else other than manage ledger sheets, that's not a great experience. If you are fortunate enough to be under someone who will begin to serve as your mentor and will give you projects that will permit you to see a number of the different facets of the hospital, that's valuable. I learned a great deal during my residency, as much if not more than I would have done were I in a classroom.

GARBER: It has aspects of an apprenticeship.

ECKENHOFF: It does. It's important if you're going to spend a year that you spend it under someone who understands that they have a responsibility, too. That is to open your eyes, to make you aware of the myriad of departments within an organization such as a hospital, how they communicate, what they do, how they're important to patient and quality care. If you're blessed by having a good mentor, then the experience is valuable.

GARBER: For you, this was John Milton?

ECKENHOFF: Yes. John Milton and John Stagl.¹⁰

GARBER: Are you able to recall what their mentorship style was? Did they sit down with you once a week?

ECKENHOFF: I remember that I was in Mr. Milton's office frequently and in Mr. Stagl's office once in a while. Through different projects that I was given during that year, I learned a lot about the other institutions within the constellation referred to as Northwestern University and their hospitals. That's where I got to know a little bit about the Rehabilitation Institute of Chicago, which was of great interest to me for obvious reasons. I think that year was very valuable.

GARBER: What was the McGaw Medical Center?

⁸ Chicago's Passavant Memorial Hospital, which was founded in 1865, and Wesley Memorial Hospital, which was founded in 1888, merged to form Northwestern Memorial Hospital in 1972. [Northwestern Memorial Hospital. *History*, retrieved from <http://www.nm.org/location/northwestern-memorial-hospital/about-us-nmh/our-mission-and-core-values-nmh/history-nmh>]

⁹ John E. Milton had been a vice president at Passavant Memorial Hospital in Chicago in the early '70s before becoming executive vice president at Northwestern Memorial Hospital. [American College of Healthcare Executives. (1984). *1984 Directory*. (p. 697). Chicago: ACHE.]

¹⁰ John M. Stagl (1915-2005) was an executive vice president of Passavant Memorial Hospital prior to the merger with Wesley Memorial Hospital in 1972. He then became president of Northwestern Memorial Hospital. His oral history: Weeks, L.E. (Ed.). (1989). *John M. Stagl: In First Person, An Oral History*. Chicago: American Hospital Association and the Hospital Research and Educational Trust, can be found in the collection of the American Hospital Association Resource Center.

ECKENHOFF: The McGaw Medical Center was the merger of Wesley and Passavant and the medical school. Today, I think it's referred to as Northwestern Medicine. It has a number of other affiliated hospitals now, perhaps as many as seven or eight. It's a great hospital system, all connected academically with Northwestern University Medical School, which makes a great deal of sense.

GARBER: Your father, who was the dean at Northwestern Medical School, later became the president of the McGaw Medical Center.

ECKENHOFF: That's right – he followed John Stagl.

GARBER: For five years?

ECKENHOFF: Yes.

GARBER: Did you and he discuss his experiences doing that?

ECKENHOFF: At the time, I had my own living quarters. He and Mom lived at 1200 North Lake Shore Drive, or thereabouts. I was at 900 North Lake Shore Drive. We saw each other frequently at the dinner table. I would go over what I was doing. He would go over what he was doing.

During my residency, and later on when I was employed by the Rehabilitation Institute of Chicago, I was always a little concerned that my father was working for the same health system. Were people going to think, "Eddie shouldn't be here because his dad is across the street and there must be some nepotism going on?" That concerned me some, but nobody ever talked about it. Nobody really concerned themselves with it. Part of that might be that I worked my butt off, and that I wasn't just somebody sitting behind a desk, counting on my father to assist my every move. People saw that I worked hard. Once in a while, I might have been referred to as "the dean's son," but I don't think that ever got in my way. I think my father's position helped me land my residency position, but not that I was at the Rehabilitation Institute of Chicago following residency.

GARBER: How did the Rehabilitation Institute of Chicago fit into the McGaw Medical Center?

ECKENHOFF: It fit in as an affiliated institution. At the medical center, the glue was the medical school. Many of the physicians, if not all of them, had practiced within the Rehabilitation Institute of Chicago and/or Northwestern Memorial Hospital and, at that time, Evanston Hospital. The glue was the medical school and the myriad of physicians.

Jim Heyworth,¹¹ who was the president of the Rehabilitation Institute of Chicago, hired me. Andrew McKillop¹² was there only another six or eight months after I was hired, and then he left. I

¹¹ James Heyworth (1909-1999) was president of the Rehabilitation Institute of Chicago from 1968 to 1978. [Ryan, N. (1999, Dec. 19). James Heyworth, business exec: headed Rehabilitation Institute. *Chicago Tribune*. Retrieved from http://articles.chicagotribune.com/1999-12-19/news/9912190358_1_lake-forest-hospital-chicago-first-full-time-president]

¹² Andrew R. McKillop (b. 1931) was a vice president with the Rehabilitation Institute of Chicago from 1970 to 1974. [American College of Healthcare Executives. (1984). *1984 Directory*. (p. 670). Chicago: ACHE.]

assisted Jim Heyworth and Henry Betts,¹³ our esteemed medical director, in doing some of what Andrew McKillop did. My workload grew exponentially over the next couple of years.

GARBER: Did you ever meet the founder of the Rehabilitation Institute, Dr. Paul Magnusson?¹⁴

ECKENHOFF: I heard a great deal about him, but I never did meet him.

GARBER: In 1974, a new replacement hospital was built.

ECKENHOFF: Oh, yes!

GARBER: That must have been a joyful experience. I understand that there was a parade from the old facility to the new facility. Were you part of that?

ECKENHOFF: The Rehabilitation Institute of Chicago was in an old warehouse on Ohio Street. The Rehabilitation Institute of Chicago had one of the most remarkable boards of directors of any institution in this country. They went out and raised a great deal of money to build a new 18-story building on Superior overlooking Lake Michigan.

Senator Chuck Percy,¹⁵ a friend of many on our board, was very helpful in securing money from the government to assist in building the hospital. We had people on our board like Wesley and Sue Dixon, who used to own Searle.¹⁶ We had Gaylord and Dorothy Donnelley, who owned R.R. Donnelley.¹⁷ It was a Who's Who. That board gave a great deal of money, and they had little problem in securing the funds to build this great new institution.

Move-in day came, and we did have a parade. Patricia Neal¹⁸ came, as did Chuck Percy, as

¹³ Henry B. Betts, M.D. (1928-2015) became an attending physician at the Rehabilitation Institute of Chicago in 1963 and was named medical director two years later. He remained in that position for the next 29 years, during which time the RIC came to be regarded as the leading rehabilitation hospital in the United States. [Rehabilitation Institute of Chicago. (2015). *Celebrating the life of Henry B. Betts, M.D.: 1928-2015*. Retrieved from <http://www.ric.org/about/henry-betts-obituary/>]

¹⁴ Paul B. Magnusson, M.D. (1884-1968) founded the Rehabilitation Institute of Chicago in 1954. [Rehabilitation Institute of Chicago. *The history of RIC*. Retrieved from <http://www.ric.org/about/history/>]

¹⁵ Senator Charles H. Percy (1920-2011) R-Ill. served three terms beginning in 1967. [Clymer, A. (2011, Sept. 17). Charles Percy, former Ill. senator, is dead at 91. *Chicago Tribune*. Retrieved from <http://www.ric.org/about/history/>]

¹⁶ Wesley M. Dixon, Jr. (1927-2014) married Suzanne Searle in 1953 and became part of the family business, G.D. Searle. Mr. Dixon was chairman of the board at the Rehabilitation Institute of Chicago. [Goldsborough, B. (2014, Feb. 24). Wesley M. Dixon, Jr. 1927-2014: exec chaired art, health boards with 'infectious energy and humor.' *Chicago Tribune*. Retrieved from http://articles.chicagotribune.com/2014-02-24/news/ct-wesley-dixon-obituary-dies-20140224_1_dixon-jr-container-corporation-eisak]

¹⁷ Gaylord Donnelley (1910-1992) was president and CEO of Chicago-based R.R. Donnelley & Sons Co., a commercial printing firm established by his grandfather. Dorothy Ranney Donnelley (1910-2002) partnered with her husband in many philanthropic causes, including establishing the Gaylord and Dorothy Donnelley Foundation. [Howe, M. (1992, Apr. 22). Gaylord Donnelley, former head of printing company dies at 81. *New York Times*. Retrieved from <http://www.nytimes.com/1992/04/22/us/gaylord-donnelley-former-head-of-printing-company-dies-at-81.html>]; and, Janega, J. (2002, Feb. 6). Dorothy Ranney Donnelley, 92, conservationist who aided many causes. *Chicago Tribune*. Retrieved from http://articles.chicagotribune.com/2002-02-06/news/0202060335_1_nature-conservancy-libertyville-south-carolina-low-country]

¹⁸ Patricia L. Neal (1926-2010) was an award-winning actress of stage and screen who, after recovering from three devastating strokes, becoming a fundraiser for brain injured patients. [Harmetz, A. (2010, Aug. 9). Patricia Neal, an

did the Governor, as did Mayor Daley, and then – pushing patients – loads of people to walk those three blocks. Yes, I was in the parade, walking with my braces and crutches. Patricia Neal remarked, right at the base of the 18-story building, “This hospital we have built as a house for heroes.”

