

Working for social justice at Montefiore and Einstein

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Abstract

Victor W. Sidel was the third head of Montefiore Medical Center's Department of Social Medicine. Founded by Ephraim Bluestone and initially led by Martin Cherkasky and George Silver, the Department pioneered and implemented the vision of a "hospital without walls." Sidel took that vision further by choosing to work primarily in health care rather than medical care, with the well rather than the sick, and with people rather than patients. The Department of Social Medicine of the 1970s created a discipline in "clinical public health" and landmark initiatives in the field: the Community Health Participation Program, the Child Care Health Project, the Addiction Services Agency Consultation and Training Project, methadone maintenance programs, prison health programs at Rikers Island, curricula in community and social medicine in universities across the New York City area, and international scholarship and advocacy, particularly involving China and Latin America. This article briefly describes these novel programs of the time and their descendants in the 21st century, emphasizing the formative impact of Sidel's Department of Social Medicine of the 1970s and 1980s on Montefiore Medical Center/Albert Einstein College of Medicine's work today, both in the Bronx and globally.

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I came to Montefiore Medical Center over 30 years ago through the influence of Jack Geiger, pre-

cisely because of Vic Sidel, Nancy Dubler, Roberto Belmar, Ernie Drucker, and Gladys Valdivieso. These were the Montefiore faculty that Vic led who taught in Jack's Community Health and Social Medicine (CHASM) course in the Biomed Program at City College. I had taken time from my medicine residency at Columbia to work with Jack, and the experience drew me to Montefiore. The Montefiore Social Medicine faculty challenged medical students to draw sustenance from the doctor-patient dyad as the lifeblood of social change, to define "health" as well-being—and "being well" as connection and self-creation, rooted more in fairness and equal opportunity than in the function of bodily parts.

I'm a local guy, born and raised in the Bronx, and I'm happy to close our presentations today with a very local view—the theme of which is this: The legacy of Vic Sidel and the department he created is so interwoven into the very sinews of Montefiore that whatever seems new in community health these days was started by his faculty with his vision years ago, and that same vision defines Montefiore to the many that know about this special place. This legacy even now is reflected on our wards, in our clinics, throughout our community, and indeed globally. When it comes to Montefiore Social Medicine, the past and the present are one—even though its hats are worn by different people.

When Vic came to Montefiore in 1969 as the third head of the Department of Social Medicine, the Department was already a pioneer in reaching out to the Bronx community it served—developing social services, home health care, prepaid group practice—initiatives created by giants Ephraim Bluestone, who envisioned a "hospital without walls"; Martin Cherkasky, who transformed Montefiore into a modern medical center within the fabric of the Bronx; and George Silver, who pushed the

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envelope of medical care with teams that incorporated public health nurses and social workers

During the four-year hiatus between George Silver's departure to the Johnson Administration and Vic Sidel's arrival, Montefiore under Cherkasky had incorporated directly into the hospital administration most of the programs of the previous Departments of Social Medicine. And so when Vic arrived, he had a *tabula rasa* of sorts, and what then took shape under his guidance was a unique creation, *clinical public health*.

Vic wrote: "The Department chose the option of work predominantly in *health care* rather than *medical care*, with the *well* rather than with the *sick*, with *people* rather than with *patients*."¹

The title of my brief talk is "Working for Social Justice at Montefiore and Einstein," the theme of the Department then and now. While the impact of Vic's department was indeed global, all was intertwined and synergistic with its work in the Bronx. Practitioners of social medicine may "think globally, act locally"; leaders of social medicine don't see the difference. The Bronx was Vic's template for his mark on the world. His work against war and nuclear weapons and for our environment were outgrowths of more immediate personal struggles for rights that mark people's day-to-day existence and that fed the spirit of his department.

Let me share some verbal snapshots of the work for social justice in the Bronx, then and now:

The Community Health Participation Program (CHPP) was founded in 1975, inspired by Vic's experience in China with its "barefoot doctors," as a network of lay community health workers who lived and worked in the apartment buildings of the Bronx. These Health Coordinators, linked with the Dr. Martin Luther King, Jr. Health Center, promoted disease prevention through education; provided peer counseling, companionship, and connection; improved the local environs; and personally advocated for impoverished, powerless patients subjected to a medical double standard even more extreme than now.

Roll forward 25–35 years, and there's another Montefiore clinic in the South Bronx, the Comprehensive Health Care Center or CHCC—the successor to the Dr. Martin Luther King, Jr. Health Center as the community-based home of the Primary

Care/Social Medicine (PC/SM) Residency—also developing a community health worker program but with a slightly different twist: focused specifically on immigrants, and connecting newcomers, mostly from Africa or South America, documented or undocumented, to care at the clinic.

In addition to CHCC, there's the OPEN-IT (Opportunities Pro-Immigrant Elderly Newcomers-International Travel) Clinic, a creation that links clinical care with physician education about their patients' cultures and sociopolitical contexts. No surprise that the OPEN-IT Clinic was inaugurated and named by Lanny Smith, the founder of Doctors for Global Health and one of our faculty for 12 years, who came here because of Vic Sidel.

