

Remembering Cecil*

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An accounting of what Cecil Sheps managed to accomplish during his working life might be possible, but it would be less interesting—for the accountant at least—than attempting to understand how and why he did what he did. And so, alongside an admittedly superficial chronicling of his career, I have made that attempt, relying both on the historical record and my own observations.

I begin with the question: Who was Cecil Sheps, MD, MPH, professionally? It is a question that naturally incorporates two others—Where did he come from? And, as importantly, When did he arrive on the scene?

Cecil was one of a small group of “medical careniks” who became active at the end of World War II. They called themselves medical careniks partly in jest; yet one would suppose that the Russian genesis of the word also matched their favorable view of socialist health systems, as well as their view of themselves as young revolutionaries in public health.

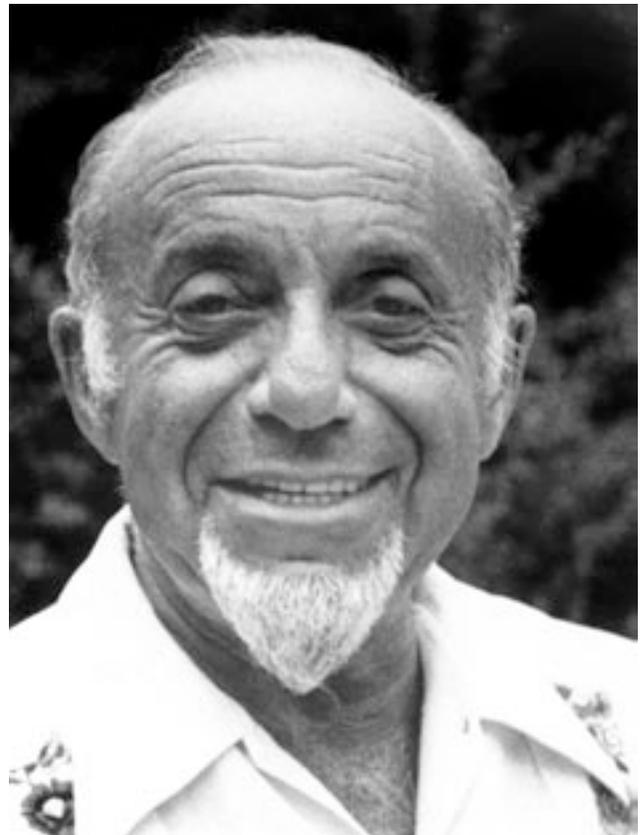
The suffix, *nik*, is both Russian and Yiddish. It means something “associated with or characterized by,” as in the Russian *Sputnik* (meaning associated with or, literally, traveling with the earth), and two familiar *nik*words of American slang—beatnik and peacenik, or the Yiddish word *nudnik*: a bothersome boor or pest, which is how some of the old-line public health officers in the late 1940s must have viewed the medical careniks who were urging change on the public health establishment.¹

What set the medical careniks apart, besides their youth (young for the most part, although the leaders were veterans of earlier campaigns), was their wish to turn both the American Public Health Association and the United States Public Health Service in a direction that would enlarge public health’s concern to include medical care.

They called it “medical care,” not “healthcare”—which, so far as I can tell, is a recent singleword invention of “publicrelations” consultants to the hospital industry, a term generated out of concern that “medical care” might point too narrowly to the medical profession and thereby exclude the new hospital CEOs and their various underling Os, along with their corporate bosses. Certainly, the medical careniks did not envision, much

less embrace, the corporate genesis of so much of today’s health services sector. In their day the term “medical care” stood for medical programs for populations—starting with the practice of medicine to be sure, but moving from there in a public health rather than a private practice direction—and certainly never toward a corporate destination.

Almost all in the group of whom I speak were physicians. Virtually all were male. Most were veterans of World War II. Most were Jews. In intellect they ranged from superior to brilliant. And they shared the same commitment to public health and social justice. They were also of about the same age; those I



*Based on remarks by the author at the Memorial Service for Cecil G. Sheps, MD, MPH (1913-2004), Chapel Hill, NC, May 21, 2004.

