HOSPITAL ADMINISTRATION ORAL HISTORY COLLECTION

Lewis E. Weeks Series

Solomon J. Axelrod

SOLOMON J. AXELROD

In First Person: An Oral History

Lewis E. Weeks
Editor

HOSPITAL ADMINISTRATION ORAL HISTORY COLLECTION
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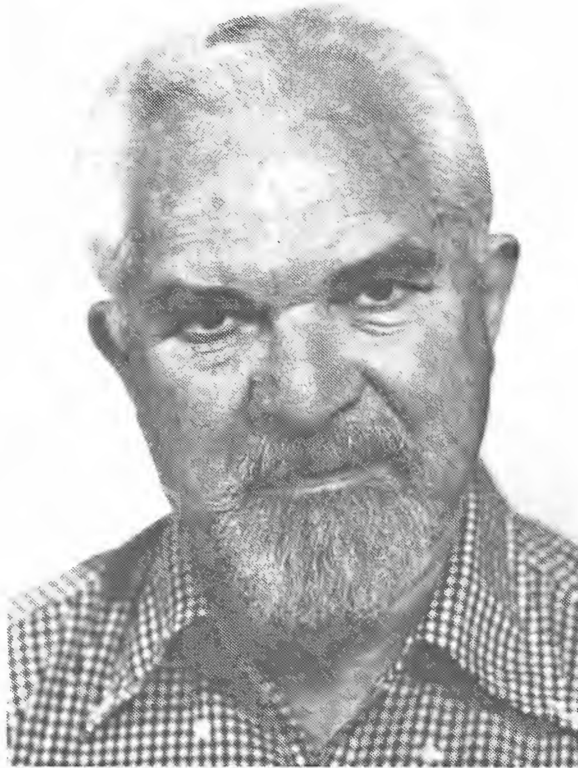

Solomon J. Axelrod, M.D.

CHRONOLOGY

1912	born Gloversville, NY, September 25
1934	Dartmouth College, A.B.
1938	Jefferson Medical College, M.D.
1938-1940	Philadelphia General Hospital, Intern
1940-1941	University of Pennsylvania, Research Fellow
1941-1943	Tennessee State Department of Health, Medical Officer
1943-1949	USPHS Venereal Disease Control, Chief Medical Officer
1943-1950	USPHS Senior Surgeon
1945-1947	War Food Administration, Migrant Labor Health Program
1947-1948	USPHS Rural Health Consultant
1948-1949	Michigan Rapid Treatment Center, Medical Director
1949	University of Michigan, M.P.H.
1949-1952	University of Michigan School of Public Health, Resident Lecturer
1951-1966	*Public Health Economics*, Editorial Board, Member
1952-1955	University of Michigan School of Public Health, Associate Professor
1952	*Medical Care Review*, Editorial Board, Member
1952-1954	Community Research Associates, Associate in Health and Medical Care
1955-1978	University of Michigan School of Public Health, Professor
1956-1958	Governor's (Michigan) Public Health Study Committee, Member
1959-1970	University of Michigan School of Public Health, Bureau of Public Health Economics, Director

1961-1966	National Institute on Rehabilitation and Health Services, Board of Directors, Member
1962	Pan American Health Organization, Consultant in Medical Care
1964-	American Public Health Association, Governing Council, Member
1965-1970	University of Michigan School of Public Health, Department of Medical Care Organization, Chairman
1965-1966	USDHEW, Bureau of Health Insurance, SSA, Training Consultant
1966-1968	USDHEW, Office of the Secretary, Special Consultant
1967-1969	Detroit Mayor's Committee on Medical Care for Indigents, Member
1967-1970	*Medical Care*, Editorial Board, Member
1968-1970	USDHEW, Secretary's Committee on Incentive Reimbursement, Member
1968-	USDHEW, Health Services and Mental Health Administration, Committee on Health Services, Office of the Director, Consultant
1968-1975	Accrediting Commission on Graduate Education for Hospital Administration, Commissioner
1969	U.S. Senate Special Committee on Aging, Consultant
1970-	Detroit Mayor's Health Care Advisory Committee, Member
1971-	Wayne State University School of medicine, Clinical Professor of Medical Care Organization
1971	White House Conference on Aging, Delegate and Member of Technical Committee on Income
1974-	Commission on Post-secondary Accreditation, Commissioner
1978-	University of Michigan School of Public Health, Professor Emeritus

1978-1979	University of California, Irvine, Visiting Professor
1979-1981	Comprehensive Health Services, Detroit, Director of Medical Affairs, Board of Directors (1978-present)
1979 (Dec)	Distinguished Visiting Professor, Center for Health Services Administration, Arizona State University
1979-1981	Veterans Administration, Health Care Administrators Forum, Faculty
1981-1985	The Economic Alliance for Michigan, Staff Director Health Committee

MEMBERSHIPS & AFFILIATIONS

American Board of Preventive Medicine

Diplomate

American Public Health Association

Fellow

Delta Omega

Member

Phi Beta Kappa

Member

AWARDS

University of Michigan

Distinguished Faculty Award, 1974

Who's Who in America

American Public Health Association

Black Caucus of Health Workers Award, 1977

Michigan Public Health Association

Distinguished Service Award, 1985

BOOKS

<u>Comprehensive Physicians Services Under Voluntary Health Insurance</u> (with Sinai and Darsky). Cambridge: Harvard University Press, 1958

<u>Medical Care Chartbook</u>. Ann Arbor: University of Michigan, School of Public Health, 1967.

WEEKS:

Dr. Axelrod, I noticed in looking at your CV that you are a graduate of Dartmouth and Jefferson Medical College. I've been wondering how you happened to choose medicine as a career.

