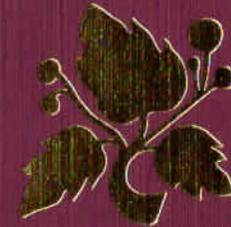


A Tribute to
Cecil G. Sheps, M.D., M.P.H.

by Samuel B. Sheps, M.D.

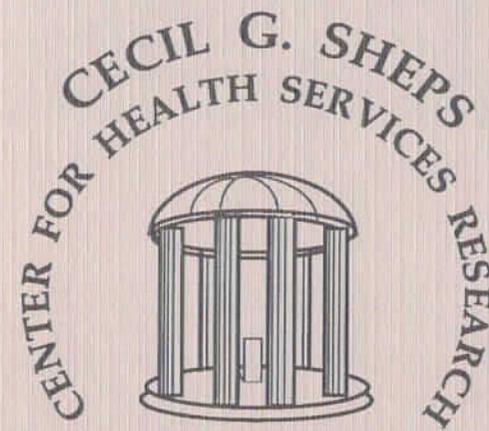


on the
Occasion of the Renaming of the
Health Services Research Center at
The University of North Carolina at Chapel Hill
as the

Cecil G. Sheps Center
for Health Services Research

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University of North Carolina
at Chapel Hill

June 18, 1991



Samuel B. Sheps, M.D. with his father, Cecil G. Sheps, M.D., M.P.H.

Cecil G. Sheps, M.D., M.P.H.

Cecil G. Sheps, M.D., M.P.H., was born in Winnipeg, Canada, where he received his M.D. degree from the University of Manitoba in 1936. He served four years in general practice after which, as a member of the Department of Public Health of the Province of Saskatchewan from 1944-46, he played a major role in the early developments there leading to universal hospitalization insurance and insurance for physicians' services. He has lived and worked in the United States since he obtained the Master of Public Health degree from Yale University in 1947. For over 40 years he has taught, done research, and held administrative positions in universities, and he has served in the field as an organizer and administrator of health services.

Dr. Sheps has held the position of General Director of such institutions as the Beth Israel Hospitals of Boston and New York, as well as Professor in the Harvard Medical School, the University of Pittsburgh Graduate School of Public Health, and the Mount Sinai School of Medicine in New York. At Pittsburgh he was Professor of Public Health and was the head of the graduate

program in medical care administration. At the University of North Carolina at Chapel Hill, in the years 1947-53, he became Director of Program Planning in the Division of Health Affairs and Research Professor of Health Planning (perhaps the first in the United States to hold such a title).

Returning to the University of North Carolina in 1968 from New York, Dr. Sheps became the founding director of the University's Health Services Research Center. Soon after that he became Vice Chancellor for Health Affairs. After six years, he left that position to devote his time entirely to his responsibilities as Professor of Social Medicine and Epidemiology in the University. In 1980, he was appointed Taylor Grandy Distinguished Professor.

Dr. Sheps has published over 140 articles in scientific journals and has written or edited nine books, including *Needed Research in Health and Medical Care — A Biosocial Approach* (1954) with Eugene E. Taylor and *The Sick Citadel: The American Academic Medical Center and the Public Interest* (1983) with Irving J. Lewis.

Samuel B. Sheps, M.D.

Samuel B. Sheps, M.D., is the son of Cecil G. Sheps, M.D., M.P.H., and Professor and Head, Department of Health Care and Epidemiology, Faculty of Medicine, University of British Columbia, Vancouver, B.C. Dr. Samuel Sheps received his undergraduate education at Antioch College and his medical degree from Case Western Reserve Medical School. He completed his residency in pediatrics at Montreal Children's Hospital, and then became a Robert Wood Johnson Clinical Scholar at McGill University, where he received his M.Sc. degree. In 1978, Dr. Sheps joined the faculty of the Department of Pediatrics at the University of British Columbia as a Clinical Instructor. In 1981, he was appointed Assistant Professor in the Department of Health Care and Epidemiology, and by 1989 he became Head of that Department, the position he currently holds.

