History of the Department of Epidemiology and Social Medicine

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Medical school departments don’t exist just in their own professional worlds. They exist in the context of their medical school, which in turn exists in the broader cultural milieu of the society at a given point in time. And so it is with our Department, which has been variously named in reflection of the priorities of the times. I should like to give you a brief history of the Department and its metamorphoses—its evolution really, along with some personal reminiscences.

First Incarnation: Department of Preventive and Environmental Medicine

The precursor to the modern Department of Epidemiology and Social Medicine was the Department of Preventive and Environmental Medicine, and its first chairman was the founding Dean of the College, Dr. Marcus Kogel. That name, given to the Department in 1955, surely reflected the emphasis on teaching and research in disease prevention and health promotion that the faculty and its chairman, Dean Kogel, wished to convey. Programs of instruction in those early years included the traditional epidemiology and statistics, some material on the organization of health services, and most particularly, “environmental values and hazards in man’s natural habitats.”

In 1960, Dr. Leonard Greenberg, an expert on environmental and occupational medicine, assumed the Chairmanship. Over the following six years, Dr. Greenberg and Dr. Herbert Schimmel engaged in a number of important air pollution studies under a grant from the United States Public Health Service and in cooperation with the Department of Health of the City of New York. This series of epidemiological studies clearly demonstrated the relationship between air pollution and morbidity and mortality in the city, and most certainly contributed to the development, on a national, state and local level, of significant environmental control legislation and regulation.

Second Incarnation: Department of Community Health

With the retirement of Dr. Greenberg and the assumption of the chairmanship in 1966 by Dr. Martin Cherkasky, the goals, program and research of the department changed significantly. Dr. Cherkasky, as Director of Montefiore Hospital, had a long-standing interest in social medicine which was reflected in the numerous innovative community programs sponsored by the hospital. Important both symbolically and as a response to new programmatic emphasis, the Department at that time was renamed the “Department of Community Health.”

When I first came to Einstein in 1969, which was the summer of Woodstock and the summer when the first man landed on the moon, the Department was known as the Department of Community Health. I was hired by Dr. Cherkasky and Mr. Herbert Lukashok, and they made me feel that the Department “was going places”. And it was. Jutta Zankl, who is still the departmental administrative secretary, also remembers those heady days. There was a major faculty expansion beginning the fall of 1969. Those were the days when students were activists whose goal was to improve society. This was the time, in the late sixties and early seventies, when major institutions, including medical schools and hospitals, were mobilized to address the serious problems of poverty in urban ghettos and rural areas. Major grants from the Rockefeller, Milbank, and Commonwealth Funds provided resources for the Department to develop new educational programs for students directly relating to health problems in the urban core. Curriculum changes reflected new program initiatives designed to improve the health of the minority populations in the Bronx. Students spent a significant amount of time in field placements in the Bronx—mostly in Family Health Centers operated by the medical school.

Teaching was an interesting and sometimes difficult experience in those days—students mounted strikes of classes they didn’t like, held sit-ins at Deans’ offices, and called professors by their first names. When a student called you by your first name, it meant you were in, and that you were not part of the enemy force. So, I was honored when that happened to me for the first time. But the buzz word was “relevance”—and most students (and faculty) thought biostatistics and epidemiology were not relevant to the problems of society. So, unfortunately, my own specialty was held in rather low regard.

Our department as a whole, however, was at the forefront of dealing with social issues. Dr. Steven Jonas was the Medical Director at Morrissania, which was a medical clinic serving low income families. Also, Lincoln Hospital, with its turbulent politics and deep social problems, was in the Einstein orbit. Dr. Raymond Lerner established the Bronx Information Project so that we would know the demographics and needs of the residents of the Bronx. Dr. Mildred Morehead, a pioneer in the evaluation of quality of care in hospitals, established systems for improving that quality.