AXELROD:

Well, actually I didn't choose medicine as a career until rather late in my college days. I guess in retrospect it was more by a process of exclusion rather than a burning desire, as I have heard some physicians say, to be in the healing arts from an early age. I don't think I can attribute any such juvenile or adolescent commitment to medicine to my career choice.

Searching for a career in my junio and senior years at college, led me by a process of exclusion, I think, to medicine. Although I had what must be regarded as a very good undergraduate record -- I was Phi Beta Kappa and one year a Rufus Choate Scholar at Dartmouth, meaning an all A average -- I experienced great difficulty in gaining admission to medical school. Those were the days of rather rigid ethnic and racial quotas. Actually, it was only through the intervention of some of my family with a trustee of Jefferson Medical College, Lessing Rosenwald, that I gained admission to Jefferson after having been rejected at the eight or ten medical schools to which I applied.

Incidently, I think that that kind of anti-Semitism which -- I think it was the blatant variety which I experienced for the first time -- to use an expression that became popular in the 1960s, "radicalized" me. From my point of view, it raised for me lots of questions about the current order.

WEEKS:

It was interesting that you bring up the name of Lessing Rosenwald because the Rosenwald name comes into our history so much. In fact, Lessing

Rosenwald was the man who gave Rufus Rorem some additional money to continue his work at AHA after the original grant ran out.

AXELROD:

Incidently, I never met Lessing Rosenwald. But I attribute my admission to Jefferson to the fact that he was on the board of trustees.

WEEKS:

Then you went to Philadelphia General for your internship?

AXELROD:

If I can first just say a few words about medical school. Having attended a good liberal arts college, I found myself in medical school in a vocational training program. At that time Jefferson Medical College was a free-standing university completely dominated by part-time faculty, outside clinicians in private practice. And the classroom work and lectures I found not at all to my liking. I think that had I not been married at the end of my freshman year and secure in my life potential through that relationship I would not have continued in medical school because I found the whole program vocationally oriented rather than service oriented. I've no happy memories of my medical education during medical school as I do of my undergraduate education and indeed as I do of my internship and residency training.

WEEKS:

That's an interesting point. Not many people would be courageous enough to say that but I'm glad it's on the record.

I noted that you were listed, after your internship, as a Research Fellow at the University of Pennsylvania. I was wondering what that was and how it came about and what you did.

AXELROD:

I had a very exciting two year general internship at Philadelphia General Hospital which was an outstanding public hospital -- in the same class as Bellevue -- and the locus of clinical training for the five medical schools in Philadelphia. So that the interns had the opportunity for receiving guidance from leading medical school faculty members in Philadelphia.

At the end of the two years, I wanted to go into the field of internal medicine and I applied for several residencies in internal medicine. But before I heard about these residencies in internal medicine, I was given what I considered an attractive offer by the University of Pennsylvania's Institute of Venereal Disease Control where venereal disease studies came out of the tradition not of dermatology but of medicine. As a matter of fact, the program was called "cutaneous medicine."

I was given a fellowship, the excitement of which was enhanced by the fact that the Institute was a principal research center for the use of massive arsenical therapy for syphilis. You may recall that prior to penicillin, the arsphenamines, which had to be given by weekly injections along with heavy metals over a period of no less than eighteen months, represented a difficult patient compliance problem. An attempt was made to seriously foreshorten that treatment period and it was found that within a period of five days by massive arsenotherapy, that is by giving the arsphenamines in intravenous drip continuously -- twenty-four hours a day for five days -- the therapeutic results seemed to be as good, at least in early syphilis, as the prolonged eighteen to twenty-four month treatment.

The Philadelphia General Hospital had a number of beds devoted to an evaluation of this form of treatment. Care of these patients was part of the

fellowship. So I worked under one of the two or three outstanding syphilologists in the country, if not the world, John Hinchman Stokes. He was an important model for me in terms of his scholarship and humanitarianism. I accepted this route of training for a year expecting eventually to go into internal medicine.

As external events very often do, they shaped my career. It was war time and there was an important public health problem in the field of venereal disease control. Toward the end of my fellowship I was offered a position as a venereal disease control officer in the Tennessee State Health Department. I was caught up enough in the public health spirit of venereal disease control to forego training in internal medicine so I accepted the offer at the completion of my fellowship. I was assigned to the Chattanooga area which was heavily impacted by venereal disease problems. Chattanooga was the center of an important military cantonment area. Fort Oglethorpe was just a few miles away and as were other large military installations. This meant that thousands of newly recruited soldiers would be exposed and infected with venereal disease. Prostitution was flourishing. It was an important public health opportunity and turned out to be an exciting one for me.

WEEKS:

It is still a problem in another way, isn't it? I mean in spite of penicillin we are beginning to have problems again, aren't we?

AXELROD:

Yes, but this V.D. control effort was before penicillin.

WEEKS:

Yes. I know this was before penicillin.

AXELROD:

Not long before actually. I attended the first National Conference in Hot Springs, Arkansas, in 1942 where the first results of penicillin therapy for syphilis were announced.

WEEKS:

I'm sure it must have been because I remember it in 1945.

AXELROD:

But penicillin at that time was in such limited supply it was restricted to the military.

WEEKS:

As I remember it -- I worked in a drug store at that time -- there were only one hundred thousand units in a whole vial in those days. Later they got to be millions. It was quite different. At that time, as I remember, they hadn't realized that there were different strains of penicillin so they had to work all of those things out too.

