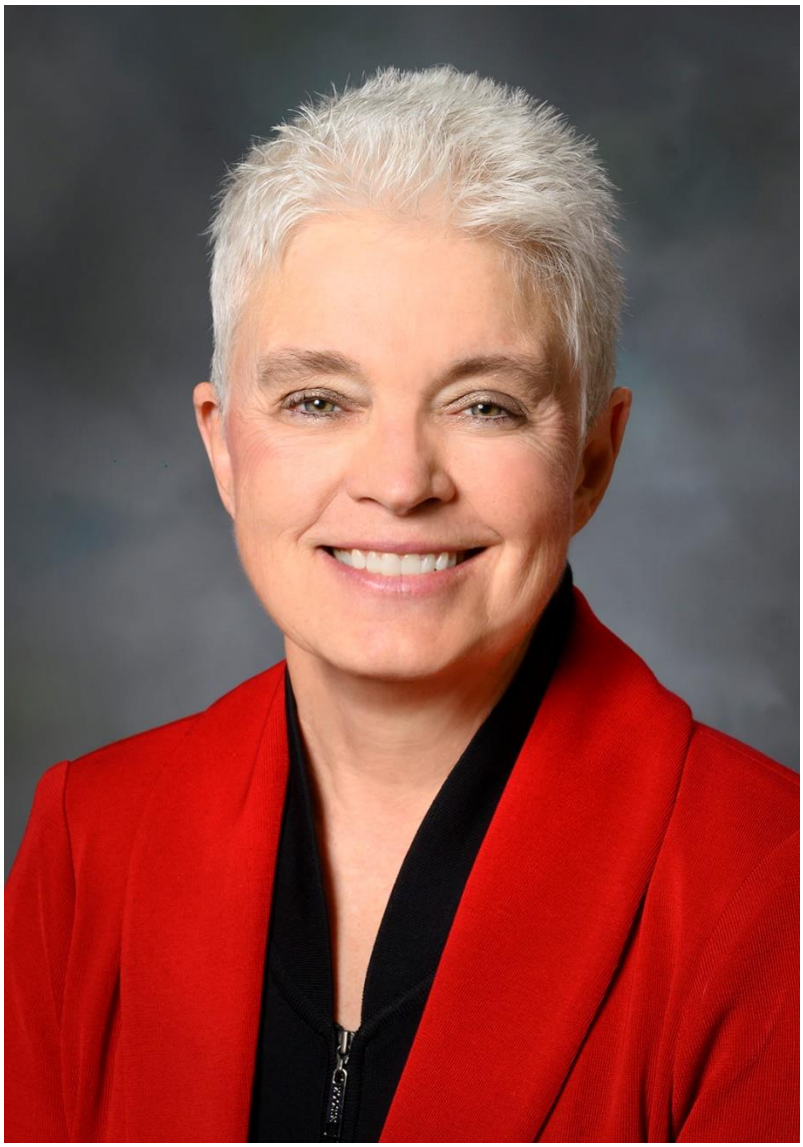

MELINDA L. ESTES, M.D.
In First Person: An Oral History

American Hospital Association

2024

HOSPITAL ADMINISTRATION ORAL HISTORY COLLECTION

MELINDA L. ESTES, M.D.

In First Person: An Oral History

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EDITED TRANSCRIPT

OF A VIRTUAL INTERVIEW

KIM GARBER: Today is September 12, 2024. My name is Kim Garber and I'm going to be interviewing Dr. Melinda Estes, who served in leadership at the Cleveland Clinic, Fletcher Allen Health Care in Burlington, Vt., and most recently at Saint Luke's Health System in Kansas City, Mo. Dr. Estes is board certified in adult neurology and pathology, with a special competence in neuropathology. Besides clinical practice and the management of leading health facilities, Dr. Estes has also found time for teaching, research and volunteer activities. She served as board chair of the American Hospital Association in 2020, which was during the COVID-19 pandemic. Mindy, it's great to meet you and talk with you today.

DR. MELINDA ESTES: Thanks, Kim.

GARBER: In this interview, we're going to follow your life in chronological order for the most part. Your parents were both college graduates — your mother earned a B.S. in chemistry and your father a graduate degree in psychology. How did your parents influence your character development?

ESTES: My dad was a career military officer who had two degrees in psychology, one earned before World War II and one after the war. My mom grew up in rural West Virginia, in Parkersburg. She was the first in her family to go to college, went across the river to Marietta College in Marietta, Ohio. She received a bachelor's degree in chemistry and moved to Chicago during World War II to work for the Staley Company, where she worked on a number of products to support the war effort.

My parents told me the sky's the limit — if you put your mind to it and are willing to work hard and recognize you can never do it alone. At the end of the day you need the help of others as well as making your own luck.

GARBER: Did your father serve in combat?

ESTES: He did. My dad went off to World War II, was a survivor of the Battle of the Bulge, and subsequently continued in the war effort. He came back to the U.S., was called up for the Korean War, was sent into combat. He decided he would stay in the military until he had enough years to retire. He did two tours of duty in Vietnam, working in the Psychological Operations side of the military. He taught for a long time at the Special Forces School at Fort Bragg. He was in combat and very much involved in how the U.S. carries its message on the battlefield into areas touched by war.

GARBER: What drew him to the service initially?

ESTES: Like many young men at the age of 19 or 20 at the time, he signed up. He was with a tank battalion in Europe, which is why he happened to be in the Battle of the Bulge. He was drawn to the military for patriotic reasons — to ensure the survival of democracy to defeat Hitler's war effort. Like many others, when he left the military he was still on the rolls and was later called up for Korea. My dad believed in this country. He believed it was his duty to give back. He was a

scholar, a family man and a true patriot.

We shouldn't sell short the burden, sacrifice and help provided by military spouses. My dad was a colonel in the military and there was a lot going on at the base. There were a lot of young soldiers, a lot of young wives and a lot of young families. My mom was always a social chairman. She supported not only my father but all the various folks who made up this community at the base.

GARBER: Who helped support your mother? Were your grandparents able to help in raising you?

ESTES: We moved around a lot which was unusual for the time. We weren't anywhere near Parkersburg, West Virginia, for the most part, but my mom came from a tight-knit family. My grandmother died when I was very young but we were fortunate to be stationed in Hawaii for five years. My grandfather would come and stay for six months. He was instrumental in supporting my mom and me.