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knew best (the group mentioned below) were all born between 1912 and 1917.

I should name some names here. Nearly all of these people are gone now. The oldest—Sy Axelrod, and the youngest—Dick Weinerman, plus Milt Roemer and Les Falk had become close friends while working together in the Farm Labor Health Program (the original migrant health program) just after World War II. Others included Milton Terris, Leonard Rosenfeld, Paul Cornely, and my two mentors, George Silver and Cecil Sheps. Those were probably the core, although there were several others. They all seemed to know each other, either through the Public Health Service or the American Public Health Association (APHA), from earlier association as medical students, or through their common mentor—because all would have considered themselves disciples of the medical historian, internationalist, and public gadfly (where medical care was concerned), Dr. Henry Sigerist of Johns Hopkins.

In the years before email and cheap long-distance telephone service they also wrote to each other. That correspondence probably exists in several places, but a good deal of it can be found in the Richard Weinerman papers at Yale. (Weinerman was a faculty member at Yale at the time of his premature death, so his papers were catalogued before those of the others, most of whom, by the way, also gave their papers to the Contemporary Medical Care and Health Policy Collection at the Yale University Library.²)

Their letters to each other between 1945 and about 1949 voice concerns that were common among veterans: finding a job, entering graduate school, fathering children. These young men, however, also wrote about politics, especially their hopes for the next Wagner-Murray-Dingell Bill, and, often, of the prospect of seeing each other, and of visits to or lectures by or letters from Henry Sigerist.

In the Weinerman correspondence from those years, there are only one or two exchanges between Dick Weinerman and Cecil, but in letters from the others to Dick, Cecil is mentioned several times in ways that make it clear that he is a member of the group, even though in one respect he was an outsider.

Cecil was a Canadian. But not just *any* Canadian; because he had been a “carpetbagger” to Saskatchewan. That was what they called themselves—those who came from outside that mainly rural Canadian Province to help plant the first North American instance of social insurance for hospital care. Mindel Sheps, Cecil’s wife and medical school classmate at the University of Manitoba, was also a carpetbagger; and so, later, was Len Rosenfeld. The carpetbaggers would have been automatically welcomed into the group of medical careniks because the Saskatchewan development was so profoundly important to them. Besides, the most famous carpetbagger of all had been Henry Sigerist, who came to Regina at Cecil and Mindel’s invitation to direct the preliminary survey for the Provincial health plan.³ And more than anyone else, it was Sigerist who united the younger medical careniks and articulated their cause.

All the members of this group would distinguish themselves later. By another 20 years, in the mid- to late-1960s, they had become the mentors for a new generation of medical careniks.

Sy Axelrod, Milt Roemer, and Milton Terris became teachers—primarily (although they were researchers, too). Len Rosenfeld and Les Falk became administrators, but were teachers and researchers, as well. Paul Cornely, Dick Weinerman, George Silver, and Cecil Sheps did it all.⁴

I met George Silver in September 1964. I was a fourth-year medical student from California and had come east to do a two-month elective with him in Social Medicine at Montefiore Hospital in the Bronx. The American Public Health Association just happened to be meeting in New York City that fall, and so I heard, and even met, some of the medical careniks—those who spoke at the meeting or chaired sessions. But although I’m quite sure he was on the program someplace, I didn’t lay eyes on Cecil. I knew his name, though.

A little over a year later—after Silver had become Phil Lee’s⁵ Deputy in charge of stirring things up in Washington, DC, after he helped me find a job in the Public Health Service, and after my new bosses had accepted my suggestion that I be assigned to Cecil Sheps at Beth Israel Medical Center in New York—after all that had been arranged, I made an appointment to meet him, finally. (I started to write, “to finally meet him,” but splitting an infinitive when writing about Cecil is something you can’t do—not if he once corrected your prose.)