At that time, Dr. Charles Arnold, an epidemiologist, together with Dr. Lerner and me, were working on an epidemiological project with important political implications. Around that time, New York State was poised to pass a law allowing abortion. It was widely thought that since most gynecologists would not perform abortions, the law would be de facto useless. We did a statewide survey of obstetrician/gynecologists which showed that around 90% would either themselves perform or refer a patient to someone else who would perform an abortion. Our survey was brought to the attention of legis-
lators and may have helped to pass the law.

When William Glazier assumed the Acting Chairmanship of the Department in 1971, the programmatic emphasis of the previous years continued. He defined the role of the Department of Community Health to be "a concern with those social, economic, and environmental factors which impinge upon and affect the health status of the individual and the community in which they live." Programmatically, the department provided support and technical assistance to school-wide efforts to develop primary care services. Mr. Irving Lewis joined the Department at about that time, coming from a government post in Washington. He brought a public policy and economic perspective to the work of the Department, and his wise counsel was held in high regard during his tenure at Einstein.

As I noted at the beginning, a medical school and its departments are placed within the context of the larger society; and society at that time was not yet revolutionized with regard to women. At the Einstein Campus, I was only the second woman to join the full-time faculty in our department; Mildred Morehead was in our department from its inception. But these were still times when I would be asked to get coffee. I do not believe that it was because of any sexist bias—or anything conscious at all—but rather, it was an absent-minded sort of thing; it was just taken for granted that a young woman gets the coffee or runs the errand. I did not mind at the time. I was not even aware of it, until on one occasion which I remember clearly, Dr. Chuck Arnold, who was my age, put his hand on my arm as I started to get up from the conference table, and said quite deliberately, "No sit down, I will do it." A truly liberated man! It should be noted, however, that in the intervening years, our department had five full professors who were women, a superb record in the medical school.

Meanwhile, on the Einstein Campus in the mid-sixties, with the establishment of the formal affiliation between the College of Medicine and Montefiore Hospital, the Department of Social Medicine at Montefiore became an academic department of the College parallel to the Department of Community Health at Einstein, with Dr. Victor W. Sidel as its Chair. Though the Departments remained separate until 1984, one policy governed appointments and promotions. There was a unified medical student teaching program, and there was close collaboration on overall program planning and activities. Under Dr. Sidel’s leadership, the Department became a strong advocate for underserved and underprivileged populations. The Department embarked on international health programs with Dr. Roberto Belmar, union health programs, prison health service, and other community health programs, such as the Methadone Treatment Program directed by Dr. Ernest Drucker. Dr. Drucker became well-known for research and for substance abuse programs. Dr. Nancy Dubler initiated a law and ethics program and pioneered clinical applications of ethical principles with “bedside consultations” at Montefiore. She continues to this day to meet with patients’ families and physicians to assist them in making medical decisions which are consistent with ethical considerations. Dr. Sidel became inter-
Figure 2: Professor H. Lukashok’s retirement party. 1990. (Left to right) Dr. M. Alderman, Ms. M. Calabrese, and Dr. H. Lukashok.

Figure 3: Professor H. Lukashok at his retirement party. 1990.
nationally known as President of the American Public Health Association, President of the Physicians for Social Responsibility, and a leader in other organizations devoted to promoting public health and social justice.

Back on the Einstein Campus, Herbert Lukashok became Acting Chairman in 1975. For the next nine years, he led the Department with unparalleled grace. A true scholar and a gentleman, in his unassuming and principled manner, he brought people together, resolved differences, and showed respect and compassion to students, faculty, and staff. Under his leadership, a Health Psychology program was initiated jointly with the Macklin, who is internationally known in the field. She has Trial of Antihypertensive Interventions and Management), and compassion to students, faculty, and staff. Under his leadership, a Health Psychology program was initiated jointly with the Ferkau Graduate School under the direction of Dr. Gil Levin, and after he retired, Dr. Charles Swencionis. Students from Ferkau work on research projects with Einstein professors, and many do their dissertations under the supervision of Department faculty. One of the first graduates of that program, Dr. Carol Morgan, joined the Department upon her graduation and developed a program in cancer education. After her untimely death, Dr. Alyson Moadel assumed direction of that program in our Department and has expanded it. Herbert Lukashok also laid the groundwork for an active Bioethics focus at the College with the recruitment of Dr. Ruth Macklin, who is internationally known in the field. She has brought great stature to the Department and the medical school, which in turn nurture her activities.