AXELROD:

Well, I guess I was hooked on a public health career and turned away from any aspirations in the private practice of medicine largely as a result of my experience in Chattanooga. It was virgin territory, so to speak, for a control program. When I went down there, there was only one major clinic. I developed satellite clinics in five areas including one of the very few specialized congenital syphilis clinics in the South, or in the country, as a result of my training in syphilology.

I was soon given increased responsibility by the Department. Chattanooga, along with San Antonio, Texas, held the record -- and a pretty bad record it was -- for having the highest death rate for an urban area from

tuberculosis in the United States. I was appointed, along with my venereal disease control duties, as Tuberculosis Control Officer. Although I must say I did not see the quick results from tuberculosis control that I was able to see with venereal disease control, particularly with syphilis.

The lessons I learned, I guess, had to do with the importance of handling public health problems in an organized fashion. So it was a bit of a shock to me -- I'm getting ahead of the story -- when I came to Michigan to find that the then Health Commissioner of Detroit, Henry Vaughan, who later became Dean of the school, gained his reputation by decentralizing treatment under the slogan "every physician's office a health center." Of course the economies of scale and the kinds of follow-up and health education activities that require an organized program were simply not possible if the program was turned over to private physicians whose primary interests are in curative medicine.

WEEKS:

Probably most of them didn't want that kind of case in their office anyway if they could avoid it.

AXELROD:

So I realized the importance of well-run public health campaigns and I suppose I would have stayed in the field of the more traditional, customary public health program except for once again, one of those external events. At an American Public Health Association meeting, I believe it was 1943 or 1944 -- I think it was 1943 -- I ran into a young physician whom I had known as a campmate when we were youngsters at a summer camp in northern Pennsylvania. He had been working in the New Jersey State Health Department and after a stint in venereal disease control where he came across my name in patient records at the Institute for V.D. Control, he later became interested in the

work of the Farm Security Administration. His name was Milton Roemer.

At Roemer's suggestion, I met with the medical director of the Farm Security Program, Dr. Fred Mott, who at that time happened to be recruiting for a venereal disease control program for a new set of responsibilities that the Farm Security Administration was taking on, the imported farm worker program, the so-called "bracero" program under the War Food Administration.

After several hours of talk with Mott, I was convinced that I could better help the cause of public health, so to speak, by working on the national scene as a venereal disease control officer in a migrant labor health program.

Eventually, responsibility for the two programs, that is to say the program for the braceros and the program for in-place, low income farmers, which was the health wing of the Farm Security Program, separated, but I got my start in federal service under Fred Mott through the unanticipated intervention of an old friend, Milton Roemer.

At the same American Public Health Association meeting, where Roemer introduced me to Mott, he introduced me to a former professor -- Roemer received his MPH degree here at Michigan in I believe, 1941 or 1942 -- he introduced me to Nathan Sinai. And of course I was captivated by Sinai and his presentation on a National Health Program, along with Michael Davis and Joseph Mountin, in a general session.

WEEKS:

They were all giants in their day, weren't they?

AXELROD:

I had no notion at the time that I would ever come to Michigan, but I was very favorably impressed with Sinai.

WEEKS:

May I interrupt just a moment? Was Dr. Davis in the Public Health Service?

AXELROD:

Michael Davis? No. He was never in the Public Health Service.

WEEKS:

I wondered. I go back to the Committee on the Cost of Medical Care and back of that a little bit but I didn't know where he originated.

With this new program on a national level -- what happened then?

AXELROD:

First of all, I was almost exclusively involved in venereal disease control activities at the national level in the migrant worker health program.

WEEKS:

You are still in your early thirties.

AXELROD:

Yes. Part of the problem of recruiting and bringing to this country farm workers from Mexico, Barbados, and the Bahama Islands under contract, had to do with requirements of our Immigration and Naturalization Service that these contract farm workers be given complete physical examinations and certified as being "free of communicable diseases."

It is not clear to me how syphilis and gonorrhea would be spread by Mexican farm workers while they were picking sugar beets or whatever, but those were the I.N.S. requirements. And we found, as you would expect, a very high incidence of gonorrhea and of syphilis among the recruited farm workers.

One sidelight that is of some minor interest. The Bahaman recruitment effort was a relatively small one, something on the order of 2,500 farm

workers for a couple of months work in truck crops in New Jersey and the leaf tobacco fields in Connecticut -- both high labor requirement crops. Recruitment almost fell apart because virtually every Bahaman -- and this held true for the Jamaican workers -- was found to have gonorrhea, a disease that was so prevalent in the Islands that it went by the name of "gentlemen's fever."

There was no effective treatment for gonorrhea generally available at the time except that penicillin which had been recently introduced was found to be a wonder drug for gonorrhea as well as for early syphilis. Through the direct intervention of the Secretary of Agriculture, the Department of Defense was persuaded to make a small supply of penicillin available for the non-military purpose of treating Bahamian farm workers so we could meet our recruitment quotas.

At the time I personally transported this precious stock of penicillin down to our recruitment center in Nassau, the new Governor General of that colony was the recently deposed King Edward, Prince of Wales. When he heard about what it was that I was doing, he invited me to come to the Governor's Palace and I recall with interest, an interview with the person I always called the Prince of Wales. While I was sitting there in his office, I was amused to hear him shout across the hall to Wally, asking Wally to come in -- Wally Simpson, of course -- asking her to come over so she could hear the story of this wonderful drug and what we were doing to enable the Bahamian recruitment to continue.

I have in my possession a certificate to practice medicine in the Bahamas for a temporary period that is signed by a former King of England. I may be the only physician in the world who has a medical certificate that is attested

to and signed by a former King of England.

WEEKS:

If you get hard up for cash, you'll have to take that to Christie's and have it...