On June 18, 1991, Dr. Sheps offered the following words in honor of his father at a luncheon at the Kenan Center at the University of North Carolina at Chapel Hill just prior to the official ceremony at which the name of the Health Services Research Center was changed to The Cecil G. Sheps Center for Health Services Research.

A Tribute to My Father

Thank you Gordon, Ladies and Gentleman, Secretary Sullivan, Friends, Ann and Sarah and, of course, you, Dad.

Needless to say, it is an honour for me to make a few remarks on this occasion, not to mention the fact that it has been great fun to be a part of the conspiracy to surprise the guest of honour, and judging by the expression on my father's face, the conspiracy worked. I should say right off that I shall not tell any jokes in this presentation, my father does much better than I do and most of the jokes I know I have heard from him as have many of you: some more than once. Indeed, it is not unlike the concerts that Feodor Chaliapin used to give in the 1930's where there would be a book of his favourite songs all numbered, and the audience would yell out numbers of the songs they would like him to sing. One could do the same thing with the large number of excellent jokes that my father tells. However, on this occasion I would like to take a more personal note.

It is rare for a child to be able to follow the commandments and honour publicly his/her parent while that parent is still alive: such public sentiments are usually reserved for eulogies. Fortunately, for me, and my father, we are both very much alive and thus can mutually savour this event and, share it with you. To paraphrase Oscar Wilde: "On an occasion of this kind, it becomes more than a duty to speak one's mind; it becomes a pleasure."

When Gordon DeFriese asked me to speak at this luncheon, he was perhaps unaware of at least two ironies in his request. When he phoned several months ago, I was at that precise moment reading Proust's *A la Recherche Du Temps Perdu*. One irony is that Proust's father was a well-known physician in Paris, and the second was that Gordon was asking me to reflect on (remember times past of) my father. His request prompted me to ponder the question of how we have all come here today: what path (events, people, etc.) led my father to this singular honour, and how his sense of purpose developed such that it produced the acknowledgment he is receiving today: the formal naming of the Health Services Research Center after him.

The second irony concerns Proust's comments about medicine (which are innumerable), one of which is particularly apt today. Proust wrote:

"For medicine, being a compendium of the successive and contradictory mistakes of medical practitioners, when we summon the wisest of them to our aid the chances are that we may be relying on a scientific truth the error of which will be recognized in a few years time. So that to believe in medicine would be the height of folly, if not to believe in it were not a greater folly still, for from this mass of errors a few truths have in the long run emerged."

Many important truths have emerged and many of these are central to and have been the result of the mission of the Health Services Research Center, and to my father's life. Nearly forty years ago, the following was written:

"What is now needed is the development of another series of centres also devoted to basic research, but oriented towards the community... such centres must provide for the closest collaboration of research workers in the biological and social sciences."

Those words were in the closing paragraph of chapter 1 of a book entitled *Needed Research in Health and Medical Care? A Bio-social Approach*, written and edited by two M.D./MPHs named Sheps and Taylor, based on a symposium held here in 1952 when Chapel Hill still had (as I recall) only one traffic light (at Columbia and Franklin Streets), there was no 15-501 by-pass, and the schools were still segregated.

Twenty years or so later such a centre was created, and now twenty years after its creation it will be named after the person who suggested, in cogent terms, the need for its existence: so we come full circle.

Now the copy of this book (by Sheps and Taylor) I have with me is the third I have received over the years. As many of you know, my father is cleaning up his office at home; a Herculean task that has substantially subsidized the postal services. I should note that the success of the cleanup can be measured in square feet of carpet exposed which is now greater than 80%: regarding the chairs I will make no comment. Of particular interest about this copy, of the three I have, is that it is the most worn, suggesting it has been unearthed from a deep layer; thus archeologically older in deposition than the other copies. Also, unlike the others, it contains the following inscription: "To my mother and father, who in their own way have helped to produce this book."