My mother was one of those people who made friends wherever she was. She was a giving person. She never failed to recognize when somebody needed a pat on the back or somebody needed supper brought over. She had a wide social circle. You could not call her before nine o'clock in the morning unless it was an emergency, though!

GARBER: Were you an only child?

ESTES: I was an only child and both my parents were only children. We moved around a lot and as an only child, one of the downsides is you're always the new kid. You don't have a ready-made group of brothers and sisters you can tackle a new school or a new club or a new whatever with.

My dad taught at the Special Forces School at Fort Bragg. My mom and dad entertained people from all over the world. I grew up with adults. Every weekend there would be adults. I was welcomed, didn't have to go sit at the back and, of course, there were no electronics. I was right there talking to people, learning from all over the world. I grew up being comfortable talking with adults from all walks of life and all cultural backgrounds. I had a rich childhood.

GARBER: Do you consider Memphis to be your home town?

ESTES: No, Memphis is just where I was born. My home state is Texas. My mom and I moved to Victoria, Texas, when I was a sophomore in high school when my dad went off for his first tour of duty in Vietnam because my dad knew he wanted to come back to Texas and retire there. My dad wanted to be near multiple military bases. I went to high school and college in Texas. When my dad came back from his second tour of duty in Vietnam, my parents moved to San Antonio and he taught at San Antonio College well into his seventies.

GARBER: Did you live in any cities where there were segregated facilities?

ESTES: Probably. I don't recall it being an issue, in part because a good deal of the time we lived on military bases. I don't recall living anywhere where I noticed segregation. I don't recall

my parents talking much about it either.

GARBER: Where did you go to high school?

ESTES: I went to Victoria High School in Victoria, Texas. Victoria is a few miles inland from the Texas Gulf Coast between Houston and Corpus Christi.

GARBER: During this time, you were considering a career as a concert bassoonist.

ESTES: Yes. My dad was an accomplished clarinetist and saxophonist. When I was a small child, my dad played almost every Saturday night in a dance band. My mom and I would go. I took piano from a very young age.

Then, in middle school, I started to play flute. My dad loved the flute. Fred Junkin, the band director at Victoria High School, who made a big impression in my life, said to me, "You know, Mindy, we have too many flute players. We need a bassoonist." I knew very little about bassoons. My mindset always is, though, if something is a challenge, I will take it on. The bassoon is an interesting instrument to play. When my dad was home, he drove me from Victoria to San Antonio on Saturdays for bassoon lessons. Ultimately, I was in the All-State Texas Orchestra and Band and went on to Sam Houston State University on a music scholarship with every intention of becoming a concert bassoonist.

GARBER: Bassoons are a tough instrument if you want to be in the marching band.

ESTES: Actually, I marched with a bassoon quite a bit. Not every football field in Texas is of the quality they are today — you'd hit a rut and the bassoon would just fly out. So, I played the cymbals for quite a while in marching band.

GARBER: Did you have an aptitude for music and mathematics? Or were you a good student all-around?

ESTES: I was a good student all-around. When I got to college, I realized music is about 90% hard work and 10% talent. If you don't have the full 10% of talent, there is no way you can work harder to compensate for it. My goal of being a concert bassoonist was unlikely. There are very few concert bassoonists in orchestras in the entire world. After my freshman year in college, I made a pivot.

I continue to love music. I love opera. I have very fond memories of every Saturday afternoon most of the year, listening to the radio performances Live from the Met with my dad, and my parents were long-time devotees of the Houston Grand Opera and would make the trek from San Antonio to Houston. Music is still a part of my life, although not as I thought it would be.

GARBER: Do you still play?

ESTES: I've recently retired. I have a bassoon and I got it out of the closet, which is step one!

GARBER: You were in high school and college during the Vietnam War period. Were you

involved in political activism?

ESTES: No. The Vietnam War, of course, was very close to home for me and for my mother. My father did two tours of duty in Vietnam. His specialty was Psy Ops. My father would talk freely about the Battle of the Bulge in World War II, would talk a little about Korea, but would never talk about Vietnam. We knew he was in Vietnam. We didn't know where he was in Vietnam. During the war, my mother expected me to be home and my mother expected me to sit with her while she turned on the TV and we watched the CBS Evening News with Walter Cronkite and Dan Rather. At the time I didn't realize why. It was because my mother was hoping she'd see my father in the background.

We saw the protests and the activism going on. I was certainly aware of it but what I was most aware of was that my father was somewhere in a situation which probably wasn't very favorable.

GARBER: You went to college at Sam Houston University, Huntsville, Texas, which is about an hour north of Houston. What influenced your choice?

ESTES: Sam Houston has always had a well-known and respected music program. I needed to stay in the state because of the cost of education which, at the time, was inexpensive in Texas. Being children of the Great Depression, my parents didn't want to take on a huge amount of debt for college. I had a scholarship for the music program at Sam Houston.

GARBER: What happened after your freshman year?

ESTES: When I decided not to pursue a music major, I remember talking with both my parents and in particular to my dad. I said, "I think what I'd really like to do is get an undergraduate degree in history and then go up to Bryn Mawr or Smith to get a graduate degree in Russian studies." My dad said, "Why?" I talked about the rich history. I talked about the Soviet Union. I talked about all of those things.

"Absolutely not," he said. "First of all, you'd never get employed. Second of all, why would you go off to Russia to study — which you will ultimately have to do." I said, "Well, yes, I want to learn Russian and I need to go to the source." He said, "Absolutely not."

My dad was a career military officer. My dad was involved in propaganda and my dad was a product of the Cold War. It was the sternest piece of advice he ever gave me and it probably was the best piece of advice he ever gave me, because he said, "Go do something which you know you can make a living at and which you know you'll have options in." I was always a good student. I thought, "Well, I'll go to medical school." I was an *accidental* medical student.

GARBER: What percent of medical students would you suspect are accidental medical students?

ESTES: When I went to medical school, it had to be less than 10%. Most of the people I encountered had medical professionals in their family or had a mentor who was a medical professional. I showed up at the door on day one and walked into the anatomy laboratory really not knowing what to expect.

GARBER: You did go on to medical school at University of Texas Medical Branch. Was there anything surprising about medical school?

ESTES: I can't say I was surprised but unless you have somebody who's been through medical school in your family you don't really know what to expect. It's a lot of hard work. It's intense. At the time, the first couple of years had very little clinical work. Today, students are introduced earlier to patients and to the work they will be doing. We did basically two years of classroom and laboratory work.

