

Spring 2023

Rounds



A publication of the Henry Ford Medical Group Alumni Association

The future of health

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**HENRY
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HEALTH**



Rounds

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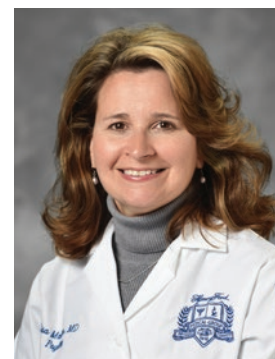
From the President



Henry Ford Medical Group Alumni Association Executive Committee



William Hakeos, M.D.
President



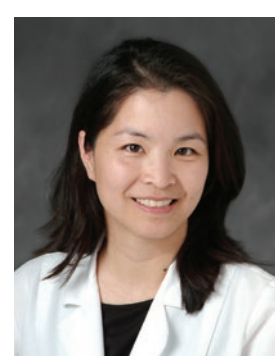
Lisa MacLean, M.D.
Vice President



Jan Rival, M.D.*
Secretary
*Dr. Rival passed away on March 15, 2023



Kim Baker-Genaw, M.D.
Treasurer



Anne Chen, M.D.
Member at Large

Spring buzzes with renewed energy — we watch excitedly as birds return and the first signs of new life sprout up from the recently frozen dirt. A time to celebrate change and new beginnings, it feels like the perfect moment to celebrate our journey to redefine the future of health for generations to come with the exciting announcement of our plans for Henry Ford Hospital's campus and surrounding area.

Our commitment to innovation shines bright with this bold plan to shape the way we practice medicine and our vision for a \$2.5 billion investment in community development. In this edition, you will learn more about this exciting new development and the partnership we've formed with Tom Gores and the Detroit Pistons and Michigan State University.

To prepare us for this journey, Henry Ford Health recently announced a realignment of senior leadership, including positioning two physician leaders in newly expanded roles that have not been seen before at Henry Ford. Congratulations to our colleagues Drs. Adnan Munkarah and Steve Kalkanis on these achievements.

As distinguished alumni, I invite you to think about your role in our 107-year-and-growing commitment to drive cutting-edge research and innovation, excellence in clinical care, and world class collaboration, all on behalf of our patients — a pledge that evokes pride in all of us.

I hope you feel the same pride as you read about Michael Tomlanovich, M.D., a pioneer of the Emergency Medicine discipline who built both Henry Ford Hospital's Emergency Department (ED) and its residency training program from the ground up. His vision and

execution has shaped Henry Ford Hospital into one of the busiest EDs in the United States. Because Dr. Tomlanovich's achievements have been so impactful, former colleagues and trainees are seeking to establish an endowed chair in his honor.

Another fine example is Breast Cancer Research Chairman S. David Nathanson, M.D., who created one of the first-ever dedicated breast services and breast cancer tumor boards, transforming how we care for those battling breast cancer.

You will also read about the Henry Ford Transplant Center for Living Donation and how it transforms the patient care experience, supporting both the organ donor and the organ recipient throughout the entire process. Our "Behind the White Coat" feature highlights world-renowned dermatologist Henry Lim, M.D. Widely referred to as the world's leading expert in photodermatology, Dr. Lim was integral to the Dermatology Department's extensive growth and to its emergence as a world leader for a multitude of skin conditions.

Sadly, we also recently lost four current and former Henry Ford Health physicians, including Drs. Richard Michael Nowak, Solomon Pickard, Jan Rival and Jerry Yee. Read about their lives and legacies on page 30. Each made important contributions to Henry Ford Health making our institution what it is today.

Every story in this edition of Rounds captures the spirit of ingenuity that is ingrained in Henry Ford Health and demonstrates our dedication to being relentless advocates for all, whether through research, innovation or excellence in patient care. I could not be



prouder of Henry Ford Health for continually striving to be a progressive force in making the impossible possible for our team members, patients and community members. The future of healthcare lives here at Henry Ford, and thanks to each one of your stories, I am sure it will be bright!

William Hakeos, M.D.
President, Henry Ford Medical Group
Alumni Association

The future of health lives here



In February Henry Ford Health, along with our partners, Tom Gores and the Detroit Pistons, and Michigan State University announced our vision for a sweeping community development that will invest \$2.5 billion over the next decade into the areas surrounding Henry Ford Hospital.

The development will be anchored by a reimagined Henry Ford Health academic healthcare campus, the highlight of which is a major expansion of Henry Ford Hospital including a brand new one-million-square-foot plus facility and patient tower. It also includes a new, cutting-edge medical research facility for Henry Ford Health + Michigan State University Health Sciences, part of Henry Ford Health's 30-year partnership with Michigan State University.

"Like all major U.S. cities, our great city of Detroit deserves a premier academic medical center and destination for the most advanced care, research and education," said Robert Riney President

and CEO of Henry Ford Health. "As an anchor institution that's been committed to building strong, healthy communities for more than a century, we know we can deliver on that promise – to double down on our commitment to being relentless advocates for those we serve.

"That includes not only charting a path to lead the healthcare of tomorrow, but also working alongside our partners to create vibrant and thriving neighborhoods, foster opportunities for growth and success, and remove barriers to wellness — particularly in our underserved populations."

The partners plan to bring connectivity between Henry Ford's hospital footprint north and south of West Grand Boulevard and transform the section of New Center which currently houses the headquarters for both Henry Ford Health and the Detroit Pistons — an area south of West Grand Blvd., north of I-94, east of M-10/The Lodge and west of Second Avenue — into a walkable,

connected community infused with innovative mixed-income living spaces, retail and dining options, and green space.

Tomorrow's technology with a human touch

Already an essential safety-net hospital for the surrounding community as well as national destination for complex and specialty care for more than a century, an expanded, revitalized Henry Ford Hospital with advanced technology, modernized infrastructure and revolutionized care and healing environments is critical to ensuring the health system will be able to serve a growing number of patients.

With plans to operate on both sides of West Grand Blvd., the new structure and patient tower will be located on the south side of West Grand Blvd., across the street from the legacy hospital. It will have all private patient rooms with dedicated spaces for care teams, families, and visitors; technology

upgrades to help teams provide seamless care; along with focused comfort and convenience for patients and families during their stay.

Many higher acuity services will transfer to the new building, including an expanded emergency department with universal rooms and specialized space for trauma and behavioral healthcare; state-of-the-art acute and intensive care units, technically advanced operating suites, cardiac catheterization and electrophysiology labs, diagnostic and interventional radiology, and other interventional procedures space.

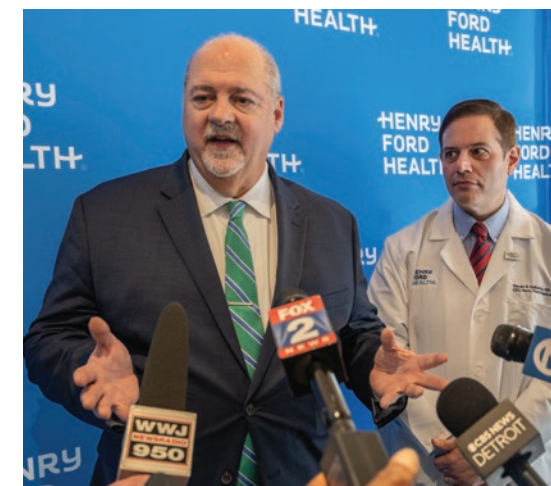
"We have assembled an amazing team of nurses and physicians, patient and family advisors, operational and technology leaders, consumer experience experts and others to carefully and thoughtfully design every inch of this state-of-the-art facility with wellbeing at the center," said Adnan Munkarah, M.D., Executive Vice President and Chief Clinical Officer, Henry Ford Health.

"Not only will this expanded hospital allow us to advance personalized medicine through a combination of tomorrow's technology with a human touch; it will also enable new levels of life-changing clinical care, research, discovery and innovation – giving our patients the hope and breakthroughs they need in real time."

In addition to the new building, Henry Ford Health plans to integrate and connect its Detroit facilities through a series of tunnels, bridges, and walkways to ensure seamless travel, as well as infuse inviting green space.

Teaming up for groundbreaking medical research

With a groundbreaking planned for 2024, the joint research facility previously announced by Henry Ford Health + Michigan State University Health Sciences will be constructed



Henry Ford Health President and CEO Bob Riney talks to reporters following the announcement.