AXELROD:

As a matter of fact, I did that and Edward's holograph is worth about $100. So I decided to keep the medical certificate.

WEEKS:

Well, that's what you get for resigning as king.

AXELROD:

As I say, my efforts were devoted largely to venereal disease control for migrant farm workers. The War Food Administration ran at that time something like two hundred permanent farm labor camps where medical treatment was available and a number -- several score, the number varying depending on the season -- of temporary installations. It was almost inevitable that I became involved in the administrative problems of general medical care as well as venereal disease.

As a result of a number of transfers -- incidentally, I was brought into the migrant labor program as a commissioned officer of the Public Health Service -- and my increased responsibilities, I became, in the last year of that program, the Chief Medical Officer for the Migrant Labor Health Program. I really got involved in problems of medical care administration for the first time and to learn what was involved in the delivery of care to a very difficult population. Difficult in terms of their transient nature and because of their hours of work. But the program, the health care delivery system, had been relatively well established by the time I became its chief

medical officer.

That program, which was quite different from the prepayment plans of the Farm Security Administration -- incidentally, do you have anything from Mott or Roemer -- you don't have Mott?

WEEKS:

I have Roemer, but I don't have Mott.

AXELROD:

Did Roemer talk about the Farm Security Administration?

WEEKS:

Just slightly. I wanted to ask you more about Mott. Is he still alive?

AXELROD:

No. He died about a year ago.

WEEKS:

He was a fascinating person I have heard. I want to ask you more about him as we get into these things.

AXELROD:

Well, tne health care delivery system for migrants was well established, but there were a number of innovative aspects. Nurse clinicians were used. They weren't called nurse clinicians, of course, in those days. And there were two hospitals established exclusively for migrant farm workers. One in Belle Glade, Florida and one at Casa Grande, Arizona. Small installations, but they were exclusively for migrant farm workers and when the program came to an end there was great local pressure to convert these hospitals, which I guess they should have been in the first place, into community hospitals. Local residents became the beneficiaries and migrants were admitted as patients to the hospitals with only great difficulty.

WEEKS:

This was during the war time?

AXELROD:

Yes.

WEEKS:

I talked with Nelson Cruikshank -- do you know him?

AXELROD:

Yes.

WEEKS:

He was in before the War I believe. He was in an administrative position in the migrant labor program.

AXELROD:

Yes, Cruikshank was before he went to the AFL-CIO.

WEEKS:

He told me that they used what we would call nurse-clinicians. A physician had to sign the order but this was sort of perfunctory because the nurses were really doing the work and using their judgment.

AXELROD:

These nurses were available every day or twice a day at these primary care clinics. The physician might come in once or twice a week for the nurse to consult. This was about twenty-five years before we started talking about nurse-clinicians or nurse-practitioners.

WEEKS:

So they proved themselves there.

AXELROD:

There was no rigorous evaluation but...

WEEKS:

They served a need.

AXELROD:

We learned a lot of things about the hazards of fee-for-service medicine, for example, some of the primitive ways for controlling this. One episode comes to mind. In a temporary camp for Mexican farm workers picking apples in the State of Washington, we found that regardless of the complaint for which a Mexican farm worker was sent to a private physician with whom we didn't have a contract or where we didn't have our own clinics and had to use individual physicians on a fee-for-service basis, virtually every bracero, as we called them, had his tonsils removed. Tonsillectomy was not a procedure frequently done in Mexico and every adult Mexican who came to this country would still have his tonsils.

Well, mass tonsillectomy was a problem. A primitive control approach did not require a second opinion -- that was not possible -- or even pre-authorization. But physicians were informed that they could continue to perform their tonsillectomies, but there would have to be a written statement as to the medical indication. The simple requirement that there be a written statement of medical indication for a tonsillectomy succeeded in reducing dramatically the incidence of tonsillectomy.

WEEKS:

Is that right? But at the same time, in our own private world here, we had tonsillectomy factories.

AXELROD:

Oh, sure.

WEEKS:

I can remember one in Highland Park in Detroit where they would do forty or fifty a day.

AXELROD:

A family would come in with one child as the patient and all the children were examined and all four or five children were given tonsillectomies.

WEEKS:

Well, as we both agree, this was quite common in our middle class American, too.

AXELROD:

So I had experience on a national scale with defending a budget, allocating funds and dealing with a whole series of providers in the interest of fulfilling our contractual obligations with the Mexican and West Indian governments.

The treaty that we had with the Mexican government under which somewhere between 250,000 and 300,000 braceros were imported each year was that they be provided with total medical care to the extent that they required it.

At the same time, migrant American farm workers had no such contractual protection. The only medical care they could get was limited by their location. We succeeded in having the Farm Security Administration legislation amended so that we, in the Department of Agriculture and War Food Administration, could treat not only migrants who were residing in the camps run by the War Food Administration but any migrant worker who was employed in the work area of the migrant labor camp was eligible. That considerably expanded the eligibility for treatment but, of course, funds were always

limited so this didn't mean that all migrant workers received medical care.

WEEKS:

Would this be a good time to talk about Dr. Fred Mott?

AXELROD:

Yes.

WEEKS:

Was he a part of the Department of Agriculture?

AXELROD:

Well, like myself, he was a commissioned officer of the Public Health Service assigned to the Farm Security Administration. He was assigned in either 1940 or 1941 and he soon became the Chief Medical Officer of the Farm Security Administration and directed the migrant labor program until it split off as a separate entity as part of the War Food Administration.

Mott was a very important figure for me because he was a person of great commitment and absolute integrity. I saw in him the model of a public servant. Worked very, very hard; committed to meeting the goals of the program; very able and I admired him very much. I saw in him a model of a physician in public service.