Thus, we come to the point of these remarks: a few personal, filial observations regarding how my father has journeyed to this event. Extensive details, particularly regarding recent events, are impossible in the time available to me and, anyway, most of you already know (and have participated in) my father's history over the last 40 years. Thus, let me sketch out my perception of a few earlier experiences which I think fundamentally shaped him: for the child (young man) is indeed father to the man.

My father was born in 1913, the year Nijinski staged (and shocked Paris) with Stravinski's *The Rite of Spring*, three years after the *Flexner Report* which began a revolution in medical education that ultimately, in my view, produced the urgent need for a centre for health services research, and one year before the first, and perhaps greatest, cataclysm of the century: World War I. Both my father's parents were intelligent people and had great strength as did most surviving immigrants. This was especially true of my grandmother who had the distinction of actually graduating from gymnasium (high school) in Russia at the turn of century: a rare enough event for a Jewish boy (outside of religious schooling) and almost unheard of for a Jewish girl at that time. She was clearly a force to be reckoned with as her children will no doubt attest.

I remember her as an older woman who had considerable zest. For example, in her later years she would spend the winter in Miami at a hotel which was, from her point of view, located strategically. It was down the street from a theatre that showed pornographic films, was across the street from Wolfie's (the famous delicatessen), was down the street from Howard Johnsons' at which she could get ice cream which she loved, but most important of all was cater-corner to the Dade County Public Library.

For her, education was always of the highest priority and she maintained an active interest in books and reading for her entire life. Thus, there were strong educational values in my father's early life.

In addition, because his parents had been (in Russia) and continued to be in Canada involved with various radical groups of the day, social democratic idealism was a strong influence: at that time anyone with brains and/or a shred of human sympathy was some shade of revolutionary. My father at the age of 6, for example, was taken to a demonstration during the

Winnipeg General Strike of 1919 and as a child saw for himself (in his travels around North Winnipeg) the truth of Shaw's observation: "Do not waste your time on social questions: what is the matter with the poor is poverty."

This observation points out that the problems are clear enough, it is work on solutions that are needed: a theme that my father has often repeated. Also, as my father reflected in later years on more than one occasion, he was evidently taught or learned, Maimonides' (the great Twelfth Century Jewish philosopher), 8 degrees of charity, the 8th being the highest: to alleviate poverty by preventing poverty. "And for poverty" my father wrote in his address to the Board of Trustees of the Mount Sinai Hospital in 1968, "let us read, disability, social dependence and disease... success (in this) I would remind you," he added, "is not a destination but a journey:" that journey continues.

Other key experiences of my father's early life were working as a general practitioner in both rural and urban Manitoba, and perhaps hearing or reading FDR's statement from his second Inaugural Address (January 20, 1937): "the test of our progress is not whether we add more to the abundance of those who have much; it is whether we provide enough to those who have too little." He (and my mother) also worked in the East End of London in 1937 and 1938, again learning from first hand experience the effects of poverty on health. Returning to Canada in 1938 he heard Dr. Norman Bethune address a Winnipeg audience during his cross-Canada speaking tour. Bethune spoke of his work during the Spanish Civil War.

For those of you who do not know who Norman Bethune was, he was a successful thoracic surgeon in Montreal who pioneered many thoracic surgical instruments and techniques and who became radicalized when working among the poor in Detroit. He went to Spain in 1937 as part of the MacKenzie-Papineau Brigade (the Canadian equivalent of the Abraham Lincoln Brigades in the USA) and established the first mobile blood transfusion service. After speaking in Canada, he went to China to assist Mao's Eight Route Army (which at the time was fighting the Japanese) and created the first mobile army surgical unit. With both of these innovations, Bethune was able to save hundreds, if not thousands, of lives using very simple concepts and using existing knowledge: illustrating a theme that my father often refers to: namely, that we can do much with what we already know.

