



ELLIOTT C. ROBERTS, SR.
In First Person: An Oral History

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ELLIOTT C. ROBERTS, SR.

In First Person: An Oral History

**Interviewed by Emily Friedman
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Edited by Kim M. Garber

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EDITED TRANSCRIPT
Interviewed in New Orleans, Louisiana

EMILY FRIEDMAN: Good morning and thank you for participating in this oral history interview. It's an honor and a personal pleasure to be talking with you today. Let's start at the beginning. When and where were you born?

ELLIOTT ROBERTS: I was born in Baltimore's Johns Hopkins Hospital on January 20, 1927, to Charles P. and Margiana Ledette Roberts.

FRIEDMAN: Can you tell me something about your family background?

ROBERTS: Mom and Dad were born in Antigua, British West Indies, and migrated to the United States somewhere around 1925 or 1926.

FRIEDMAN: How did they end up in Baltimore?

ROBERTS: Travelers from the West Indies always came through New York, but I don't know how they ended up in Baltimore because many of our relatives from the West Indies are in New York still today.

FRIEDMAN: What did your parents do?

ROBERTS: Neither of them went beyond high school in terms of education. When my dad came to the U.S., it was his intention to become a tailor. He was going to go to tailoring school.

FRIEDMAN: They were young when they migrated?

ROBERTS: They were young, yes, without a doubt. But instead of tailoring, my dad went into business. He owned a number of different enterprises: barber shops, tailor shops, grocery stores, you name it, and real estate.

FRIEDMAN: He was successful then?

ROBERTS: He was successful, without a doubt. Mom was a homemaker. She took care of the home. Mom and Dad separated early on, but they managed to remain friends throughout that entire period. I had two younger brothers. I was the oldest. My second brother, who died in 2011, was in business and he had retired from that. My youngest brother was a military officer. He and I both finished Morgan College in ROTC. I came out of the Army after my two years as a Captain stint but he remained for 20 years and retired as a Lieutenant Colonel.

FRIEDMAN: Tell me about your education.

ROBERTS: I was educated in Baltimore, at Morgan State College, with a BS degree. My graduate degree was from The George Washington University in Washington, DC, with a major in business administration and a minor in hospital administration.

FRIEDMAN: How did you get interested in hospital administration?

ROBERTS: That's a long story.

FRIEDMAN: This was not a time when it was easy for African Americans to get into that line of work.

ROBERTS: Not by a long shot! I graduated from Morgan College in 1953 and went into the military with a commission from ROTC and with the BS degree. While I was serving as an infantry officer in Germany, the question was – what was I going to do with this BS? I became friends with another officer who had talked about becoming a CPA. I said to myself, *I think that's what I'll do.* There was one little problem with that – in 1953 there were no black CPAs that I knew. One of the requirements to sit for the CPA exam was that you had to do two years understudy with a CPA firm. At any rate, I started to pursue it and when I was discharged from the military, I went to work to get some experience in accounting at Provident Hospital in Baltimore.

FRIEDMAN: Provident Hospital was at the time a historically African American hospital, one of the oldest in the country.¹

ROBERTS: Yes. I went to look at that in terms of getting the additional credits required to sit for the CPA exam. The hospital where I was working called it an apprenticeship. Once I began the apprenticeship, I took off work one day. The hospital called to find out why I did not come to work that day. I checked back to let them know that I really had not taken off, but had gone to the University of Maryland to see what I needed to do in order to get the additional credits to sit for the CPA exam. The hospital offered me a job at the hospital as an accountant.

At the time I was working for Social Security. With a BS degree, I was working as a file clerk at the fantastic salary of \$2,900 a year. When I raised the question on that employment as to what the salary would be, as I was making \$2,900, they offered me \$2,700. Not only that, but at the hospital in those days, the business office worked five and a half days. It was a half a day on Saturday. In reality, not only was I working nights making more money, but in addition to that I had the extra job driving a cab on Saturday and to take this job would've meant that I would have to give all of that up.

FRIEDMAN: This was the Provident Hospital job?

ROBERTS: This is the Provident Hospital in Baltimore. But the recognition of the opportunity to get experience in accounting in the hospital allowed me to accept that position. That was the beginning of my exposure to the health care field. While there, I was the understudy of the hospital administrator, Theodore Perkins, who guided me.² He indicated that if I wanted to be in the field, it would be necessary for me to get a graduate degree in hospital administration. In those days there were only six or seven programs: Chicago, Wisconsin, Minnesota, and in New York. I was contemplating marriage at the time and could not afford to go to graduate school out of town.

¹ Provident Hospital (Baltimore, MD) was established in 1894 by a group of African American physicians. A history of the hospital can be found in the article, Jackson, R.L., and Walden, E.C. A history of Provident Hospital, Baltimore, Maryland. *Journal of the National Medical Association*;59(3):157-163, May 1967. Full text free here: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2611341/pdf/jnma00529-0005.pdf>

² Theodore D. Perkins was administrator of Provident Hospital from 1956 to 1963.

I continued to work in the hospital as an accountant and I was promoted to assistant administrator at the hospital.

FRIEDMAN: What were your first impressions of the hospital field?

ROBERTS: For me, it was limited to that small 123-bed hospital, a small black hospital. I had no real sense as to the meaning and the value and the importance of the field at that time. Right then, it was simply a job. I've since come to know a great deal more and to appreciate it more. In fact, I would say that there is no professional field that is as rewarding as work in the health care field, and certainly in hospitals. It's really a unique exposure and I would recommend it to anyone. But to carry on, I was at Provident and one of the staff had attended a hospital district meeting in DC and brought back a flyer which indicated that The George Washington University had started a new program in hospital administration by Frederick Gibbs, a retired medical service officer who had also started the program at Baylor's Army Hospital.³ I immediately applied and was accepted.

FRIEDMAN: What year was this?

ROBERTS: This was in 1959.

FRIEDMAN: It was pretty progressive at the time to accept an African American applicant.

ROBERTS: In those days, this was a new program. Hospital administration programs only accepted full-time students. A new program was allowed to accept part-time students until it was approved and had graduated its first class. I was the only African American and part-time student in the program, but it was one of the largest programs available at the time as a new program. It's probably fair to say that the programs that existed accepted between 8 and 10 students at a time because it was a new field. Remember at the outset, hospitals were run by physicians.

FRIEDMAN: And sometimes nurses.

ROBERTS: No, not then.

FRIEDMAN: In rural areas.

ROBERTS: Maybe in rural areas, but it was largely a physician-owned and dominated field. They started the hospitals; they owned the hospitals; they ran the hospitals. As the management and the operation of hospitals became more complex, it became more important to begin to require training in management to operate them. That is how the programs of hospital administration came into being. In fact, the programs that were started were started by physicians. Dr. Malcolm MacEachern⁴ was the main individual who opened the field up. Where'd I leave off?

³ The U.S. Army-Baylor University Graduate Program in Healthcare Administration (Waco, TX) was founded in 1947 as part of a large-scale reorganization of military medicine following World War II. Colonel Frederick H. Gibbs was program director from 1952 to 1956.

⁴ Malcolm T. MacEachern, M.D. (1881-1956) was an author of an influential hospital management text which advanced the field of hospital administration.

FRIEDMAN: You had decided to go to GW.

ROBERTS: Went to GW and completed that program. I commuted back and forth from Baltimore to Washington. I did the program on a part-time basis over a three-year period. When I started, I was at Provident and during the course of the study, I accepted a job at 2,000-bed Crownsville State Hospital, which was in Annapolis, Maryland, about 30 miles from Baltimore and 30 miles from DC.⁵ When I went to Crownsville, I continued to commute to school and it was equidistant. Crownsville is close to Annapolis, where the U.S. Naval Academy is located.