WEEKS:

Somebody facetiously described him as having so much zeal because his father was a YMCA man.

AXELROD:

His father was world president of the YMCA. Fred spent a number of years as his father's secretary traveling all over the world learning about the plight of the disadvantaged. Incidentally, Mott was one of a small coterie of people who have not been identified as such, but who could be called the

progressives of the contemporary public health movement. Three or four come to mind. Dean Clark, Palmer Dearing and Fred Mott. I guess those were the ones in the Public Health Service.

WEEKS:

Does Joseph Mountin enter in here anywhere?

AXELROD:

Well, he was kind of a mentor of all of them.

WEEKS:

He was a little older.

AXELROD:

Yes. He was a generation or half a generation older than these men. These people were the ones who carried the torch for the group practice mode of medicine and for some kind of national health program. All of them pay tribute to George Baehr, the distinguished New York City clinician who served as LaGuardia's health advisor and started HIP. He brought Dean Clark into HIP and Dean later became its president.

WEEKS:

Was Dean a physician too?

AXELROD:

Yes. All of these men were physicians.

WEEKS:

Where does Saskatchewan come in here?

AXELROD:

The Farm Security Administration program itself was cut back after the war years and indeed the War Food Administration, the imported farm labor program, was cut out entirely. Saskatchewan, at that time had a CCF

government, a so-called socialist government. Part of its platform was a universal health insurance program for that province. The plan was one which the eminent social medicine historian, Henry Sigerist, helped the government devise. Mott was recruited by virtue of his experience in health care administration to implement the first phase, the hospital insurance program.

He took Roemer up there with him as his assistant. And Leonard Rosenfeld -- are you familiar with that name? Rosenfeld also worked in Saskatchewan. These were people that helped get that program started.

Mott went from Saskatchewan to be Chief Medical Officer of the United Mine Workers' Health Program.

WEEKS:

I didn't know that. Was that before they started the hospitals?

AXELROD:

It was during Mott's tenure that they began to build a chain of Appalachian hospitals.

By the way, there are lots of interconnections -- I don't have the details, but I could work it out -- involving a whole cadre of people who worked with Mott in the Farm Security Administration and in the War Food Administration who found their way to the United Mine Workers program. Like Loren Kerr, who was the medical officer of our Northwest Region for migrant farm workers and for War Food Administration beneficiaries in this area. He moved over to the Mine Workers' program. Also Henry Daniels who was in the Washington office and Jesse Yawkey, a statistician in the Washington office of the Farm Security and War Food Administration, moved into the United Mine Workers' Health Program to help that one get started.

WEEKS:

Another character who appears in two places is Josephine Roche. Did you know her?

AXELROD:

I met her but never knew her well. She was actually head of the Public Health Service once as Assistant Secretary of the Treasury. You will recall, before the Federal Security Administration was created, the Public Health Service was in the Treasury Department.

WEEKS:

She sat in on that cabinet committee that developed social security, didn't she, as a representative of the Treasury?

AXELROD:

Yes. It must have been called to your attention why the Public Health Service spent so much of its organizational life in the Treasury Department.

WEEKS:

I'm not sure of that.

AXELROD:

The Public Health Service got started in 1798 as a scheme for providing health care for merchant mariners. This program was supported by a collection of a levy on tonnage of shipments. Since the Treasury Department was involved in the collection of the monies, the Service grew up in that Department until the Federal Security Administration was developed under one of the reorganization acts under Roosevelt. Treasury was a strange location for a national health service and foreign visitors found it amusing to learn about this relationship. They knew the dollar was king in the United States, but to learn that the Public Health Service, a chief arm of government in health, was

a branch of the U.S. Department of Treasury was a source of amusement to them.

WEEKS:

Well, Josephine Roche later went to the United Mine Workers' also, didn't she? She became the right-hand man of...

AXELROD:

John L. Lewis.

WEEKS:

Yes. Karl Klicka tells the story about when he was trying to find money to run the miners' hospitals after the UMW had given them up to the Presbyterian church — about going to Miss or Mrs. Roche.

AXELROD:

Miss.

WEEKS:

And she was very tough with him and didn't give him any money. But then, she had another factor in her background. Wasn't she from a mining family?

AXELROD:

I think Colorado mines. She was the daughter of a Colorado mine operator, I think.

WEEKS:

So I can understand how she got to go in with John L. Lewis because of her interest in mining.

There are so many of these things that tie in together. If we could just plat all of these things so we knew what all the connections were.

AXELROD:

Of course, during the McCarthy era or prior to the McCarthy era, Marjorie Shearon, a disaffected Social Security employee whose name you may have heard,

developed just such a map -- kind of a sociogram of progressives in public health. My name wasn't on it, but Wilbur Cohen's was and so were Fred Mott's and I.S. Falk's. Michael Davis was one of the chief architects of the grand conspiracy and all the lines eventually pointed to Moscow, of course.

Shearon believed there was an international communist plot to promote socialized medicine.

WEEKS:

Every now and then wasn't there something said about the agriculture boys being a little radical?

AXELROD:

This was the Farm Security Administration.

WEEKS:

That's what I mean.

AXELROD:

Yes. I guess the radical charge had to do with the fact that they developed voluntary pre-payment plans for low income farmers and voluntary health insurance was considered radical. Some of the people in the Farm Security Administration, the field representatives, were active in workshops held by local farmer groups in the Dakotas, for example, where the subject of national health insurance came up and this was picked up very quickly as part of a huge communist plot.