Leaders from Henry Ford Health, the Detroit Pistons and Michigan State University are pictured with Detroit Mayor Mike Duggan.

south of the new hospital facility – along Third Street, across from the Henry Ford Detroit Pistons Performance Center and Henry Ford’s One Ford Place administrative building.

The new facility will align basic and translational research, fueling innovation and discovery through an academically and clinically integrated partnership of doctors, nurses, scientists, academics, and public health practitioners.

Launched in 2021, the partnership is already achieving milestones across multiple areas including aligning National Institutes of Health-funded research and expanding medical education. In 2022, the partners announced they funded nearly \$1 million in cancer research grants, with 40 percent of initiatives addressing disparities in cancer outcomes.

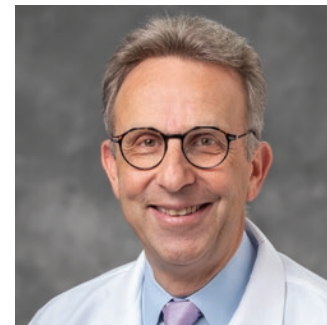


Mixed-use residential building sits across the street from the Pistons Performance Center. In the foreground, community members enjoy welcoming greenspaces, outdoor seating and recreational opportunities. The Henry Ford Health + Michigan State University Health Sciences joint research building can be seen in the distance. (Conceptual rendering)

To learn more, visit HenryFord.com/FutureofHealth.

Henry Ford Health announces strategic senior leadership changes

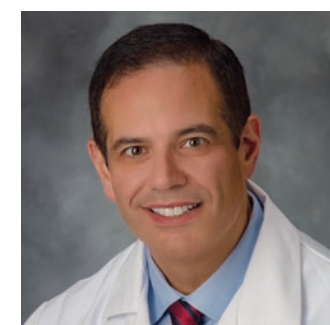
As Henry Ford Health prepares to embark on its most transformative work yet, with the reimagination and impending growth of its Detroit hospital campus and the New Center neighborhood, President and CEO Bob Riney recently announced that two trusted physician leaders, Adnan Munkarah, M.D., and Steven Kalkanis, M.D., and two executive operational leaders, Robin Damschroder and Denise Brooks-Williams, have assumed expanded roles and additional responsibilities within the \$7 billion integrated healthcare system.



Dr. Adnan Munkarah, formerly the system’s Executive Vice President & Chief Clinical Officer, now serves in a newly created role: President, Care Delivery System & Chief Clinical Officer. Dr. Munkarah’s appointment marks the first time in recent history that a physician has served at this level for Henry Ford Health. Dr. Munkarah will oversee both the clinical and operational sides of the organization, including hospitals, ambulatory and service lines – driving growth and clinical excellence, championing quality and safety, enabling new levels of innovation and research, and forging strong partnerships with physician groups and other healthcare teams.



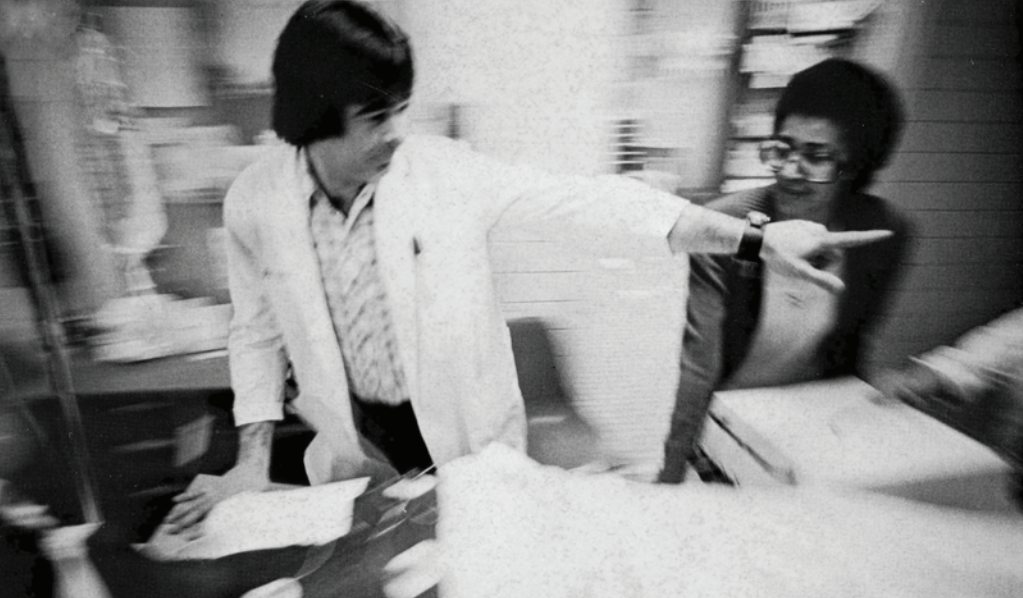
Robin Damschroder, formerly Executive Vice President & Chief Financial Officer, now serves as Executive Vice President, Chief Financial & Business Development Officer. In addition to her duties as Chief Financial Officer, Damschroder’s role will permanently oversee business development as well as partnership and collaboration strategy, including the newly announced Detroit campus redevelopment.



Dr. Steven Kalkanis serves as Executive Vice President, CEO of Henry Ford Hospital and CEO of the Henry Ford Medical Group, the last of which was his former role. It’s the first time in Henry Ford’s history that its primary academic and complex care hub and medical group will be under singular physician leadership. Dr. Kalkanis’s expanded role comes on the heels of the system and key partners having announced a \$2.5 billion investment to reimagine Henry Ford’s academic healthcare campus, including a new hospital facility and patient tower, and its surrounding neighborhood in Detroit.



Denise Brooks-Williams, currently Senior Vice President and CEO of Market Operations, will serve as Executive Vice President & CEO, Care Delivery System Operations. In addition to her current stewardship of market strategy and hospital operations, Brooks-Williams will also provide system-wide leadership over other key areas including ambulatory operations, surgical services and emergency departments.



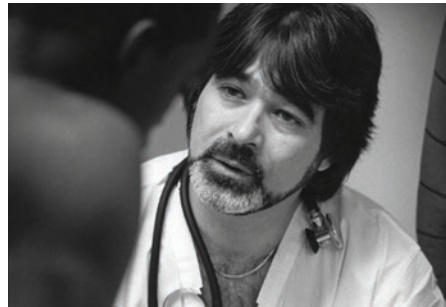
The emergence of a specialty

How the Emergency Department at Henry Ford Hospital pioneered a new form of medicine

by Dan Trudeau



The emergence of a specialty



“There was no standardization in the ED...We had to create a list of conditions that we needed to learn about to be successful. We had to build training guidelines. We had to create the core content, because we had to prove we had our own unique body of knowledge. And over time we did a lot of inquiry on how to make our practice better.”

Michael Tomlanovich, M.D.
Retired Chair, Emergency Department at Henry Ford Hospital

Before he became the inaugural Chair and leader for the Emergency Department at Henry Ford Hospital, Michael Tomlanovich was a young medical school graduate searching for his calling in medicine. After earning his M.D. from Wayne State University in 1970, Tomlanovich was called into military service to treat returning soldiers coming back from Vietnam.

Stationed in a naval hospital in Queens, New York in internal medicine, Tomlanovich quickly learned what he liked about the field – or more specifically, what he didn’t like: a perceived lack of variety and action.

“After two years there, I couldn’t stand it. It felt like I was rounding on the same patients every day,” Tomlanovich recalls. “But while I was out there, I started moonlighting in their Emergency Room, and that was something I liked.”

The weakest link in the chain

In 1966, the National Academy of Sciences published a landmark report that placed heavy blame for increasing death rates from conditions like heart disease, stroke and traffic accidents on the poor quality of emergency care across the nation.