It was designed to see who was serious. It was fast paced. The University of Texas Medical Branch (UTMB) is in Galveston, Texas. It's the oldest medical school in Texas, founded in the late 1800s. It had a class of about 200 when I started.

There were 50 women in the class, which was unheard of — and which was often ascribed to being because the head of the admissions committee was one of the few tenured professors who was a woman at UTMB. She let in a lot of women. We had a classful of a lot of women.

We had a great community. Galveston is a small town an hour and a half from Houston. There were other things to do in Galveston but the real reason you were there was to go to medical school. We had a great community. I was surprised because medical school is competitive. People want to do well but we had a good time and we had a lot of folks who remained colleagues and friends for a lifetime.

GARBER: Did you have a calling for medicine as a young person?

ESTES: I don't know if it was a calling but I loved it. As serendipitous as this choice was, I really liked it and found it exciting. I found it interesting. I thought, "This is what I'm going to do with my life."

Some people in the class walked in on day one and they knew they were going to be a surgeon or they knew they were going to be a pediatrician. I really didn't know what I was going to do. There were a number of folks who suggested specialties which might be suitable for women but the women in my class did everything from neurosurgery to surgery to urology to pathology to neurology, specialties which were not traditionally thought of for women.

GARBER: Your internship was at Baylor and then your residency was at University of Texas Medical Branch. What got you interested in neurology?

ESTES: Mentorship is important. During the first two-year period when we didn't have much clinical work, we did have neurology. Dr. John Calverley was the Chair of the Department of Neurology. Dr. Calverley would come in on Fridays and bring a patient. Dr. Calverley would interview the patient and we would get to ask questions of the patient. We would figure out what the history and the physical exam were telling us. He was a tremendous teacher.

He was also one of those physicians who had a mix of both the science of medicine and the art of medicine. We didn't have CT scans, we didn't have MRIs, we didn't have any of those things which have made the practice of medicine in general and the practice of neurology specifically so much different and so much better today because we can peer into your cranial

cavity. We can look at your spinal cord. We couldn't do those things at the time, except by injecting air and doing things which were just awful.

I was struck by the art of neurology and how the history and the physical exam were intertwined. This made me decide to be a neurologist. When I was a fourth-year medical student, I did a lot of neurology electives. I did some around the country. I did one in Denver. I did one in San Antonio, in Houston and more neurology in Galveston. In neurology you needed to do a year of internal medicine which I did in Dallas at Baylor and then returned to UTMB and did a neurology residency.

GARBER: Before high-tech scanners became available neurologists were injecting air — into what?

ESTES: Into the spinal cord, into the cerebrospinal fluid, to create an air fluid barrier to see if there was a tumor or something pushing on a particular space inside the brain. It was horrific for the patient. There was a little bit of sonography, there was EEG, there was plain x-ray. It was a different time. Just as I finished my neurology residency, we got the first CT scanner at UTMB and it was very slow. If the patient moved at all, it was difficult to get a good image, but you could see things you never thought you could see. It was the beginning of a revolution in medicine in general and in neurology in particular.

GARBER: What an exciting time for you and your fellow students!

ESTES: It was amazing.

GARBER: During your residency you became chief resident. What does being chief resident mean?

ESTES: Chief resident means you're spending another year and you're doing a lot of teaching. Neurology was a required rotation. You're doing a lot of administration — running the call schedule, who does what where.

You have the opportunity to spend a little more time thinking about scholarly pursuits, whether it's teaching or research. It gives you an extra bit of time to grow in your own medical practice and medical knowledge. It gives you a taste of the administrative side of medicine.

GARBER: How did you become chief resident?

ESTES: Dr. Calverley asked me. Probably it was because I was a pretty good resident.

GARBER: Did you ever consider becoming a neurosurgeon?

ESTES: I did not. I did a rotation in neuropathology when I was in my neurology residency. It was a required rotation. I ended up doing six months instead of three months because I had a neck injury. I needed a little bit of light duty to let my neck heal. I really loved neuropathology. With neuropathology you get to teach your colleagues. Autopsies were prevalent then and we would do the autopsies of the brain. We would do brain cutting once a week and trace the path of disease and try to tie what we saw from a pathologic perspective to how the patient presented in

signs and symptoms.

As the neurosurgeons began to do more things and take more specimens intra-operatively, you would go to the operating room, to the pathology suite, and actually look at what was sent to the pathologists during surgery, which would guide the neurosurgeon in terms of: Is this a tumor? Is this blood? Is this a scar? Those sorts of things. I really liked it. I went on and then did a neuropathology fellowship and a pediatric neuropathology fellowship.

GARBER: Are there changes which have come about in residency training?

ESTES: I graduated from medical school in 1978. There have been lots of changes in residency programs and there continue to be changes in residency and fellowship programs. Overall, these have been much for the better. The pace and amount of medical knowledge today is extraordinary and it is changing rapidly. This is being taken into account. Students are exposed to patients in medical school at a much earlier time.

There is a lot of online opportunity and instruction, which is helpful. The old days of 24 hours on and 24 hours off are long gone, because you cannot think your best when you are chronically tired.

There have been lots of changes and there continue to be changes. At the end of the day, the role of the physician is fairly simple. Our goal is to take the best possible care of our patients, often when they are at their most vulnerable. They tell us things they will tell no one else, they trust us and their families trust us with their lives. The changes in medicine, the changes in residency, have made the practice of medicine much better and have made our ability to do things phenomenal. At its core, though, it's taking the best care of people that you possibly can. It is a humanitarian profession.

GARBER: How did Harold Hollingsworth Morris come into your life story?

ESTES: Well, first we have to get his name right — Harold Hollingsworth Morris *III* — hence the nickname "Holly" because there was already a Harold and there was a Hal, so he became Holly.

Holly was one of the neurology faculty at UTMB. I met him when I was a medical student and I was not very fond of him because when he would make rounds with a group of three or four students, he would ask questions and he would ask more questions, and more questions, until he found one you didn't know the answer to. I always felt he was being harder on me, because he would say, "Well, why don't you go to the library and find the answer for us before rounds tomorrow?" Going to the library meant you physically went to the library and you spent however much time you needed to spend and came back with the answer. If you asked him today he would tell you I was a really good student and he wanted to challenge me — which probably true.