FRIEDMAN: What was your position at Crownsville?

ROBERTS: When I started at Crownsville, I was an accountant. That's another interesting portion of the story. The hospitals were segregated at that time. Crownsville was a state mental hospital for blacks. Right about this time, the concept of integration was being discussed. The superintendent, who was newly arrived, was anxious to integrate the hospital. He wanted to begin by doing it with staff. So, he was looking for someone to be his assistant. He asked me in and the interview went very well.

FRIEDMAN: Was he African American?

ROBERTS: No. Dr. Charles Ward⁶ was a physician and a southern gentleman if there ever was one. He was very accommodating and understanding of the situation at that time. I had received the notice of the job opening well after he had put it out. He had already made a selection, but he was interested in me and asked me to keep in touch as he continued to try to fill vacancies at the hospital. He did not select me for the assistant spot initially; but, over time and with multiple visits, he finally found a spot that I fit into, which was accounting. That's the position that he offered me that I accepted when I went there. I stayed at Crownsville and graduated from GW in 1963.

On graduation, it was very pleasing to me. I came in to the office one morning and, as usual, I stopped by the secretary's office to see how Dr. Ward was and to see how she was. She said, "Oh, by the way, Dr. Ward asked me to tell you to take the office across the hall, which was the assistant superintendent's office. That was my move into the position that he wanted for me for so long.

FRIEDMAN: He was waiting for you to graduate.

ROBERTS: Yes, he waited for me to graduate. He was most supportive in terms of my continuing my education and my work with him and at the hospital. This was his way of saying thanks and it was most appreciated.

FRIEDMAN: I presume that you were the only African American in your class or perhaps in the entire program during your time at GW?

⁵ Built in 1911, Crownsville State Hospital (Crownsville, MD) was a large, long-stay state psychiatric hospital that was downsized over the years and eventually closed in mid-2004). More information can be found here: http://www.mdpsych.org/archive/05W_Sokal.htm

⁶ Charles S. Ward, M.D., was superintendent at Crownsville State Hospital from 1957 to 1963.

ROBERTS: During the three years that I matriculated, there was one individual from India, but he was the only one with dark skin other than me.

FRIEDMAN: Was that uncomfortable for you?

ROBERTS: At this point, I'd already served two years in the military as an officer. The military was integrated and the ability to supervise workers in mixed settings was comfortable to me at this time, as compared to having grown up in a completely black neighborhood.

FRIEDMAN: Did you encounter overt discrimination during your education at GW?

ROBERTS: Oh no, definitely not. Not by a long shot.

FRIEDMAN: When you were Assistant Superintendent at Crownsville you were how old?

ROBERTS: I was in my 30's. I became assistant superintendent, and not that I was always looking, but opportunities presented themselves. A call came to take a look at Mercy-Douglass Hospital in Philadelphia, which was another small black general hospital.⁷

FRIEDMAN: A historically African American hospital again.

ROBERTS: Again, an African American hospital. One of the things to bear in mind is that there was a difference between these hospitals in terms of operation and setting and from a management perspective, as well. The state mental hospital was a state-operated institution without a board and without the need to have the usual financial transactions. It was certainly out of the main arena of health care administration. So, the opportunity to move to Mercy Douglass was one that I welcomed. When I first applied, I was not selected. But once the new CEO was hired, he looked over the applicants and selected me to become his assistant. That was in 1965. Ironically, that CEO found himself at odds with the board within a short period of time and was dismissed. I was asked to assume the role. That was my first CEO position and each subsequent move has been as CEO.

FRIEDMAN: Mercy Douglass was a non-profit historically African American hospital in Philadelphia. During the period that you were there, the Civil Rights Act was passed. Did you see any impact of the law on the field of health administration? Hospitals were not desegregated until 1965.

ROBERTS: Definitely. As a black minority hospital, Mercy Douglass was subject to the same limitations related to funding and to the degree that, once integration occurred, there was an attempt to recruit minority physicians and their patients. This created a negative impact on the small minority hospitals because the reverse did not occur. Although at the time there were white

⁷ Mercy-Douglass Hospital (Philadelphia) resulted from the 1948 merger of Frederick Douglass Memorial Hospital, which had been founded in 1895, and Mercy Hospital (Philadelphia), established in 1907. Mercy-Douglass Hospital closed in 1973. More on the history of Mercy-Douglass Hospital can be found in: Minton, R.F. The history of Mercy-Douglass Hospital. *Journal of the National Medical Association*;43(3):153-159, May 1951. Full text here: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2616843/pdf/jnma00625-0013.pdf>

physicians and we did have white patients, we did not have the volume to sustain the hospital financially. In fact, the hospital was in deep financial trouble. It eventually closed, after I left.

When the opportunity came to join the New York City Health and Hospitals Corporation, and become the CEO at Harlem Hospital, I accepted. Going to Harlem Hospital removed the need for concern about having adequate finances to operate the hospital effectively. In 1969, I went to New York to run Harlem Hospital. Harlem was a new hospital at the time. The facility that we were in was new.

FRIEDMAN: My father did his residency at Harlem Hospital.

ROBERTS: The New York City system has seen many a quality individual come through.

FRIEDMAN: It was an integrated system long before there were any legal requirements. The Civil Rights Act was passed in 1964. Medicare and Medicaid were passed in 1965. The federal government issued a ruling that any hospitals receiving Medicare or Medicaid payments were subject to the Interstate Commerce Act and had to desegregate. American hospitals, and this was the majority of hospitals, that were still racially segregated had to desegregate. It was a tumultuous time.

ROBERTS: No question.

FRIEDMAN: You went to Harlem, which is a difficult post under any circumstances.

ROBERTS: I went in as CEO. New York City was attempting to create the New York City Health and Hospitals Corporation from what was previously known as the Department of Hospitals – an attempt to take the operation outside of city government. That had been in a four-year planning period prior to my arrival.

FRIEDMAN: When you arrived in 1969, they were in the middle of all of that.

ROBERTS: They were just coming towards putting the final pieces to bed. The leadership there was through Joseph Terenzio⁸ and he had a fantastic team working with him. The city had 18 hospitals and Joe had recruited all of the individuals to run those hospitals. I was fortunate to be among that group, to name a few, Robert Derzon, his brother Gordon, Joe Mann, Sheldon King and Henry Manning.⁹

⁸ Joseph V. Terenzio (1918-2000) was the commissioner of hospitals in New York City, managing as many as 21 hospitals during the late '60s. He was instrumental in the reorganization that resulted in the New York Health and Hospital Corporation.

⁹ Robert A. Derzon (1930-2009) had been deputy commissioner of the New York City Department of Hospitals before being chosen by President Jimmy Carter to lead the Health Care Financing Administration in 1977. Gordon M. Derzon (b. 1934) was executive director of Kings County Hospital Center (Brooklyn, NY) from 1968 to 1974. Joseph B. Mann was assistant commander of the Cumberland Hospital (Brooklyn, NY). Sheldon S. King was head of the Albert Einstein College of Medicine-Bronx Municipal Hospital Center (Bronx, NY). Henry E. Manning (b. 1935) was deputy commissioner with the New York City Health and Hospitals Corporation before becoming president of Cuyahoga County Hospital (Cleveland, OH).