“All this research was coming out in relation to trauma care, and it was identifying the emergency room as the

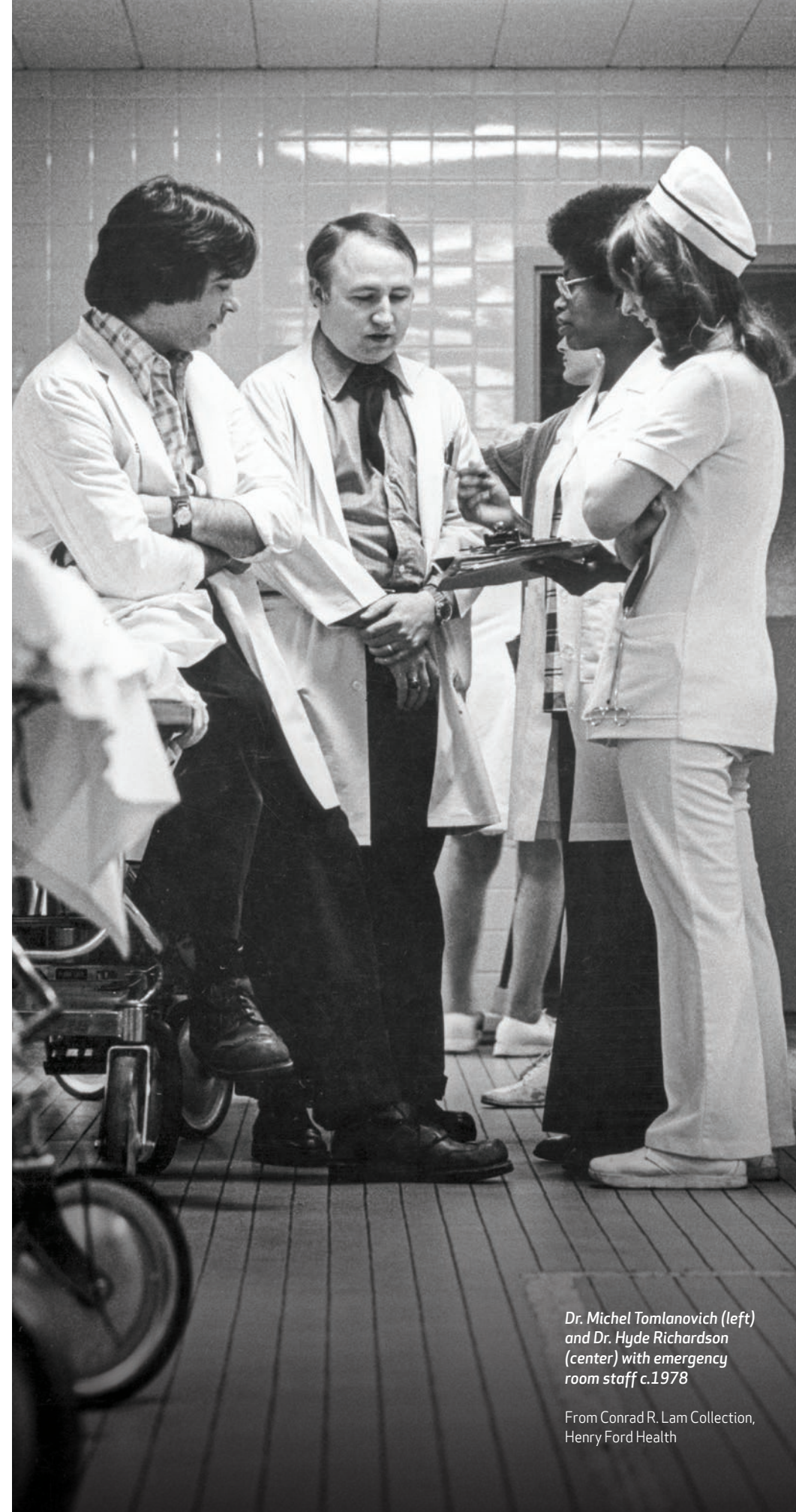
weakest link in medical care for people who were injured or ill,” Tomlanovich recalls.

Meanwhile, as a generation of young physicians were caring for soldiers and veterans in Vietnam and at home in the U.S., their experiences were fueling a drive to create a specialized discipline in emergency medicine with its own unique training, research and protocols of care.

At that time, conventional ER operations depended on physicians from different departments taking shifts. During a recent conversation, Tomlanovich and his longtime Henry Ford colleague and fellow former department Chair — Gerard Martin, M.D. — noted the drawbacks of this approach were clear.

“If you came to the ER with an eye problem and you happened to see the eye doctor, you were in good shape,” Martin said. “But if you had an OB/GYN problem or a cardiac issue, the doctor may not know anything about that. That was a big mismatch, and it ultimately led to the creation of emergency medicine as its own specialty.”

Tomlanovich found his way to emergency medicine right as these historical forces were converging. Inspired by a group of internists in Pontiac, Michigan and Alexandria, Virginia who left their practices to devote themselves full-time to the ER and by his experience in New York, he began applying to the few existing emergency



Dr. Michel Tomlanovich (left) and Dr. Hyde Richardson (center) with emergency room staff c.1978

From Conrad R. Lam Collection, Henry Ford Health

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medicine residency programs in the country.

He joined the department at the University of Chicago, where he trained under Peter Rosen, M.D. — long seen as one of the founding fathers of emergency medicine in the United States — before heading home to Detroit where he was recruited to build a new Department of Emergency Medicine at Henry Ford Hospital.

Establishing a body of knowledge

Tomlanovich remembers the early years in the ED at Henry Ford as both exhilarating and extremely demanding. Success in emergency care requires broad knowledge across a range of conditions and specialties, as well as understanding how to apply that knowledge when the patient's need is urgent, and the clock is ticking fast.

There was very little precedent for building a staff and department that possessed this unique expertise, Tomlanovich recalls, and the basic

elements had to be constructed alongside the challenge of running a busy ER.

"There was no standardization in the ED. We had to develop everything," Tomlanovich said. "We had to create a list of conditions that we needed to learn about to be successful. We had to build training guidelines. We had to create the core content, because we had to prove we had our own unique body of knowledge. And over time we did a lot of inquiry on how to make our practice better."

Among Tomlanovich's early achievements in the department was starting the residency training program, which welcomed its first class of four residents in 1976. At that time, it was just the eleventh emergency medicine training program in the country, and now more 250. The program has grown tremendously and now features an annual class of 17 residents, including two who train in a combined program in emergency medicine and internal medicine.

All told, the program that Tomlanovich started has graduated more than 600 emergency medicine physicians to serve

in Detroit and around the world.

By the time Martin joined in 1980 as part of the fifth class of residents, the infrastructure and expertise were taking shape, but very much still evolving. As a trainee, he felt the excitement of joining a new and emerging field, but also experienced the skepticism of the medical establishment.

"I went to some big hospitals in New York to interview for internships. They asked what I wanted to do after my internship, and I told them I wanted to do emergency medicine. They looked at me like I had three heads," Martin said. "Their reaction was like, 'What are you talking about? You're going to work in an emergency room? Nobody does that!' It took time for that to change."

A growing reputation

But as the ED at Henry Ford Hospital grew and the field as a whole matured, the first classes of emergency medicine residents and fellows gave rise to a growing expertise. Tomlanovich recalls those early pioneers with fondness.

"There were some brilliant people, and they were all nuts!" he said with a laugh.

Martin distinctly remembers the risk that accompanied the field at the onset of his career, which tended to attract young physicians who thrived on adrenaline.

"There was a lot to lose by choosing emergency medicine in the early days of the discipline. It takes two years to get trained, and we weren't really sure where things were going," Martin said. "But the satisfaction you get is amazing. Emergency medicine is a team sport. You have all these people working together. It's a great feeling and a great atmosphere."

As the team grew at Henry Ford, so did the achievements and reputation. Through the 1980s, 1990s and beyond, the department began to flourish under Tomlanovich's leadership with landmark publications and improvements to care that drew attention from across the country.

Drawing on the expertise from other specialties at Henry Ford and building on it with original research, the ED developed a wide range of therapeutic and diagnostic innovations that set the standards of care, all while caring for a high volume of patients in one of the busiest urban ERs in the country.

Pulmonary function testing for acute asthma patients; early recognition and treatment of sepsis; thrombolytic use in stroke — these lifesaving innovations and others were studied in the ED at Henry Ford before defining the standard of care around the world.

By the time Tomlanovich retired from the department in 2014, he'd carved out a legacy that few could match. Passionate and direct, he was known for his candor and relentless commitment to the patients, even when it risked controversy within the organization.