I was not very fond of him. When I came back to do my neurology residency and walked out on the ward, I hadn't been there more than ten minutes and there he was. We had wards but we also had a few private rooms where the faculty would have their private patients. I stepped on the ward and he had a private patient on the ward. I thought, "Great."

GARBER: What did a ward look like?

ESTES: A ward looked like pretty much what you would imagine. I forget how many beds it was. There was a central nurse's station where all the charts were. These were paper charts in metal folders. There were areas which were open with maybe six beds. It wasn't something like you see in the old pictures and the old TV shows where you see twelve or fifteen beds in a row. There were also a handful of private rooms. They were all cared for by the same residency team. It was just the attending physician who was different. There was one for the ward and they rotated monthly and then the faculty would have private patients.

GARBER: Eventually you overcame your dislike for him and you got married and have been for many, many years. Is Dr. Morris also a musician?

ESTES: No. He would tell you he's a failed guitarist. He has spent a long time attending the opera, I will tell you.

GARBER: We're about to make another pivot in your career story with a move to Ohio. Before leaving your Texas years, though, could you talk about the Calverley Presidential Scholarship?

ESTES: About 10 years ago — in honor of Dr. Calverley's legacy at the University of Texas Medical Branch where he had practiced for decades — Holly and I decided we wanted to do something. We worked with the development folks at UTMB and we were pleased to endow the John Calverley Presidential Scholarship in Neurology. The proceeds of the endowment go to a student every year who has an interest in neurology, or in some instances, somebody who has shown to be an exemplary student in their medical school, which includes all of their neurology rotations. We've been pleased by the opportunity to meet these students who go on to do good things. It's been a great privilege to be able to be in a position to do something which recognizes Dr. Calverley but also helps the students at UTMB.

GARBER: In the early '80s, you came north to Ohio and became affiliated with the Cleveland Clinic.

ESTES: We ended up in Cleveland because there were two opportunities there. I had wanted to do a neuropathology fellowship and there was a good one at the Cleveland Clinic. The Cleveland Clinic also had an advanced epilepsy program and the beginnings of an epilepsy surgery program. Epilepsy surgery is in the mainstream today but at the time we're talking about it was done in specialized centers. Holly was able to join the faculty in the Department of Neurology at Cleveland Clinic and I became a neuropathology fellow at the Cleveland Clinic.

GARBER: What is the organizational culture of the Cleveland Clinic like?

ESTES: The Cleveland Clinic is an interesting organization. Today, it is a worldwide organization but it was a much smaller organization when we got there in the early '80s. It was founded by a group of physicians who knew each other in World War I and really took to the notion that a physician-led organization and practice would be one which could provide better, more cutting edge, more flexible care. There were four founders of the Cleveland Clinic. They took

some of their inspiration from the Mayo Clinic, because the Mayo Brothers had had the same sort of idea.

I think the same culture continues today. The Cleveland Clinic is a physician-led organization. The CEO of the Cleveland Clinic has always been and continues to be a physician. There are a number of physicians in leadership. As the practice of medicine, the administration of medicine, the rules and regulations in health care have gotten more complex, they have added people with operational expertise and finance knowledge and such but it is still very much a physician-led and physician-driven organization.

When I was there — and I believe it is mostly still the case today — no matter where you were in the administrative hierarchy, whether you were a department chair or chief of staff or the CEO, you still practiced medicine. You needed to understand what's going on in the trenches. This physician-centric culture not only emphasized the importance of being a good physician but also fostered the idea that you need to do something else, be it research, education, doing something in the community. You need to be a terrific physician-*plus*.

The Cleveland Clinic is a busy place and access was always a priority. If somebody needed to be seen, you didn't say, "Sorry, can't do it today." You figured out a way. The Cleveland Clinic was governed by a board of governors, elected by all the members of the staff and represented the divisions of medicine and surgery and pathology and radiology and the idea was that you'd have physicians of varied specialties and viewpoints around the table.

Every physician had an annual review where a department chair and a member of the board of governors would sit with you and talk about what you'd accomplished, how your practice was going, what you were doing in addition, where you wanted to go, where they thought perhaps you ought to go. It was very much a hands-on place. The quality of medicine then and the quality of medicine today is top notch.

GARBER: Is this kind of review unusual?

ESTES: Yes, I think it still is occurring, but the Cleveland Clinic is so big and it takes so much time to do those reviews. You see it in academics because the path through the professorial ranks in academics really depends on feedback and depends on interaction. It is another form of mentorship.

GARBER: How is the Cleveland Clinic organizational culture transmitted to new team members?

ESTES: Part of it is the recruitment process and being asked to join the Cleveland Clinic— it's a fairly significant interview process. You have to be a good doctor. You increasingly have to have specialized skills. They are looking for somebody with *right* heart failure experience, for instance. There are very specialized physicians.

When I was there, by and large, the department members looked out for you. As in any type of organization, not everybody likes everybody but the notion of respect was something which was front and center. The other part of the culture — and it has changed over the years —

is it was a very male-dominated organization.

GARBER: Is there a more or less formal network of physicians who have either trained at or practiced at the Cleveland Clinic over the years?

ESTES: I would say so. I have a network of a lot of folks who have practiced or trained at the Cleveland Clinic, many of whom I didn't know when I was at the Cleveland Clinic. It's almost like an alumni group. Mine is informal but a lot of us have gone on to do all sorts of interesting things and our paths cross quite a bit. There is a network.

GARBER: Perhaps your paths cross at professional meetings, for example.

ESTES: Absolutely.

GARBER: At this point had you started having your children?

ESTES: Yes! I finished my neuropathology fellowship. I went off to Philadelphia to do pediatric neuropathology at Children's Hospital with a famous neuropathologist, Dr. Lucy Rorke-Adams. Then I was fortunate to come back to the Cleveland Clinic on the staff in the department of pathology, the section of neuropathology. Not too long afterward, our older daughter, Megan, was born, followed in a couple of years by Sarah. We had two busy medical practices and two small children.

GARBER: How does your work at MetroHealth System fit into this part of your story?

ESTES: There was a big gap between when I first got to Cleveland and when I went to MetroHealth. I was happy. It was a terrific time to practice neuropathology because stereotactic biopsies of the brain had just come about, where the neurosurgeon can step through a lesion in millimeters and send a little piece of tissue out. This was revolutionary and I did a lot of work with the neurosurgical group at the Cleveland Clinic around this.