Times were changing. Epidemiological research was becoming more relevant to the students, and the research endeavors in our department were becoming more collaborative with other departments. My own major research activities in the later part of the 1970s and 1980s were originally in collaboration with Dr. Donald Blaufox, the current Chairman of Nuclear Medicine, and included the landmark Hypertension Detection Follow-up Program (HDFP) and its multiple successors, such as TAIM (the Trial of Antihypertensive Interventions and Management), and SHEP (The Systolic Hypertension in the Elderly Program). These were randomized clinical trials concerned with the treatment, control, and public health aspects of hypertension. Clinical trials and multi-center, collaborative studies became the primary focus of my own research, and cardiovascular disease epidemiology constituted the major part of the Department’s research efforts. Also included were diabetes research and health promotion. Dr. Roger Mazze joined our department and worked with the beloved Sam Rosen in the area of diabetes.

When Dr. Judith Wylie-Rosett joined our department in the 1980s, she launched a major effort in nutrition, both in teaching and research. Initially, the areas she worked in were nutrition and cancer, in collaboration with Dr. Seymour Romney and the Department of Obstetrics and Gynecology. Subsequently, and up to the present time, she worked in diabetes, obesity, and cardiovascular disease. She has been a leader in nutrition and health promotion in the major diabetes prevention trials, in demonstration and evaluation projects in obesity treatment, in dietary interventions in the Women’s Health Initiative, and in nutrition curriculum development. Dr. Jonathan Tobin joined our faculty in the 1980s and expanded our departmental collaborations to Neurology in his work on the Bronx Aging Project and the Teaching Nursing Home project. He also worked in health services research on gender bias in referral patterns for cardiovascular disease diagnostic procedures. This work is being carried forward by Dr. Janice Barnhart, who is looking at non-clinical factors in diagnostic and treatment decision making in cardiovascular disease. Thus, the work of the Department was integrated with the mission of other departments and the interdepartmental collaborative model was firmly ensconced.

Third Incarnation: Department of Epidemiology and Social Medicine

In September of 1984, Dr. Michael H. Alderman became Chairman of a newly unified department, combining the Department of Community Health at the College with the Department of Social Medicine at Montefiore. The name of the new, unified department became the Department of Epidemiology and Social Medicine, reflecting the blend of purposes and philosophical goals.

Dr. Alderman led the Department for fourteen years and during his tenure, the Department expanded both on the East Campus at Einstein and on the West Campus at Montefiore. The choice of a clinical epidemiologist to head the Department was consistent with the prevailing view of the College that research and training in epidemiology must be the primary focus of the newly unified department. Dr. Alderman has described epidemiology and biostatistics as “the basic sciences of clinical medicine,” reflecting his belief that clinical epidemiology provides the scientific basis for the practice of personal encounter medicine. Therefore, the primary initial goal of the new department was to establish strong, academically credible research and teaching activity in clinical epidemiology in the Department and throughout the College of Medicine. Dr. Alderman was able to unify the diverse department and earn it a high degree of respect throughout the medical community.

This new direction certainly did not imply a diminishing interest in community health. Rather, it demonstrated the strong belief on the part of the Chairman and faculty that a solid base of epidemiological and health services research was the most effective way for an academic department in a medical school to address the health problems of its community. I should say that this view was not unanimously accepted, and there was initially a perceived tension between the objectives of focusing on immediate social problems and engaging in epidemiological scientific research. Dr. Alderman dispelled this tension by his leadership and genuine interest and commitment to public policy issues as well as to scientific rigorosity. However, this tension was revisited when Dr. Alderman stepped down in 1998 and I assumed the Interim Chairmanship, when discussions were held on splitting the department anew.