One of my first responsibilities as the assistant to the president at RIC was to label and number hundreds of boxes showing which floor those boxes were going to go. My job was to make sure that people knew that this box goes on Floor #12, this box goes on Floor #10.

GARBER: You mentioned Dr. Henry Betts, who passed away recently.

ECKENHOFF: Henry was a remarkable fellow. First and foremost, he was a physician. He was one of the most attractive men I have ever met. He was considered the Bachelor of the Year in Chicago one year. He was a Princetonian. He was a friend to the Kennedy family. While serving his residency in New York, he was a physician to Joe Kennedy, Sr. When he came to Chicago, everybody got to know Henry quickly. A lot of it was his personality, but it was also his resume and the contacts that he had in New York. Henry knew a lot about rehabilitation medicine, but knew more about the disabled and what the disabled’s needs were.

Henry Betts did see patients, primarily outpatients, but he was more interested in the disabled movement globally – what the disabled needed. As a matter of fact, it was Henry who developed Access Chicago, which is a non-profit organization that does a great deal for the disabled. Chicago was one of the first places in the country that had curb cuts so people in wheelchairs could cross streets and get back up onto the sidewalks. Henry was involved in the Americans with Disabilities Act¹⁹ – we just celebrated its 25th anniversary. Henry wanted accessibility more than anything, accessibility so that the disabled could go to school, so they could become employed. Henry was a magnificent fund-raiser. With his charm and good looks, all he had to do was sit down, look somebody in the eye, and he could raise a million dollars. There is no question that I learned a great deal about the responsibilities of a corporate officer from him, particularly the president. Henry became the president after Hunt Hamill²⁰ left.

I learned a great deal about business from Jim Heyworth, about how to depend on your executive staff. From Hunt Hamill I learned how to manage an organization. I learned a great deal from Henry Betts, who was inspirational in making sure that the institution had the money it needed, making sure the disabled would begin to get a break.

GARBER: Did you find that these three leaders had different management styles?

ECKENHOFF: Yes. Henry was global and magnanimous. Henry didn’t spend a great deal of time mentoring or managing staff. He was more interested in the cause, in the institution itself and its success. Henry was more interested in the need to do fund raising.

Oscar winner who endured tragedy, dies at 84. *The New York Times*. Retrieved from http://www.nytimes.com/2010/08/09/movies/09neal.html?pagewanted=all&_r=0

¹⁹ The Americans with Disabilities Act (P.L. 101-336) was signed July 26, 1990, by President George H.W. Bush. [U.S. Department of Justice. *Introduction to the ADA*. Retrieved from http://www.ada.gov/ada_intro.htm]

²⁰ Hunt Hamill (1917-2002) was president of the Rehabilitation Institute of Chicago 1974 until the early ‘80s. [Anderson, J. (1983, Feb. 6). Body rebuilding. *Chicago Tribune*. Retrieved from <http://archives.chicagotribune.com/1983/02/06/page/184/article/body-rebuilding>]

Jim Heyworth was a tough businessman who didn't mince words. Jim Heyworth demanded. Jim Heyworth never said "no," but didn't expect anybody reporting to him to say "no," either. Jim Heyworth was solid as a rock. Interestingly, Jim never had health care experience. He was a business person. The same was true of Hunt Hamill. I think he was the CEO of Nestles, and sat on the board of RIC. When Jim was in the process of retiring, Hunt was recruited from the board of directors to become the CEO.

Hunt was a great manager. Hunt was compassionate. Hunt believed in the people who reported to him. I got the best of all three. They represented different managerial styles, and I got to see all of that, and I got to work under it for nearly ten years. That was beneficial when I wanted to go out onto my own.

GARBER: Have you come to that conclusion recently, or were you aware of it at the time?

ECKENHOFF: Yes, I was pretty much aware of it at the time. I was very excited, since I was thrust into a position that grew. I was the assistant to the president under Jim Heyworth, became an administrative director, then became a vice president of administration, and then became the chief operating officer over the nine-year period of time. I knew I was learning a lot, and that I had an armamentarium that I could use to build an institution at least as good as RIC – and that there might be some things I could do to make an institution that was even a little bit better.

GARBER: Before we leave RIC, are there any other individuals you'd like to mention?

ECKENHOFF: We don't have enough time! The board of directors was phenomenal. They were dedicated to that institution. They would do anything for that institution. These were all extraordinarily successful people. We had Ann Landers – Eppie Lederer. We had the president of Lake Shore Bank on the board. We had Jim Bere, Borg-Warner CEO.²¹ Dorothy Donnelley of R.R. Donnelley, Wes Dixon, CEO of Searle. What I would pick up at those board meetings was astounding. Listening to them and watching them was remarkable, observing their passion for an organization. I knew I could go to Washington, D.C., which is where I eventually went, and build a board. I knew what to look for, what to expect, because of the experiences that I had at RIC.

GARBER: What do you look for when you build a board for a specialty hospital? Is that different from an acute care general hospital? Is it easier to find high-powered board members for a specialty hospital?

ECKENHOFF: Times have changed, but I don't think there's any difference between a specialty hospital and an acute care hospital, a large hospital or a small hospital when it comes to developing a board. The board has to be committed. The board has to understand why it is they're serving. They have to understand quality care. They have to understand fiduciary responsibility. They have to understand that they're going to part ways with some of the money in their wallets when the organization may require it.

If board members don't come on board one hundred percent committed to the organization, I don't think they belong there. You can build a board a number of different ways, but

²¹ James F. Bere (1923-1992) was CEO and chairman of Borg-Warner. [Yates, R.E. (1992, Jan. 4). Borg-Warner chief James F. Bere. *Chicago Tribune*. Retrieved from http://articles.chicagotribune.com/1992-01-04/news/9201010873_1_borg-warner-chicago-symphony-orchestra-chicago-community-trust]

one way is to sit down with those board members you consider to be exceptionally good. Talk with them. Who are their friends? They associate with like people. How do you get some of their friends who are successful, committed, have had other board positions, understand the board's responsibility? How do you get them on the board?

Here's the way I built the board at National Rehabilitation Hospital. I was at a party when I first got to Washington, D.C., and met a couple of people and was telling them about the hospital that we were in the process of building. The first two years I was in Washington, it was all planning. It was trying to get Mayor Marion Barry,²² and others, to agree to provide us a certificate of need.²³ We hadn't even broken ground yet. I tried to get around the city as best I could, meeting a number of people.

After we had received our certificate of need, somebody told me, "If this hospital is a go, you might wish to talk with Stephen Ailes."²⁴ He was a great fellow. He was the Secretary of the Army under Johnson. He was the president of the American Railroad Association, and he was a managing partner of a very good law firm in Washington, D.C., called Steptoe & Johnson.

I called him up and went to see him. We had a great talk and I told him what we were doing. I said, "We've received our certificate of need. We have to build a board. I'm all about building the board now. Would you consider it?" He was on the board of the Nature Conservancy. He was doing a lot of different things in the city. He said, "I want you to go to my friend, Vince Burke."²⁵ Vince Burke was the CEO of Riggs National Bank in Washington, D.C. "If you can convince him that it makes sense for him to sit on your board, I'll do it."

Now these were some of the greatest Washingtonians ever, but I didn't know all of that quite then. I went to visit Vince Burke, and he said, "Well, tell you what I'd like you to do. I want you to go to Jim Symington,²⁶ a great Congressman from Missouri, an attorney in Washington, D.C., known by everybody on Capitol Hill. If Jimmy Symington says he'd like to serve, and Steven says he'll serve – they're my friends – I'll serve, too."