The night before our scheduled meeting, my wife and I were driving from Staten Island, where we lived, to see a movie in Manhattan. Somewhere in Brooklyn I turned the radio on and, quite by chance, heard two people engaged in a polite but vigorous debate about Medicare, which Congress had enacted nearly a year earlier and which was just about to be implemented, as a matter of fact, by my division of the Public Health Service. In essence, their argument was over whether Medicare had been a bad idea all along and was therefore doomed to fail—as organized medicine was still predicting in the spring of 1966—or whether it was necessary and would succeed. Both debaters were in command of the points they wanted to make, but I had no idea who they were. We were coming off the Brooklyn Bridge when the host identified his guests. One was president of one of the borough medical societies; the other was the General Director of Beth Israel Medical Center, Dr. Cecil Sheps.

The next morning I showed up at Beth Israel and was ushered into the inner sanctum of the office of the General Director. I had already heard him speak, and now, there he was, puffing his cigar in a holder, attired in a bow tie, shorter than I’d imagined. He didn’t have the goatee yet, and I remember thinking that he looked like Jacob Javits, who was then the senior Senator from New York. Dr. Sheps accepted my congratulations on his previous night’s radio performance and then quickly got to the business at hand. He had only been at Beth Israel a few months, yet he was full of ideas about what projects I might work on—virtually every project, it sounded like, and there were a lot of them.

The Public Health Service’s idea (and mine) was that I was there to learn how to be a medical care administrator so that I might be of some use to my unit, which was called, by the way, the Division of Medical Care Administration. Cecil would be

my teacher. I was enthusiastic, not having realized yet that my aptitudes, whatever they may have been, did not include administration. But I was still ignorant of that and eager to learn.

Cecil was presiding over at least ten—possibly twice that many—community medical care programs or related projects from Beth Israel: the Gouverneur Ambulatory Care Program, the “I Spy” Children and Youth Project, the Methadone Maintenance Demonstration at Manhattan General, the community medicine curriculum at Mt. Sinai Medical School, the Judson Memorial Church project, nursing home affiliations, the national neighborhood health centers evaluation project for the War on Poverty, the *Guide to Medical Care Administration* project for the APHA. Those are the ones I can remember him mentioning that I might work on.

In 1966 he was 53 years old and at the peak of his professional career. In the office he was a dynamo. Three secretaries stationed just outside the door worked on his dictation. He wrote letters constantly (he followed up on everything). After editing each dictated draft quickly, he gave it back for typing, then read the final version carefully before signing it; and always, in those pre-Xerox days, he initialed every carbon copy. He once told me the reason he did that. I’ve forgotten what it was, but since he did it, I did it, too, for as long as there were carbon copies. Then the phone calls, one after another, placed by one of those secretaries. And the small blue slips that he habitually attached—perhaps at home the night before, or on an airplane the previous day—to documents that he had already perused and wanted one or several of his colleagues to know about. The notes on the blue slips were sometimes dictated, too, but were more often scribed in his illegible scrawl. At the bottom of each blue slip was a check mark either on the “please return” line or the “need not be returned” line. To an impressionable and wholly inexperienced young person like me, watching him work was an indelible adventure. If I were casting a film about Cecil in New York, I would look for a young Edward G. Robinson.

He had many interests and talents. First, of course, he was interested in—and knowledgeable of—all developments in medical care. That’s a lot right there. Beyond that he was keenly interested in politics and history, theatre and art—and travel. Also in all jokes that started with the line, “Two old Jews were talking.” He collected those.

But he was no Renaissance man; there were things he didn’t know, and things he couldn’t do so well. He could barely drive a car. And despite his love of travel, his sense of direction lacked a great deal. As a writer and editor he was a stickler more than a stylist. And he didn’t understand sports at all; this would turn out to be a disadvantage later, when he became Vice Chancellor of a major state university and was obliged to sit in the Chancellor’s box at football games, and converse at halftime with other, more observant fans who also happened to be trustees and important alumni.

Cecil’s first listed publication, in *Canadian Advance*, was on a medical care topic: it was titled “The Municipal Doctor System.” The article appeared in 1939, three years after his

graduation from medical school, perhaps when he was working in general practice in Manitoba, which he did for a time. I say “perhaps” because he omitted those early experiences from his *curriculum vitae*, including only this entry: “Health Administration, Health Professions Education, Health Policy, Preventive Medicine and Public Health, 48 years.” Presumably that would cover everything. World War II also began in 1939, and Cecil entered the Canadian Army—although his military service doesn’t appear on his vita either. However, from the end of the war forward, one can follow his major professional interests pretty well from reading the titles of his 154 publications.