I was asked to become a member of the board of governors of the Cleveland Clinic, the governing body, and subsequently became the associate chief of staff in Dr. Ralph Straffon's office which was really Human Resources for doctors. We did a lot of human resources-type things, from compensation to behavioral issues to promotions to recruitment to all sorts of things. It became clear to me that if I wanted to do something more administrative, I needed to go get some line experience.

With the blessing of Dr. Floyd Loop, who was then the CEO of the Clinic, I went to work with Terry White, who was the CEO of MetroHealth, which is the city/county hospital on the near West Side of Cleveland. It had a relationship with Case Western Reserve University. I became associate dean at Case Western by virtue of my position at Metro but I went to Metro ultimately as the chief of staff and then became the EVP responsible for operations. I got my feet wet in an administrative role there which let me keep my ties to the Cleveland Clinic. Medicine is a small world. I learned a tremendous amount from Terry White, whom I count as another mentor.

GARBER: You moved again and ended up in Florida for a few years, still part of the Cleveland Clinic organization.

ESTES: I did. I came back across town to the Cleveland Clinic, initially with responsibilities for what was called the Office of Clinical Effectiveness, which we would now call the quality function. I had lots of little pieces — business development, the international center.

Cleveland Clinic Florida was beginning to build a big facility out in Weston and then to add another facility in Naples. They wanted to have someone who was responsible from a chief medical officer perspective. They asked me if I would do it and I did, commuting between Cleveland and Florida for three and a half years. Ultimately, I became the CEO of Cleveland Clinic Florida and finished up building the facility in Weston and worked to try to do some things in Naples.

We had two teenage daughters at the time. I left Monday morning and I came back late Friday evening most times and Holly was the guy at home with two teenage daughters.

We did a lot at Cleveland Clinic Florida — very different practice than in Cleveland because Florida is a very different state. Even today the practice of medicine in Florida is very different than in Ohio. People move to Florida for the sunshine and it wasn't unusual for some of our folks not to return to work after lunch if it was a nice day for the beach.

You have to lay the ground rules very clearly though. Sometimes the PTO policies can be flexible but if someone isn't committed enough to their job to make it an important part of their life and to honor their commitment, then perhaps the job is not for them. We had a whole host of things we tried and after while it became clear we were serious.

GARBER: Now it's time to move on to your time in New England. You took on the role of CEO at Fletcher Allen Health Care.

ESTES: Fletcher Allen is in Burlington, Vermont, which is the big city in Vermont. The State of Vermont has 600,000-plus people in the entire state and metro Burlington is probably 130,000. This is the academic medical center for the State of Vermont.

It was a very early academic institution, the University of Vermont, from the 1700s and was a longstanding and quite good medical school. We used to laugh about the merger of the Mary Fletcher Hospital and the Fanny Allen Hospital, which created Fletcher Allen, hospitals started by two women which later became a man's name — Fletcher Allen.

Fletcher Allen came together and was the only hospital in Burlington and the principal teaching hospital for the University of Vermont Medical Center. The two closest big medical centers were Dartmouth Hitchcock and Albany Medical Center in Albany, New York.

Fletcher Allen came on some hard times before I got there which were based on the goal to modernize the facilities, to build new operating suites, to build a new ambulatory facility, to improve access — to build something which would house the ever-increasing and large technology which we had.

Vermont is a heavily regulated state, a certificate of need state. The certificate of need said the hospital could spend up to X millions of dollars — but this project was costing a lot more. There was a whistle-blower and the project was stopped once the footers were in the ground.

Most of the administrative office were let go. My predecessor ultimately went to jail. The whole board, except for one person, was fired by the governor of Vermont.

I was ready to leave Cleveland Clinic Florida. I decided this would be an interesting challenge. What I was impressed by was how introspective the organization itself was. It's hard for big organizations to admit they did wrong and that their policies and procedures were not what they should be or sometimes people are just asleep at the wheel and things happen. This was an organization whose message was, "Bad stuff happened and now we need to figure out how we can make it right for the citizens of the State of Vermont and the surrounding areas." This attracted me to the area — plus Northern Vermont is an absolutely beautiful area.

GARBER: How was the situation resolved?

ESTES: We had to have a whole new board because the entire board had been let go except for one person, who was meant to be a transition. She, along with the leadership in the state and the Green Mountain Board (which is the regulatory board for all of health care in the State of Vermont) and the president and the faculty and staff at the University of Vermont and a good number of employees, we began to make changes.

We had a whole new administrative team. We had virtually a whole new board. It took a lot of shoe leather in terms of talking to everybody affiliated with the medical center.

Vermont is still a citizen democracy. There are town meeting days and I spent a lot of time out at town meetings, a lot of time at small groups of Vermonters, particularly in Burlington, talking about what happened and why and how it was going to be different and what we were doing. I went on a yearlong "apology tour."

At the same time, the Green Mountain Board imposed pages of restrictions to build this building. The building needed to be built. It was the right decision to build. It was a huge hole in the ground with footers already in — it wasn't like you could just dump the dirt back in. We were simultaneously apologizing for building this new big ambulatory center, which is still there, and there's been a new hospital built. When I was there, we built a radiation oncology facility. We did a number of things. It took some time because trust is hard to come by but is easily severed. We had to regain the trust of our community members and our staff. It took time.

GARBER: How do you bring on an entirely new board — except for one person—with you as the new CEO reporting to the board. What was the timing? You as the new CEO reported to the board.

ESTES: Yes.

GARBER: What was the timing of onboarding you and the new board?

ESTES: Part of the job is to report to the board. As the CEO in Florida, I reported up to Dr. Loop and the board of governors there. At Fletcher Allen, I reported to the board. At Saint Luke's, I reported to the board. This is not unusual. I came in and did a lot of listening, did a lot of talking. The whistle-blower was on the board. Some political folks were on the board. Concerned citizens were on the board. Physicians were on the board — and long-time Vermonters who were

vested in seeing all of this was made right.

I spoke to every board member, if not every week, then every other week, trying to be transparent about what we were doing, what I knew, what I didn't know. I was aided by a couple of folks — both long-time Vermonters — who had come over from the University of Vermont to work at the medical center in the general counsel role and in the communications role, which was very helpful.

