New York Models in Medical Care

Research, Education, and Implementation at Columbia during the Trussell Years

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During the lifetime of an institution, individual leaders become known for their special talents or accomplishments—especially those with long-term impact. Dr. Ray E. Trussell, who served as Director of the Columbia School of Public Health from 1955 to 1968 (the longest tenure of any of the School’s leaders other than that of the founding director, Dr. Haven Emerson), was influential in building the School’s substantial involvement in the analysis and management of city, state, and federal public health care delivery. The School’s abiding interest in urban health care, manifested from its earliest days, experienced its first surge of growth in the area of health care policy during Dr. Trussell’s administration. Today, city and state financial support for School of Public Health research and programs; a continuous stream of School graduates into agency positions; numerous joint appointments between the School and government; and educational programs for health department employees are the legacy of a partnership that took shape through the contributions of Trussell and his colleagues.

The eventual connections between the Columbia School of Public Health and New York City and State were foreshadowed early in the School’s history. Haven Emerson and his successor as director of the School, Harry Stoll Mustard, were New York City health commissioners, as was Ernest Stebbins, a Columbia professor of epidemiology. Willard Rappleye, who served as Dean of the Faculty of Medicine from 1931 to 1958, also served as Commissioner of Hospitals for New York City. In 1939, the then-Institute of Public Health and the City Department of Health entered into a partnership to combine the Institute offices and a district health center in one building. It was designed to bring together public health education with service delivery to the community. The proximity of service to education enhanced the Institute’s capabilities in population-based research and teaching; the Health Department benefitted from access to new knowledge and academic expertise. Later, that building also housed a tropical disease diagnostic unit jointly run by the City and the School (notably by Harold Brown, who was soon to be named director of the School as well).

In the early 1940s, Dean Rappleye predicted major changes on the national health care scene and felt that Columbia, through its School of Public Health, should be involved in the coming transition. In 1945, Columbia’s was the first school of public health to offer a master’s degree in hospital administration.

Dr. Trussell was named DeLamar Professor and Director of the School of Public Health and Administrative Medicine in 1955. An epidemiologist with the US Army Medical Corps in the Pacific during World War II, he had just launched the Hunterdon Medical Center experiment (1) in New Jersey. In Hunterdon County, for the Commission on Chronic Illness, he had also directed (in conjunction with Jack Elinson, from the National Opinion Research Center at the University of Chicago) the first population study of chronic illness in a rural area (2). (Elinson was to follow Trussell to Columbia and, in 1968, establish the School’s Division of Sociomedical Sciences, the first of its kind.)

At the time, there were no federally funded health care programs such as Medicare or Medicaid, and relatively little regulation of standards or quality control. In New York, however, the state government was beginning to address some health care financing issues, notably rising costs, defective insurance coverage, and such major problems as the treatment of drug addiction.

In the mid-1950s, the School of Public Health was asked to staff the newly created Legislative Committee on Health Insurance. A series of research studies of national, state, regional, and local importance followed. At the invitation of state health commissioner Herman Hilleboe, researchers in the School of Public Health evaluated, and found wanting, a program for juvenile heroin addicts at the 125-bed Riverside Hospital. The subsequent report recommended closure and...
replacement by a new detoxification service elsewhere, and—perhaps more important—financial support for research on drug addiction. An early recipient of such financial support was the Rockefeller Institute’s Vincent Dole, the originator of methadone maintenance for the treatment of heroin addiction (3, 4).

In 1958, the state’s Superintendent of Insurance and the Commissioner of Health contracted with the School of Public Health for a general study of voluntary health insurance in the state. This resulted in two published reports (5, 6) on the Blue Cross/Blue Shield plans and other health insurance plans serving New York residents. The reports identified much that was unsatisfactory, prompting the state legislature to create the State Hospital Review and Planning Council and the Regional Planning Councils, which were to become the prototype for federal agencies of a similar kind.