The unfortunate thing was that Joe Terenzio and Mayor Lindsay¹⁰ ran into a disagreement in terms of the selection of at least one individual at Lincoln Hospital, a Hispanic. The Hispanic community supported this selection, but Joe insisted that the individual was not qualified and did not agree to the selection. Joe decided to terminate his relationship and he abruptly resigned. This created some turmoil because the leadership that he had put together literally left one by one after he did. My time there was from 1969 to 1972. I, too, left shortly thereafter and went to Detroit to accept a position where the city was attempting to go through a major change as well – to change the structure from a city operation to a public-benefit-type corporate structure.



FRIEDMAN: You really know how to pick them, don't you?

ROBERTS: Sometimes they kind of fall in your lap.

FRIEDMAN: Or on your head.

ROBERTS: Or on your head. Or you fall on your head, one way or the other.

FRIEDMAN: The Detroit Medical Center was a unique undertaking.

ROBERTS: No question. It was another instance where a great deal of prior planning had taken place. The Medical Center prior to Detroit General becoming an integral part consisted of Hutzel Hospital, which was a women's hospital, the Children's Hospital, Harper Grace Hospital, and the Rehab Institute.

FRIEDMAN: Harper Grace was a general hospital and the others were specialty hospitals.

ROBERTS: In planning, the idea was to create what we call 'centers of excellence'. Detroit General was going to be the emergency trauma unit. To that end, Detroit General eventually passed its obstetrical service to Hutzel and its pediatric service to Children's. By the time we moved in, that was all in place. The other hospitals were then to close their emergency rooms and Detroit General would be the only emergency service within at the Detroit Medical Center. Patients would come for emergency care and, whatever specialty care they needed, after they were stabilized they would be transferred to the appropriate hospital within the center.

FRIEDMAN: Detroit Receiving Hospital, which I think was the prior name, had existed before then.

¹⁰ John V. Lindsay (1921-2000) was mayor of New York City from 1966 to 1973.

ROBERTS: Yes.

FRIEDMAN: But it wasn't incorporated into this. Am I correct in remembering that John Danielson¹¹ was overseeing all of that?

ROBERTS: John Danielson eventually was. He's since moved on. John Donahue, the individual with whom I worked, was the administrator of the Center itself.

FRIEDMAN: Whose idea was it to create this?

ROBERTS: George Cartmill,¹² who ran Harper Grace, was one of the key players. Symond Gottlieb¹³ was head of the Detroit Hospital Council.

FRIEDMAN: Sy Gottlieb had a heavy background in planning. I'm quite sure he had a big piece of it.

ROBERTS: There's no question. No question whatsoever.

FRIEDMAN: During your time there, how well do you think the arrangement worked? It was unique, as far as I know.

ROBERTS: Believe it or not, it worked very well. When I last checked, and I don't know the final decision in that regard, but one of the things that they were looking at was to create one corporate entity to manage the entire Center. That is, there would no longer be a board at each of the hospitals, but there would be one central board that would control the entire medical center. It was going to be one corporate structure, one corporate balance sheet, because one of the things that was anticipated, and did in fact occur, was that by shifting those clinical services, the financial makeup and the generation of revenue were changed. In order to balance it out, if revenues were put in one pot, it would be certain that no one would be disadvantaged as a result of the arrangement that they were setting up.

Here in Louisiana we thought in those terms from a gross perspective, but it never came into being. LSU and Tulane, as the teaching institutions, talked about Children's Hospital coming into the medical center. Those are some of the things that we talked about – Hotel Dieu¹⁴ being a part of it. We could never get it to gel in a meaningful way. It would've been beautiful could it have been settled.

¹¹ John M. Danielson (1924-1987) became president of Detroit Medical Center in 1979.

¹² George E. Cartmill, Jr. (1918-2005) was president of Harper Hospital (later Harper-Grace Hospitals) in Detroit until his retirement in 1983.

¹³ Symond R.V. Gottlieb (1924-1998) became executive director of the Greater Detroit Area Hospital Council in 1971 and then of the Greater Detroit Area Health Council in 1982. His oral history is: Weeks, L.E. (ed.) *Symond R.V. Gottlieb in First Person: An Oral History*. Chicago: American Hospital Association and Hospital Research and Educational Trust, 1987, and is in the collection of the American Hospital Association Resource Center.

¹⁴ Hotel Dieu Hospital, New Orleans, became part of the Louisiana Health Care Authority in 1992 and was renamed University Hospital.

FRIEDMAN: With the Detroit Medical Center, it would've been necessary because children's hospitals by their nature lose money. Trauma hospitals by their nature lose money. Obstetrical services by their nature lose money. So there would have had to be cross subsidization.

ROBERTS: Except here in Louisiana. Our Children's Hospital did not; it was really on the basis of the concept of the Medicaid program's disproportionate share which has allowed it to be financially strong. This program reimbursed selected hospitals at three times the daily Medicaid rate for each Medicaid patient day.

FRIEDMAN: I'm talking back at Detroit Medical Center, though.

ROBERTS: Today they are losing again because disproportionate share disappeared. But what in essence was happening, certainly in large metropolitan areas, was that the Children's Hospital saw a great number of Medicaid patients and it was the service of those patients that benefitted from the concept of disproportionate share because they got that extra payment for each patient served. Now they've taken that excess away and Children's almost suffers the same as all the hospitals. But, by virtue of having built up the reserve of over \$400 million when that was available has allowed them to manage very nicely.

FRIEDMAN: You were at Detroit General for five years. Why did you choose to leave?

ROBERTS: The City of Detroit had its financial problems as well and that affected its ability to adequately and meaningfully support the hospital. By the same token, I keep pointing to these opportunities that present themselves. The opportunity that presented itself was to come to Louisiana, to manage Charity Hospital.

One of the things that Mayor Coleman Young¹⁵ did in Detroit that created a spark for me was to look to the state to help support the financial needs of the hospital. It was obvious that the real source of revenue was at the state level, not at the city level. Louisiana's Charity system was run by the state. So, it came to me that the state has the money; the state can support the hospital; maybe that's the place that I should be. That was one of the things that allowed me to think positively about coming to Louisiana to a state-operated system. Without a doubt, Louisiana when I came in 1977 was in good financial shape. Oil was at its peak at that time, and the state's revenue was at its peak.

FRIEDMAN: The governor at the time was?

ROBERTS: The governor at the time was Edwin Edwards¹⁶ and Moon Landrieu¹⁷ was mayor.

FRIEDMAN: Tell about your first week on the job at Charity.

¹⁵ Coleman A. Young (1918-1997) was elected in 1973 as the first African American mayor of Detroit. He served five terms as mayor.

¹⁶ Edwin W. Edwards (b. 1927), Democrat, was elected in 1972 to the first of four nonconsecutive terms as governor of Louisiana.

¹⁷ Maurice E. (Moon) Landrieu (b. 1930), Democrat, served as mayor of New Orleans from 1970 to 1978.

ROBERTS: One of the things that I found out was that while the State had the money, they did not necessarily release it as nicely as I thought they could and should. One of the things that was different here was the salaries that were available.

CONVERSATION DURING THE FIRST BREAK

FRIEDMAN: I first met Elliott at Charity Hospital. I had to weave my way through all of these sit-ins and there he was standing in front of that 15-foot portrait of Huey Long.¹⁸

CONNIE ROBERTS: That was the image that I remember the first time I met him, too. I'd heard so much about him and I thought, *this guy's probably going to be really tall and impressive*. Elliott never had enough room to sit at his desk because he likes to keep lots of stacks of paper, all little neat stacks. He had relocated his office to the conference room and he was sitting under that picture of Huey Long. He had all these little stacks of papers all up and down that 40-foot conference table. I've never seen the conference table quite as big as that one. At any rate, when I walked in and saw that little guy sitting under that big picture, I was kind of taken aback because I expected him to be at least as tall as Huey was.