"I remember one of Mike's evaluations that really stood out to me. It said, 'Mike Tomlanovich is the conscience of this organization.' That's the kind of guy Mike was," Martin said. "Under Mike's

leadership, no matter what you did, if you were acting in the interest of doing your best for the patient, Mike would have your back."

A legacy of leadership and impact

By the time John Deledda, M.D., did a rotation at Henry Ford Hospital as a University of Michigan medical student in 1998, the department had evolved from an upstart to a powerhouse with a robust research enterprise and a compelling mission of service to the city of Detroit and beyond. His hands-on student experience at Henry Ford cemented Deledda's future direction to become an emergency medicine physician.

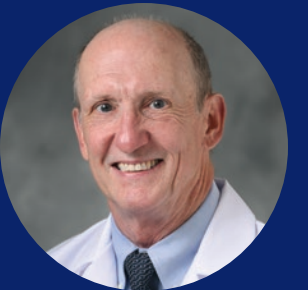
In 2015, he returned to Henry Ford to take over as Chair after advancing his medical career at the University of Cincinnati. Deledda credits trailblazers like Tomlanovich, Martin and others for setting the foundation on which the department — and the entire field of emergency medicine — is built.

"These are the people who taught us how to think about our specialty, how to stand up for it, how to be proud of it," Deledda said. "So, when I was selected to succeed these guys in this position of Chair, I knew I was coming into a department that was super strong from the standpoint of academic reputation and history. Because that matters, right? The history matters."

One way of recognizing that history is an exciting effort to establish an endowed chair in honor of Dr. Tomlanovich. Created through philanthropic donations, endowed chairs are critical resources for departments because they provide ongoing, sustained support for research, patient care, training and more.

The Department of Emergency Medicine is among the only clinical department at Henry Ford without an endowed chair, which are most often

Continued on page 12



"There was a lot to lose by choosing emergency medicine in the early days of the discipline...But the satisfaction you get is amazing. Emergency medicine is a team sport. You have all these people working together. It's a great feeling and a great atmosphere."

Gerard Martin, M.D.
Retired Chair, Emergency Department at Henry Ford Hospital



Henry Ford Health Emergency Department *by the numbers*

78,872

Patient visits at
Henry Ford Hospital in 2022

429,000+

Patients visits across
Henry Ford in 2022

10

EDs at hospitals and
medical centers in 2022

5

Emergency
medicine
physicians
in 1975

50+

Emergency
medicine
physicians
in 2022

Representing more 50 years of
Emergency Medicine excellence
retired chairs Drs. Michael
Tomlanovich (center) and Gerard
Martin (right) pose with current
chair Dr. John Deledda.

established by patients looking to recognize their gratitude to the doctors and departments that meant the most to their care. This can be challenging for the ED, where interactions with patients can be intense but brief before they are referred to other departments for sustained care.

As a result, Martin is spearheading an effort among the department's faculty and alumni to create the Michael C. Tomlanovich Endowed Chair in Emergency Medicine. The department aims to successfully meet the \$1.5 million requirement to launch the Chair in time for the 50th anniversary of the Henry Ford Hospital Emergency Medicine residency training program in 2026.

"Our residency program and our academic efforts wouldn't be where they are without Mike's courageous leadership," Deledda reflected. "This endowed chair will provide a long-lasting source of funding and resources within the department that can continue to be invested in the academic mission. It's only fitting that it would be named in Mike's honor."

When asked about the campaign, Tomlanovich was honored by the recognition, but expressed that his meaningful and challenging career was — in a way — its own reward.

"I left Henry Ford after 38 years, and I felt incredibly challenged and fulfilled the whole time," Tomlanovich said. "Henry Ford Hospital is a special place. It's a unique

medical institution where magical people perform miracles every day. I had an incredible career there. I felt like we really accomplished something together." ■

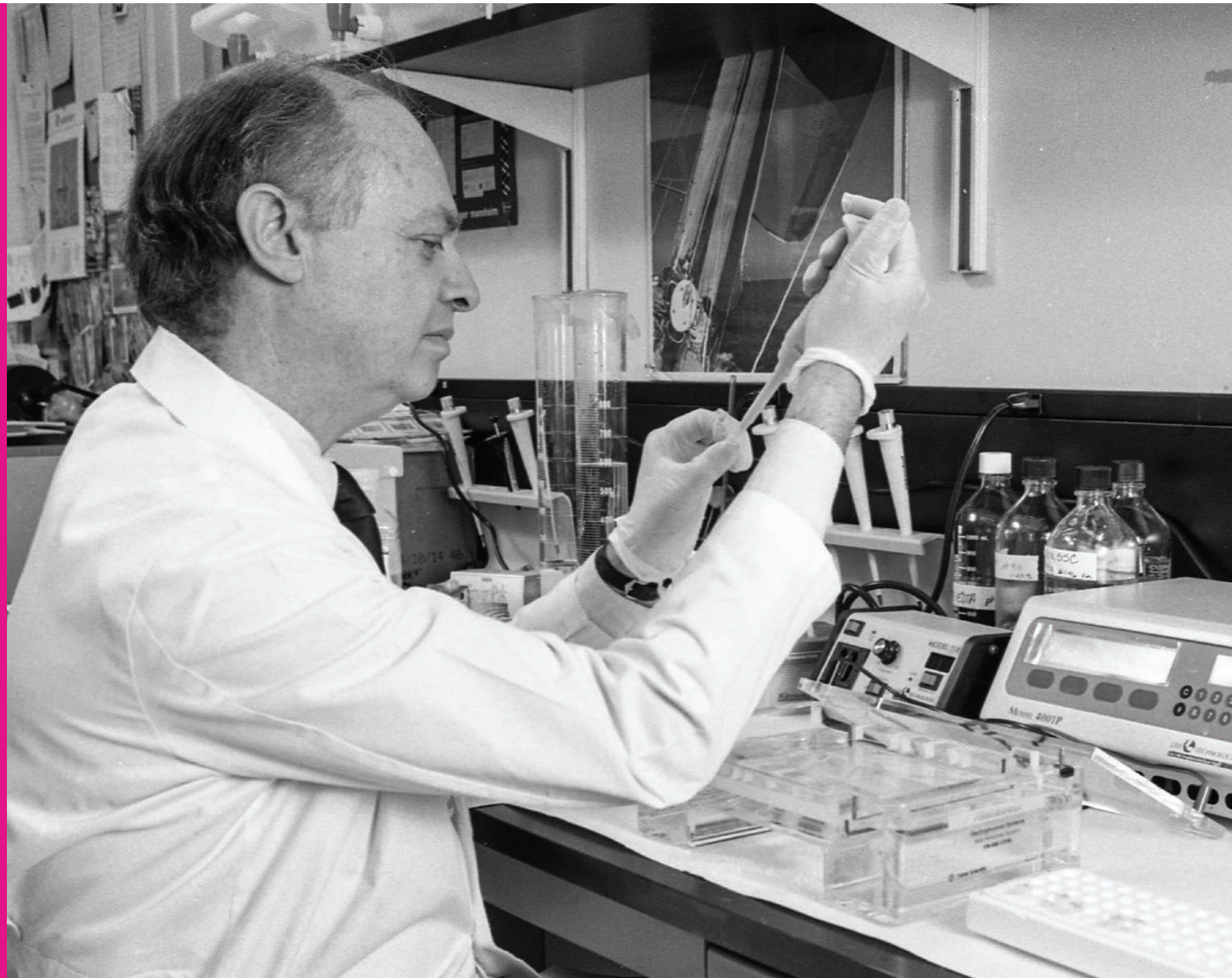
To learn how to support the Michael C. Tomlanovich Endowed Chair in Emergency Medicine, contact the Director of Annual Giving & Alumni Relations Amanda Bennett at (313) 876-8407 or abennet6@hfhs.org.

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Michael Tomlanovich, M.D.

Retired Chair, Emergency Department at
Henry Ford Hospital

Leading the way



How innovation, discovery and philanthropy helped Henry Ford provide a new standard of breast cancer care.

by Dan Trudeau



“As we were doing this research, we could all see it was going to just revolutionize the way that we treated cancer. And it has — all over the world.”

S. David Nathanson, M.D.
Chairman, Breast Cancer Research



Feature

Leading the way in breast cancer care

Breast cancer is the most common form of cancer worldwide outside of skin cancers, and the National Cancer Institute estimates more than 287,000 new cases annually in the United States. Yet, even as the incidence of breast cancer cases continues to increase, death rates associated with a diagnosis have fallen significantly over the past 30 years — an overall decline of up to 43 %, according to the American Cancer Society.