I went to see Congressman Symington, and we had a lovely time. He is one of the greatest human beings I've ever met, and we had a great talk. Another name came up. I went back to Steve, and said, "Steve, I think we're getting some people who wish to serve on the board." He said, "I

²² Marion S. Barry, Jr. (1936-2014) served four terms as mayor of Washington, D.C., having been elected in 1978, 1982, 1986, and 1994. [Stout, D. (2014, Nov. 23). Marion Barry, Washington's 'mayor for life,' even after prison, dies at 78. *The New York Times*. Retrieved from http://www.nytimes.com/2014/11/24/us/politics/marion-s-barry-jr-former-mayor-of-washington-dies-at-78.html?_r=0]

²³ A number of states established certificate of need programs beginning in the mid-1960s to regulate the construction and expansion of health facilities based on areawide planning. In 1974, the National Health Planning and Resources Development Act (PL 93-641) expanded this program to include most states. [American Health Planning Association (2014). *CON Background*. Retrieved from <http://www.ahpanet.org/copnahpa.html>]

²⁴ Stephen Ailes (1912-2001), an attorney and law professor, served in a number of public service positions, including Secretary of Army beginning in 1964. [Barnes, B. (2001, July 8). Stephen Ailes: Army secretary in '60s. *The Washington Post*. Retrieved from <http://articles.latimes.com/2001/jul/08/local/me-20069>]

²⁵ Vincent C. Burke, Jr. (1922-2008), an attorney, was chairman and CEO of Riggs National Bank from 1973 through 1982. [Sullivan, P. (2009, Jan. 1). Vincent C. Burke, Jr., 86, Chairman of Riggs Bank, prominent civic leader. *The Washington Post*. Retrieved from <http://www.washingtonpost.com/wp-dyn/content/article/2008/12/31/AR2008123103019.html>]

²⁶ Rep. James W. Symington, D-Mo., served in the House of Representatives 1969-1977. [*Biographical Directory of the United States Congress*. Retrieved from <http://bioguide.congress.gov/scripts/biodisplay.pl?index=S001134>]

want you to go see Graham Claytor.”²⁷ When Steven Ailes was the secretary of the Army, Graham Claytor was the secretary of the Navy and later became president of Amtrak. Graham Claytor was a southern gentleman the likes of which I have never met again. When I went to see Graham Claytor, he said, “You mean to tell me that Steve Ailes will say yes to the board if I do? And Jimmy Symington? And, you’ve got to be kidding me – Vince Burke? If they all say yes, I’m on.”

I went back to Steven, and said, “Mr. Ailes, we have Vince Burke, Graham Claytor, Jimmy Symington all having said yes if you say yes to being the chairman.” (They didn’t say that! I said that!) He said, “You’re kidding.” Nevertheless, it worked out.

We had one of our first meetings, the five of us, somewhat informally. They mentioned another friend, John Firestone,²⁸ and then Tom Parrott,²⁹ all distinguished Washingtonians. At another meeting we said, “We’re going to need some women.” Irene Pollin,³⁰ wife to Abe Pollin, who owned the basketball team, the Wizards, in Washington, D.C. Irene said yes. John Firestone said yes. Then we went to Ed Mitchell,³¹ who was the CEO of PEPCO, the largest utility company in the Washington-Baltimore area. The list just went on and on and on. It was such fun building that board as we did. It worked like clockwork. Thank heavens I was steered to Steven Ailes first.

GARBER: When building a board from scratch for a new hospital and dealing with high-powered people like this, it’s all based on relationships?

ECKENHOFF: I think so. You can build a board far more quickly if you depend, when you have these high-powered people, on their relationships, because they don’t associate with people who have not been successful if they themselves have been successful. They’ve been able to witness how these people have done within the business community, within the political community, within the non-profit community. They sit on the boards of a number of other groups with these people. That was my experience, and I have to think that it was one of the better ways to build a board. I was lucky, but nevertheless, I think that’s one of the great ways to build a board.

GARBER: What is the optimal size for a governing board for a hospital?

ECKENHOFF: When you get to be 30, 40, 50, 60 people – that’s way too many. When you have five or six people, it’s probably a little small. Remember, there are various committees on the board. I think a great size for a board would be between ten and 15 or 16 people.

²⁷ W. Graham Claytor (1912-1994), an attorney, served as Secretary of the Navy from 1977 to 1979 and had a distinguished career in the railroad industry, including being credited with the turnaround of Amtrak. [Lyons, R.D. (1994, May 15). W.Graham Claytor, architect of Amtrak growth, dies at 82. *The New York Times*. Retrieved from <http://www.nytimes.com/1994/05/15/obituaries/w-graham-claytor-architect-of-amtrak-growth-dies-at-82.html>]

²⁸ John D. Firestone served as a partner at Secor Group. [*Bloomberg Business*. Retrieved from www.bloomberg.com]

²⁹ Thomas A. Parrott (1914-2007), served in North Africa and Italy during World War II, and was in the Central Intelligence Agency for 24 years. [Schudel, M. (2007, July 15). Thomas A. Parrott, CIA official. *The Washington Post*. Retrieved from <http://www.washingtonpost.com/wp-dyn/content/article/2007/07/14/AR2007071401119.html>]

³⁰ Irene Pollin, a philanthropist with special interest in the prevention of heart disease was married to the owner of the Washington Wizards. [Ruane, M.E. (2013, June 13). Irene Pollin gives Johns Hopkins Hospital \$10 million for heart health. *The Washington Post*. Retrieved from http://www.washingtonpost.com/local/irene-pollin-gives-johns-hopkins-hospital-10-million-for-heart-health/2013/06/13/08bbf93e-d432-11e2-b05f-3ea3f0e7bb5a_story.html]

³¹ Edward F. Mitchell was CEO of the Potomac Electric Power Company (PEPCO) from 1989-1997. [*Equilar Atlas*. Retrieved from <http://people.equilar.com/bio/edward-mitchell-pepco-holdings-/salary/53746#.VQr2rdLF98E>]

GARBER: What are the characteristics of a good board chair?

ECKENHOFF: To be totally committed to the CEO and organization, number one. A great board chair is someone who is not going to micromanage. A great board chair is going to be someone who will depend on his or her CEO and their respective staffs. You do not want the chairman of the board to tell you which color to paint the bathroom adjoining the board room. They have to depend on you. If you're not doing your job, you're going to leave. If you're doing your job, you're going to have full support. Over the years I was at NRH, I was blessed with having had great chairmen.

GARBER: An article just published in *Harvard Business Review* titled, "Where Boards Fall Short,"³² is primarily about boards of public companies. The authors came to the conclusion that members of boards of public companies don't know a lot about the strategy of the organization, and they know even less about the industry. They go on to make the point, and I quote, "Strategy is the fundamental challenge of the organization and it should engage the entire board." How do those points resonate with your experience with working with boards – that they do or don't have a sense of what's really going on.

ECKENHOFF: Most hospital board members probably don't know a great deal about health care when they initially join unless, of course, they're physicians or somebody with a health care background. The majority might be interested in the hospital because they've given a lot of money. They've been wonderfully successful in the business world, but don't know a great deal about health care.

I think it's up to the hospital to have a good board orientation program to bring them up to date with what a hospital is, how many employees, how many departments, what it is we do, the metrics that we look at on a monthly basis, the need for continuing to establish high level quality within the programs we provide. All of this is critically important.

After a year or two of sitting on the board of a hospital, the average board member knows the industry pretty well. He or she surely knows the mission because the board is involved in strategic planning. The board has delegated much of the operations to the chief executive officer and to the CEO's staff. But when it comes to strategic planning – where we wish to be in three years, where we wish to be in five years – that's board responsibility. I think the board responsibility from a fiduciary role is how well are we doing financially. That's board responsibility. There are those responsibilities that the board has to be very involved in, and there are responsibilities that the board should not be involved in, but that the CEO and his or her staff should be involved in.

GARBER: How would you rate the efforts of the organizations that you've been employed by as far as educating and orienting their boards?

ECKENHOFF: I learned a lot from RIC, and I tried as best I could to implement much of that when I went on to Washington, and it worked.

GARBER: We have been having an interesting discussion about governance and are about to move onto the big adventure that you had as far as the founding of the National Rehabilitation

³² Barton, D., and Wiseman, M. (2015, Jan.-Feb.). Where boards fall short. *Harvard Business Review*. 93(1/2), 98-104. Retrieved from <https://hbr.org/2015/01/where-boards-fall-short>

Hospital in Washington, D.C. Before we leave the Rehabilitation Institute of Chicago, though, is there anything else you would like to say about your time there?

ECKENHOFF: I met some managers who weren't very good. I met some managers who were excellent. I got to see the difference. I had fabulous mentors. I developed an impression as to what a hospital should be, how it should be governed, how it should be managed. All of that was an incredibly important chapter in assisting me as I went on to Washington, D.C.

GARBER: How did the opportunity come about?

ECKENHOFF: I was telephoned by a mutual friend about Jeffrey Cohen,³³ a real estate developer who wanted to see what a rehabilitation hospital was all about. He had just purchased a parcel of land – a city block in Washington, D.C. It was the old Children's Hospital site, and he was trying to figure out what to do with it. Did it make sense to build another children's hospital? The answer to that was no. We have one of the great children's hospitals in Washington, D.C. Did it make sense to build a psychiatric hospital, or some other specialty hospital?