The first thing I notice is an impressive series of articles on the subject of venereal disease control, beginning in Saskatchewan. The venereal disease papers are interrupted by a second publication on a medical care topic, “Health Regions—(the) Essential First Step in (the) Saskatchewan Health Program,” and one on general public health, “Mortality in Socio-Economic Districts of New Haven” (written while he was getting his master’s degree in public health at Yale). The venereal disease papers then continue, but now from the School of Public Health at the University of North Carolina at Chapel Hill (UNC-CH).

To explain this odd trajectory—Winnipeg to Regina to New Haven to Chapel Hill—I should amplify something I mentioned earlier. Near the end of the war, the people of the Province of Saskatchewan elected a socialist government headed by Premier Tommy Douglas, leader of a political party called the Cooperative Commonwealth Federation (CCF). The CCF was the first socialist government in North America—if one discounts municipal governments. In Great Britain, at nearly the same time, the socialists (Clement Atlee’s Labor Party) defeated Winston Churchill’s Conservatives, and a few years later Britain put in place the National Health Service. How heady a time those immediate post-war years must have been for young socialists like Cecil and Mindel!

In Saskatchewan Cecil held the title of Acting Chairman of the Health Services Planning Commission and the political title of Assistant Deputy Minister. He was 31 years old then. By some accounts—but not his—he aggravated the medical profession of the province, and the government acceded to the doctors’ wish that he be relieved.

Enter the Rockefeller Foundation. In the immediate post-war years, Alan Gregg, who ran the medical sciences program at Rockefeller, made a few small grants in medical care. He had been doing this for a number of years, but strictly on the side, so to speak, because the Rockefeller Foundation had no formal program in medical care; it was merely one of Dr. Gregg’s hobbies. At the end of the war he proposed that the Foundation launch such a program, which it did, bringing in John Grant, who had been a long-time field officer—in China primarily, but also in India and elsewhere—to head it up.

During the 1940s, first Gregg and then Grant invested in a few young men (I’m reasonably certain they were all men) by giving them stipends and sending them off for a year to a school of public health—either Hopkins, Harvard, Yale, or Michigan—to study medical care and get a degree. Several of

those I named earlier received such Rockefeller stipends; and that is how Cecil was able to attend Yale during the 1946-47 school year. His medical care teacher was Franz Goldmann, who authored one of the first American texts on the topic.⁶

At the end of his year at Yale, Cecil needed a job and found a temporary one—in North Carolina. The School of Public Health at Chapel Hill needed someone to teach biostatistics in summer school. On his way south he stopped in New York to see Dr. Grant, who made an entry in his diary (all Rockefeller Foundation officers kept diaries): “Sheps is certainly bright, and one judges (he) will make an excellent and enthusiastic teacher.”

Later on, Cecil and Dr. Grant would come to know each other well. Cecil used to say that of all the people he knew professionally—and he seemed to know everyone—the two he most admired, whom he considered his mentors, were Henry Sigerist and John Grant.

At the end of that summer session, someone—it was probably John Wright, who was then the chair of the Department of Public Health Administration and the co-author on several of those early articles on venereal disease control—asked Cecil to stay on at the School of Public Health.

After a couple of years, Cecil’s interest in venereal disease gave way to an altogether different theme—planning. Rockefeller awarded a major grant to UNC-CH to plan to become a statewide medical center. John Grant considered the UNC-CH grant one of the most significant investments of his burgeoning medical care program. A teaching hospital was due to open in Chapel Hill in 1952, and with it what Abraham Flexner had called a “half medical school” (in his 1910 report, *Medical Education in the United States and Canada*) would expand at last to a full four years. Further, the University promised its constituents that the new hospital’s mission would be “to serve the people of North Carolina.” These events were the stimuli for the Rockefeller grant. Cecil was put in charge—John Grant more or less insisted on this—and given the title, Director of Program Planning in the Division of Health Affairs.