Throughout that time, Henry Ford Health has remained at the forefront of improvements that have driven these positive trends, adopting innovative models of practice and leading groundbreaking research that has influenced the medical community's

understanding and approach to the disease around the world.

Perhaps no one embodies the evolution of breast cancer care at Henry Ford and has had greater influence on its improvements throughout that time than S. David Nathanson, M.D.

Nathanson came to Henry Ford from South Africa via UCLA and the University of California Davis in the 1980s. He was enticed by the opportunity to do sophisticated research in a state-of-the-art lab while providing surgical care for a diverse population of patients with a wide range of cancers.

“I thought I'd just come out for a few years, do some research, write some papers, get an NIH grant and then go back

to California,” Nathanson said. “Well, I've been here now for 40 years. Because when I arrived, I had money for two years with lab techs and 1,800-square-feet of lab space. And that was like a kid in the Chocolate Factory.”

A new model of care

In 1992, the trajectory of Nathanson's career shifted when the leadership in the Department of Surgery approached him with a challenging new project: launching a dedicated breast service to improve outcomes for patients who came to Henry Ford for breast cancer care.

Nathanson was initially resistant to the role; his expertise to that point was focused on cancers of major organs in the chest and abdomen. But he quickly took to the challenge, partnering with colleagues to create a multidisciplinary approach that was almost unparalleled around the country.

“At first, I had no clue how to build a breast service because nobody had really done it before,” Nathanson recalls. “But I started calling people I knew — medical

oncologists and radiation oncologists, nurses, plastics and psychiatry — and we started to put it together.”

Nathanson partnered with a nurse to write care guidelines and launched a tumor board — a rare practice for its time — that met every Thursday at 7:00 a.m., to discuss all the new incoming patients. Each patient saw a surgeon, radiation oncologist and medical oncologist, so the full spectrum of care was addressed.

These practices seem standard today, but at a time when breast cancer procedures were managed primarily by general surgeons, the level of collaboration and specialization was groundbreaking, with clear benefits for the patients.

Nathanson notes that the time between diagnosis to initial treatment — usually surgery — for breast cancer patients often ranged from 60 to 70 days before the breast service launch. With the service established, Henry Ford got it down under two weeks, with a comprehensive radiation and medical

oncology plan in place once surgery was complete. That unique model launched a specialized program that now treats approximately 1,000 new breast cancer patients each year.

“We couldn't have done this if we were in private practice, but the way we were set up at Henry Ford we could. And it worked really well,” Nathanson said.

Forging new discoveries

Throughout his career, Nathanson has been deeply engaged in research focused on the basic properties of cancer and building better approaches to treat, prevent and control it. For the last 30 years, this has included a special expertise on the sentinel lymph node — the closest node in proximity to a tumor and a key vector in cancer metastasis.

Nathanson has been a leading contributor to a groundbreaking body of research that has shown that cancer spreads from the breast to other parts of the body through the sentinel node. This discovery has helped surgeons to modulate

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"Henry Ford is a great place for breast cancer research due to our extremely diverse patient population which allows for minority population enrollments so that these patients can be better represented in clinical trials and other clinical research..."

Jessica Bensenhaver, M.D.
Director, Breast Oncology Program

the level of invasiveness in their procedures based on a biopsy of the sentinel node, in many cases reducing or eliminating the need to remove lymph nodes in addition to tumorous breast tissue.

"As we were doing this research, we could all see it was going to just revolutionize the way that we treated cancer," Nathanson said. "And it has — all over the world"

His latest interest in understanding the mechanical forces that drive cancer cells to leave the confines of the tumor and expand to other parts of the body.

"There has been a lot of emphasis in research on the molecular causes of metastasis, but there's also the mechanics," he said. "You need to have pressure that pushes cells along, you need to have flow like in a river for the cancer cells to line up. If we can increase our understanding of these forces, I believe we can better predict which tumors are likely to spread."

Philanthropy making the difference

Nathanson's research and achievements have benefitted greatly from the help of generous philanthropists. A dedicated breast care center at Henry Ford West Bloomfield — which has been a key home base for the breast cancer service for 13 years — was launched with a gift from Francee and Benson Ford, Jr., and peer-to-peer fundraising around the West Bloomfield community has generated millions for the program over the years.

One of the most impactful and visionary supporters was William Rands, a successful banker, philanthropist and community leader who passed away in 2021. Rands served for many years on the Henry Ford Board of Trustees and was referred to Nathanson after a lump in his breast came back positive for cancer.

Rands was curious and inquisitive by nature, with a degree in psychology from

Yale and training as an officer in the Navy. A day after meeting with Nathanson about surgical approaches to his tumor, Rands called to ask about the possibility of removing the sentinel node in lieu of all his lymph nodes, unaware that Nathanson had pioneered the procedure in Michigan in 1993.

"The long and short is that we ended up doing the procedure, which was experimental in men at that point, and Mr. Rands recovered well with chemotherapy," Nathanson said.

After the surgery, the two men became personal friends, meeting often for lunch where Rands would ask probing questions about tumor science and the future of cancer care."

In time, as Rands and his wife Elizabeth — who went by the nickname Happy — were planning their estate, they reached out to Nathanson about ways that their philanthropy might help advance his work. The result was the Nathanson/Rands Breast Cancer Research Endowed Chair, which for years has supported Nathanson's sentinel node database, the world's largest repository of sentinel node materials collected from Henry Ford's diverse patients.

"Mr. Rands was a beautiful person," Nathanson recalls. "We've been able to do so much because of that funding. I've published numerous papers from the database and been able to work with younger researchers to develop their own studies. The database is an unprecedented resource for discovery, and it wouldn't have been possible without Bill and Happy."

A new era of innovation

And while Nathanson's individual achievements have been significant, the entire team at Henry Ford are working hard to build on this record of research and patient care achievements. The health system is home to a robust program led by Jessica Bensenhaver, M.D., that enrolls many of Henry Ford's 1,000 breast cancer patients in national studies and clinical

Dr. Nathanson has supported basic cancer research from the lab of Evelyn Jiagge, M.D., Ph.D., which is focused on the biological factors that regulate poor outcome for breast cancers in women with African ancestry.

trials, providing a wealth of data and diversity to support breakthroughs for current and future generations of patients. Dr. Bensenhaver has said, "Henry Ford is a great place for breast cancer research due to our extremely diverse patient population which allows for minority population enrollments so that these patients can be better represented in clinical trials and other clinical research. Dr. Nathanson has a wealth of knowledge and experience both research related and clinical that is absolutely priceless to have in a colleague."

Meanwhile, young researchers like Evelyn Jiagge, M.D., Ph.D., are forging new frontiers to understand the genetic roots of breast cancer. Dr. Nathanson has supported basic cancer research from the Jiagge lab that is focused on the biological factors that regulate poor outcome for breast cancers in women with African ancestry. Jiagge's research involves sequencing breast tumors from women in Africa to understand the molecular drivers of metastasis, with a special focus on why African women and Black women in the U.S. are more susceptible to triple-negative breast cancer, which produces a much higher rate of fatal cases than other forms of breast cancer. Dr. Nathanson continues to support Dr. Jiagge's work immensely, while mentoring her to become a successful researcher.

And as Nathanson steps away from clinical duties, he continues to mentor, do research and publish — including a forthcoming textbook — on cancer metastasis. Nathanson and his colleagues are hosting a major research symposium on the subject in San Francisco in 2023. After decades of seeing patients, performing thousands of surgeries and



building new models of care, he remains invigorated by the challenge and thrill of discovery.

Among the most exciting developments in recent months is Henry Ford's new academic medicine and research partnership with Michigan State University, which Nathanson said has the potential to dramatically accelerate the productivity and innovation embedded with Henry Ford's approach to cancer and more.

"With the MSU connection, you mix the minds of the MSU clinicians and scientists — coming from a major university that has NIH funding and a

deep team of brilliant researchers — with what we do well at Henry Ford," Nathanson said.