WEEKS:

It was a natural thing during those days when there were large groups of people who needed health care -- either workers in an industry or workers in the field -- that something had to be done as a group.

Well, your next big step was to come to Michigan wasn't it?

AXELROD:

Yes, to come to Michigan. The War Food Administration program for farm workers was terminated and no more workers were imported under contract for a period of time. So the whole apparatus for giving medical care was dismantled and I found myself at loose ends in the Public Health Service. I spent a very frustrating year trying to salvage through local or state support some of the health care services that had been built up.

Traveling in areas of concentrations of migrant workers to do this, I suffered one of the unhappiest professional experiences of my life. I was actually invited by the state health officer in California "to get the hell out of [his] state because it was nobody's business but California's what happened with migrant workers." And my mission for the Public Health Service was to go out there and see whether it would be possible to continue some of these farm labor camps with their health clinics. I well remember what a traumatic experience it was for a young commissioned officer of the Public Health Service to be called to the state health commissioner's office and told "to get the hell out of the state."

I served as a consultant in the PHS in rural health matters for a year or so but there was not a solid line of activity in the Public Health Service for which a spot could be found for me. It occurred to me that it might be a good idea at this time in my career to get some training in the field of medical care administration. Of course, only one place came to mind. That was Michigan.

Actually, it was possible to get such training in one other school of public health, Yale. Under the influence of C.A. Winslow there was some teaching in health care administration at Yale. Franz Goldmann was brought to

Yale by Winslow from the Berlin Sickness Insurance Fund to develop the teaching there. So Yale was a possibility. But because of my previous contacts with Roemer and Sinai, I chose Michigan. I was awarded a Rockefeller Foundation Fellowship to pay my tuition and the Public Health Service continued my salary.

Since I was not in the Regular Corps of the Public Health Service, I had not made a commitment to continue as a lifetime officer of the Service, but was rather in the Reserve Corps, the Public Health Service felt that I should, at least in part, earn my keep. It just so happened that in Ann Arbor there was a fifty bed intensive care VD center.

I don't know whether you were around, Lew, when the old Woman's Hospital building existed here. That was taken over by the State of Michigan and made into a 50 bed VD hospital where patients were treated over a five day period with massive arsenotherapy. I was appointed medical director of that hospital while I was getting my degree here in the MPH program at the School of Public Health.

WEEKS:

Was that the Rapid Treatment Center?

AXELROD:

Yes, the Michigan Rapid Treatment Center. There were about forty of these centers over the country. This was the only one in Michigan.

WEEKS:

They were still using arsenicals then?

AXELROD:

No. We had begun to use penicillin around the clock in intravenous drips.

Well, I could run one of these outfits with one hand tied behind my back because of the experience I had had at Philadelphia General Hospital and the University of Pennsylvania. Actually, I was enrolled as a full-time student and I had no difficulty in completing the work although I didn't make a particularly brilliant scholastic record because I did have to spend a fair amount of time at the Rapid Treatment Center.

It was here that I came under Sinai's influence.

WEEKS:

Will you talk about him?

AXELROD:

Yes. I will indeed talk about him. I guess "exciting" is the word for him. He had kind of an exotic quality about him. He started his professional career as a veterinarian. Just as there were professional Texans, there are professional Californians. And Sinai was a professional Californian, having been brought up in Stockton, I believe. I think actually for a while he was the health officer of Stockton. He had additional training in public health after he served as a local health officer. He came to Michigan to get a DrPh.

Sinai did his doctoral training under John Sundwall, who was for many years Director of the Department of Hygiene, a Rackham Graduate School Division, and Director of the Student Health Service. John Sundwall was brought here from the University of Utah by Clarence Cook Little to reorganize the student health service and build up the graduate program in hygiene. There was no School of Public Health at Michigan until 1942.

Sundwall was a very unassuming, scholarly gentleman who had none of the charisma or leadership qualities of Sinai. But he saw in Sinai a very bright and promising young person. Sundwall was recognized nationally as one of the

leaders in the field of public health. When the Committee on the Costs of Medical Care was set up, two of the committee members came from the field of public health. They were Haven Emerson, who had been Commissioner of Health in New York and taught at Columbia, and John Sundwall.

John Sundwall, unlike Haven Emerson, foresaw that health care delivery would be part of a future public health movement; that somehow the field of public health would be more involved in health care delivery and he arranged for Nate Sinai to be part of Michael Davis' staff on the CCMC. So Sinai was given a leave of absence -- I guess it was after he got his doctorate here -- and was assigned for a four or five year period to the Committee on the Costs of Medical Care technical staff. He participated in many of its important studies.

When Sinai came back here in 1932, I guess it was, he organized a course on the socioeconomic aspects of medicine in 1934 given in the Medical School. As far as I can tell, this was the first offering in any university in the United States in socioeconomic aspects of the field of medicine. That course was offered as an elective in the School of Medicine for many years and was also taught in the Division of Hygiene.

When the School of Public Health was established in 1942, with assistance from both the Kellogg Foundation and the Rockefeller Foundation, Henry Vaughan encouraged Sinai to continue along these lines. Henry Vaughan was made the Dean, not Sundwall -- I think there was some deal that was arranged between the Kellogg Foundation and the University so that Henry Vaughan who was Commissioner of Health of Detroit would move here to become Dean of the school rather than Sundwall, who was the logical person for the deanship having been Director of the Division of Hygiene.

In any event, Vaughan recognized Sinai for a star or potential star and backed him and supported him in his efforts to teach and do research in this field. Sinai was a controversial figure from the beginning. Not that he was an advocate of national health insurance, but he supported the recommendations of the Committee on the Costs of Medical Care which contained such radical notions as advocacy of prepaid group practice, regional health planning, emphasis on preventive medicine and public health -- that kind of thing.