My predecessor, in an interim role, was Ed Colodny, a Vermonter, who was the CEO of US Air. He was a tremendous help to me — all of these folks were — because they kept my foot off a lot of landmines. It was about being consistent, asking for help, asking questions and, at the same time, being sure we didn't lose our focus on taking care of our community and of our patients. The new facilities made it easier but it was a long time before those new facilities came up out of the ground.

GARBER: Why did you leave this position?

ESTES: Every job has a finite lifespan. After eight-plus years, I thought we'd done a good job in regaining trust, in bringing the faculty into a faculty practice with the hospital, in having good relations with the university and in building other things and planning for the future. It was time for somebody else to come in and take it to another level.

Holly and I were both a little tired. Our daughters were in college and I began to think about whether it was time for me to go do something else. I thought I had one more stop in me. Holly retired from the Cleveland Clinic, then he worked at the University of Vermont and retired. He's a serial retirer!

A recruiter friend of mine suggested I come and look at Saint Luke's in Kansas City. I had never been to Kansas City. I didn't know much about Saint Luke's but I thought, well, sure, I'll come and look.

Kansas City reminded us of Cleveland. It's a mid-sized city with all kinds of things. It's got all kinds of art. It's got a vibrant civic community. It's a philanthropic community with interesting people. In the time we've been here, it's grown by leaps and bounds.

Saint Luke's is an organization true to its mission and values and has always tried to do the right thing. This is a very competitive market. It was very competitive thirteen years ago and it still is today.

Saint Luke's wasn't looking in the mirror. Sometimes you look in the mirror and you tell yourself just how pretty you are—but you're not looking at who's behind you in the mirror and the fact that they look pretty good, too. We needed to refocus on all of the pieces we had that worked well and on the tremendous loyalty and pride that folks at Saint Luke's have, and begin to move a few seats around on the bus, spin the Rubik's cube just a little bit to add a few things a little bit differently.

I inherited a terrific organizational senior executive team and I did move a few seats on the bus. I took a few people from hospital administration and moved them into system

administration. The board — a very good board — was clear about what they thought needed to be done. By and large, they were right on point and we were able to accomplish all of it and then some.

GARBER: Is Saint Luke's a faith-based system?

ESTES: Saint Luke's is a faith-based system. Saint Luke's Hospital, a tertiary hospital, is a ministry of the Episcopal Diocese of Western Missouri. Faith-based values are important to this organization and permeate everything the organization does. The bishop of the Diocese of Western Missouri is on the board at Saint Luke's Hospital and on the board of the Health System. It's not run like a Catholic health system but is proud to be faith-based.

GARBER: I'm not sure I could name even one other faith-based hospital of the Episcopalian denomination. Are there many others?

ESTES: There are. If you think about all the hospitals named Saint Luke's — in Boise, in Houston, in St. Louis — Luke was a physician and Episcopal ministries name most of their hospitals St. Luke's. Many of them have no formal affiliation with the Episcopal Church other than the tradition of St. Luke.

GARBER: Before we take another pivot and talk about general topics, is there anything else you'd like to say about Saint Luke's?

ESTES: I was at Saint Luke's for twelve years. It had been my intent to retire a little earlier than I actually did but the COVID pandemic came along and I didn't think it was the right time to leave the organization.

One of the things we undertook in 2023, which became effective on January 1, 2024, was a merger between Saint Luke's Health System and Barnes Jewish Health System in St. Louis. We've maintained the Saint Luke's brand but BJC and Saint Luke's are one.

It was meant to be a three-year integration. It's meant a lot of change—but at the end of the day, in today's world of health care, scale matters and size matters. After long consideration with groups from the board, groups from the executive administration, outside help, we decided that for Saint Luke's to thrive in the future, we needed to be the anchor of what I think ultimately will be what sometimes are called "super-regionals," where you have multiple organizations have come together to pool resources, to pool expertise and to have more flexibility. This took place on January 1, 2024, at the stroke of 12:01, and I retired on January 3, by design.

GARBER: Who made the initial move as far as approaching one vs. the other concerning possible merger?

ESTES: The world in general is a relationship business but health care in particular is a relationship business. I've told people over the years — when you leave an organization, don't burn your bridges, because chances are, you're going to run across that person again at some point down the road.

Rich Liekweg, who is the CEO of BJC Healthcare, and I had known each other for a very

long time. Saint Luke's and BJC were part of the BJC Collaborative, which was an informal network of health systems his predecessor, Steve Lipstein, and I put together when I arrived twelve-plus years ago.

Rich and I were at a health care meeting together — and cocktail hour is always the most important event at these meetings — standing there, whining a little bit, as we oft times do, about the world of health care and payment and regulation and all the uncertainties and all those sorts of things. We looked at each other and the idea formed, *Wouldn't be interesting if we could do something together more formally?*

That's when the conversation started. After about twelve or fourteen months of hard work and a lot of negotiating and a lot of wrangling, but with both groups keeping an eye on what we thought would be the true value-add, the true opportunity, we were able to get it done. It was based on the mutual recognition, W*hat if we could try?*

GARBER: Has your management style changed over the years?

ESTES: I'm a lifelong learner and I think the great majority of people in health care are lifelong learners, too, whether it's due to the rapid pace of new knowledge in medicine or learning how to navigate the various constituencies or learning from our mistakes over time.

I try to always remember why we are doing what we are doing and what a great privilege it is to be able to be in health care, to be able to take care of patients, to be able to take care of our community, to do it in a safe, high quality, equitable way and to care for people at their most vulnerable. I try to make that the center of how I go about managing.

The second thing I try to do is to surround myself with good people and let them do their jobs. I tell them, I will be in front of you, I will be side by side with you, I'll be behind you. Tell me how you need me to help you to be successful.

There are a lot of fabulous resumes out there and you need good people with good experience but I look for people who are at their core caring, ethical, have a north star and are good people at heart and people who are willing to have a little fun in what we do, because it's a stressful business and you have to really be able to have those moments where you care for each other. You don't have to like everybody you work with but you have to respect them and you have to care about what they do.

I also have learned that you have to be a real listener, and not listening to fix, but listening to understand. I'm a fixer. It's probably the physician in me. I want to fix things, because that's what I grew up doing. My team here would tell you, I can delve into the weeds pretty quickly. I have gotten a lot better over the years, not to get down in the weeds.

It's okay to say you don't know. If you don't know, you should at least tell somebody how you're going to find out. It's okay to make a mistake. Raise your hand, admit you made the mistake, set out to fix it and be accountable for it.