He did some due diligence. A mutual friend of ours, Richard Verville,³⁴ an attorney in Washington, D.C., told him, "You ought to go speak with Ed Eckenhoff, who is the administrator at the Rehab Institute of Chicago – one of the best in the country." To this very day, it is ranked number one by everybody.

Jeffrey Cohen came to Chicago, and I showed him the hospital. He was, needless to say, very impressed with RIC. He then brought out two other people who were partners of his – Theodore Mariani,³⁵ an architect, and Samuel C. Jackson,³⁶ who was assistant secretary of HUD for a while and a wonderful human being. It was those three who were trying to figure out what to do with this right of first refusal they had on a city block in Washington, D.C.

They invited me several times to come to Washington, D.C., to look at the site and to give them advice as to whether or not a rehabilitation hospital might make sense. I remember frequently flying out of Chicago on Friday night and getting back on Sunday night so that I could be at work Monday morning. I did that every other week for four or five months. We developed a friendship, and I began to believe in what they were doing.

We went for the certificate of need, and we brought on a couple of other consultants – Carol Moore, who assisted us immeasurably, and Nicole Jeffers. We developed a certificate of need

³³ Jeffrey N. Cohen, with partners, purchased the Children's Hospital property at 13th and V Streets NW in Washington, D.C. in 1978. [Excerpt from: Jaffe, H., and Sherwood T. *Dream City: Race, Power, and the Revival of Washington, D.C.* [Retrieved from <http://shortarticlesaboutlongmeetings.blogspot.com/2014/08/cheaters-guide-to-dream-city-part-9.html>]

³⁴ Richard E. Verville, an attorney, has been with the firms of White, Fine and Verville, and Powers Pyles Sutter & Verville. [Powers Pyles Sutter & Verville. Retrieved from <http://www.ppsv.com/attorneys-19.html>]

³⁵ Theodore F. Mariani was with Mariani Architects & Engineers, which was later acquired by CSD Architects. [Harlan, H. (2005, May 9). Architecture firm taps D.C. *Baltimore Business Journal*. Retrieved from <http://www.bizjournals.com/baltimore/stories/2005/05/09/newscolumn1.html?s=print>]

³⁶ Samuel C. Jackson (1929-1982), an attorney and civil rights activist, was appointed by President Richard Nixon as assistant secretary at the U.S. Department of Housing and Urban Development. [Samuel Jackson, Nixon aide in housing matters, is dead. (1982, Sept. 29). *The New York Times*. Retrieved from <http://www.nytimes.com/1982/09/29/obituaries/samuel-jackson-nixon-aide-in-housing-matters-is-dead.html>]

application. I knew more about incidence, prevalence, how many spinal cord injured within the Baltimore-Washington, D.C. area, how many strokes, how many people will suffer brain injury in a given year. We went before the SHPDA³⁷ in the District of Columbia, and finally won a certificate of need to build the hospital, having visited Mayor Marion Barry's office a number of times. We received the CON in 1984. We opened our hospital in 1986 with 289 staff and *one* patient! I looked up and wondered, "The moon is shining. Is it time to get out of town or what?"

This was originally an effort by real estate investors to make some money. Instead, they ran out of money. It was to be a proprietary organization. John McDaniel,³⁸ president of the Washington Hospital Center, who I thought a great deal of, had just brought in Capitol Hill Hospital and developed a corporate logo by the name of the Washington Health Care Corporation.³⁹ He visited with me and said, "Instead of building downtown, we'd sure like you to build out on our 50-acre campus where the National Children's Hospital is, the Washington Hospital Center is, and the Veteran's Administration Hospital is." Where better to build a specialty hospital than right there?

Everything was collateralized. We were out of money. I was not an investor, but the investors agreed that they had to do something, and this was a great offer. You can't sell a certificate of need, but essentially they sold the rights to the hospital to the Washington Health Care Corporation in order to pay the debts they had acquired. John McDaniel said to me, "If we're going to go through with this, you're locked in. I'm putting handcuffs on you for five years. I want to get this thing up. I want it to work, and so you're sticking around." I said, "Fine."

We went to New York where we had investment banks Morgan fighting Mellon to give us the \$50 million. There wasn't any fundraising. Starting an organization and trying to raise money in Washington, D.C. is difficult. There are many different organizations in Washington, D.C. You have the National Children's Hospital Medical Center. You have all the hospitals. You have all the museums. You have the opera. You don't start a new organization and go out and raise money.

We borrowed money, and we went into significant debt to build the institution. The cost of the building and equipping it back in '84 was \$18 to \$20 million. The remainder of the money was to be used during the first 18 months for operational expenses. We were fortunate to have broken even on a going-forward basis on the 17th month. We were an organization that was going to succeed, but we borrowed all of our money in the beginning.

GARBER: You mentioned earlier that you were traveling every other weekend to D.C. Did RIC know that you were involved with the startup of a new hospital?

ECKENHOFF: Yes.

³⁷ State Health Planning and Development Agencies (SHPDAs) were set up to administer the certificate of need program in each state under the National Health Planning and Resources Development Act of 1974 (P.L. 93-641). [Carter, D.L. (1981). Judicial review of state health plans after the Health Planning and Resources Development Amendments of 1979. *Duke Law Review* 1981, 404-415. Retrieved from <http://scholarship.law.duke.edu/cgi/viewcontent.cgi?article=2773&context=dlij>]

³⁸ John P. McDaniel was CEO of MedStar Health and its predecessor organizations for 25 years prior to his retirement in 2008. [Sinha, V. (2006, Oct. 26). MedStar CEO retires. *Washington Business Journal*. Retrieved from <http://www.bizjournals.com/washington/stories/2006/10/23/daily49.html?s=print>]

³⁹ Capitol Hill Hospital was purchased and later closed by Medlantic Healthcare, the parent of Washington Hospital Center. [Silva, C. (2002, May 13). John McDaniel: healthy choices. *Washington Business Journal*. Retrieved from <http://www.bizjournals.com/washington/stories/2002/05/13/story8.html?s=print>]

GARBER: How did they react to that?

ECKENHOFF: I was just a consultant and was doing it on the weekends, and that was the only involvement that I had. I was very close with Hunt Hamill, who was the president then. Jim Heyworth had left. Henry knew that I was involved, but only as a consultant. I was doing it during the weekends, and that wasn't a big deal.

GARBER: You also mentioned that the site that was originally considered for the new hospital had been formerly the Children's Hospital.

ECKENHOFF: The old Children's Hospital.

GARBER: That was the Children's Hospital that moved out to the campus of the Washington Hospital Center?

ECKENHOFF: Yes.

GARBER: What happened to that property?

ECKENHOFF: It was torn down. There was very little we could have done with it as a rehab hospital. We would have had to tear it down anyway. We didn't have the money to do that. There has been regentrification and lots of new buildings on that city block.

GARBER: Were there opponents to the project?

ECKENHOFF: There were. There was very little competition for rehabilitation. There was a small unit at the George Washington University Hospital. Across the river in Virginia, there was a 40- or 50-bed unit, but other than that, there wasn't much rehab unless you went to Baltimore.

After I had presented at our last certificate of need hearing, they asked for public comments. A lady in a wheelchair raised her hand and was given the microphone. She was very much against the project. A number of people back then, and still to this day, thought that it's better to put money into research – to try to cure spinal cord injury or traumatic brain injury or whatever disability category we're talking about. She thought that the money that was being spent for the hospital didn't make any sense. She went on to say that Ed Eckenhoff does not represent the disabled. He's not disabled!

I was sitting there thinking, "Oh, my Lord, what are people going to think? That my braces are just a show?" I was floored by this. I'm not disabled? Well, physically, I am, but this was her definition of disability: "Do you know that Mr. Eckenhoff lives in Georgetown in a beautiful home? Do you know he has a car? He doesn't have to get on to public transportation, he doesn't have to get on to the buses and trains?" Her definition of disability was about wheelchairs and poverty. She didn't understand that a hospital like what we were proposing was going to assist her and everybody like her and me down the road. She wanted spinal cord injury cure, and that was what was driving her. A lot of other people felt, I'm sure, the very same way. Those who were against the hospital were as many times the disabled as anybody else. They wanted money for research. I learned a great deal then. This is one of the reasons why we have the research efforts we do today.

GARBER: That's a remarkable story. I've never heard that viewpoint before.

ECKENHOFF: It's different.

GARBER: Were you involved in the planning and design of the new hospital?

ECKENHOFF: Yes. One of the three partners was an architect with his own firm. He designed the hospital and did a very good job – Ted Mariani. They counted on my expertise, “Ed, how many square feet do we have to allow for physical therapy per occupied bed? How much space for occupational therapy? How much space for speech-language pathology? How much space for psychology?” I wanted a double racetrack design for patient care, which meant a pod of beds around a nursing station. I wanted centralized and decentralized therapy. They were agreeable to having my input, and I appreciated that.