"I think this is an exciting time in terms of having the expertise to take care of patients, and also the expertise and the resolve to ask the question that I dream about at night and wake up thinking of in the morning: 'How can we continue to do better?'" ■

The Center for Living Donation

Providing life-changing
care for a life-changing gift

by Katherine Kelly





"It is the remarkable collaboration across teams of the CLD that make this possible...everyone from surgeons to social workers comes together, working tirelessly every day to live up to our philosophy that this life-changing gift deserves life-changing care."

Rohini Prashar, M.D.
Medical Director of the Living Donor Kidney Transplant Program and Associate Director of the Center for Living Donation.

The Center for Living Donation

Imagine after multiple days of mountainous hiking — pushing through altitude sickness, trekking through varying climates of hot desert, muggy rainforest and arctic snows — finally, you accomplish something many others only dream of. You reach the summit of Mount Kilimanjaro, the tallest free-standing mountain in the world. Now, imagine you made it all the way there with one less organ.

This is the goal of the Kidney Donor Athletes (KDA), who made the trek up the infamous mountain in Tanzania, Africa to prove a monumental point: that an organ donor can live a perfectly healthy, active and even adventurous life after donation.

"I have never been more proud of myself for what I accomplished," said Emily Polet-Monterosso, a resident of Shelby Township and the only Michigander on the KDA trip in March, 2022. "I've never done anything that hard. It was a very inspirational thing to be part of."

During a living donor transplant in 2019 at Henry Ford Hospital in Detroit, Emily donated a kidney through Henry Ford's Center for Living Donation that saved the life of a single dad of three, whose plea for a match she had spotted by chance on social media.

"Living donors are awesome people," said Jason Denny, M.D., Surgical Director of the Living Donor Kidney Transplant Program and Director of the Center for Living Donation. "They stop to think about someone else when others keep walking. Our goal is to get our donors back to the

life they had before they decided to help someone — Emily is a great example of that."

Stories like these are a hallmark of Henry Ford Transplant's Center for Living Donation (CLD). Launched as a landmark initiative marking the 50th anniversary of the Henry Ford Transplant Institute, the CLD creates a uniquely donor-centered experience, addressing the physical, psychological, emotional and financial needs of the organ donor in addition to the recipient — key aspects of a transplant that may otherwise be overlooked.

"Most programs focus on the 'sick' patient — very few have dedicated staff that focus on the donor's care, as well," shared Dr. Denny. "Both participants are patients, and deserve equally curated, personal and highly specialized experiences."

"It is the remarkable collaboration across teams of the CLD that make this possible," added Rohini Prashar, M.D., Medical Director of the Living Donor Kidney Transplant Program and Associate Director of the Center for Living Donation. "Everyone from surgeons to social workers comes together, working tirelessly every day to live up to our philosophy that this life-changing gift deserves life-changing care."

According to Marwan Abouljoud, M.D., Director of the Henry Ford Transplant Institute, that care begins long before the transplant takes place,



Organ transfer during living donor liver transplant.

starting with how they identify potential donors. "We work hard to identify donors ethically, without pressure or fear. Our goal is that when a patient donates an organ, they emerge a better version of themselves. That starts with providing not only first-class care, but all the soft and safety-oriented elements around it."

About 50% of living donations occur between relatives, which can surround the process with high emotions and pressure. To ease the donor experience, the CLD prioritizes privacy, comfort and education from the first point of contact.

"We have created an environment where people can come to us confidentially, learn about the process of living donation and share their concerns and worries," shared Dr. Abouljoud. This allows the CLD to equip potential donors with educational materials that demystify the procedure; psychologists to assist with the strain of big decisions; and even social workers to help navigate

details like travel logistics or recovery set-up at home. The CLD also fosters an active living organ donor community — a group of organ donors who act as volunteers and educators to create a support system for new donors.

"Whatever you need in your journey to becoming a living donor, we're here to put wings on you," said Dr. Abouljoud. "So when you jump right in, you know you'll fly."

For those without a match, the CLD is pioneering the use of social media to inspire more stories like Emily's. "We have a study currently out for publication that demonstrates how our use of social media has increased public awareness and interest, leading to more living donor kidney transplants," said Dr. Denny. "It is called the DONOR app, and it helps our patients tell their story across social media platforms to increase visibility and find a potential match."

"One question I always ask myself is, how do we not only sustain our specialty,

Continued on page 27



Living Donation: What and why?

Living donation is a surgical transplant procedure to remove an organ, or tissue from an organ from a living person and place it in a recipient whose own organ is malfunctioning — most commonly, a kidney or liver. Living donations are not only an incredible act of kindness — they are also extremely beneficial to the recipient.

Benefits of living donation:

Shorter transplant wait

“The wait for a kidney transplant on the list can be as long as five years or more in the state of Michigan — and there is no guarantee that any individual on the list will be transplanted,” Dr. Denny said. “This degree of uncertainty is removed completely with living donation.”

Advanced planning

Because your surgery is planned and can happen quickly, you can receive a transplant while you are in good physical and emotional health. The healthier you are at the

time of surgery, the better your chances for a successful transplant and faster recovery.

Healthier donor kidney

Because living donors undergo comprehensive medical tests, you know that the kidney you receive is in excellent physical condition.

Better transplant conditions

The donated kidney is outside your donor’s body and yours for a brief period of time. There is less risk of tissue deterioration compared to organs from deceased donors that are

brought in from other hospitals.

Higher success rates and organ longevity

Organs donated through living donation typically last longer and work immediately. For example, approximately half of transplanted kidneys from living donors function for 12 to 15 years. This rate is 4 to 5 years longer than kidneys from deceased donors.

but advance it?” shared Dr. Abouljoud. In addition to elevating the personal aspects of the donor experience, the CLD is also pioneering advancements to improve the mechanics of the transplant procedure itself. Henry Ford is the first and only transplant center in Michigan using robotic-assisted surgical techniques to perform kidney transplants. The minimally invasive procedure benefits both donors and recipients through smaller incisions, reduced pain, lower risk of infection and faster recovery periods. Other improvements include implementing new software to speed processing and identifying donors for difficult-to-match recipients.

The CLD is a strong symbol of the ingenuity Henry Ford is known for, constantly innovating to provide the most advanced resources available for their patients — even when it means

discovering it themselves. The CLD published an exciting study in 2019 testing the use of acupuncture on living donors the morning after surgery, with several patients indicating that acupuncture was helpful for relaxation and pain management. While it requires further study, Dr. Abouljoud is hopeful that advancements like these could ease the recovery for living donation and encourage more people to become donors.

Always looking to the future, the CLD has plans to expand their paired donation initiatives to wider pools; promote living organ donation at the grassroots level; address racial disparities in the field of transplantation; and continue to lead the field by pioneering new technologies and ideas. Whatever the path, Dr. Prashar is certain the future of the CLD will be “defined by our pillars of quality, innovation, research, and education

— while providing the highest level of excellence and personal experience for which Henry Ford is known.”

While reflecting on her experience as a living donor, Emily shared that her only wish was that she had the opportunity to do it sooner. “If it’s on your heart to try and do this, get evaluated,” she said. “Anyone can do this, it’s not a super-hero thing — it’s the most worthwhile thing I’ve ever done.” ■

To learn more about the CLD and becoming a living donor, visit henryford.com/services/transplant/center-for-living-donation.



Did you know you can fund leading-edge research through a planned gift?

Support Henry Ford with a gift through your will or trust.

To learn more about leaving a lasting legacy, contact Joe Impellizzeri at **(313) 874-6038** or jimpell1@hfhs.org.

Why did you become a physician?

I was born and raised in Indonesia. Growing up, none of the family members were in medicine, but I did well in school and my parents encouraged me to pursue a career in medicine. I went to McGill, in Canada, as an undergraduate, and then came to the U.S. for medical school at the SUNY Downstate in Brooklyn.

That's where I met my wife, Mamie. After working as a primary care physician at Henry Ford, she retired in 2018. Mamie was one year behind me in medical school. At that time, I was thinking of going back to Canada, but meeting her changed my trajectory in my career and my life.



What led you to dermatology as your specialty?

During my medical school years, one of my early mentors was a pediatrician. I planned to follow in his footsteps. I knew that to be a good pediatrician, I needed to learn about dermatology. I took a dermatology elective at NYU, which was known to have an excellent dermatology department.

During that elective, I fell in love with the specialty, so I did a pediatrics internship and continued on as a dermatology resident at NYU. During residency, I developed an interest in an academic career, as I enjoyed the intellectual stimulation of seeing challenging patients, doing research and being a part of an academic community.