Communication, transparency are important but there are only four or five things in a health system which are super-secret. We didn't talk about trying to come together with BJC until

we wanted to talk about it but most of what we do, you can talk to your employees about, you can talk to your community about. You'd be surprised sometimes what you hear.

GARBER: Let's segue over to the pandemic. I'm going to guess that you have made hundreds of comments and given many other interviews on this topic.

ESTES: Your perspective changes a little bit when you look back, as opposed to being right in the thick of it.

GARBER: We were particularly excited to have you do this interview since you served as board chair at the American Hospital Association during what was perhaps the darkest year of the pandemic. Nobody knew how to combat this terrible new disease effectively.

ESTES: Nope.

GARBER: We didn't have vaccines. Didn't have diagnostic tests, didn't have antivirals, didn't have enough masks and other equipment and there you were stepping into leadership at the AHA.

ESTES: Right.

GARBER: Because leadership in board service is a multi-year commitment, you knew you were going to be board chair in 2020 but you didn't know a worldwide pandemic was going to happen. How did COVID first appear on the radar screen at Saint Luke's?

ESTES: The chair path at AHA is a year as chair elect, a year as chair and a year as past chair. The gavel changes at year-end basically but it begins to shift a little bit before. The AHA board and the AHA staff have a retreat coinciding with the change of the chair. We were out in California and one of the AHA board members from Seattle said, "There is this weird case at our hospital and we think it's viral. It's like nothing we've ever seen. This person is so sick. I'm afraid they're going to die." Somebody else said, "Where? What?" He said, "Well, they came from China."

Everybody looked at each other and thought, *Hmmm*. This was mid-January. Over the next two, four, six weeks, suddenly we had some sort of unknown, deadly viral illness. We weren't sure where it had come from. We thought it probably originated in China. All of a sudden, my job as chair of AHA changed. One of the great things about it is you get to travel the country and you get to go to different hospitals and different medical societies. You get to talk about AHA as an advocacy organization but you also get to talk about the tools and you get to take back as much as you give. All of a sudden, over the course of three months, travel stopped. We began to put a name to this. We began to call it COVID.

There was only one thing we knew for sure — we as a health care community knew how to take care of sick, infectious patients, because it's part of what we do every day although we had never seen anything like this. We also realized that our workforce was scared to death, because we didn't know what it was. We were asking them to take care of people who had horrible respiratory illness. We began to look at — how many masks do we have? How many gowns? What does our personal protective equipment look like? All of us had some but none of us could

have imagined how much we would need. Many of us thought that by July we would figure it out and it would be done. All of a sudden, I had two fulltime jobs—including the job here at Saint Luke's as we put together our Incident Command Team, which is a standard thing to do when you have something like this happen. Our Incident Command Team was stood down after two years. Normally they're up for a week, or maybe a month. We were fortunate to be in the middle of the country, because the first COVID surges in the U.S. were on both coasts. We were able to learn from both sides.

Rick Pollack and the team at the American Hospital Association get enormous credit for being the single source of truth for all of us in the field, because there were so many federal agencies involved, so many hospitals impacted, so many states involved with varying health care public health systems. We learned pretty quickly what we already knew — the public health system in the U.S. is inadequate. We learned what we already knew — that health care in this country is inequitable and, depending on your zip code, your care is different. We all knew this in some way, shape or form but COVID brought it front and center.

First and foremost, while we had to care for our community and our patients, we had to care for our staff. We learned there were two sources of contrast material in the world — China and a small factory in Italy. The Chinese factory was shut down because of COVID. Most PPE comes from Asia. Trying to figure out how to get it was a challenge — we did not want our health care workers at Saint Luke's, or anywhere, to wear a trash bag instead of a gown.

The federal regulations shifted all the time — some of it because we were making it up as we went along and we'd learn something. We shut down our hospitals except for emergencies. It was a dire situation.

We learned a few things. We're planners in health care. Normally, we study things before we implement things. We put a pilot project together. If the pilot doesn't yield what we think it should yield, we'll study it again and put another pilot project together. Here we couldn't test anything. We couldn't put a pilot project together. When we finally got COVID tests, we put the COVID testers out in the parking lot so people could drive through and get a test. Then we realized — it rains in Kansas City. We had to put a tent over the people in the parking lot. It was just simple stuff like that. How are we going to get PPE? We counted 440 items of supplies twice a day to be sure of what we had.

In the meantime, AHA was doing a phone call every week and sometimes every day with hospitals in the country, members or non-members. My job was to chair most of those. I gave a little update from the field as I saw it, and then AHA staff, who worked 24/7, came in and helped. We set up ventilator swaps where we would send things across the country. We talked about how we managed PPE. We talked about the problems solved. We had a big task force that I chaired working on a tool book for COVID. We got testing. Testing was hard to come by.

Then we had the triumph of science! We had a vaccine by year end and it was an effective vaccine. We can say what we want about what has happened with vaccines since then and all the controversy but I can remember that we didn't have enough vaccine for everybody who wanted it and we prioritized at Saint Luke's and throughout the country to vaccinate ED folks, ICU folks, people who were taking care of patients.

In some respects, it was our finest hour. A lot of lives were lost but we saved a lot of lives. You never know as a leader how you're going to react in a crisis. I think it's part of leadership to face the crisis head-on. I've been through hurricanes and I've been through power outages and I've been through picketing and all sorts of things. I've never been through anything like this, nor had anyone. I couldn't be prouder of our health care community and I couldn't be prouder of AHA, and I was privileged to sit in the seat. Rick Pollack tells me I probably touched more health care people in my year than most chairs do in their year and I think that's probably right. I tried at the end of every call to leave folks with a quote of some sort, because I thought we needed something else to carry away with us. Sometimes it was Mister Rogers. Sometimes it was the Dalai Lama. Sometimes it was just silly. We needed something to think about.

GARBER: Is the pandemic over?

ESTES: The pandemic is quiet. COVID is a part of the viral milieu we all live in. Flu is seasonal and October 1 is coming up, which is a great time to get a flu shot. Respiratory syncytial virus is seasonal and we now have a vaccine for it. COVID doesn't appear to be quite so seasonal. It seems last year and this year to have had a couple of peaks, sort of a summertime peak, and then winter peaks and I suspect we'll have another winter peak. The vaccines are evolving. Will it ultimately be like flu, where we know what strain to put in it, depending upon what you have seen? I think we may be heading in the direction of having one injection for flu and COVID.