Vic's Department of Social Medicine of the 1970s started the Child Care Health Project to improve the health of children attending day care centers in the Bronx—providing direct care, staff education about health, and advocacy in partnership with parents.

Roll forward 25–35 years, and the children of some of the toddlers in that pioneer project are being cared for in 1 of the 19 sites of the Montefiore School Health Program—the largest in the U.S., caring for more than 20,000 children—while their grandparents if bedbound are regularly cared for at home by docs from the Montefiore Medical House Call Program.

And if the children are homeless, street-bound, not in school or day care, Montefiore's New York Children's Health Project will care for them in its mobile vans.

To those with a social medicine vision, once in the community, the opportunities to make an impact seem as endless as the needs of the population.

The Department of Social Medicine of the 1970s was there to help manage the exploding U.S. epidemic of drug abuse with innovative ideas and a staff primed to bridge cultural divides.

The Addiction Services Agency Consultation and Training Project put educators and trainers into drug treatment programs, and the Department established the methadone maintenance treatment program in 1971 with Ernie Drucker in charge. Ten years later, the two Montefiore sites were seeing hundreds of patients.

Roll forward 35 years, and the Substance Abuse and Treatment Program at Montefiore cares for thousands of patients in vocational, peer, and gender-specific programs.

There's a Division of Substance Abuse at Albert Einstein College of Medicine that operates three Wellness Centers in the Bronx offering mental health services, drug treatment and peer support, and an Addiction Psychiatry Fellowship.

The major research focus of the Division of General Internal Medicine is the health of drug users. It has created an extensive substance abuse curriculum for all 165 medical residents, and all medical students.

And there's action in the streets too: In the late 1990s the PC/SM Program began providing physician support to the first needle exchange program in New York, partnering with the Streetside Project to make medical and preventive services more accessible to folks who shun institutions. This later grew, under the leadership of Chinazo Cunningham, into an extensive door-to-door outreach program in the single room occupancy hotels of the South Bronx, providing a steady source of both medical care and clean needles to the most marginalized people—HIV-infected active drug users housed in these tenement hotels.

Hillary Kunins, a social activist who came to Montefiore as a primary care medicine resident because of the Department of Social Medicine, became a faculty member in the Division of General Internal Medicine, worked for nearly a decade in Einstein's Methadone Maintenance Program and, while continuing her work with drug users, succeeded me as Director of the PC/SM Program. She has now been tapped for the position of Assistant Commissioner, Bureau of Alcohol and Drug Use, of the NYC Department of Health.

As Program Director, Hillary furthered the training mission of Social Medicine by creating "community tracks" with experiences for residents in substance abuse settings, homeless shelters, and neighborhood nutrition projects addressing obesity and diabetes. Now, 40 years after Vic's department led the initiative, she brings that social medicine perspective on substance use to all of New York City.

The Department of Social Medicine of the 1970s pioneered academic medicine's involvement in prison health (particularly through its involvement at Rikers Island), the delivery of care, conflict resolution, health fairs, new medical journals—in initiatives led by Nancy Dubler, Ernie Drucker, Lambert King, and others.

Roll forward, and we know this legacy extended to Steve Safyer, Montefiore's President and CEO, a graduate of the Social Medicine Program, and Gary Kalkut, Montefiore's Senior VP and Chief Medical Officer. Both burnished their ideals by coordinating Montefiore's stewardship of the Rikers Island program. And that legacy inspired and attracted other residents in the PC/SM Program, including Homer Venters, Ross MacDonald, and Aaron Fox, to create an open access "transitions" clinic where recent releases can obtain medical care.

Today, New York City's Assistant Commissioner for Correctional Health Services is Homer Venters, and the Medical Director of Correctional Health Services is Ross MacDonald.

In public health in the City of New York, Kunins, Venters, MacDonald, Andrew Goodman (Deputy Commissioner, Division of Health Promotion and Disease Prevention), and Jane Bedell (Assistant Commissioner and Medical Director, Bronx District Public Health Office) exemplify how the Department of Social Medicine lives today through the challenges it took on, the experiences it created, and the people who embraced them—a powerful legacy.

The Department of the 1970s created groundbreaking educational experiences in Social Medicine for residents and students in med schools and colleges: in the Residency Program in Social Medicine established by Harold Wise at Einstein soon after Vic's arrival at Montefiore and with the City University of New York. At the Sophie Davis School for Biomedical Education, the Department taught several courses both in the classroom (e.g., "Community Health and Social Medicine" and a full course in epidemiology) and in the field, collaborating with over 50 community agencies in the Bronx. Members of the Department became the regional teachers for the National Health Service Corps to train health professionals in aspects of primary care

and social medicine. By 1979, the Department's educational influence spanned seven major universities in the New York area.

Roll forward 25–35 years, and the Residency Program in Social Medicine's special Tuesday curriculum in social medicine is thriving, as is the month-long immersion experience in community medicine in the Bronx, "Orientation to Social Medicine."