When did your interest in photodermatology emerge?

I spent about six months of my clinical training working in a laboratory. I really did not have any idea what area of dermatology I was going to subspecialize in, but it happened that the research project was related to sunlight and porphyria, an uncommon photosensitivity disease caused by enzymatic defects in heme biosynthetic pathway.

Around that time, we had a phototherapy unit at NYU, and together with my colleagues, we established a photodermatology clinic to evaluate patients with skin reactions induced by sunlight. I started to publish and gave presentations in the area, resulting in my interest and expertise being recognized.

Behind the white coat

Dr. Henry Lim is an internationally recognized leader in dermatology. As Chair of Dermatology at Henry Ford from 1997 to 2017, he led the department through expansive growth in its patient care, educational and research enterprises, including the development of subspecialty clinics that distinguish Henry Ford as a leader in treating numerous diseases and conditions of the skin.

An accomplished clinician, administrator and scientist, in 2021 Dr. Lim was named the world's foremost expert in photodermatology — a subspecialty focused on the intersection between light and the skin — based on his prolific body of research. He recently spoke to Rounds about his career, passion for discovery, commitment to education and more.

What brought you to Henry Ford and what accomplishments have you made?

After about three years as chief of staff, I decided I loved dermatology too much to commit fully to the administrative medicine route, and I was invited to look at several chair positions. In 1997, I came to Henry Ford, because I knew this department had a long-standing history of excellence and highly respected chairs in Drs. Clarence Livingood and Edward Krull.

Upon my arrival here, I started focusing on developing subspecialty clinics, which is helpful for patients. It's also helpful for residents because they can be exposed to these subgroups of patients, and for junior faculty, as they can develop a specialized expertise in the field.

I also thought it was important to expand our basic science, as well as clinical research. We did not have any externally funded research when I came here, so we recruited Dr. Qing-Sheng Mi. He has been extremely successful and is now one of the top funded dermatology researchers in the country.

Within my own area of interest in photodermatology, we now have four different physicians as part of the Photomedicine and Photobiology Unit, including Drs. Iltefat Hamzavi, Richard Huggins and Tasneem Mohammad. We are one of the few dermatology departments in the world to have a full-time physicist, Indermeet Kohli, Ph.D. It was very gratifying to see the growth of the department, which continues under the leadership of Dr. David Ozog, the current chair of the department.

How has dermatology grown as a specialty over the course of your career?

The science has advanced tremendously. These advances benefit most of our patients, because now we have a much better understanding of the pathophysiology, leading to development of better treatments.

For example, within the photobiology unit we treat patients with vitiligo, which results in whitening patches on the skin. When I was in training, I was told to tell the patients, "There's not much that we can do about it. Try to live with it."

Now, we understand much more about the molecular pathways of vitiligo. Because of that, targeted treatments have been and are continuing to be developed. Our Photomedicine and Photobiology Unit is recognized as an international leader in vitiligo and is actively participating in these research projects.

You have been very dedicated to education and mentorship. What do you enjoy most about working with young physicians and trainees?

One of the reasons I decided on a career path as an academic dermatologist is because of the intellectual stimulation from interacting with the next generation of dermatologists. It requires you to continue to keep up to date with advances in the field so you can appropriately educate the trainees. It also gives me great gratification to watch my mentees grow professionally and to be successful.

What have you been focused on since you stepped down as chair?

I've continued to see patients and participate in clinical research, and I've been very involved with organized dermatology. I was elected president of the American Academy of Dermatology for 2017, which was an honor and a privilege.

In 2017, one of my initiatives as an AAD president was to increase diversity, equity and inclusion in dermatology, known to be one of the least diverse specialties. It is gratifying to see how this initiative was well accepted by the specialty, from state dermatological societies to academic departments. Today, many of the state societies have diversity and inclusion committees and almost all departments do as well.

We also know that the manifestation of skin diseases can be very different and that certain diseases are more common among African Americans, or among Asians, than they are among whites. Our trainees and all of us in dermatology must be aware of those differences and able to recognize the presentation of diseases.

We've worked hard on this within the American Academy of Dermatology. At every annual meeting there are now multiple sessions on recognizing disease in patients with different types of skin, and we're reminded to use clinical photos that show different skin types when we give presentations.

HENRY FORD HEALTH Stars

The Henry Ford Star, honors up residents and/or fellows who have gone above and beyond in one of the following areas:

- Consistently spreads the joy of medicine
- Provides extraordinary patient care
- Outstanding humanitarian service
- Above and beyond in the support of peers and colleagues
- Behind the scenes superstar



- Dr. Elizabeth Madison**
Obstetrics/Gynecology
Above and beyond in the support of peers and colleagues
- Dr. Lea Monday**
Infectious Diseases
Provides extraordinary patient care
- Dr. Mohammed Alkhoujah**
Neurology
Provides extraordinary patient care
- Dr. William Childs**
Family Medicine
Above and beyond in the support of peers and colleagues
- Dr. Alfonso Martinez-Nunez**
Neurology
Above and beyond in the support of peers and colleagues
- Dr. Aroob Sweidan**
Internal Medicine
Above and beyond in the support of peers and colleagues



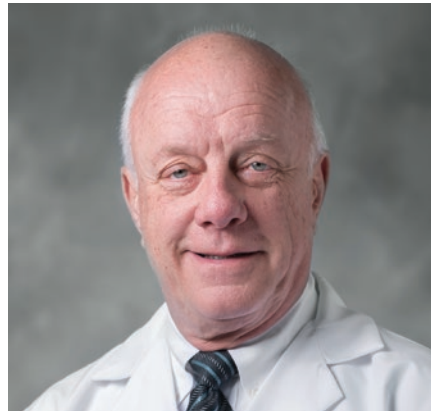
- Dr. Symone Martin**
Family Medicine
Outstanding Humanitarian Service
- Dr. Travis Hamilton**
Neurosurgery
Provides extraordinary patient care
- Dr. Arrice Bryant**
Family Medicine
Above and beyond in the support of peers and colleagues
- Dr. Rebecca Ferguson**
General Surgery
Provides extraordinary patient care
- Dr. Hari Iyer**
Internal Medicine
Provides extraordinary patient care
- Dr. Ani Kazanjian**
Orthopedic Surgery
Provides extraordinary patient care



"The Henry Ford Star Award celebrates people who are recognized by their colleagues and teaching faculty as truly special. Every winner contributes to our community in a variety of ways, and it's important to show appreciation for the clinical care that our residents and fellows provide each and every day."

Lisa MacLean, M.D.,
Chief Clinical Wellness Officer,
Henry Ford Medical Group

Henry Ford obituaries



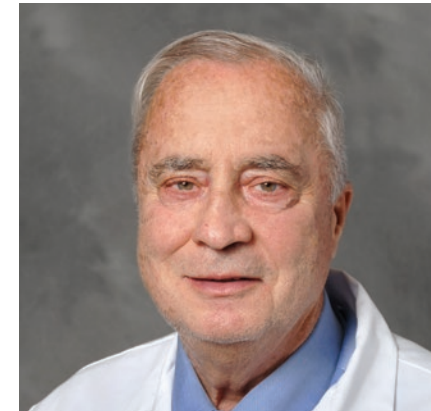
Richard Michael Nowak, M.D.

Richard Michael Nowak, M.D. of Grosse Pointe Park, MI passed away January 26, 2023 at the age of 75. Dr. Nowak was a member of the Henry Ford Medical Group since 1975 and in 1976 was a founding Senior Staff member of the Henry Ford Hospital Department of Emergency Medicine, the residency program, and the research mission. He served as Chairman of the department from 1988-1992. Dr. Nowak enjoyed an international reputation in Emergency Medicine with expertise in cardiac emergencies, resuscitation, asthma, and cardiac biomarker research. In the 1970s and early 80s, Dr. Nowak's studies led to the popularity of hand-held peak flow meters that have become standard in assessing the severity of acute bronchospasm. He was a pioneer in CPR and cardiopulmonary bypass research, both in the lab and the Emergency Department. He has served on numerous international editorial boards in academic Emergency Medicine and Cardiology and has been recognized across the globe with honors and awards for his academic work. Over the course of his 48-year career at Henry Ford Hospital, his contributions to the Emergency Department's clinical and academic missions are immense and will forever set a standard.