But soon his publications began to shift again, to the subject of the hospital. In fact, Cecil ended his six-year sojourn in Chapel Hill in 1953 to become General Director of the Beth Israel Hospital in Boston.

I notice that during the early and middle 1950s, some of his titles began to sound less like scholarship and research and more like mild exhortations or at least wise musings, which suggests that they were probably speeches edited for publication—for example, “Community Hospital: The Future Health Center” and “We Must Use Hospitals More Effectively.”



Assistant Professor of Public Health, 1947

During both of Cecil’s two main administrative jobs—as head of two major urban medical centers—he published articles, not just occasionally but regularly. In fact, when I worked with him in New York, he reported in print, promptly, on whatever it was that he was doing or thinking. From his example I assumed that writing for publication must be part of a medical care administrator’s job. It never occurred to me until years later, after I had met many important administrators, some of whom could hardly draft a press release, that Cecil’s example was not the standard; that the *sine qua non* quality for an institutional administrator was not an eagerness to lead by communicating ideas—to one’s staff, professional peers, and the public—so much as good

conduct in the board room.

At the Beth Israel in Boston Cecil also began medical care research. (We now call it health services research.) He received a grant from the Public Health Service, found two outstanding colleagues, Jerry Solon and Sidney Lee, and they began their pioneering investigations—intellectually and methodologically important studies of hospital-based ambulatory care. For the first time, an important teaching hospital, used by thousands of people as their major source of medical care, was actually tracking its community of patients, finding out who they were, understanding the reasons why they used the outpatient department as their primary source of care, and learning what finally happened to them. This was research focused on the modern teaching hospital, where by the mid-1950s, biomedical research and house staff training ruled. Furthermore, it was non-biomedical patient care research designed to uncover information that any administrator would want to know, should want to know, and Cecil did want to know.

Most of his publications during the Boston years reflect or report on these studies of outpatient care. But he was also interested in the larger environment of the teaching hospital, for example, on how it related to the medical school. With a group of colleagues that included Dean Clark, the General Director of the Massachusetts General Hospital (who would later join Cecil at the University of Pittsburgh), he undertook a national survey of teaching hospitals, concentrating on the nature of their affiliations with medical schools. He wrote about the hospital’s responsibility for home care and community health education. And along with his old professor Franz Goldmann and a couple of fellow medical careniks, Sy Axelrod and Milton Terris, he co-edited a book for teaching medical and public health students, titled *Readings in Medical Care*.

In 1960, Cecil became a full-time academic for the second

time when he moved to the University of Pittsburgh to chair the Department of Health and Hospital Administration in the School of Public Health. During his five years at Pittsburgh, the topics of his publications broadened further. Much of his writing was still about the hospital, but now he was writing also about medical schools, schools of public health, expenditures for health and medical care, and on the general topic of research in medical care and community health. One notices, too, that some of his publications reported the results of some outside committee and consulting assignments, for example, emergency medical care in Allegheny County, and the adequacy of health resources in Idaho, Montana, Nevada, and Wyoming. In addition, he was engaged in community medical care research, with articles about families and their regular doctors, how the citizens of an industrial town that the authors called "Aluminum City" made use of medical specialists, and the office practices of 500 internists in New York State.

I had always assumed that Cecil's move to New York City in 1965 was explained by the lure of Beth Israel Medical Center, which to my mind was already becoming the Montefiore of Manhattan in terms of its strong social medicine orientation. I assumed that the general directorship of this institution was simply too attractive an offer to turn down. I assumed wrong. Much later, Cecil told me that the reason he had moved to Chapel Hill (the first time) and then to Boston, and to Pittsburgh, had been because of the professional opportunity each of those positions offered. Mindel had gone along, had followed him, so to speak, as the "less-qualified" member of the couple. But while they were in Boston, she had earned her graduate degree in biostatistics, and in Pittsburgh she became a member of the faculty of the Graduate School of Public Health. After a time, however, she found herself in a fundamental disagreement with her superior over some basic matters of academic behavior. The disagreement was important enough so that Cecil told her that they would leave Pittsburgh, and that it was now her turn to take the lead; she should find her best opportunity, and wherever it was he would follow. She picked Columbia University, and he then applied at Beth Israel. He would have found some other job in New York had the position at Beth Israel not been open.