FRIEDMAN: I think my first words to you, Elliott, when you finally made it in because you were negotiating with residents and unions and the police were outside and the whole bit. It was your first week on the job and I remember saying, "So how's it going so far?"

ROBERTS: It's going.

FRIEDMAN: It was going. If you ever saw the film, *Hospital*, you know at the end when the whole place is blowing up and George C. Scott turns and walks back into the hospital and the woman who was trying to get him to go away with her says, "Why?" He turns around and says, "Because somebody has to be responsible." He goes back and walks into this mess.



Elliott and Connie Roberts

INTERVIEW: PART 2

FRIEDMAN: What do you see as your most important accomplishments at Detroit Medical Center?

ROBERTS: When I accepted the position, in 1972, there were several objectives that the board had in mind. The first was to complete the transition and create the public benefit

¹⁸ Huey P. Long (1893-1935) was elected governor of Louisiana in 1928 and US senator in 1930. Known as 'The Kingfish,' Long championed the common man, built the state's infrastructure, including a major expansion of Louisiana State University, and was assassinated in 1935.

corporation separating the operation from the city. The second was to build the new hospital. The third was to become a part of the Medical Center.

As I left, in 1977, we had created the separate corporation and had the planning and the construction in place. We'd already become a part of the Medical Center. We were an integral part of the planning on an ongoing basis and were actively participating in that regard. Those were the three things that we had anticipated and they were accomplished or ongoing at the time I left.

FRIEDMAN: Now that the Medical Center has been sold to a for-profit corporation, how do you think it will fare?

ROBERTS: I was not aware that that had in fact occurred.

FRIEDMAN: Vanguard has purchased DMC.¹⁹

ROBERTS: I know they continued to have financial issues and it's not unusual.

FRIEDMAN: Certainly not with public sector hospitals. A lot of things have happened in Michigan and particularly in Wayne County since you were there. So, you go on to Charity. Tell me about your first week on the job.

ROBERTS: One of the things that was different was the level of pay of the employees at the hospital. Detroit was a union town. I recall that the lowest salary for the unskilled labor in Detroit was somewhere around \$10,000, for dietary workers, housekeepers. Here in Louisiana, it was just over half that. The Civil Service scale was less than minimum wage. That problem escalated right up through the hierarchy in terms of staff within the hospital. The way the system operated, Civil Service had the responsibility for establishing the compensation level of all job classes. It was up to the department, once Civil Service had made those decisions, to then apply that and the hospital had to pay the salary approved. It also needed to be in the budget. What had happened was that a decision had been made by Civil Service to raise the starting salaries for x-ray technicians in the hospital. But there was no budget allocation to pay that level. It was not up to me to do it. If it's not in the budget, the legislature has not approved it and it's up to the Governor's Office to decide how to handle situations like that.

What had happened was that when the announcement came out that it was done and when no action occurred, to satisfy the employees, the x-ray technicians decided *if they're not going to pay, we're not going to work*. They made that decision on a Friday afternoon at about 5 o'clock. The radiology service is a critical element of emergency service. If you don't have radiology techs with the trauma that we tended to experience in the ER, there was no way we could have an effective program. So, a concerted decision was made that we would need to close the ER for further admission because by 5 o'clock we were already overcrowded probably over 500 patients waiting. The waits in the ER would run more than 10 hours at best. Friday night was our busiest time.

This created quite a stir in the city in terms of the hospitals that then had to assume the responsibility for accepting our patients. More importantly, by Monday morning this created a ripple effect through the hospital because our majority unskilled labor – housekeepers and dietary

¹⁹ Vanguard Health Systems purchased The Detroit Medical Center in December 2010.

workers and the like – were concerned that if 20 or 30 x-ray technicians could cause this much of an uproar and their own numbers were many times that – that this was not fair. They then created a kind of a sit-in for me on Monday morning.

I was attending a staff meeting in Baton Rouge and I got a call that all of my staff were waiting for me to come back to explain how to deal with this mishmash in terms of decision making. That's what you found when you came.

FRIEDMAN: I forgot to mention that this all was happening in the middle of Mardi Gras just to make it even more interesting.

ROBERTS: The upshot was, and I say this and have repeated a number of times, that there is a value in having union representation because this was an opportunity to maximize the effective use of union leadership. When faced with a situation like this, it's possible and appropriate when there is an illegal work stoppage, you can terminate the employees who are involved. That was something that I did not want to do because they were aggrieved and they had a legitimate grievance. The issue was to get them to understand that they needed to step back and allow management to deal with the issue in a meaningful, appropriate way.

I met with the union leadership and indicated to them that I would be willing to take a look at salaries. By the way, the governor's office relented and agreed to pay the radiology techs the salary as recommended by Civil Service and that put that one to bed.

But then there was the inequity of the salaries of the rest of the staff that needed to be looked at and handled. By using the union leadership, I met with the individuals in small groups and with union representation. After I met with them, then the union met with them and clearly indicated to them that help was on the way. Change was coming, but it was going to take time and that they needed to go back to work and allow that to occur.



One of the individuals who was nicely responsible for making that happen was a lady that I know, who was in Human Resources at the time, my wife.

FRIEDMAN: What was Connie's job at the time?

CONNIE ROBERTS: I was a specialist in classification and pay and I was assigned to Charity Hospital to resolve this issue.

FRIEDMAN: You were with the State then?

CONNIE ROBERTS: Right.

FRIEDMAN: The Charity Hospital of Louisiana system as it was constituted at the time was unique in the United States for general hospitals. It had

been created by Huey Long and the idea was to have a number of state-run, state-controlled, state-funded hospitals throughout the state that would take all patients.

ROBERTS: It was and continues still today.

FRIEDMAN: What was it like working in a system like that? Granted you'd had the experience with Crownsville which was a state hospital. But the Charity system is a very interesting system.

ROBERTS: It was then and continues to be. There was only one other state that had anything close to it and that was Pennsylvania for a while in the coal mine area. Of course, in Hawaii, that system is a state governmentally-run system.

The good things are the uniformity of funding at the state level, along with giving individual patients within the state – no matter what parish, or county, they lived in – the entitlement to go. Moreover, within the Charity system, it was developed that the Tulane University Medical School and Louisiana State University Medical School and Charity Hospital became the tertiary backup source for the smaller hospitals that did not have the clinical resources to care for patients.

FRIEDMAN: You had a unique arrangement also in terms of teaching beds at Charity, that LSU and Tulane each had an equal number.

ROBERTS: Yes. The two schools shared equally in terms of access to patients. The way we did it was that one day an admission would be an LSU admission, we'd call that an 'L day.' The next day Tulane had responsibility for admissions and that became a 'T day.' That's how we separated the patients and allocated the patients across the board for each of the schools and the residents in training.

FRIEDMAN: You were at Charity the first time, where you met and married Connie, from 1977 to 1980. From everything I know about you, this was your most beloved hospital. Why did you leave?

ROBERTS: The state Charity Hospital System consisted of nine hospitals. Its operation was divided with eight hospitals reporting to an Assistant Secretary for the Office of Charity Hospitals and one Assistant Secretary for Charity Hospital at New Orleans. Both Assistant Secretaries were appointed by the Governor and reported to his Office.

FRIEDMAN: Now was that after the Department of Health?

ROBERTS: The Louisiana Department of Health and Human Services initially.