GARBER: Did you get the departmental square footage information from RIC? Does the National Rehabilitation Hospital look like RIC?

ECKENHOFF: No. RIC is 18 stories. NRH is three stories above ground. One of the few things I didn't like about RIC was that it is too vertical. If you wanted to transport patients, they all had to get on to the elevator. When a lot of patients are in wheelchairs or just learning how to walk, you don't need a vertical building, getting in and out of elevators. That's the reason it made a lot of sense to have decentralized therapeutic space right on the patient floor. Our building does not resemble RIC in the least physically. That's one of the things I thought I could do to assist in building a more efficient plant for the disabled.

GARBER: What does decentralized therapeutic space mean exactly?

ECKENHOFF: I said we built a double racetrack, but what I meant was that there was a race track in each of the pods with a nursing station. We thought that made all the sense in the world 25 or 30 years ago. I don't know if that makes sense today or if they're building hospitals differently.⁴⁰ I have no idea. We wanted the rooms around the nursing station. By double, I meant that we have a unit on the left, a unit on the right, joined in the middle by a huge atrium. I wanted the atrium because I wanted it to look like a hotel. I wanted NRH to look like a place you would bring your family to, a place with a lot of daylight. The decentralized therapeutic space is all housed around the atrium. Now RIC has this wonderful advantage – half of the building overlooks Lake Michigan. But in Washington, the atrium made a lot of sense. We had four nursing units, two on each floor.

GARBER: How many beds?

ECKENHOFF: The CON was initially 160. So we had 40, 40, 40, and 40 in the nursing units. We did some dividing up during the first seven or eight years, and then we went into a relationship with the National Children's Hospital to develop a pediatric unit. We gave some beds back to the city if they would approve eleven beds specifically for the pediatric unit. We now have

⁴⁰ Nursing unit designs include the simple open (nightingale), corridor (continental), duplex (Nuffield), racetrack (double corridor), courtyard, cruciform (cluster), radial, and triangle among others. [Page, A. (Ed.). (2004). Design of patient care units. In *Keeping Patients Safe: Transforming the Work Environment of Nurses* pp. 250-251. Washington, D.C.: National Academies Press. Retrieved from <https://www.iom.edu/Reports/2003/Keeping-Patients-Safe-Transforming-the-Work-Environment-of-Nurses.aspx>

137 beds.

The majority of our patients are spinal cord injury, traumatic brain injury and stroke – all neurological. That's probably between 70 and 80 percent of our patient population to this day, the rest being orthopedic, multiple contusions, hip replacements, bilateral. We also have cardiac.

GARBER: In what other ways does a rehabilitation hospital differ in design from the typical acute care hospital? Does it have the surgical suites?

ECKENHOFF: We have little operatories in the outpatient area, but no, it does not have surgical suites. One of the reasons we thought that it made a lot of sense to build on the campus was that we have all the operating suites right across the street. Why duplicate that? There are some rehab hospitals that do have operating suites, but not many.

We have far more therapeutic space than the acute care hospital. It was roughly 1,500 square feet per bed in our institution, I was told that the acute care hospital was about 1,000 square feet or 1,200 square feet (this was in 1984). We had to have much larger corridors. We had to have places for stretchers and wheelchairs. We had to have lots more therapeutic space, both centralized and decentralized, than the acute care hospital has.

GARBER: The therapeutic space that you're referring to is physical therapy, occupational therapy?

ECKENHOFF: Physical therapy, occupational therapy, speech-language pathology, neuropsychology, vocational rehabilitation, rehabilitation engineering – which is huge.

GARBER: Rehabilitation engineering is making prosthetics?

ECKENHOFF: No, that's prosthetics and orthotics. Rehabilitation engineering modifies equipment. It makes sure you can leave in as independent a state as possible. For example, in wheelchairs, you don't plop into an airport wheelchair any more. If you're going to be living the remainder of your life in a wheelchair, it has to be not only comfortable, but also good for the skin. It has to be good for other reasons, so as to avert complications down the road.

All of that is very important in rehabilitation engineering. They'll modify eating utensils, so that a quadriplegic or quadriparetic can pick up a utensil. They'll bend them. They'll do this, they'll do that, so that you can be independent and feed yourself. There are loads of things that a rehabilitation engineer can do to make life easier for you. All of that is very important.

GARBER: That's all customized for the individual patient.

ECKENHOFF: Yes.

GARBER: Maybe your spoon needs to be bent a little bit differently than the last patient's.

ECKENHOFF: Absolutely.

GARBER: Is there anything else that you wish to add as far as the challenges of the early years at National Rehabilitation Hospital?

ECKENHOFF: We've talked a lot about what the early years were about. The only other thing I'd like to add is we've been wonderfully successful. There is one great reason for that, and that's the people who have joined our ranks, either as members of our board, members of our board of associates and our staff. I have owed my success to the team that has been built within our hospital.

I like to collect and this was a great example in collecting some of the finest people from around the country. When we opened our doors, we had 289 people who came from 36 states. We were fortunate to have a great message. We were building a hospital within our nation's capital. We were going to be a beacon.

We had five missions. Patient care has to be number one. Research – I am very wedded to research, learned a lot of that at RIC. Training and education – it's a great way to find staff, when we train them and educate them ourselves. We had over 2,000 students last year in PT, OT, speech-language pathology, and residency programs in medicine. Our fourth mission was to be a significant center for rehabilitation engineering, which I knew was important. Our fifth mission was to be an advocate for the disabled. If we're going to be housed in Washington, D.C., let's also assume a responsibility for being an advocate for the disabled. The disabled don't have too many advocates. As an institution, we thought that made a great deal of sense.

GARBER: How did you approach selecting the right people?

ECKENHOFF: I was fortunate to have brought on John Goldschmidt⁴¹ from Northwestern, who became our first Medical Director. He had a great reputation. Recognizing that somebody as good as John Goldschmidt would come encouraged others to become medical staff members. We brought on John Toerge⁴² from Northwestern Memorial Hospital, a physiatrist on the faculty of RIC, who was ready to branch out, and who has been with us ever since. They brought on several physicians, when people began to see that the likes of Goldschmidt, the likes of Toerge were here. Then John Aseff⁴³ from Ohio came, who also has a great name. From a PT standpoint, we hired the very best. Cathy Ellis⁴⁴ was our first director of physical therapy. She was the PT for Jim Brady at George Washington when he was shot.⁴⁵ It was amazing the magnet these

⁴¹ John W. Goldschmidt, M.D. (1925 - 2006) was faculty at the medical schools at Northwestern University and Georgetown and the founding medical director at the National Rehabilitation Hospital. [*Obituary*. Retrieved from <http://www.stretchfuneralhome.com/obituary/JOHN-W.-GOLDSCHMIDT-M.D./Avalon-NJ/288172>]

⁴² John E. Toerge, D.O., served as medical director of the rehabilitation services department at Northwestern Memorial Hospital (Chicago) prior to his role as one of the founding clinicians at the MedStar National Rehabilitation Hospital. [MedStar National Rehabilitation Network. Retrieved from <http://www.medstarnrh.org/doctor-profile/1376542282/#q={ }>]

⁴³ John N. Aseff, M.D., had been chair of the physical medicine and rehabilitation (PM&R) department at the MedStar Washington Hospital Center before joining the medical staff at MedStar National Rehabilitation Hospital, where he was the founding director of the PM&R residency program in 1986. [MedStar National Rehabilitation Network. Retrieved from <http://www.medstarnrh.org/doctor-profile/1184628414/#q={ }>]

⁴⁴ Cathy Ellis served in clinical leadership positions at MedStar National Rehabilitation Network for nearly 29 years. [LinkedIn. Retrieved from <https://www.linkedin.com/pub/cathy-ellis-p-t/18/ba4/217?trk=pub-pbmap>]

⁴⁵ James S. Brady (1940-2014), White House press secretary for Ronald Reagan, was severely wounded in a 1981 assassination attempt on the president. He was treated at George Washington University Hospital. He and his wife, Sarah, later became gun control advocates, and legislation known as the Brady Bill was signed by President Clinton in 1993. [Thurber, J. (2014, Aug. 4). James S. Brady, Reagan's press secretary and survivor of 1981 shooting, dies at 73. *The Washington Post*. Retrieved from http://www.washingtonpost.com/national/james-s-brady-reagans-press-secretary-and-survivor-of-1981-shooting-dies-at-73/2014/08/04/4af0af70-c5da-11df-94e1-c5afa35a9e59_story.html]

people were in attracting good people.