During Dr. Alderman’s tenure as Chair, our teaching program grew and, under the direction of Dr. Paul Marantz, became highly respected throughout the College and well-liked by the
students. Dr. Marantz further expanded our teaching mission by starting a 2-year Masters program in Clinical Research for physicians. This Masters program is state-certified and highly successful; the second class will graduate in 2001. Dr. Marantz has received a federal grant to expand and continue this program. Our department now does a great deal of teaching to medical students in a first year course, as part of case-conferences in subsequent years, and in the Masters program. Plans for a Ph.D. program in epidemiological research are underway.

The emergence of AIDS, the re-emergence of other sexually transmitted diseases and more recently, the spread of tuberculosis, as major threats to health in the inner city, provoked the rapid development of research and demonstration models led by department members at Montefiore. Dr. Ellie Schoenbaum began and continues to direct major programs in the epidemiology, prevention, and treatment of AIDS. She has recruited, Dr. Mayris Webber, who has addressed psychosocial and health care issues. Dr. Katherine Freeman heads statistical consulting at Montefiore. At the same time, social scientists in the department have contributed substantially to the evolution of national health policy in this area. Dr. Peter Arno is heading major and important efforts focusing on economics and health policy, particularly in relation to the race and social class disparities in overall health and access to healthcare. He also has recruited a young faculty member, Dr. Pinka Chatterjee, to carry on this work.

As science advanced and epidemiology became more collaborative with the basic sciences, Dr. Gloria Ho came to Einstein from Johns Hopkins and initiated a new direction in our department, molecular epidemiology. Together with Dr. Robert Burk, she published seminal findings regarding the transmission of the human papilloma virus and the identification of viral subtypes which pose the greatest risk of cervical cancer. She continues her research in molecular epidemiology with new studies of prostate cancer. Molecular epidemiological research continues to expand in our department and is being carried forward by new junior faculty, Dr. Howard Strickler and Dr. Robert Kaplan, who are studying genetic and molecular bases of cancer and cardiovascular disease, respectively.

Dr. Alderman’s own main research interest has been in the epidemiology of hypertension and the determination of risk factors in the prevention of cardiovascular disease. Prior to arriving at Einstein, Dr. Alderman founded and directed the pioneering Worksite Hypertension Control Program which continued to be an integrated effort for hypertension and hypercholesterolemia intervention maintained by a union-sponsored, occupation-based program in New York City. He and members of his team, Dr. Hillel Cohen and Dr. Jing Fang, have published widely in the field of cardiovascular disease. Dr. Alderman, during and after his role as Chair, has been a leader in major collaborative multi-center clinical trials of hypertension treatment (ALLHAT) and in other national clinical trials in cardiovascular and diabetes risk-reduction modalities. He has also served as President of the American Society of Hypertension, and is considered an “opinion leader” in this field.

During this time, our department also served other departments and centers within the school by providing statistical and epidemiological expertise. We were helpful in the successful grant applications for the Cancer Center and the General Clinical Research Center, as well as for on-going consultations and collaborations with those centers. Dr. C.J. Chang headed the biostatistics core at Einstein for nearly 8 years before returning to Taiwan, and Dr. Casey Farn brought expertise in genetic statistics. My own research continued to flourish during Dr. Alderman’s stewardship. Together with a multi-disciplinary team both from within and outside our department, notably Obstetric/Gynecology and Medicine, we became a clinical center for the Women’s Health Initiative, a 40-center, 11-year, national study of 160,000 women, consisting of a set of interrelated clinical trials and observational study of post-menopausal women to address the prevention of heart disease, cancer and osteoporosis, as well as Alzheimer’s disease and other health problems of aging. This study is now in its eighth year.