FRIEDMAN: But big Charity had a different arrangement.

ROBERTS: Big Charity's beds were larger than the sum total of the smaller hospitals. So, it sat as an office by itself. The Office of Hospitals had an assistant secretary who was responsible for those other 8 hospitals. The CEO for Charity Hospital reported directly to the Governor; it was a political appointment. So, when the Governor changed, many times the CEO for Charity changed. I was selected by Governor Edwards. The next governor came in and appointed a new

Secretary for the Department of Health and Human Services, through which Charity reported. He and I did not see eye-to-eye and I was terminated.

FRIEDMAN: Who was the new governor?

ROBERTS: Governor David Treen.²⁰

CONNIE ROBERTS: Who had already invited you to stay. You had an appointment and you were set for confirmation.

FRIEDMAN: But the secretary of DHHR George Fischer didn't see it that way.

ROBERTS: Correct.

FRIEDMAN: After you left Charity, you went on to Cook County Hospital at a time when the place was in complete crisis.

ROBERTS: When I was relieved of my position at Charity, I went looking not at Cook County, but to work with Hyatt Medical Management.

FRIEDMAN: This was Liston Witherill's company?

ROBERTS: Yes, it was Liston Witherill's outfit.²¹ I was offered this, "You can either accept the position with us or you can accept the position at the hospital." I said, "I think that I've had enough of public hospitals for a while. I think I'd like the consulting position." That's the one they offered me. That was in August. Lo and behold, in early fall I was approached by Mr. Witherill, who said, "Elliott, Bill Silverman²² (who was the CEO at Cook) is taking an early retirement. The County Board has asked us to have you assume the position of CEO at the hospital." I indicated that I was not interested and did not want to be the CEO at Cook County Hospital.

FRIEDMAN: The hospital was in a mess at the time.

ROBERTS: That's why they had the consultants there.

FRIEDMAN: There were threats of closure. The funding was inadequate. The county was fighting with the state and with the city of Chicago.

ROBERTS: That's because the previous public benefit corporation had really run itself in debt something awful. In the meantime, I was told by Liston, "You don't understand, the county is our client and our client wants you and we want to maintain the contract. So you will assume the responsibility."

²⁰ David C. Treen, Sr. (1928-2009), Republican, served as governor of Louisiana from 1980 to 1984.

²¹ Liston A. Witherill (b 1925) was a senior executive with Hyatt Medical Enterprises, and then the president of Nu-Med, Inc.

²² William J. Silverman (1916-2002) was director of Cook County Hospital from 1972 to 1981.

FRIEDMAN: An offer you couldn't refuse.

ROBERTS: One that I could not refuse. I said, "I will take it for a while, while you look for the CEO." Six months passed, and I approached Mr. Witherill again and said, "When are we going to find the replacement?" He said, "You *are* the replacement." When I went to see the president of the County Board he said, "You are, you have been, and you will be."

FRIEDMAN: Was that Dick Phelan?

ROBERTS: No, that was George Dunne.²³

FRIEDMAN: George Dunne was one of the most powerful politicians in the history of the City of Chicago and the County of Cook, and you didn't refuse his offers either.

ROBERTS: No, and I didn't. I lived happily ever after for the next four years.

FRIEDMAN: Tell me about your time there. Given the politics of Chicago and Cook County, and an old physical plant in trouble with the Joint Commission – I think it had been built in around 1912. You were there at a very interesting time.

ROBERTS: No question because we followed the Health and Hospitals Governing Commission and Jim Haughton²⁴ and they had been in place for almost ten years if I remember correctly.

FRIEDMAN: James Haughton, MD, was one of Cook County Hospital's more colorful CEO's.

ROBERTS: No question. As I said, the hospital was really in financial difficulty. The state, at the request of the county, abolished the Health and Hospitals Governing Commission. Because it was a state-constituted body, the corporate structure was abolished by the Legislature and the responsibility for the operation of the hospital was returned to the county. Once that happened, the county immediately levied a cigarette tax of five cents a pack, if I remember correctly. All of that money was dedicated to the operation of the hospital and we were smoking like stacks during those days. The money came in and before you knew it, there was more than enough money to operate the hospital. Quiet as it was kept, so much came in that they even were able to siphon some off to do some other things.

The financial ills of the hospital were nicely satisfied as the result of that decision by the County Board. It's fair to say that during the entire period that I was there, the availability of funding was not an issue. They had a unique way of handling hospital budgets. They did not consider vacancies as many governmental budgets do. Normally, if you have a hundred people and you have 20 vacancies, you'll fund the filled positions and not the vacant positions. Cook County funded 100 percent of all positions that were available.

FRIEDMAN: Including the ones who never showed up for work.

²³ George W. Dunne (1913-2006), Democrat, was president of the Cook County Board from 1969 to 1990.

²⁴ James G. Haughton, M.D., was executive director of the Health and Hospital Governing Commission in the '70s.

ROBERTS: That's right. The issue was, though, during the year, the operating budget for other activities in that line item would find that it would be insufficient. So, you'd go to the county, and the president of the board would sit with the department directors and look at what their needs were and move the money out of the salary category that was not used because the positions weren't filled to cover the shortfall in other expenses. The only problem was you had to go through these gyrations periodically to balance and to get the money that you needed where you wanted it.

But the other thing about the county was that the hospital was only a couple of miles away uptown, if you will, from the county building. Every purchase over \$10,000 had to be approved individually by the county commissioners. So every Monday when the commission met was spent in the halls of the chambers of the county commissioners reviewing all of the expenditures. That was the most trying part of the management role and responsibility that I found in that approach.

FRIEDMAN: You were one of the people, along with Commissioner John Stroger, who was later head of the county board, and Ruth Rothstein, and others who believed that a 1912 facility was not sufficient for the patients of Cook County. You were one of the early advocates for a new facility, were you not?

ROBERTS: We talked about it but there was never any positive movement to make that happen.

FRIEDMAN: It was many years before we got the new hospital.

ROBERTS: Yes. It's there now and it's absolutely beautiful.

FRIEDMAN: Now there's a fight over the old building which is also absolutely beautiful. The preservationists are adamant that it's not going to be torn down.

ROBERTS: We have the same thing in Louisiana with Charity Hospital. Watch and see – when the new hospital goes up, the issues and the questions and the discussion and the arguments about what to do with the old will continue into the millennia.

FRIEDMAN: You had an interesting time at Cook County. But, you came back to Charity. How did that happen?

ROBERTS: There were a number of things. My son graduated from LSU Medical School and I was there for his graduation. I happened to be talking to the dean of the medical school, who suggested, "You ought to come back to Louisiana." I said, "No, no, no, no, no, no." He said, "If you change your mind let me know." When Governor Edwards came back in, I happened to be talking again to someone and hinted that if certain conditions were met I might consider coming back. One of them was that I would not have to relate to another George Fischer, who was the gentleman who helped me out the first time. They agreed and I agreed to come back and, lo and behold, when I got here the first person I bumped into was George Fischer although he was no longer the Secretary of DHH. He was kind. I stayed for ten years through three changes in governorship.

FRIEDMAN: What were you able to accomplish the second time around?