I take a little credit for having brought on some of the very first – Joe Bleiberg,⁴⁶ who was our first director of psychology. They then amplified what I couldn't have done by bringing on great people within their specialty areas. Talk about a team effort.

GARBER: This sounds similar to what you were saying about building the board about the importance of networking and reputation.

ECKENHOFF: Well, we didn't have a reputation.

GARBER: The reputation of the clinicians.

ECKENHOFF: Their reputation, yes, and their willingness to try as best they could to get in on the ground floor and make this institution something significant. They all had a part to play in making National Rehabilitation Hospital what it is today. We've been listed for 20 years as one of the best in *U.S. News and World Report* – we were first listed only five years after we opened our doors.

GARBER: It was exciting to have an opportunity to build something new, but there was also risk because this was not an established organization. People had to have an entrepreneurial and a trusting mindset based on the reputation of good people who were in place here.

ECKENHOFF: They did. But remember, in our field, there are a lot of openings. If something isn't going to work at one place, something might well work somewhere else. It took some guts on behalf of some people to leave their roots behind and come to Washington, D.C., to build this place. We were fortunate that a lot of them wanted to do that.

GARBER: Did you struggle with a nursing shortage?

ECKENHOFF: We sure did. One of the first months we were open, the unions were right across the street, and they were knocking on our door. In came the union for general service workers – SEIU. Our staff didn't really identify yet with the administration, even though we were up and around all the time on the patient floors. The vice president for HR came into my office and he said, "We're going to have nametags. What's it going to say? What do you want? Do you want – Mr. Eckenhoff, President?" I said, "No, I want - Ed." Everybody has a first name on the name badge, except the physicians, which makes sense. They shouldn't have their first names. Everybody else in the organization – we have 1,500 employees today – all first name.

Housekeepers understood that they are as important as I am to this organization. I used to talk to all the new employees every single week. I said, "You are more important to this organization as regards to the patient than I am. You see the patient more. I don't care if you're cleaning their room. I don't care if you're their nurse. I don't care if you're their PT. I don't care if you're the security officer at the front desk when they come in. You see them first. You see them more than I do. You're important." That prevailed throughout the organization.

⁴⁶ Joseph Bleiberg, Ph.D., was director of psychology at the Rehabilitation Institute of Chicago until he was asked to help in the start-up of the National Rehabilitation Hospital. [Bethesda Neuropsychology. Retrieved from <http://www.bethesdaneuropsychology.com/joseph-bleiberg-phd.html>]

A year later, they got rid of the union. I had nothing to do with it – it would be against the law if I did. They decertified the union because they began believing us and they saw what we were doing that year. I was very proud of that. You don't see too many unions that are decertified in hospitals in this country today.

GARBER: Did your nametag literally say just, “Ed”, or did it say “Ed, Administration”?

ECKENHOFF: I can't remember – it might have said “Administration”, but it was “Ed.”

GARBER: I think that it would resonate with patients to know that the CEO is on the floor walking around.

ECKENHOFF: Yes. That was very important. Our team of executives knew that was important and did that a lot.

GARBER: There was some change over the years with the corporate parent. Would you talk about that and whether this was disruptive to what you were doing at the hospital?

ECKENHOFF: The first corporate name of the system was the Washington Health Care Corporation. It only included three hospitals: the Capitol Hill Hospital, the Washington Hospital Center and NRH. The CEO was John McDaniel. It then grew a little bit. We had to close Capitol Hill Hospital because it was not doing well. Then we became Medlantic. Helix, a three-or-four hospital system in Baltimore, merged with Medlantic, and we became MedStar. We've been MedStar ever since. Today we have ten hospitals within our multi-institutional system.

Clearly, things have changed. The corporate tower was ten or fifteen people way back when. Now it's hundreds of people, but we have ten different hospitals now. There are many efficiencies that we're trying to achieve. Corporate has been valuable in a number of different areas – strategic planning, law. We don't have to have any of that at the individual hospitals. They've been very valuable.

If corporate gets to a point where it wishes to manage, which ours doesn't yet and I hope it doesn't, but when corporate gets to a point where it wishes to manage each of the organizations, that gets to be difficult. That is done in some of the multi-institutional systems in our country. In others, corporate doesn't manage. They expect presidents of institutions to manage the institutions for which they are responsible.

Another thing is IT. We have a huge IT system within a ten-hospital system. You want it to be interoperable. It's going to have to be housed within the corporate tower. We have a lot of different people assisting efforts such as that. The list goes on. There are many systems and services we can receive from corporate that are going to assist us, especially at the bottom line. It's gotten larger, no question, but the benefits are still there.

GARBER: You mentioned that sometimes the system can become involved in the management of hospitals. Does that tend to happen more with the investor-owned systems?

ECKENHOFF: Clearly it's on the investor-owned side, but I think some of the larger systems today are involved in the operations of each of their hospital subsidiaries, some more than others. Maybe I'm from the old school, but my philosophy has always been if you're going to hire a

president or a chief executive to run one of your institutions, then allow him or her to do that without interfering. As long as they do that, fine. I have friends in the business, where corporate towers dominate more than other corporate towers do. There's a fine line there.

GARBER: At some point, the hospital went from being the MedStar National Rehabilitation Hospital to the MedStar National Rehabilitation Network. What is the significance of the name change?

ECKENHOFF: Our outreach. We began building ambulatory centers way back when. When I left as CEO we had 36. We now have 49 or 50. My successor has done a fabulous job at continuing to build. Because we are now in Delaware, Maryland, Virginia and the District of Columbia with all of our ambulatory centers, it's a network. We're not any longer just a free-standing hospital. We're a network of provider services for a lot of people stretching all the way up into Delaware. We decided it made a lot of sense to call us a network.

GARBER: What's going on out there in the ambulatory centers?

ECKENHOFF: We have physical therapy, occupational therapy; in some of them, speech-language pathology; in some of them, neuropsychology. In some of them, we have physician practices, physicians on our faculty. In some of them, we major in sports medicine and orthopedic problems. In others, we major in other disability categories. Most of them can take any of those disability categories, depending on where they're situated. It's a wide variety of accessible ambulatory rehabilitation services for a growing population.

When I was rehabbed back in 1963, I broke all records. I was in the rehabilitation hospital for 90 days. That's where I learned how to walk and so on. Today, the average paraplegic, barring complications, is in the acute rehabilitation hospital less than 30 days. We're moving them out far more quickly, and we're moving many of them into ambulatory settings, closer to their homes. We have to do that because of third party payers. You can't keep people in the hospitals for the period of time that I was kept in the hospital 50 years ago.

GARBER: If you are delivering outpatient services at the hospital, do you then draw a radius and not put any ambulatory centers within a certain distance?

ECKENHOFF: We did look at the radius. We also looked at acute care hospitals that had no rehabilitation and whether it made sense to join up in a merged fashion. We wanted to get their physicians to understand the significance behind what their hospital and our hospital jointly were doing for those who required our services. We did look at it from a location standpoint, a strategic standpoint. We did look at it from an acute care hospital standpoint, where we thought services were and were not.

GARBER: What is the payer mix for a rehabilitation hospital?

ECKENHOFF: Not dissimilar to the acute care hospital. We're all between 40 to 50 percent Medicare. Medicaid depends where the hospital is, if it's inner city – 10 to 15 percent, maybe as much as 20 percent. That's 60 to 70 percent. The remainder is either commercial insurance and/or managed care. That's what it was like four years ago. I'm not sure those are the stats today, but I think they're similar.

GARBER: How has Medicare reimbursement changed over the years that you were in the administration?

ECKENHOFF: As a specialty institution, we were left on cost-based reimbursement longer than the acute care hospitals were. We still have to do the same things the acute care hospitals used to have to do. We have to file our cost reports. They have to figure out what it is they're going to reimburse us. It's usually a couple of percentage points above cost – not charge, but cost. Those filing reports are done, I think, on an annual basis. There might be something the CFO has to do on a quarterly basis. From a rehab perspective, when measured against the acute care – and I don't have much experience in the acute care hospital world – it's not dissimilar, the reimbursement systems and formulas.

GARBER: Do you think that cost-based reimbursement was a good system?

ECKENHOFF: Looking at all the systems in place today, it was wonderful. I loved living under cost-based. In retrospect, we didn't have to watch our costs as much as we do today, no question about that. It was a great system in which to work under, but we'd be in deep trouble if we were all under cost-based today.

GARBER: Would you please introduce John Rockwood,⁴⁷ who is vacationing here with his family, and has been kind enough to join us for a few minutes of conversation?

ECKENHOFF: One of the great blessings that we have had at the National Rehab Hospital has been seamless movement from one administration to the next administration. John Rockwood, the successor to my office, and I have had a relationship for years and years. He joined us and worked in our institution for two decades.

JOHN ROCKWOOD: Twenty-two years.