In 1998, I became Interim Chair of the Department and Dr. Ellie Schoenbaum at Montefiore became the Interim Vice-Chair, a position she continues to hold. I saw departmental research mission as intended to design and implement translational research in three phases: translation of basic science discoveries to clinical studies; translation of clinical studies to population-based studies; and translation of population-based findings to health services delivery applications and public policy issues. Our educational mission sought to train future physicians who can critically evaluate the medical literature and future investigators who will contribute fundamentally to that literature.

Even though I was Chair for just two years, it was during a critical time in the history of the department. As the search for a permanent Chair proceeded, there was talk of splitting the department again and absorbing the Montefiore component of our department into Family Medicine and keeping the Einstein part as a pure Epidemiology Department. Our faculty did not favor that, but there was a concern on the part of the Montefiore administration that it would be difficult to find a Chair to lead such a diverse department. Some candidates who were under consideration were either not acceptable to one side or to the other. I was very opposed to such a split, because I believed our department was unique in its broad scope, and its activities ranged across the whole spectrum of issues relating to the improvement of health among all people. We had a communality of purpose and a collegial affinity, and I believed that cutting off a whole arm would be going backwards. I am proud to say that I did my best to keep this from happening. Ultimately, we were fortunate in recruiting the current Chair of the Department, Dr. Thomas Rohan. And so the department remains unified and maintains its name as the Department of Epidemiology and Social Medicine.

Dr. Thomas Rohan became Chairman in the spring of 2000. He came to Einstein from the University of Toronto School of Medicine. He has a distinguished research career with a spe-
cial focus in cancer epidemiology. He has been the Principal Investigator of the New York Cancer Project, a study sponsored by the Academic Medicine Development Company, which is recruiting 25,000 New Yorkers (with plans to expand to a cohort of 300,000) in order to study, in a 20-year follow-up, the causes of cancer. He is also leading a large multi-center study on benign heart disease, consonant with his interest in breast cancer. Dr. Rohan is planning a large expansion of the department which already begun with recruitment of new faculty in the areas of biostatistics (Dr. Abdissa Negassa), diabetes, and cancer epidemiology.

Currently, the department has forty full-time faculty with primary appointments, additional faculty with secondary appointments, and faculty in affiliate institutions including Beth Israel Medical Center and Long Island Jewish Medical Center. The faculty are grouped into eight divisions, with plans for creating a new and separate Division of Biostatistics. The eight divisions are: AIDS Research Program, Bioethics, Education, Epidemiology and Biostatistics, Health and Behavior, Nutrition and Health Promotion, Philosophy and History of Medicine, and Public Health and Policy Research. Additional notable programs and departmental affiliations include the Center for Quality Research in the North Shore-Long Island Jewish Health System, the Department of Outcomes Analysis and Decision Support at Montefiore Medical Center headed by Dr. Eran Bellin, the Ferkauf Graduate School research programs in substance abuse under Dr. Thomas Wills, and the faculty affiliations at Continuum Health Partners, Beth Israel Medical Center. Throughout several Chairmanships, the Department has been administratively supported by Merrily Calabrese, and the Unified Department, first by Paul Meisner and now by Leonard Vicente.

The evolution of our department has been mirrored in the epochal name changes it has seen. The Department went from a focus on epidemiology and preventive medicine as the Department of Preventive and Environmental Medicine, through a period of social change and a focus on community action as the Department of Community Health, to a more sophisticated marriage of social purpose and the advancement of scientific knowledge, as reflected in its current name as the Department of Epidemiology and Social Medicine. The Department continues to flourish and is invigorated with new junior faculty. It is an exciting place in which to work, exceptional in its collegiality, diversity and intellectual stimulation.

On a personal note, I want to use this opportunity to express my thanks to the Department, its Chairmen and the Medical School for providing me with such a rich professional home and with so much personal warmth during some difficult times in my life. It is that special feeling of connection that makes working in this Department and this school, such a great pleasure.