In New York several of Cecil's publications began to reflect some of the federal health legislation that was part of President Johnson's Great Society, and the general theme of "serving the community." His pieces of that period had titles like "The Medical School—Community Expectations" and "The Role of the Teaching Hospital in Community Service" and "Evaluation of Neighborhood Health Centers" and "Relating a Neighborhood Health Center to a General Hospital."

The return to Chapel Hill in 1969 seems to have been a perfect fit for both Cecil and the University. The ideal candidate to head a new federally funded health services research center, he had, after all, been a pioneer in that field—well-recognized for his own work and highly regarded as an advisor to the Washington, DC, funding agencies.

But for Cecil the opportunity must have seemed fortuitous for personal reasons. One day in New York, I think it was in the

spring of 1967, he told me that he and Mindel were going to Chapel Hill the following day to close on the purchase of a lot on which they intended to build their retirement home. I asked him when that would be. "Probably a long time from now," he said. The opportunity to move to Chapel Hill earlier—for Cecil to launch a new research center, for Mindel, who was just then emerging as a world-class demographer, to join Bernie Greenberg's department of Biostatistics, for the couple to go where they intended to move eventually—must have been something both were enthusiastic about.

Many of Cecil's Chapel Hill writings—numbers 90 through 154 on his publications list—were becoming even more hortatory. The titles suggest this, but since he sent most of them to me, I can also bear witness. Once he asked me whether I thought one of his offerings, I believe it was a commencement address, was "too opinionated" for publication, not well enough supported by "data." I said that at his age and career standing he was entitled to speak his mind in print. "That's what I was thinking," he said, "but I'm glad to hear you say it." By this time he was being invited frequently to comment, for publication, on topics that concerned him; and by this time those topics were many. Again, he was writing about medical schools, schools of public health, hospitals and academic medical centers, consumer sponsorship of medical services, and regionalization, plus four new topics—the Health Maintenance Organization (HMO), the Area Health Education Center (AHEC), the family nurse practitioner, and something called "primary care." And as he had done in Pittsburgh, he was accepting consulting assignments when they suited his interests, which were now turning increasingly international. There were papers on Puerto Rico and Beer Sheva, Israel, and an edited volume, *Primary Health Care in Industrialized Nations*.

Early in the history of the UNC-CH Health Services Research Center—it might have appeared in the first annual report—Cecil announced a motto for the Center: "turning services into programs." I knew what it meant, but I wasn't sure exactly how or where research fit into that phrase. Cecil was sure. "Turning services into programs" had been the theme of his entire career. And it was what the Health Services Research Center was going to do. Sometimes research would come first—as it had at Beth Israel Hospital in Boston. But just as often, the meaning of that phrase would be realized through direct action, by organizing programs, with only an implied promise that research would, might, someday follow. The promise was enough for Cecil. As a result, some of his research associates organized health centers, others worked on plans for a local HMO, some worked at developing an AHEC program, and a few actually did research.

It is clear to me that Cecil wielded considerable influence. He was responsible for a few policies and many programs. In some cases he was directly responsible, in more, indirectly responsible—through a remark he made to someone, through someone he appointed or suggested for an assignment or job, or by his continuous coaxing, and because he always followed up.

I started to draw up a list of programs and institutions that Cecil might have been responsible for, at least where one can

fairly ask the question: Would this have existed if it hadn't been for Cecil? Often, of course, we don't know. But even that element of doubt is a measure of his influence. I began my list locally, but soon realized that I just don't know enough to go very far with it. Beyond the health services research center that now bears his name, I thought first of the Orange-Chatham Comprehensive Health Service Program (now Piedmont Health Services), probably because it was the first thing he suggested I work on when I arrived in Chapel Hill. Then there was the Lincoln Community Health Center in Durham; HealthCo in Warren County; the North Carolina Office of Rural Health (and by extension all of the many local initiatives throughout the state that this office has been responsible for, as well as similar rural health offices in other states that so admired the one in Raleigh that they copied it); UNC-CH's family nurse practitioner program (and by extension, because it was one of the earliest and most influential, other such programs throughout the nation); the distinctive community orientation of the medical school at Ben Gurion University of the Negev in Beer Sheva, Israel; and countless other programs—federal, state, and local, on which he “gave advice.”