ECKENHOFF: Twenty-two years – and rose through the ranks. He is a wonderfully educated individual who graduated from Michigan State, and then from Johns Hopkins with his graduate degree in health care administration. He became the administrator and then the chief operating officer. Interestingly, he was given the reins at age 39, the same age I was when I came to Washington. He knew a lot about our field. He knew a lot about our hospital, having worked there for the period of time that he did.

I would have hated to have worked hard for 27 or 28 years and then have some search firm bring somebody in who would not have worked. Granted, many times they do work, and I understand that. John was a known quantity within our organization, who everybody adored, particularly the board. It made sense to move from Eckenhoff to Rockwood. He is showing me up ever since he took the reins. That's who John Rockwood is.

ROCKWOOD: I grew up professionally at NRH. At a fairly early age in my professional career, Ed took a special interest in me, looking at what I wanted to do in life. That helped a great deal in my deciding what to do, whether I wanted to stay in health care.

⁴⁷ John D. Rockwood became president of MedStar National Rehabilitation Network in 2009. [MedStar National Rehabilitation Network. *John D. Rockwood*. Retrieved from <http://www.medstarnrh.org/our-network/board-of-directors/john-d-rockwood/#q={ }>]

For the first five or six years after I started at NRH, I had not been clear on whether I wanted to stay in health care or not. My father was the CEO of a health care system in northern Michigan. My mother was an ER nurse, so I had grown up around health care and thought that it was a wonderful track, but I was never quite sold on whether that was going to be my life's ambition. Working at NRH and learning about the mission that Ed founded that hospital and network on moved me in a lot of different ways, kept me engaged, and kept me excited about what I was doing. That hasn't changed, even today.

Ed developed a unique culture. He was the only CEO that the hospital employees had ever known, and he had recruited many of them. His culture was supported by all those that he recruited. One of Ed's remarkable leadership styles is his ability to relate to people and get the best out of people. People don't want to fail him. People feel like they're working for a higher purpose, and Ed has the ability to keep them motivated and keep them engaged. There was also a bit of a family atmosphere. That has continued somewhat today.

From a succession planning perspective, Ed, the board and the corporate leadership decided that it would be hard for the organization to have an outside search and for that to be successful in the short term. If Ed hadn't started signaling to the organization very early on, I think it would have been a traumatic time for the hospital.

ECKENHOFF: Absolutely.

ROCKWOOD: The transition was smooth for a couple of reasons. One is that Ed's been a terrific mentor. Ed set the transition up for success. If you don't have that side of it, no transition will work. Everybody in the organization and on the board knew that I had Ed's support. He stepped out of operations during the transition and tried to push different things my way, which is not easy to do when you've spent your life creating and building an organization. He was still active and involved, as he is today, but people saw his efforts to push more responsibility and more decisions to me, which made it seamless.

GARBER: Ed, what did you actually do as a mentor?

ECKENHOFF: First of all, I don't know that much about mentoring. I am not a professor. It came naturally. When you see somebody who shines and does a very good job, what you do is try to give them more, and you don't micromanage. You do everything you can to assist them in developing their own managerial style. The more I gave John to do, the more he did magnificently.



Ed Eckenhoff (left) and John Rockwood, 2015

I guess that is defined as mentoring, but it came naturally. We all did that with others who reported to us. This is what you're supposed to do with all your direct reports. Some were a little bit more susceptible to moving forward than others might have been. You have to pick and choose there. He was an easy choice. You spent more time developing the level of expertise.

ROCKWOOD: As I've thought about

mentoring as I've taken on this new role, the difference that I've found between the relationship that Ed and I had was a couple things. First, we had a personal relationship. That's a key tenet for mentoring relationships – some connection beyond the professional relationship. You need to have some personal interest in that individual's ability and willingness to succeed

There also has to be the ability for you to be transparent and honest, and deliver both constructive criticism and reinforcement. Ed's leadership style is that you always know where you stand with him. He's always positive. If something is not going well, you know it. If something is going well, you know it. There are kind of equal parts positive and negative. An important part of my growth was being able to learn and have the tough conversations as well as the positive ones. That's an important part of mentoring.

ECKENHOFF: You left one word out - trust.

ROCKWOOD: Trust.

ECKENHOFF: There has to be trust. And so long as there's trust, that also assists significantly in making your day a little lighter.

ROCKWOOD: I agree. The other thing I was going to say about transition is that you always want to balance the promoting and hiring from within with bringing in new and exciting ideas from different perspectives, different systems, even different industries. We had a stable system for a period of time that enabled us to grow and meld as an executive team. We were attuned to each other's strengths and weaknesses.

One of the disadvantages of that is, we saw a lot of turnover. Probably a year after the formal transition, we had a lot of retirements in the executive ranks. The majority of them were natural retirements. It gave us the opportunity to look at where we had specific strengths from within and where we could bring outside advice and expertise in. We decided to go outside for our CFO search. We had a strong medical staff. There were a number of people – Dr. Yochelson and Dr. Whitehair and Dr. Dromerick⁴⁸ - all came up through the ranks to support our research and our medical structure. We went outside for HR. We went inside for quality. So we really had a nice balance of fresh new perspective with some historical perspective.

ECKENHOFF: I had a great hand in building our team. John's had a great hand in building his team. It's all worked beautifully. Many of the people that I hired were my age back when I came to town, and they've retired as I did. John's building it again.

GARBER: John, have you thought about succession planning for yourself?

ROCKWOOD: I've been in the position for four and a half years. If I got hit by a bus, I believe that we have a strong team that would be willing to keep the organization going. I think there are some people ready to take the next step. It hasn't been a formalized process for me yet.

⁴⁸ Michael R. Yochelson, M.D., a neurologist and physiatrist, is the vice president of medical affairs and the chief medical officer at the MedStar National Rehabilitation Network. Dr. Curtis L. Whitehair, M.D., a physiatrist, is the associate medical director. Alexander W. Dromerick, M.D., a neurologist and physiatrist, is vice president and chief scientific officer. [MedStar Health, retrieved from <http://www.medstarhealth.org/mhs/find-a-doc/>]

ECKENHOFF: It's a little early.

ROCKWOOD: It needs to be.

GARBER: You're suggesting that maybe it would be appropriate for every CEO to start thinking about this.

ROCKWOOD: I'm behind the curve in thinking about it. I've been there for four years. You need to start thinking about and investing in those individuals early on. It's part of our responsibility as leaders.

GARBER: John, do you have anyone you are mentoring?

ROCKWOOD: I have been working with two individuals in a semi-formalized way around their growth and divisional positions, but also in trying to help them think beyond the next opportunity to what they want to see five, ten, fifteen years from now. We've tried to set our annual appraisals up so that we're having those conversations with even our direct managers and supervisors in that front line. If it's a primary nurse, do you want an advanced certification? Are you happy with your hours? Are there other things that you want to do that we can help you with here, or across the system? We want to keep them engaged and involved here. If they don't see an overt interest in what they want to do with themselves, I think that's when people tend to leave.

ECKENHOFF: Good point.

GARBER: I'd like to switch gears and talk about organizational culture. Did you actually think about the culture of the organization or did it just happen?

ROCKWOOD: I'd like to hear this.

ECKENHOFF: I thought a great deal about it. I told you about the name badges. I wanted our first names on there, with the exception of the physicians. I wanted everybody to feel a part of the organization. I wanted everybody to think that their job was just as important as my job was. So many people see patients far more than I do on a daily basis. They have to understand that they've been empowered to do their thing, and that I have literally nothing to do with patients on the patient floors. We all have our parts to play and we're all important. Everybody started understanding that. I spent a lot of time up on the floors talking to staff and/or talking to patients.

One of the things that was beneficial to me that John doesn't have, thank God, is my disability. I got to see an awful lot of patients who had just become disabled. The doctors wanted me to talk with them, which I very much enjoyed doing. Because of that, I got to see a lot of staff while I was on my way up to the patient's room, on my way back, and while up in the patient room.

Everybody in the hospital called me Ed. That's what I wanted. Everybody in the hospital today calls him John. I feel very good about that because we're one of many parts that make a difference. We all are needed to carry our institution forward.

ROCKWOOD: Ed has the ability to connect people. I think part of it is your psychology background. You have the ability to read people and understand what motivates them. You also led by example. It's not as easy for you to get around as a lot of other people, but you were always out,

always in patient rooms, always up on the floors. You invested in that culture of teamwork. In rehab, that's the basis for everything we do. If you don't work as a really well-oiled team that has lots of different disciplines that have unique and often equal value to the recovery of the patient, then things break down real quick. That started at the top. It started with our executive team. I hope that still holds true today.

ECKENHOFF: I think it does. I really do.

ROCKWOOD: There's a level of trust and there's a level of people working hard, but supporting each other.