ROBERTS: This was the highlight: having gone through the New York system, the Detroit system, and looking at Chicago that had been in and out of transition programs and corporate structures, I thought I'd try my hand again to develop a corporate structure here. After many attempts, with the help of both medical school chancellors, Dr. Perry Rigby, of LSU, and Dr. Vanselow of Tulane; sympathetic New Orleans legislators, Jon Johnson and Quentin Dastugue; the DHH Secretary David Ramsey, and reluctant support from the Governor, Buddy Roemer, we were able to create the Louisiana Healthcare Authority.²⁵ This was an attempt to separate the operation from the legislative restrictions that were binding it. That took almost four years under Governor Roemer's tenure.²⁶

Once in place, however, the leadership from the board level ran into some issues with the legislature which caused them to abolish that structure and transfer the responsibility to LSU. That transpired following the Roemer administration. My thought was that the leadership of LSU Medical School really only wanted Charity Hospital. It is important to know that the State had previously transferred Confederate Memorial Medical Center in Shreveport to the LSU Medical School. The operation was successful, sufficient to insist that the LSU System assume the responsibility for all of the Charity Hospitals. So, the legislature said, "Not one, but all," and transferred the entire system to LSU.

FRIEDMAN: Were there still eight other hospitals at the time?

CONNIE ROBERTS: Nine.

ROBERTS: Let me back up a second. Confederate Memorial in Shreveport had much earlier been transferred to LSU. It was a successful operation from everybody's perspective and it was the legislature's decision that, *well, maybe LSU can do this better*. As I said, LSU would have preferred to just have New Orleans Charity but the Legislature didn't want to break the system up. They gave LSU the entire kit and caboodle. LSU has managed, but it has been a struggle.

It was not what they envisioned by a long shot, but it allowed for stability. A lot of things have occurred, one of the biggest has been the whole information system portion. I always advocated, "Why don't we have one medical record for all the patients?" While we did not achieve that goal, we certainly had patient records in a single system where they can be retrieved. A patient can be tracked no matter which hospital he or she goes to.

FRIEDMAN: You were a bit ahead of your time on that weren't you?

ROBERTS: A bit.

FRIEDMAN: Now it's all the rage, but you were doing that 20 years ago.

²⁵ Perry G. Rigby, M.D., was acting dean and then dean of the Louisiana State University Medical Center-Shreveport School of Medicine from 1982 to 1985. Neal A. Vanselow, M.D., is chancellor-emeritus at Tulane Health Sciences Center. Quentin D. Dastugue is CEO of Property One and served multiple terms as a Louisiana state representative; David L. Ramsey (b. 1952) was secretary of the Louisiana Department of Health & Hospitals from 1988 to 1991.

²⁶ Charles E. Roemer, III, Republican, served as governor of Louisiana from 1988 to 1992.

ROBERTS: Trying to.

FRIEDMAN: You stayed for ten years and survived politically. What else would you say that you accomplished during those ten years at Charity, the second time? There's one thing that occurs to me, which was the increase in quality in education and training and the number of nurses which I know is something you've always been interested in.

ROBERTS: There are several things from a fiscal perspective. Through the National Association of Public Hospital's influence, we put pressure on the Health Care Financing Administration to write the regulations to allow the implementation of the concept of disproportionate share. Disproportionate share allows that a hospital treating an unusual number of uninsured patients and underinsured and Medicaid would get a supplemental payment on each day that they serve a Medicaid patient.

This was originally designed for the Medicare program. NAPH lobbied and made it applicable also to the Medicaid program patients. Louisiana did not jump on the bandwagon because of the concern that making more patients qualified was going to cost more money as the state's share of the federal reimbursement increased. They delayed participation for a long while. Once they did, they jumped in with both feet because they found a technicality in the legislation which allowed them to compound the amount that the feds would pay. They did this to the extent that if a patient day was \$600, the disproportionate share would pay three times that. So, you got a basic payment of \$600 and the feds kicked in another \$1,800.

At Charity Hospital, my budget was \$300 million and we were getting an extra \$300 million in disproportionate share monies. The State transferred this to the general fund and made it available for other health programs, not the least of which was nursing homes and mental health programs.

As an example, Children's Hospital has benefitted from this to the tune of \$400 million dollars. The difference between Children's and Charity was that Children's, as a private hospital, was able to keep the money that it received. Charity Hospital's money went back into the general fund and was spent away.

FRIEDMAN: Just in the interest of disclosure, you're a trustee of Children's Hospital.

ROBERTS: Yes. When the State acquired Hotel Dieu, one of the things the Governor said is we could pay cash for it – just like that – from the disproportionate share money; \$72 million dollars.

FRIEDMAN: So you got the hospital's fiscal house in order.

ROBERTS: I got the fiscal house in order and created the Healthcare Authority, which pulled the hospital out from under the State and gave it the flexibility to operate. It did for a while. That was not a simple task. I would say also that during my tenure, the relationship between the two schools ran smooth as punch.

FRIEDMAN: You also increased the caliber of nursing at the hospital.

ROBERTS: That was another big thing. One of the things that had always been at issue was how, with limited resources, the hospitals could continue to train the staff that they employed. One of the things that happened under my tenure was the transferring of many of those educational programs from the hospital to Delgado Community College, not the least of which was nursing.

CONVERSATION DURING THE SECOND BREAK

CONNIE ROBERTS: Elliott, that money wasn't just going for health expenditures, it was going into the general fund.

FRIEDMAN: I don't know of any state that only spent it on health care.

CONNIE ROBERTS: No, they didn't spend it on health care. If they would've spent it on health care, we could have our new hospital; we could have paid for it. But the numbers are probably not that important.

ROBERTS: It didn't come back to Charity, that's the important thing. It went in the general fund.

INTERVIEW: PART 3

ROBERTS: Nursing was always a critical issue. One of the things that we had as an advantage was the nursing school. It was a three-year diploma program. One of the things that we did was to transfer the Charity School of Nursing to Delgado, the community college where the program was modified into a two year associate degree program. For the students, moving from a two-year AD program at the community college to a four-year baccalaureate degree was much easier than moving from a hospital diploma program. So this provided two advantages: it accelerated the production of nurses by one year, plus it gave them an easier access to the four-year program at the collegiate level. That's been a very successful change.

FRIEDMAN: Charity got horribly damaged by Katrina. Could you fill us in on what the situation is now?

ROBERTS: Anything that I say will be secondhand because I was not directly involved in it. The one thing that I was involved with after the storm was that I was privileged to be asked by the Hospital Administrators Study Society to look at the conditions after the storm in Louisiana with those hospitals that did in fact survive. I interviewed the CEO of Charity as well as Ochsner, East and West Jeff and Touro and Children's.²⁷ I did prepare a document relative to that. On the Charity side, there was concern about the method and the approach in terms of rescuing and evacuating, in terms of resources. There was a delay in that regard. But everybody was caught unaware and finally were able to get all the patients out.

FRIEDMAN: Charity lost no patients.

²⁷ The other nearby hospitals referred to are: Ochsner Medical Center (New Orleans), East Jefferson General Hospital (Metairie), West Jefferson Medical Center (Marrero), Touro Infirmary (New Orleans), and Children's Hospital (New Orleans).

ROBERTS: No. But then there was the issue as to what would happen with the hospital from this point on.

FRIEDMAN: When was the current physical plant built?

ROBERTS: 1933, 1935, somewhere in that area.

FRIEDMAN: We're talking about an old physical plant in any case.

ROBERTS: Oh, there's no question. It was inundated on the first floor and basement. All the utilities were there and that was the big issue. There was a continued disagreement among the powers that be and those that had the responsibility for assessing the damage as to whether or not it could be salvaged.

They recognized that it would be difficult. It was old and the upper structure's still there but full of asbestos and the design itself would present a shortfall in terms of modern architecture of hospitals today. They finally decided to go ahead with the new plan and they're in the process now. There's a very large area that's been cleared for both the VA and LSU to replace the Charity system.