Bethune was a genius who felt that death and disease due to poverty and lack of attention by medical and other establishments was nothing short of criminal and he said so. Needless to say, he was not popular. Indeed he was a revolutionary and my father recalls being moved by Bethune's speech in Winnipeg in 1938 in which he pointed out the injustice of the war in Spain and in particular the callous indifference to human suffering in Spain and elsewhere by the medical and governmental institutions of the day. Bethune also pointed out the primary measure needed to counteract this indifference: exposure for what it was.

Bethune died of sepsis in late 1938 and is still revered by the mainland Chinese. The same year, Chamberlain declared "peace in our time" and the Second World War began less than a year later. My father thus became involved in what is still the most extensively "socialized" institutional system in the world — the army: free medical and dental care supported by taxes; not to mention the PX. Moreover, the army provided him with an example of the kinds of organizational components and commitment needed to provide medical care to large numbers of people — it doesn't happen by itself.

As an Army VD control officer in Alberta, public health issues also became paramount and, with his experience in rural general practice, East End London hospital practice, the social democratic milieu of his North Winnipeg home, it was thus natural for him to become involved with the new Cooperative Commonwealth Federation Government in 1944 (when that grassroots "socialist" party, not unlike the Grange parties of the 19th Century or LaFollette's progressive party of the first quarter of the 20th Century in the US) won the Saskatchewan general election. My father and mother were seconded to the Health Services Commission to study health needs and implement a hospital insurance program in the Province. They, along with Henry Sigerist, a key figure in my father's life, studied health and social conditions in this rural province and produced a plan for setting up the health insurance scheme, first for hospital care, to be followed by a scheme for paying doctors. This scheme was based in part upon the initiatives already in place in Swift Current, a small town in Saskatchewan far ahead of its time, but deeply aware of current realities regarding problems of access to health care created by the old system of unorganized medical care.

With the hospital insurance scheme largely in place, but the doctor payment scheme not yet implemented (it would not be implemented for another 15

years, in 1961, after a bitter strike), Sigerist suggested that my father get further formal training in public health and health care delivery. This suggestion was timely since there was considerable resistance within the CCF government to the implementation of the doctor's payment portion of the insurance scheme — Tommy Douglas, the provincial premier and CCF leader, although fearless in many ways, seemed curiously reluctant to offend physicians. Thus, my father took Henry Sigerist's advice and went off to New Haven to study public health at Yale with Franz Goldman. It was during this time that many of the varied influences on my father's life began to coalesce into a cohesive set of ideas which clarified for him his commitment to a life of research, teaching and administration in health care.

Although my parents and I fully intended to return to Saskatchewan after my father received his MPH, it came as a major shock that my father was not asked back. It would appear that my father was a young turk of 30-something and perhaps not yet sufficiently subtle: he held convictions and actually articulated them publicly, something not always appreciated by politicians of any stripe. Thus he, and we, moved on to Chapel Hill.

From this sketch of his early life, what emerges? Certainly in not being asked to return to Saskatchewan, my father may have learned temperance of expression, but equally he did not, to our benefit, learn temperance of conviction — and several of these convictions are clear, as any one who has read my father's papers and speeches from the 1950s to the 1980s can attest. Some of these are:

- 1) No one should be denied access to medical care because of lack of ability to pay.
- 2) Medical care organization is a subject for legitimate study as much as clinical care, if not more so.
- 3) Medical care needs careful organization to work successfully to achieve effectiveness, accessibility and efficiency.
- 4) The solutions to many problems of the health of populations as well as individuals are known; what is lacking is an effective system of care to implement what we do know.
- 5) Hospitals are useful but limited institutions unless they consider their responsibilities to the communities around them.

- 6) The state has a clear responsibility for insuring the provision of medical care to all its citizens.
- 7) Medical education, whether clinical or in public health, needs reform — especially an increased appreciation of the social sciences and arts to instill a social and human consciousness in the student.
- 8) Strong leadership is needed to change the current medical care system leadership and entails a clear vision of where you are going and the great conviction that getting there is right.