During his time in New York, Cecil was often in Washington, DC, for a day. During those years, the federal government was launching a host of new medical care programs. When Cecil would return from one of his day trips to Washington, DC, and someone asked what he had been doing

there, he would usually say, “I was giving advice.” His advice was frequently sought and often followed.

I could never quite understand exactly why he was so influential, but I acknowledge that he was. Sometimes when I heard him pressing some point in a group, I would think that what he was saying could not possibly make a difference because it was too familiar; I'd heard it many times, even said it myself, and I imagined his other listeners were responding in the same way. But he *was* effective. I remember, for example, hearing him speak at a retreat to the group of idealistic young physicians and administrators who were organizing their own community health centers through the Rural Practice Project.⁷ He was talking with them as colleagues, informally, but he seemed again to be repeating the obvious, and I thought his words would be of little value to this group. That wasn't their reaction. They listened closely, and several of them came up to me afterward, or the next day, or in some cases months later, to say how much they'd learned from Cecil, how clear he had made



Vice Chancellor, mid-1970s

everything, and how much his words meant to them. They were stimulated—intellectually and, I think now, even emotionally—by what he had to say. I'm not sure why, but I think it wasn't as much the content of what he said as the conviction with which he said it; he was telling them what he stood for. They must have realized that all of that experience, passion, and commitment were authentic, and that they were hearing The Word from a genuine medical carenik. **NCMJ**

NOTES & REFERENCES

- 1 The story of this battle is told by Arthur Visellear in *Emergence of the Medical Care Section of the American Public Health Association, 1926-1948: A Chapter in the History of Medical Care in the United States*. Washington, DC: American Public Health Association, 1972.
- 2 The exceptions are Axelrod and Cornely. The Solomon J. Axelrod papers are at the University of Michigan, the Paul B. Cornely papers at the National Library of Medicine.
- 3 There are several published accounts of Sigerist's mission to Regina. Probably the best is: Duffin J, Falk LA. *Sigerist in Saskatchewan: The Quest for Balance in Social and Technical Medicine*, *Bulletin of the History of Medicine* 1996;70(4):658-693. See also various chapters in: Fee E, Brown T (Editors). *Making Medical History: The Life and Times of Henry E. Sigerist*. Baltimore: Johns Hopkins University Press, 1997.
- 4 Axelrod spent most of his career at the University of Michigan; Roemer was at Cornell and then UCLA; and Terris at the New York College of Medicine. Rosenfeld held several administrative positions—in Nicaragua, Saskatchewan, Rochester, Detroit, and New York—before he finished his career at UNC-Chapel Hill. Falk worked for the United Mine Workers in Pittsburgh and then as a professor at Meharry Medical College in Nashville. Cornely was at Freedman's Hospital in Washington, but spent most of his career at Howard University; Weinerman was at the University of California at Berkeley, Kaiser-Permanente in Oakland, and at Yale; Silver was at Johns Hopkins, Montefiore Hospital in the Bronx, and then Washington, DC; he finished his career at Yale.
- 5 Lee was twice Assistant Secretary for Health and Scientific Affairs: first in the Johnson Administration (under Secretary of Health, Education, and Welfare Wilbur Cohen) and again in the Clinton Administration (under Health and Human Services Secretary Donna Shalala).
- 6 Franz G. *Public Medical Care: Principles and Problems*. New York: Columbia University Press, 1945.
- 7 Madison DL. *Starting Out in Rural Practice*. Chapel Hill, NC: Department of Social and Administrative Medicine, University of North Carolina at Chapel Hill, 1980.