ECKENHOFF: Something that hasn't been said – and John is very good at this, as I think I was – we could talk to a board member and enjoy ourselves while doing so, and we could talk to someone in a support department and enjoy doing that. It didn't really matter who it was we were talking to. Everybody was treated essentially the same.

ROCKWOOD: That's true.

GARBER: John, thank you for your comments. Ed, what was it like to be appointed by President George W. Bush to serve on the President's Commission on Care for America's Returning Wounded Warriors?⁴⁹

ECKENHOFF: I thought it was absolutely magnificent, one of the great experiences of my life, working for the two co-chairpeople, Senator Bob Dole and Secretary Donna Shalala. I was extraordinarily impressed with their leadership and with the commission members' input, wisdom and experience.

We worked ever so hard for six months. There is no question in my mind that any commission, if the members work like ours did, is a valuable asset for the government. I could not believe the tenacity that Bob Dole showed in addressing the problem of our wounded warriors. He wanted it addressed. He was up bright and early every morning working on this issue with the commission. We held many hearings. We grilled a lot of people. We gave the president a report that included 36 recommendations that would make our DoD system of health care and our VA system of health care much better.⁵⁰ We traveled to a number of the sites so we could see firsthand what was going on.

However, I am sad to say that many of our recommendations have not been implemented. It's been eight years. We're still seeing on television today problems within our Veterans Administration system – many of which we had addressed throughout our commission work. It

⁴⁹ In March 2007, President George W. Bush signed an Executive Order establishing The President's Commission on Care for America's Returning Wounded Warriors, to be co-chaired by former Sen. Bob Dole, R-Kan., and Donna Shalala, who served as secretary of the Department of Health and Human Services in the Clinton Administration. The Commission issued a final report later in 2007. [The President's Commission on Care for America's Returning Wounded Warriors. (2007, July). *Serve, support, simplify*. Retrieved from <http://www.patriotoutreach.org/docs/presidents-commission-report-july-2007.pdf>]

⁵⁰ The Department of Defense operates a military health system to care for active duty military personnel. The U.S. Department of Veterans Affairs provides care to veterans through a network of hospitals and other facilities. [U.S. Department of Defense. (2004). *Military Health System Review*. Retrieved from http://www.defense.gov/home/features/2014/0614_healthreview/ and <http://www.va.gov/>]

makes you wonder if commissions are brought about to get the journalists off the backs of those in the White House, whether anybody is really interested in bettering the system for which the commission has been pulled together.

Nevertheless, it was a great effort. I loved my time on the commission. I loved everybody on the commission, and we had some of the country's brightest, which is why I still wonder why I was appointed. But I am dismayed that much of what we had to say has not been implemented.

GARBER: Did you feel you brought something to the table?

ECKENHOFF: Yes, I know I did. I brought an expertise that none of the others on the commission had, and that was of the acute rehabilitation hospital – civilian hospital – industry. We had one person on the commission representing information technology. He was the top IT guy at Cleveland Clinic. We had other people like that with other areas of expertise. Yes, I brought something to the commission.

GARBER: Will there be a role for the specialty rehabilitation hospital in 10 or 15 years?

ECKENHOFF: Yes, absolutely. There has to be. If there is not, I pity all those who become disabled because it will come 360 degrees. Fifty or 75 years ago, people were relegated to the attics and the basements of their homes. They couldn't get out. They weren't independent. They were residing in wheelchairs.

By the way, acute rehabilitation was initiated by Paul Magnusson in the VA system, before he went to RIC. If we get rid of acute rehabilitation, who else is going to teach independence? Who is going to acutely rehabilitate – or assist others in assisting themselves – to support themselves, to become productive citizens of our country and to live good lives? Who's going to do it if we're not there?

The statistics are not going down. There are a lot of traumatic brain injuries every year, a lot of spinal cord injuries every year – more spinal cord injuries now because of cell phones and everybody having their minds elsewhere and not paying attention to what they're doing. Disability is going to continue as long as we live under a system that contains gravity.

GARBER: Were you able to attain work/life balance?



Judi and Ed Eckenhoff

ECKENHOFF: Home life/work balance – it's been great. It's all I know. My wife Judi has been absolutely remarkable. We've been together now for 38 years. We met in Chicago. We've had a wonderful relationship. She's very independent. I'm very independent. I do my thing. She

does her thing, but we are always here to support each other. It's been remarkable. She was a therapist. I can still do almost everything independently. Nevertheless, it's been a wonderful, wonderful relationship.

GARBER: And, finally, golf!

ECKENHOFF: Love it. Picked it up 20-some years ago. I was always an athlete, as we talked about earlier. Because I wear a little bit of steel and use crutches, I couldn't be an athlete any more, I thought. I was out at a picnic one day. An occupational therapist told me to hit the ball with a golf club, and I did, and I did it well. The next 1,000 times I did it, I didn't do it well, but at least I knew I could do it well. I took a bunch of lessons and I joined a couple of clubs and just thoroughly like it.

One of the reasons I like it is that it keeps me active. Activity is absolutely key to increasing longevity and minimizing complications. I gave the keynote address in Chicago to the American Spinal Injury Association last year. A lot of paraplegics who are today riding in wheelchairs could walk. The average longevity post-insult of a paraplegic today is 37 years. If you break your back at 20, you're dead at 57. I've gone on 51 years post-insult. Why? Well, put aside determination and put aside some of the other things that are hard to measure. Activity!

When I went to the rehabilitation hospital, my braces and my crutches were leaning against the bed. It was expected I was going to use them. Today, you're given a transfer board, 30 inches by 10 inches, so as to slide your disabled body from the bed to the wheelchair. Today, our world is far more accessible than it was 50 years ago. If you want to fly, there's a jetway. You roll onto the plane. When I was injured, I had to walk up stairs. Today, there are curb cuts, ride your wheelchair right up. It's easier, no question, and maybe you should save your energy to succeed and do other things. Complications persist with many that are in wheelchairs. My thinking has always been that to increase one's level of activity is going to assist in decreasing complications and increase longevity. I love this record: I have never had a decubitus ulcer in 51 years – never one. The average decubitus ulcer today knocks somebody out for a month, or a month and a half and costs \$124,000, on the average.

GARBER: Is there anything else you would like to add before we close?

ECKENHOFF: No, this has been fun. I didn't know what it was going to be like, but I've thoroughly enjoyed it. We could go on and on and on. What I've most enjoyed is, you've been lovely and nice to work with. Number two, I can't believe I've paid attention for three hours!



GARBER: Number three, it was wonderful to have John participate.

ECKENHOFF: That's one of the neatest things that happened with all of this, when he came and worked for us. That was very special.

GARBER: Thank you very much for your time this morning.

ECKENHOFF: Kim, I thoroughly enjoyed it. Thank you.

CHRONOLOGY

- 1943 Born March 4 in Durham, N.C.
- 1966 Transylvania University, Lexington, Ky.
Bachelor of Arts, Biology
- 1968 University of Kentucky, Lexington, Ky.
Master of Arts, Education
- 1968-1972 Fayette County School System, Lexington, Ky.
High school vocational rehabilitation counselor
- 1973-1974 Northwestern Memorial Hospital, Chicago
Administrative Resident
- 1974 Washington University, St. Louis, Mo.
Master of Arts, Health Administration
- 1974-1982 Rehabilitation Institute of Chicago
1974-1975 Assistant to the President for Administration
1975-1976 Director of Administration
1976-1982 Vice President & Administrator
- 1978 Married May to Judi Vicich of Chicago
- 1982- National Rehabilitation Hospital, Washington, D.C.
1982-2009 Founding President & CEO
2009-present President Emeritus

MEMBERSHIPS AND AFFILIATIONS

American College of Healthcare Executives
Fellow

American Hospital Association
Member, board

Member, committee

American Medical Rehabilitation Providers Association
Chair, board

American Physical Therapy Association
Member, committee

District of Columbia Hospital Association
Member, board

Illinois Hospital Association
Member, committee

AWARDS AND HONORS

1988 Citation of a Layman for Distinguished Service, American Medical Association

1989 Washingtonian of the Year, *Washingtonian* magazine

1995 Meritorious Award, American Occupational Therapy Foundation

1996 Distinguished Alumnus Award, Transylvania University, Lexington, Ky.

1998 Doctor of Humane Letters, hon. caus. from Transylvania University, Lexington, Ky.

2001 Alumnus of the Year, Washington University School of Medicine, Hospital Administration Program

2001 Regents Award, American College of Healthcare Executives

2003 National Healthcare Award, B'nai B'rith International

2007 Award of Honor, American Hospital Association

2007 President's Commission on Care for America's Returning Wounded Warriors, President George W. Bush

2009 Annual Board of Directors Award, National Rehabilitation Hospital

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