These recurrent themes formed the basis of, and were in turn nourished by, my father's later experiences: as a hospital administrator; researcher in out-patient and primary care delivery; in his recognition and use of the role of epidemiology as a basic discipline in health care research; in his comprehensive assessments of medical education; as a founding member of the first generation of medical careniks within the American Public Health Association (an illustrious list of colleagues too numerous to mention except Leonard Rosenfeld whose recent loss was widely felt); an appreciation of his professional antecedents, the great 19th Century sanitarians such as Snow, Budd, Farr, Virchow, Simon, etc., and early organizational studies such as the Dawson Report published in 1920, which was the first major report describing a rationale and strategy for regionalization of health care.

Many of you in this room will know different facets of my father's professional life and indeed have played important roles in that life. But despite this, one does not necessarily know the whole picture, and thus with Emily in *Our Town* we could say: "so all that was going on and we never noticed."

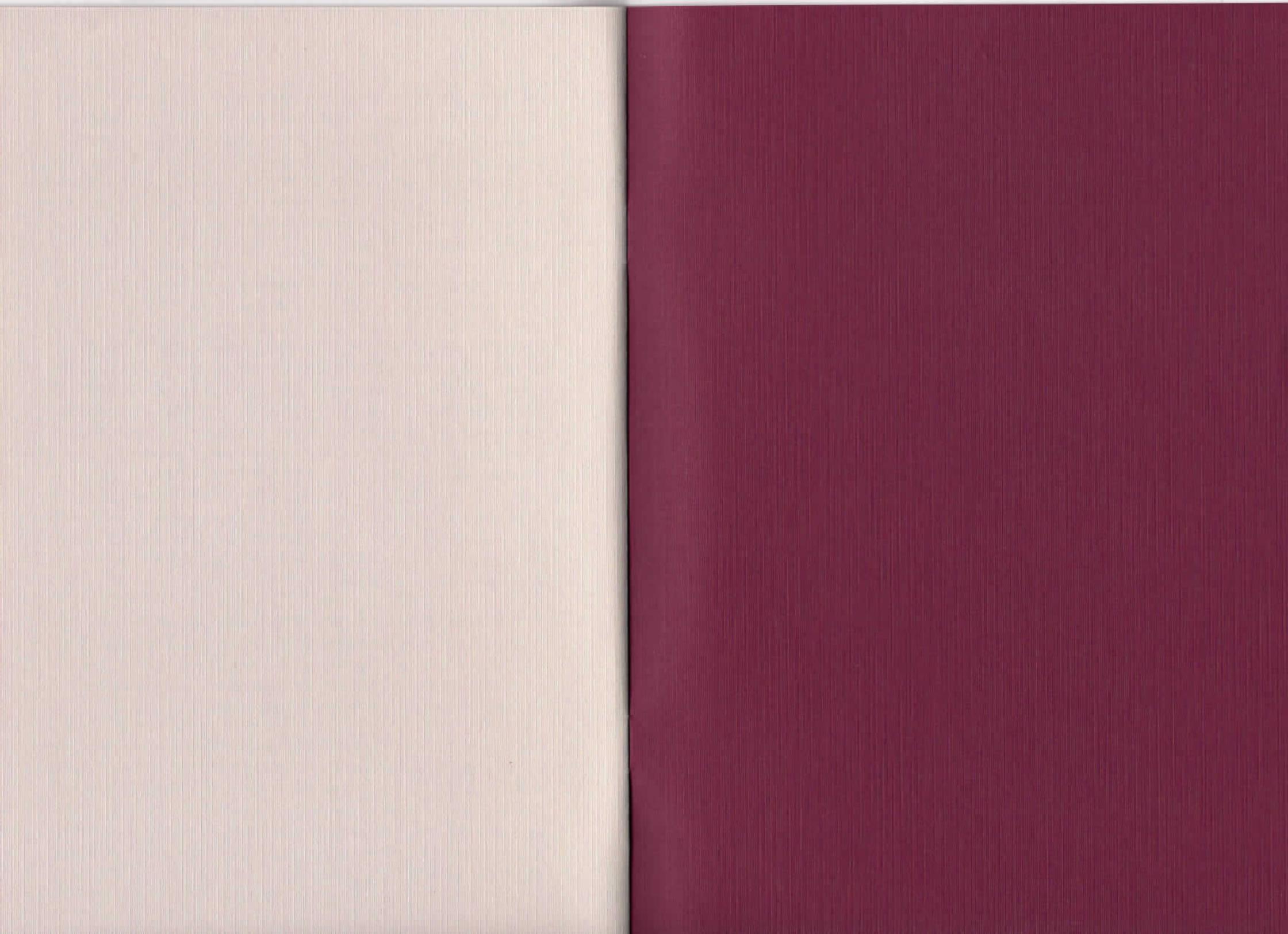
This brings me to the theatre, an art form inextricably linked in a deep way to my father's psyche; why, I am not sure, and I offer no hypothesis, only the general observation of its existence as an important influence on him. He was in various productions as many of you know; for example, my father played the mayor (Peter Stockman) in Ibsen's *An Enemy of the People*, a singularly unsuitable role for a person with his public health background. He was, he said, received reasonably well, but one might suppose it was hard to put his heart in this particular role and be convincing: my father after all is not a professional actor.