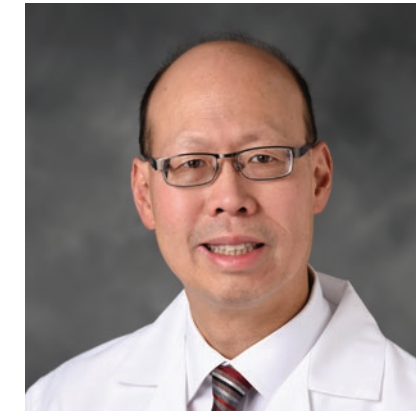
Solomon "Sol" Pickard, M.D.

Sol Pickard, M.D. passed away on Nov. 1, 2022 at the age of 91. After obtaining his medical degree from State University of New York (SUNY) in 1955, Dr. Pickard completed internship and residency training at the University of Illinois Hospitals in Chicago. He served in the United States Air Force as Chief of the Medical Cardiology Service from 1957-1959, attaining the rank of Major, and served in the Air Force Reserve for an additional 13 years. Dr. Pickard completed a two-year U.S. Public Health Service Research Fellowship in the cardiopulmonary laboratory at the University of Chicago Hospitals, followed by becoming an Honorary Fellow and Visiting Registrar at the Institute of Cardiology, University of London National Heart Hospital in the United Kingdom. Dr. Pickard returned to the U.S. in September, 1963 to join Henry Ford Hospital as an Associate Staff Physician in the Division of Cardiology. He became Director of the Cardiac Non-Invasive Laboratory and Pacemaker Center and was instrumental in the expansion of the Non-Invasive Labs at our suburban medical centers. He is also credited with adding transesophageal pacing for testing, diagnosis and therapy of atrial rhythm disturbances. Dr. Pickard remained at Henry Ford Hospital for 35 years until retiring in 1999.



Jan Rival, M.D.

Dr. Jan Rival spent his entire career at Henry Ford Hospital. He joined Henry Ford Hospital as a Senior Staff physician in the Third Medical Division in 1969 and went on to serve as Division Head from 1985-1996. Dr. Rival also served as President of the Henry Ford Medical Group Alumni Association from 2000-2007 and became Vice President in 2007. He retired from the Medical Group in 2015 but continued to be involved in CME and other activities of the Medical Group. Each year a resident trainee is selected for the Jan Rival Outstanding Resident Award, established by the Henry Ford Medical Association. His patients created a traveling scholarship in his name — The Jan Rival Traveling Fellowship Award — which is presented annually to exceptional residents within the Department of Medicine to provide financial support for attendance at a national meeting. An active member and leader of several medical associations, he faithfully served as secretary of the Henry Ford Medical Group Alumni Association for many years.



Jerry Yee, M.D.

Jerry Yee, M.D., passed away on June 9, 2022. He graduated from Thomas Jefferson University and served his residency at Brooke Army Medical Center in San Antonio, and later at the United States Military Academy (West Point). It was there that he met his wife, Virginia Romano. During his seven years of military service, Dr. Yee achieved the rank of Major and was awarded many medals, including the Army Commendation Medal and Meritorious Service Medal with Oak Leaf cluster. Dr. Yee was the Division Head of Nephrology and Hypertension at Henry Ford Hospital in Detroit, Michigan. He was a Fellow at the National Kidney Foundation, American Society of Nephrology and the Royal College of Physicians (London). He was conferred the Mastership of the American College of Physicians. He was the Editor-in-Chief of the *Advances in Chronic Kidney Disease*, published more than 200 peer-reviewed papers and book chapters, and received numerous awards, including the Donald W. Seldin presented by the National Kidney Foundation for clinical excellence.



*Make a lasting gift
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Established in 1950, the Henry Ford Medical Group Alumni Association fosters a vast network of current and former medical and research staff who trained or worked at Henry Ford Health. Over 7,000 active members connect to share news and information, forming professional relationships and friendships that span decades and great distances — all to strengthen our commitment to providing the best possible care to every patient we serve.



Henry Ford Health Named as One of America's Greatest Workplaces for Diversity 2023



Henry Ford Health's success with empowerment of women, promotion of veterans, development of entry-level employees, and support of LGBTQ+ team members and overall culture has landed it on Newsweek's list of "America's Greatest Workplaces for Diversity 2023."

This particular list is Newsweek's first and is grouped by six main economic sectors and 34 industries including healthcare. Henry Ford is one of the few Michigan healthcare organizations to make the list and of those, the only one to receive a five-star rating. A total of 1,000 employers nationwide were listed.

"We are excited about this latest national recognition and acknowledgement of our ongoing commitment to diversity," said Henry Ford Health President and CEO Robert G. Riney. "We celebrate this ranking which further energizes us to continue to serve as an industry leader, community partner and innovator with a vision of equity for all. While our vision includes diversity, it doesn't stop there. We have embarked on an extensive, multi-year journey, guided by our Diversity, Equity, Inclusion and Social Justice Strategic Plan. It is a roadmap designed to ensure our staff, patients and the communities we serve are afforded the full opportunity to participate in all aspects of economic, social and civic life."

Newsweek partnered with market data research firm, Plant-A Insights Group, which produced the rankings. Scoring was based on a review of publicly available data, interviews with Human Resources professionals and an anonymous online survey of full- and part-time employees at companies with 1,000 or more team members in the United States. Respondents were asked about working environment, corporate culture and other subjects at their own companies and others with which they were familiar. More than 350,000 reviews were generated.

Henry Ford Health's LGBTQ+, women-empowered and veteran supportive policies and practices are numerous and include:

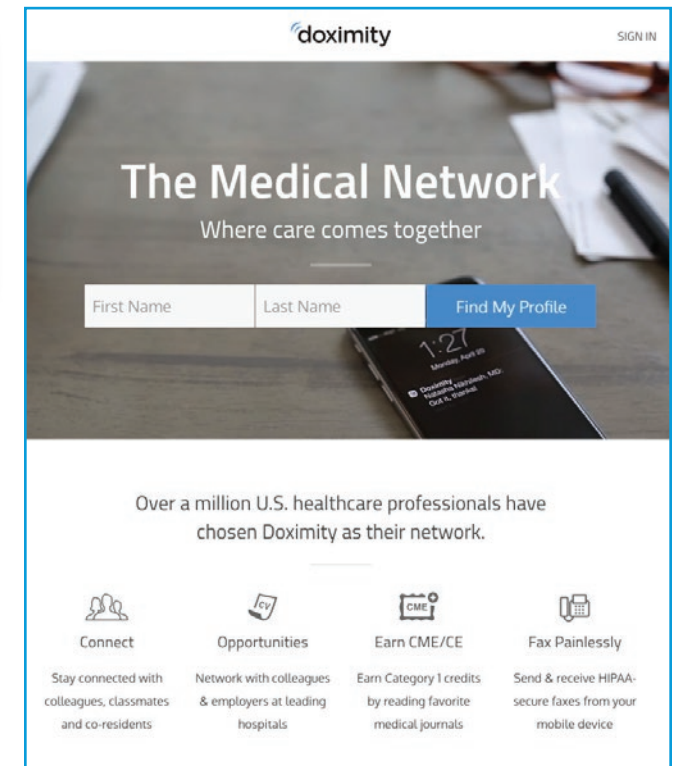
- A Henry Ford Health dedicated LGBTQ+ Health Resources web page.
- Hospital visitation policies that grant equal visitation to LGBTQ+ patients and their families.
- Provider and employee training on LGBTQ+ patient-centered care and unconscious bias.
- Availability of all gender restrooms in all Henry Ford care facilities.
- An Employee Resource Group (ERG) called PRIDE, which strengthens the organization's workforce through recruitment of talented LGBTQ+ employees.
- An ERG called the Women's Improvement Network (WIN), that works to increase organizational performance by enhancing the professional, personal and family lives of working women at Henry Ford Health.
- An ERG called HF4Vets, which supports the unique needs of our employees and their family members who are veterans through fostering personal and professional growth, providing opportunities for veterans and allies to stand united in support of veterans and their families, and engaging in community outreach opportunities that bring awareness to and address the unique needs of veterans.

Referring physician office

To refer a patient to any specialty or to connect with a Henry Ford provider, please call:

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