The Montefiore social medicine message is prominent on the 21st century "cloud" via the Social Medicine Portal and the on-line journal *Social Medicine*, edited by Matt Anderson, with thousands of readers worldwide every month.

And the PC/SM Program pioneered a now well-established course in "Social Medicine Advocacy," which has drawn students to Montefiore from across the country every October for the past decade. Mentored by PC/SM faculty Galit Sacajiu and Aaron Fox and created in collaboration with Public Citizen in Washington, the advocacy course was the brainchild of three residents, Steve Cha, Joe Ross, and Joe Asbury—a trio now active in public service, social medicine research, and clinical education respectively. The advocacy course leads students through the experience of using public health and clinical science to achieve social justice, in the tradition established here by Vic Sidel and his department.

I'll conclude my comments with the "then and now" in global health, which paradoxically, as much as any other arena, captures the local essence of the Department of Social Medicine at Montefiore and Einstein.

A number of years back, I spent some time exploring the roots of our involvement in what was rapidly catching on under the rubric of global health. Its national popularity implied a new awareness of health disparities, disease burden, and human suffering far from our borders—an awareness fueled by the media, air travel, new money, fear of contagion, idealism, pragmatism—you name it. My research corroborated what I expected to find: that Einstein, despite being a relative latecomer to the "club" of global health centers sprouting up all over the country, was really the godfather of them all!

We at Einstein and Montefiore had all the pillars of global health: basic research in parasitology and tuberculosis, exemplified by Barry Bloom, who left Einstein to become Dean of the Harvard School of Public Health; education, with Al Kuperman, who 40 years ago initiated the student Global Health Fellowship Program way ahead of the time and co-founded the Global Health Education Consortium; and, standing alone in the sphere of advocacy and service globally, the Department of Social Medicine at Montefiore under Vic Sidel.

Vic and Ruth's firsthand scholarly analysis of primary care in China became the authoritative resource for Westerners struggling to integrate public health with clinical care, particularly in poor areas, and his and Ruth's later work describing and comparing diverse health systems in Europe and Latin America, in developed and developing countries, encouraged American health strategists to think outside the box for remedies to our own (sad) system.

Vic's international reach plucked the family of Roberto Belmar, Regional Health Director for Santiago, Chile, from Pinochet's stadium and brought him to Einstein. Once here, Belmar led the development of the CHPP and, in a half dozen countries in Central and South America, of collaborative programs in maternal and child health and occupational health. Roberto became a key health advisor to Mario Cuomo before returning again to his beloved Chile in 1985 to assume major leadership roles in the post-Pinochet era.

Sidel and Belmar's involvement both domestically and internationally was guided by a perspective that presaged the evolution of the concept of *international health* to one of *global health*, founded on social medicine principles, predicated on our common ground, emphasizing the universal tentacles of poverty and the susceptibility of societies everywhere—whether in Chile, China, or the South Bronx—to ill health borne of injustice.

Roll forward 25 years, and the PC/SM Program is partnering with Doctors of the World to develop the first teaching Human Rights Clinic in the country dedicated to accompanying and defending victims of torture globally, and teaching residents how to be their advocates.

A decade later, Einstein has an official Global Health Center, a platform supported by its once-stand-alone pillars of science, education, service, and advocacy to better promote the ideal of health for all. Fittingly, its two co-directors are Lou Weiss, a basic scientist and parasitologist, and Kathy Anastos, a clinical researcher advocating through science for African and South Bronx women infected with HIV. Kathy's a graduate of the Social Medicine Program, and like Vic or Roberto, sees Rwanda and the Bronx as *one*. And Roberto Belmar in Chile heads the Center's main Latin American affiliation. Many other faculty of the Center have social medicine roots: Donna Futterman championing adolescent HIV treatment and prevention in the South Bronx and South Africa; Matt Anderson in Guatemala; Linnea Capps in Chiapas, Mexico; and Shwetha Iyer, Erin Goss, James Grigg, and myself in Uganda.

The Uganda program focuses on service and education through the model established by Montefiore's social medicine of the 1970s. A dozen community projects in nutrition, adult literacy, maternal mortality, antenatal care, chronic disease-in-

the-community, and microfinance have grown from a core of 55 Village Health Workers trained with the support of Montefiore and Einstein. The Village Health Workers in turn are the ambassadors for our students in the community and our residents in the hospital. It's the CHPP model, with Montefiore-Einstein community outreach operating in rural Uganda.

The Department of Social Medicine under Vic Sidel—alive and well today under different stewardship—was a remarkable innovation in its time, fulfilling the mission of a hospital-without-walls serving its community. It keeps creating through the verve and vision of people continually drawn to it. It permeates the fabric of our two institutions, and makes us proud to be among the lucky ones to make a difference through our work, consonant with our deepest values.

Reference

1. Sidel VW. The Department of Social Medicine in the 1970s and 1980s. *Montefiore Med.* 1980;5(2):54-60.