But, theatre has always been critical to his sense of self, perhaps because of all art forms it shows us the drama of life, heightened and distilled by the playwright and because real people are talking and acting (not celluloid, paint or stone). Thus, there is an immediacy (a resonance) which connects at a deeper level than is the case with other art forms: we can imagine ourselves more easily in a play's situation than, say, in the drama of a painting; the verbal and non-verbal exchanges are known to us; we do them ourselves, the players are us.

That the theatre is special for my father and his professional life (and to mine) is illustrated by my vivid remembrance of his complete conviction when he told me years ago about his favourite dramatic passage. I think it was the only dramatic quote he ever acknowledged directly, to me at least, as being resonant to his thinking and feeling about his work. It tied up for him (and for me too) the inner and outer self. It voiced in clear and unmistakable terms the responsibility we all have for our fellows, and, in a very deep sense, re-enforced the basis for my father's continued devotion to enhancing the health of the community (both from within and outside of its major health care institutions), to working for the creation of the centre now to be named after him, for continuing the struggle for equality of access to health care (that does more good than harm), for respecting the patient and his or her family, and to following the ancient dictum: "to cure occasionally, to relieve often, and to comfort always." The passage he loves, from *Death of a Salesman*, is:

"I don't say he is a great man. Willy Loman never made a lot of money. His name was never in the papers. He's not the finest character that ever lived. But he is a human being and a terrible thing is happening to him. So attention must be paid... attention, attention must be finally paid to such a person."

I am convinced that the Cecil G. Sheps Center for Health Services Research will pay attention and will continue to do so for as long as attention to the health of all (in its most broadly defined sense) is needed: which will be forever. If we don't collectively pay attention, and act, I think my father would consider us not to have fulfilled our responsibility either to ourselves, our patients, or to the health and well-being of the wider community. So attention must be paid. Thank you.



THE UNIVERSITY
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AT
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October 10, 1996

Dear Fellows and Friends of the Sheps Center:

We thought you might like to have a copy of the remarks by Dr. Samuel Sheps made at the luncheon just before the official ceremony at which the name of the Center was officially changed, on June 19, 1991, to honor our founding Director. Although it took us some time to get this publication in this form, we are delighted to have these remarks published in this way as part of the official history of the Cecil G. Sheps Center for Health Services Research.

I am grateful to my colleague, Jane T. Kolimaga, for her efforts to complete this project, and to Sam Sheps for allowing us to share with each of you this very personal perspective on one of our cherished colleagues.

With all best wishes, I remain

Yours sincerely,

Gordon H. DeFrieze, Ph.D.

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