FRIEDMAN: Will this be a public hospital?

ROBERTS: Yes. Remember after the storm, many Washington discussions took place. Early on it was suggested that the VA and LSU do something combined to share resources. That is now what's finally coming into place. The VA has long since had its resources and was ready to go. With Charity, it's a question of going through machinations of the state along with dealing with the local historical society and a whole host of others who felt that they had an interest because of the amount of property that was needed and the question related to destroying landmarks that multiple delays have occurred. Even now there's a delay having to do with the records of the city, which were destroyed, which affects being able to validate who owned what property and how to effect transfers. That issue, while it was impacting the private real estate market, also impacted the planning for the LSU system. I think it's easing now. I don't know whether it's completed but that was an issue. The monies are there and the work is in progress. I think we're going to see a couple of years before it's in place, but it's on its way.

FRIEDMAN: How were you able to cope emotionally with the hospital being flooded?

ROBERTS: Well, for me emotions on things like this, I take in stride. It hurt but, of course, that's mother nature.

FRIEDMAN: There was so much else going on.

ROBERTS: Then and now.

FRIEDMAN: You ended your tenure at Charity in 1994. Did you just think it was time to retire? Or by then had you had enough of public hospital administration?

ROBERTS: Upon leaving Charity, I went over to the medical school and helped establish the School of Public Health and stayed there full time for three years. I have been there ever since

on a part-time basis after my official retirement from full time state service in 1997. It's been a satisfying gradual reduction in commitments on a day-to-day basis.

FRIEDMAN: Given that you were one of the most highly esteemed and decorated and honored health administrators in the United States, you keep saying that these jobs landed in your lap or on your head. But you never went back to the private sector. You must have had offers. Did you just feel that the public sector was your mission?

ROBERTS: There were a couple, but never in what I would call the true private sector – Howard University, University of Colorado, City of Denver, leadership at the New York City Health and Hospital Corporation. But no Presbyterian or --

FRIEDMAN: None of the private hospitals that would have been on the level that you would have been interested in running.

ROBERTS: No.

FRIEDMAN: Let's talk a bit about your teaching.

ROBERTS: Public hospitals usually have a relationship with a medical school and the university. It was usually a case of being invited to teach when in those situations. When I was in Harlem, Columbia University was the affiliating university. The relationship, because of the contract with the city, the interface with the dean and all the medical school, allowed me access to the university, and so the appointment was routine.

Same thing when I was in Detroit. We had the affiliation with Wayne State and the University of Michigan was an add-on because Wayne did not have a program in health care administration, but the University of Michigan did. When I was in New York, NYU invited me. In Chicago, it was Governors State.

FRIEDMAN: It's quite a list: Columbia, NYU, Baylor, Wayne State, University of Michigan, LSU, Governors State, Tulane, Washington University and Xavier.

ROBERTS: One of my buddies from Morgan was an instructor at Baylor and invited me to come as a visiting lecturer.

FRIEDMAN: Do you enjoy your teaching?

ROBERTS: Oh yes. Always.

FRIEDMAN: I would ask you the same question that I'd asked about your career in administration. Did you have many minority colleagues in these various teaching settings?

ROBERTS: Oh yes. They're there without a doubt. When I first went in the field, there were a handful of us, but today it's hard to go into a hospital and not find a minority among the staff. One of the nice things, too, is that as the field has exploded, there've been multiple opportunities. It's not just administering the hospital, but the ambulatory care settings and a whole host of other positions that have evolved.

FRIEDMAN: African Americans particularly tend to be very much underrepresented in the executive suite outside of the public sector. Do you think the obstacles are easing?

ROBERTS: You'd probably be hard-pressed to not find minorities throughout the organization, across the board. They're certainly out there in numbers. Reading a report from the American College²⁸ the other day it was revealed that while they're there, the salaries still leave something to be desired. But, I think it's moved a great deal in a positive direction. I can count on one hand the ones that have definitely achieved and it certainly is an example that there's progress; but, this is an evolutionary issue and I think it will change positively in time.

FRIEDMAN: Do you feel that health administration is still a good career for young minority aspirants?

ROBERTS: Oh, yes, without a doubt.

FRIEDMAN: What would your advice be to them in terms of preparing to get into the field?

ROBERTS: One of the things that I would also say is that certainly when I came along the idea was to be a CEO. In those days you were talking about a hospital. It might be 100 beds, 200 beds, 300 beds. But today we have systems. The idea is to get into the management stream, which is a critical issue. I'm certain that it's not as easy, certainly, to get up to the system level. But, if one starts at the ground level with the appropriate training and background, and has patience, and brings the skills that it takes to move up, one can find great satisfaction and rewards in the field.

FRIEDMAN: It is true that there is now a woman as CEO of Premier, and both Catholic Healthcare West and Catholic Health Initiatives have African American CEOs.

ROBERTS: That's what I'm saying because those are not small systems.

FRIEDMAN: I know you are a person of great modesty. You were one of the first inductees into the *Modern Healthcare* magazine Healthcare Hall of Fame. You were in the National Association of Health Service Executives Hall of Fame and awarded the prestigious Distinguished Alumni Award from your graduate school, George Washington University. You've won just about every award and honor that a person in your profession can win. How do you feel about all that?

ROBERTS: I am not certain that I deserve it.

FRIEDMAN: You have been not just a role model, but a beloved role model. Is it how you were raised?

ROBERTS: There's no question that my mother had an awful lot to do with it and my dad as well.

FRIEDMAN: So you were just raised that modesty was a virtue.

²⁸ American College of Healthcare Executives

ROBERTS: No question.

FRIEDMAN: What do you think has been your most important professional contribution or what you'd like to be remembered for?

ROBERTS: I think the mentoring was a big piece. The participation with the Institute for Diversity.²⁹ When I look around now and see the many youngsters coming up, with so much potential, it is certainly gratifying and satisfying, and to think I had a part in it.

FRIEDMAN: Tell me a bit about your personal life. How long have you and Connie have been married? And what your kids are up to.

ROBERTS: We've been married 30 years and have ten children and 25 grandchildren. All are alive and well and healthy. Start on Connie's side. Beth, the youngest daughter, is an attorney. Her husband's a Ph.D. microbiologist, professor at Tulane University Medical School. They have five children. Gene, the oldest son, has eight and he's a lobbyist in Baton Rouge and executive director of LA Family Forum, which deals with public policy related to the family. Christopher has a Ph.D. in neuroscience, trained here at LSU Med School, and is now teaching at Delgado Community College, primarily students in the nursing program which I transferred to that School. Phil is a manager of a system of storage facilities here in Mandeville. Lisa is an accountant, has three children and works at Tulane Medical School.

CONNIE ROBERTS: I think you've covered mine and then you have yours.

ROBERTS: My oldest son, Elliott, is a physician trained at LSU in OB/GYN and is currently faculty at Meharry Medical College, in the Department of Obstetrics. Jay is a Tulane graduate in performing arts, and is a movie producer in Hollywood. Charles is a graduate of the University of Illinois and Northwestern with a double masters in family planning and labor relations. Sondra has a degree in communications from Northwestern; she has a family of four girls. Erroll graduated from the Maryland Institute of Art and his specialty is animation in computer games.

CONNIE ROBERTS: Our 25 grandchildren are now growing up and doing great things.

FRIEDMAN: Is there anything else that you would like to add to this history that I have failed to ask you that you have thought of?

ROBERTS: I think you fairly well covered it. Nothing that I can think of at the moment. I will probably after we will have closed down. I thank you for this opportunity to share.