The number of people in this country who have taken the last couple of COVID vaccines is very small. I can't quote the exact percentage but it's very small. I worry we will lose some of the herd immunity that we have gained. What worries me also sometimes is what's next? Is there another bug out there? It's a global world and depending on where you are, what you're exposed to, the microbiome is different. Being a physician has helped when I'm asked to talk about COVID from a microbiology perspective.

GARBER: Thank you for the work you and your colleagues did and are doing in helping patients who have COVID and those who are trying to avoid getting it.

ESTES: I appreciate that. It's an important part of health care that we talk about the patients we lose or the misses we have. If you're constantly trying to improve and get better, that's important, but we save a lot of lives every day and with COVID, we saved a lot of lives. It was an effort of everybody in the health care system in the United States and worldwide.

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

ESTES: I think the characteristics of a good board member, first and foremost, are recognizing that you need to be present and you need to be willing to participate and ask questions and provide not only your expertise but you're also an ear into the community. If new board members do not have a health care background, the good ones will work to learn the jargon and should take advantage of interacting with others who are fluent in the jargon.

A good board member should not be afraid to pick up the phone and call anyone on the management team with a question. There shouldn't be, in my view, a gateway with everything

having to go through the CEO. You may hear it expressed differently by somebody else on the team but you should hear the same thing.

A good board chair is a partner for the CEO. It is a symbiotic relationship. I've been blessed to have had so many good board chairs. I think they need to be inclusive, to understand that the board has multiple viewpoints and should be encouraged to ask questions.

Tom Wagstaff was chair when I came to Saint Luke's and was also chair during COVID. In 2020, when all of this was going on, I was talking to Tom all the time, because I wanted him to know what I knew, or what I didn't know, in some instances. There were days that my phone would ring at four in the afternoon or eight o'clock at night, and it would be Tom on the phone and I think this is the mark of a good board chair and a good CEO/board chair relationship. He would say to me, "Mindy, I'm just calling to see how you are. I just wanted you to know if there's anything you need, let me know. The board is fully engaged and supportive. We're proud of what you all are doing." That's the essence of the relationship.

GARBER: Do you have spiritual practices that helped you get through this difficult time?

ESTES: I try every night to write down three good things that happened. When I first started doing it — probably four years ago — they'd be monumental things. Now they can be smaller. I'm a morning person. I get up. I exercise. If I don't do it in the morning, it doesn't happen. I meditate every morning.

GARBER: Thank you for the several hours you've spent talking with us. Is there anything else that you'd like to say in closing?

ESTES: You can tell by this conversation that I'm a storyteller. Stories are important in leadership and in life in general.

GARBER: Thank you, Dr. Estes, for your stories. Much appreciated.

ESTES: You're welcome.

EDUCATIONAL & PROFESSIONAL CHRONOLOGY (selected)

1953	Born in Memphis, Tennessee
1971-1974	Sam Houston State University (Huntsville, Texas)
	Bachelor of Science: Chemistry
1974-1978	University of Texas Medical Branch (Galveston, Texas)
	M.D.
1978-1979	Baylor University Medical Center (Dallas, Texas)
	Medical internship
1979-1982	University of Texas Medical Branch (Galveston, Texas)
	Neurology residency
1981-1982	University of Texas Medical Branch (Galveston, Texas)
	Chief Resident, Neurology
1982-1984	The Cleveland Clinic Foundation (Cleveland, Ohio)
	Neuropathology fellow
1984	Children's Hospital of Philadelphia
	Special training in Pediatric Neuropathology
1990-1991	The Cleveland Clinic Foundation (Cleveland, Ohio)
	Office of Practice Management Course
1995	Case Western Reserve University, School of Management (Cleveland)
	MBA
1996-1997	The Cleveland Clinic Foundation (Cleveland, Ohio)
	Executive Director, Office of Clinical Effectiveness
1997-2000	The MetroHealth System (Cleveland, Ohio)
	1997-1999 Senior Vice President, Medical Affairs and Chief of Staff
	1999-2000 Executive Vice President and Chief of Staff
1991-2001	The Cleveland Clinic Foundation (Cleveland, Ohio)
	1996-1997 Executive Director, Office of Clinical Effectiveness
	1991-1996 Associate Chief of Staff, Office of Professional Staff Affairs
	2000-2001 The Cleveland Clinic Foundation (Cleveland, Ohio)

Executive Director, Business Development

2001-2003 Cleveland Clinic Florida (Weston and Naples, Florida)

CEO and Chairman of the Board of Governors

2003-2011 Fletcher Allen Health Care (Burlington, Vermont)

President and CEO

2011-2024 Saint Luke's Health System (Kansas City)

President and CEO

LEADERSHIP IN PROFESSIONAL ORGANIZATIONS (selected)

American Hospital Association

Chair, Board

Chair, various task forces including: COVID-19 Pathways to Recovery Task Force

The Joint Commission

Chair, Finance Committee

Member, Board of Commissioners

Member, Executive Committee

Lyric Opera

Member, Board of Trustees

Missouri Hospital Association

Member, Board

HONORS & AWARDS (selected)

Alpha Lambda Delta Honor Society (award for highest cumulative grade point average for a female graduate) at Sam Houston State University

American College of Healthcare Executives Regents Award

Becker's Hospital Review's List of Leaders to Know

Gail L. Warden Leadership Excellence Award

Magna Cum Laude (medical school)

Modern Healthcare's 50 Most Influential People in Healthcare

Modern Healthcare's 50 Most Influential Physician/Clinical Executives

Modern Healthcare's 50 Most Influential Physician Executives and Leaders

MS Society of New England Leadership Award

Patricia Walton Vermont Community Service Award

Sam Houston State University Distinguished Alumnae

Teacher of the Year, Department of Neurology

University of Texas Medical Branch Ashbel Smith Distinguished Alumnus Award

YWCA Career Woman of Achievement Award

PUBLICATIONS RELATED TO HEALTH CARE ADMINISTRATION (selected)

Estes ML, Coulton RW. Physician performance-institutional challenges over time. Group Practice Journal. 1993;42(5):34-35.

Estes ML, Ahmad M. Leadership, a key component of organizational success: Definition, identification and recruitment of leaders. Group Practice Journal. 1994;43(5):18.

Estes M. Transition to capitation: Core competencies for physician practice success. Physician Executive. 1997:9-13.