Sinai, very early on in his career, was a figure of controversy because of his interest in and study of voluntary health insurance and these other radical notions like group practice and regional planning.

WEEKS:

Odin Anderson tells the story about being here as a student in the library school and then going to work for Sinai.

AXELROD:

Right. Well, Anderson fits into this story.

Sinai was sensitive to the attacks that were made, largely by the AMA, on his work here and he felt he needed to establish a firmer base in the University. So he sought outside support and got a grant from the Rockefeller Foundation which enabled him to develop an organizational entity which he named -- misnamed, I should say -- the Bureau of Public Health Economics. Sinai told me that he wanted to call it the Bureau of Social Medicine, but "social medicine" was equated with "socialized medicine." He also considered naming it the Bureau of Medical Care or Medical Care Research. Well, "medical care" was seen as the province of the medical school. Sinai was inventive enough and pragmatic enough to invent a name that was a misnomer because he was not an economist and health economics was not a focus of study.

Until I recruited a bona fide economist in the 1950s, there was not a single economist in this so-called Bureau of Public Health Economics.

In any event, one of the first tasks of the Bureau was to develop a reference collection. A young graduate of library science, Odin Anderson, was referred to Sinai. And he took Anderson on to help develop the reference collection. Sinai encouraged Anderson to get a Ph.D. in sociology. So the principal professional staff of the Bureau of Public Health Economics from when it was founded in 1942 until the time I got here in 1948-49 consisted of Sinai and Anderson. There had been a few other professionals in the Bureau for short periods of time in the 1940s.

Anderson left Michigan the year I got here to take a position as a Professor of Social Medicine, though it wasn't at the full professorial level, at the University of Western Ontario. I think that Western Ontario was the first medical school in North America to have a bona fide social scientist on its faculty. You know Odin's subsequent history from that point.

WEEKS:

Would this be a good time to talk about the studies that Sinai did? Like the Michigan Medical Service and Windsor and so on.

AXELROD:

Sinai worked closely with the Michigan State Medical Society and actually helped develop a prototype for the Michigan Blue Shield. I believe the original name was the Michigan Mutual Medical Service or something like that. But actually it was a prototype of the current Michigan Blue Shield Plan.

At the time, three or four state medical societies -- California and New York come to mind -- were developing professionally sponsored voluntary health insurance plans. Not because they wanted to or they believed so much in

voluntary health insurance as because of a fear of a greater evil -- namely something like a Wagner/Murray/Dingell bill coming along. California, New York and Michigan notably all came under a bitter attack from the AMA for trying to develop voluntary health insurance plans. The AMA did all kinds of things to make it difficult for their state affiliates to develop voluntary health insurance which they felt was a serious breach of a code which said that nothing, including any kind of payment mechanism, should come between a patient and his private physician. And the American Medical Association was able -- I don't recall the names, but Sinai told me them -- in a political deal involving a leader in Michigan medicine to split Michigan State Medical Society support for voluntary health insurance and even to get the State Society to repudiate the plan that Sinai had developed for them.

WEEKS:

But which they had accepted at one time?

AXELROD:

They had accepted Sinai's plan at one time but, as I say, they repudiated it and along with that repudiation came a series of attacks on Sinai as somebody who was pushing national health insurance. Sinai wasn't. He was pushing voluntary health insurance sponsored by state medical societies.

Sinai was part of an AMA sponsored mission at this time to study England's national health insurance scheme and he reported on that along with an AMA economist whose name is Simmons. I guess they pointed out the dangers of less than complete health insurance -- complete in terms of coverage and of benefits.

It wasn't until I got here that Sinai began serious studies of the Windsor plan, although he had been working with the Essex County Medical

Society in Windsor on their proposed plan for voluntary health insurance. A series of studies was undertaken in the early 1950s which quite clearly indicated that it was possible to develop comprehensive services under voluntary health insurance schemes sponsored by local medical societies. Unlike the physician-sponsored plans in this country -- the Blue Shield plans -- which emphasized physician's care for hospitalized illness only, the Canadian plans of which one of the more successful ones was the Windsor plan, provided comprehensive physician's care in the office and home, as well as the hospital.

The Windsor Medical Services actually was a forerunner of the so-called medical foundations in the United States and the IPAs of the modern HMO era.

The Windsor studies eventuated in the publication of a book, Comprehensive Services Under Voluntary Health Insurance and clearly indicated that there were administrative controls that could be invoked that made possible the delivery of comprehensive physicians' service under fee-for-service prepayment and not just physicians' services for hospitalized patients.

Actually, the early Blue Shield plans did start out providing comprehensive care. The plans in California, Michigan and New York did provide comprehensive physicians' care. As a result of poor underwriting practices and not much understanding of the need for administrative controls, they had very poor financial experiences and dropped their comprehensive physician plans.

To get back to Sinai, he became a figure of great controversy and the people who worked with him, mainly me, inherited some of the controversy. I can give you some examples. First let me say that Sinai, who wanted always to

have good working relationships with organized medicine, cooked his goose when responding to his professional California instincts, he accepted an invitation from the then Governor of California, an obscure politician whose name was Earl Warren, to serve as his technical advisor. Governor Warren felt that compulsory health insurance on a statewide basis was the way to approach the problem of access and financing of health care. Sinai's service as Warren's technical advisor proved to the AMA that Sinai was really a devil incarnate for organized medicine. The view was that from the safety of his academic post, Sinai wanted to force socialized medicine on the nation.

WEEKS:

This was the day of Morris Fishbein too, wasn't it?