²⁹ The Institute for Diversity in Health Management was founded in 1994 by the American Hospital Association, the American College of Healthcare Executives, and the National Association of Health Services Executives.

CHRONOLOGY

- 1927 Born January 20, Baltimore, MD
- 1946-1963 U.S. Army
1946-1947 Noncommissioned
1951-1953 Commissioned officer
1953-1966 Reserves; final rank Captain
- 1951 Morgan State College, Baltimore, MD
Bachelor of Science, Business Administration
- 1956 Married to Shirley Dandridge of Baltimore, MD
Children: Elliott Clifton, Jr. (1957), Jay Timothy (1959), Charles Patrick (1965),
Sondra Lynn (1967), and Erroll Anthony (1969)
- 1953-1960 Provident Hospital, Baltimore, MD
1953-1958 Business Manager
1958-1960 Assistant Administrator
- 1960-1965 Crownsville State Hospital, Crownsville, MD
1960-1962 Chief accountant
1962-1965 Assistant Superintendent
- 1963 George Washington University, Washington, DC
Master of Arts, Business Administration-Hospital Administration
- 1965-1969 Mercy Douglass Hospital, Philadelphia, PA
Executive Director
- 1969-1972 Harlem Hospital Center, NY
Executive Director
- 1970-1972 Columbia University School of Public Health and Administrative Medicine, New
York, NY
Adjunct Professor
- 1971-1972 New York University Graduate School of Public Administration, New York, NY
Adjunct Professor
- 1972-1975 United States Army – Baylor University (Fort Sam Houston, Texas)
Guest Lecturer
- 1972-1977 Detroit General Hospital, MI
Commissioner of Hospitals / Executive Director
- 1973-1977 Wayne State University Medical School
Adjunct Professor

1974-1977 University of Michigan, School of Public Health
Guest Lecturer

1977-1980 Charity Hospital / Medical Center at New Orleans
Chief Executive Officer

1977-present Louisiana State University Medical School, Department of Public Health and
Preventive Medicine
1977-1980 Assistant Professor
1984-1994 Assistant Professor
1994-present Professor

1979 Dimplex Associates
Consultant: *Evaluation Rural Health Project: Ghana, West Africa*

1980 Hyatt Medical Management Services, Inc.
Vice President / Associate Project Director

1980-1984 Cook County Hospital, Chicago, Illinois

1983 Governors State University, School of Health Professions
Preceptor / Administration internship field experience

1984 Married to Connie Moory of Opelousas. LA
Stepchildren: Elizabeth (1966), Eugene (1963), Christopher (1968), Philip (1970),
Lisa (1964)

1984-1994 Charity Hospital / Medical Center at New Orleans
Chief Executive Officer

1985-present Tulane University School of Public Health and Tropical Medicine
1985-1991 Preceptor
1993-present Adjunct Professor

1988 Washington University School of Medicine
Preceptor

1993-present Xavier University, College of Pharmacy
Professor

MEMBERSHIPS AND AFFILIATIONS

American College of Healthcare Executives
Fellow

American Hospital Association
Delegate at Large
Board Committee on Health Care for the Disadvantaged
Board of Trustees
Chair, Section for Metropolitan Hospitals
Council on Federal Relations
Governing Council
Nominating Committee

American Society of Mental Hospital Business Administrators
Member

Association of American Medical Colleges / Council on Teaching Hospitals
Assembly on Delegates

The Blood Center
Chair, Board
Member, Executive Committee
Member, Finance Committee

Comprehensive Health Planning Council of Southeastern Michigan
Chair, Subcommittee on Finance
Member, Executive Committee
Member, Mayor's Task Force on Emergency Health Care

Chicago Health Systems Agency
Member, Plan Development & Special Studies Committee

Chicago Hospital Council
Committee on Policy Analysis

Children's Hospital
Member, Board
Member, Executive Committee
Member, Finance Committee

Comprehensive Health Planning Council of S.E. Michigan – Mayor's Task Force on Emergency Health Care
Member

Detroit Medical Center Corporation
Chair, Administrator's Commission
Member, Advisory Committee

Detroit Rotary Club
Member

Executive Club of Chicago
Member

Greater Detroit Area Hospital Council
Member, Board
Member, Executive Committee
Member, Planning Committee

Greater New York Hospital Association
Member

Greater Philadelphia Community Development Corporation
Member

Harlem Business Men's Club
Member

Health and Hospital Corporation
President, Chief Executive Officers Council

Illinois Hospital Association
Member, Board
Member, Conference on Teaching Hospitals

Institute of Medicine
Member, Steering Committee for Design of Two-Year Study of Nursing Education
Member, Study on Adequacy of Nurse Staffing
Member, Study on Nursing and Nursing Education: Public Policies and Private Actions

Jefferson Medical College Neighborhood Health Center
Member, Advisory Committee

Job Loan Corporation
Member, Board
Member, Executive Committee

Louisiana Department of Health and Hospitals, Task Force on Indigent Medical Care and the
Charity Hospital System
Member

Louisiana Health Care Review, QIO/PSRO/ eQHealth Solutions
Chair, Board

Louisiana Hospital Association
Chair, Board

Chair, Council on Finance
Chair, Council on Planning
Secretary/Treasurer

Medical Center of Louisiana Foundation
Member, Board

Metropolitan Hospital Council of New Orleans
Chair, Health Care Policy Committee
Member, Board
Treasurer

Michigan Hospital Association
Chair, Subcommittee on Finance
Member, Governmental Regulations Commission

National Association of Health Care Service Executives
Member

National Association of Public Hospitals
Chair, Board
Member, Board
Member, Executive Committee

National Research Council
Member, Assembly of Life Sciences Committee to Study Biomedical Research in VA
Hospital

New Detroit, Inc.
Member, Health Committee

New York Bank for Savings, 135th Street Branch
Member, Advisory Board

Nicetown-Tioga Neighborhood Family Health Center
Member, Board

NOA/Bayou River Health Systems Agency
Chair, Bylaws committee
Chair, Criteria & Standards Task Force
Member, Board
Member, Plan Implementation Committee
President Elect
Vice President

NYCHHC Chief Executive Officers Council
President
Member

Philadelphia OIC Industrial Advisory Council
Member

Prospective Payment Assessment Commission
Member

State of Pennsylvania Advisory Health Board
Member

U.S. Department of Health, Education and Welfare / Department of Health & Human Services
Member, National Center for Nursing Care Technology Assessment, Health Care Study
Section
Member, National Center for Nursing Research, Priority Expert Panel on Information
Systems
Member, Secretary's Commission on Nursing
Special Consultant, National Institute of Neurological and Communicative Disorders and
Stroke

West Philadelphia Chamber of Commerce
Member
Second vice president, Board

West Philadelphia Mental Health Consortium
Member, Board
Vice president, Board

AWARDS AND HONORS

- 2007 Health Care Hall of Fame, National Association of Health Services Executives
 - 2007 Allen Coppin Award for Excellence in Teaching, Louisiana State University, Health Science Center, School of Public Health
 - 2006 Delta Omega induction, Louisiana State University, Health Science Center, School of Public Health
 - 2001 25 Top Players, Modern Healthcare
 - 2000 Distinguished Alumni Award, The George Washington University
 - 1998 Healthcare Hall of Fame, Modern Healthcare
 - 1993 Award of Honor, American Hospital Association
 - 1993 President's Award, National Association of Health Services Executives
 - 1982 Outstanding Alumni Award, George Washington University /Hospital Administration Alumni Association
- Who's Who in America
- Who's Who in Black America

SELECTED PUBLICATIONS

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