Several local labor unions (among them the Teamsters’ Joint Council 16, the International Association of Machinists and US Industry, and the hotel workers’ union) and their management counterparts were stimulated by the “Blue” reports to contract with the School for studies of the costs and quality of medical and hospital care provided to employees and their families. At the School of Public Health, Dr. Mildred Morehead’s commitment to auditing quality of care (through the methodology she had developed) demonstrated that the proprietary hospitals licensed by the City provided the poorest care of any received by Teamster families (7, 8).

In 1959, Mayor Robert Wagner appointed Trussell Executive Director of the Commission on Health Services of the City of New York. Trussell continued as Director of the School of Public Health, which staffed and operated the Commission. The Commission’s report (9) focused on New York’s 21 public hospitals (containing a total complement of 20,000 beds), evaluating standards, personnel, facilities, selected services, organization, and administration. In some of the hospitals, especially those not affiliated with a teaching center, care was described as deplorable. So too was the care provided in unaccredited proprietary hospitals licensed by the City and the care bought by the City for welfare recipients in some proprietary nursing homes.

Some of the voluntary hospitals subject to inspection by the New York State Department of Social Welfare did no better. The American Medical Association had disapproved a number of specialty training programs, and one hospital had lost its accreditation. Supervision by salaried and volunteer attending physicians was highly variable. Staffing problems and poor standards characterized much ambulatory and emergency care, and expansion of home care services was an obvious need. The report observed that anyone with funds could build and operate a proprietary hospital in New York City, regardless of either the need for care or the quality of care provided (9).

By the end of 1960, Trussell had conducted a review of proprietary nursing homes in New York City, and again found many deficiencies (10). Almost two thirds of the homes studied were out of compliance with codes for physical plant and maintenance. Such basic amenities as cleanliness, nursing care, and bedside lighting were cited as inadequate. Problems pervaded specific patient services such as wound dressing and medication administration.

On March 1, 1961, Trussell was appointed Commissioner of Hospitals of New York City, while maintaining his position at Columbia on a part-time, voluntary basis. Armed with a strong mandate from Mayor Wagner and favorable press coverage, he also had the cooperation of the Board of Hospitals, the Hospital Planning Council, his fellow commissioners of health, mental health, and welfare, and labor and management trustees. The research faculty of the School was available to answer questions and evaluate new programs.

Trussell, well-positioned to embark on rectifying a system in serious trouble, wasted no time getting started. In the face of sharp community disapproval, he closed two hospitals that exemplified the deficiencies on which he had reported, Gouverneur Hospital and Riverside Hospital (the closing of the latter had been recommended more than 5 years before). He then turned to the proprietary hospitals under his purview, and found that only 13 of the 36 were accredited. Trussell enacted a rule that after 3 years without accreditation, a hospital could not be relicensed. Hospital and nursing home codes were upgraded, and this ultimately helped guide the State Hospital Review and Planning Council in setting standards for all hospitals and nursing homes in the state.

Meanwhile, a patient care crisis was escalating in the City’s unaffiliated municipal hospitals. More and more training programs were being disapproved. Voluntary attending staffs were shrinking, putting in less time, and, with notable exceptions, deteriorating in quality. In several unaffiliated hospitals, the City financed the appointments of full-time, salaried department heads supported by small full-time staffs. Trussell took his reorganization drive a step further by expanding the affiliation program. The medical staffing of each unaffiliated municipal hospital was thereby contracted out either to a medical school or to a major teaching hospital. Allied health professionals were also provided, and major equipment was upgraded.
Several psychiatric services, both inpatient and outpatient, were added as well.

The Patient Care and Program Evaluation Unit at Harlem Hospital, organized by Jack Elinson as part of the hospital's contract with Columbia, may have been the first in the country instituted by a hospital to monitor the use of its facilities. With its initiation of a probability sample survey of community households, the Evaluation Unit was a major project of the School for many years. Today, the Harlem Health Survey is an integral part of activities at the Columbia–Harlem Prevention Research Center, is funded by the Centers for Disease Control and Prevention, and is directed by Allan Rosenfield, current dean of the School.

By no means were all of the new affiliations greeted with enthusiasm. When doctors threatened to strike in response to the changes, however, Trussell simply removed recalcitrant department heads; indeed, at Harlem Hospital, he removed the entire medical board.

Other notable improvements introduced by Trussell included the promulgation of highly specific standards of care for indigent patients in voluntary hospitals and regulations for research on human subjects. Informed consent was an innovation not previously required, and was subsequently adopted in Federal regulations.

In the mid-1960s, a wave of heroin addiction was afflicting the inner city. Trussell addressed this problem through support for the establishment of the Bernstein Institute, a facility with several hundred beds devoted to the treatment of addictions and psychiatric disorders, at Beth Israel Hospital. (At one point, admissions for detoxification rose to about 9,000 per year.) Vincent Dole and Marie Nyswander, who had moved their research unit into the Institute, made landmark breakthroughs on methadone maintenance in the treatment of heroin addiction (3, 4). With mayoral funds, Trussell established an evaluation unit, led by Columbia epidemiologist Frances Gearing, which monitored and confirmed the effectiveness of the treatment. The Beth Israel program ultimately grew to comprise more than 30 clinics in four boroughs.

Finally, Trussell addressed the concern about public access to family planning services. These services were permitted in municipal hospitals only for women whose health would be endangered without them. Noting a possible opening, Trussell consulted the New York Academy of Medicine for advice on the appropriate definition of "health." The Academy recommended the adoption of the World Health Organization definition—"physical, mental, and social well-being, not merely the absence of disease or infirmity"—and the designation of family planning issues as those matters decided on by a woman and her physician. Within weeks of this change, the sudden increase in services exhausted medical supplies in the City's obstetrical/gynecologic clinics (11, 12).

Trussell's influence was not limited to administration. He also encouraged Commission staff to pursue degrees in hospital administration or administrative medicine at the School. Thereafter, civil service requirements mandated a master's degree in an appropriate health field for persons receiving administrative appointments in the New York City Department of Hospitals. In at least one instance, Trussell turned the tables to use his position with the City to influence the School's academic program. His Deputy Commissioner, Robert Mangum, taught the first course in labor relations in the School's internationally acclaimed hospital administration program—something that was anathema in the voluntary hospital sector at the time.

The reciprocal enrichment between the public health services and the School continued for many years. Dr. Herman Hilleboe, who had been New York State Commissioner of Health, came to the School as a professor of public health under Trussell's tenure. Dr. Alonzo Yerby, a part-time faculty member, followed Trussell as Commissioner of Hospitals and was succeeded in turn by Joseph Terenzio, a graduate of the School. Dr. Lowell Bellin, Commissioner of Health of New York City, later came to the School as head of the Division of Health Administration, and Dr. Reinaldo Ferrer, another alumnus, became Commissioner of Health. Today, while the Columbia School of Public Health and the New York City and state governments are clearly independent entities, they nevertheless remain strong allies in promoting the health of the public through research, education, and service.

What was novel in New York City in 1955–1965 has become routine across the nation. Medicare and Medicaid, adopted in 1965, have diminished the need for public hospitals. Accreditation and various code requirements have brought about a vast increase in the amount of attention paid to the quality of care. Schools of public health everywhere analyze public health policies, illuminate their potential consequences, inform the public, and take action when indicated.

The Trussell years at Columbia are illustrative of a time when the boundaries between government and academia were often indistinguishable. Having one person occupy concurrent positions of leadership and authority in both government and the academy created a unique synergy that has not occurred since. Many of the changes made in New York City health services during Trussell's tenure can be attributed solely to this happenstance; but much, too, is certainly due to Trussell's personality and force of character. He demanded quality, was always steady and willing to confront either the medical establishment or bureau-
cratic inertia, and had both the desire and the ability to subject the health care system to tests grounded in public health science. His successes had a thereto unprecedented influence on quality in the public health system. They not only led to direct and immediate improvements but also set the stage for controls that would ultimately have national relevance.

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REFERENCES