AXELROD:

Yes, Fishbein was the principal adversary. Sinai told me that in the University archives there are letters to President Ruthven from the AMA and some other powerful physician groups insisting that Sinai be curbed. And that academic freedom didn't mean license to preach socialized medicine. But Ruthven dismissed this kind of attack. But anyone associated with Sinai, such as myself, was accused of being in favor of socialized medicine.

Lew, you personally were involved in some of this. I don't mean in the attack on Sinai but in the outcome of the attack.

There were pressures on the University to develop a program in hospital administration and there were two major organizational contenders, each represented by a powerful force that wanted the program, Furstenberg, The Dean of Medicine and Vaughan, the Dean of Public Health. They fought each other off to a standstill as a result of which the program developed in a so-called neutral atmosphere -- the School of Business Administration.

WEEKS:

I'm pleased that you are talking to this point because I wanted to ask you about it.

AXELROD:

Henry Vaughan asked me whether I would consider heading up a program in hospital administration if it were here in the School of Public Health. I said I'd be interested, but I felt that because of my relationships with Sinai, number one, and because I really wasn't at home in the hospital world, number two, I wouldn't be a good person for the job. I urged Vaughan, who was on the search committee for a program director, to back Walt McNerney. So Vaughan did in fact urge the appointment of McNerney as Director of the program.

WEEKS:

There was a public health connection there too with Parran being in Pittsburgh, wasn't there?

AXELROD:

Yes. Actually, I first met Walt when I was invited to Pittsburgh by Dean Clark to give a lecture on the Windsor Plan.

WEEKS:

Clark at that time was head of the School of Public Health there?

AXELROD:

No. He was never head of the School of Public Health. Parran, his former boss in the Public Health Service, was head of the School.

WEEKS:

That's right, Parran.

AXELROD:

But Clark was there in the Medical Care Administration Program. There was some talk at this time about a gubernatorial commission in Michigan to look into the costs of medical care. Interesting how these proposals for commissions recur over the years.

I was appointed Study Director for that Commission, but there was so much opposition to my being appointed to that position because I was a colleague of Sinai's, I felt I wouldn't receive cooperation from the provider groups to do the study. So I resigned from the position.

About that time — I don't know this for a fact -- I was informed there were motions put in place to have the Bureau of Public Health Economics taken over by the hospital program under McNerney. How much Walt had to do with this I don't know, but he did succeed in two things. He got Sinai's back up enough so that Sinai went after and received a large grant from the Ford Foundation. A condition of the grant was that the Bureau of Public Health Economics remain in the School of Public Health and the research work supported by the grant be done in the Bureau.

And the second thing that happened was that Walt was able and astute enough to get a grant from the Kellogg Foundation to develop a comprehensive study of health care in Michigan under his direction.

WEEKS:

Hospital and Health Economics, wasn't it?

AXELROD:

Yes. Walt made his reputation from this study.

WEEKS:

There is no question that he made his reputation from that.

AXELROD:

I guess that was your first involvement with McNerney.

WEEKS:

I came just the year after he left. I came to work on progressive patient care.

AXELROD:

But Tom Fitzpatrick who had been in Pittsburgh came to Michigan to join the study group...

WEEKS:

Tom Fitzpatrick was in it and so were John Griffith and Larry Hill.

AXELROD:

And they did very good work.

WEEKS:

This made the reputation for McNerney, there is no question about it. Bev Payne and his work on quality control began with the study.

Walt spoke about coming here from Pittsburgh and saying that there was a lot of rivalry between the different schools in the University and that he felt that maybe he would be able to overcome some of this rivalry by having an advisory committee appointed by the deans of several competing schools so that everybody felt he had a part in the effort.

I can't keep my dates quite straight, but also about this time, Sinai was doing something for Odin Anderson at Health Information Foundation, wasn't he?

AXELROD:

That was the publication of the research on the Windsor Plan which the HIF supported. Anderson was on the HIF staff.

WEEKS:

That's right. Sinai was also going to do some research on the Washington State Public Assistance Medical Program, but there was so much opposition to him there that he had to step out of the picture.

AXELROD:

Well there was a study of the public assistance medical care program in the State of Washington which Odin did under University of Washington auspices.

There was such bitter opposition to Sinai I felt for many years in whatever I undertook -- Oh, that fellow's associated with Sinai and he's bad news.

WEEKS:

Well it worked out pretty well in the end, but there was a lot of feeling that, as you say, you were under the shadow of Sinai and you had radical ideas -- at least that's what they said, assumed.

AXELROD:

I did have radical ideas, you know. I felt that prepaid group practice was a delivery mode that was far superior to the solo private practice of medicine based on fee-for-service payment.

WEEKS:

You were still talking voluntary insurance, though, weren't you?

AXELROD:

No. I was not talking voluntary health insurance. I saw many weaknesses in voluntary health insurance. I never predicted the success of the Blue Cross/Blue Shield movement and I was a proponent of a national scheme of government financing early on.

WEEKS:

But we had to think of all the different options in order to work out a plan and we still don't have it worked out completely, but at least we are getting there I hope.

AXELROD:

There is one other thing I want to say about Sinai. he was the one person in the field of health care or medical care organization or health economics, whatever the terminology, to come out of the mainstream of public health. And he saw public health as the base for organizing health care delivery. The Michael Davis tradition is the business school orientation, although Mike, in the broader sense of the word, was a public health person. But there were these two orientations -- public health and business administration -- reflected in two streams of training in health care administration. Hospital administration training, with a few exceptions, was in schools of business administration and much more technically oriented, a quantitatively oriented managerial kind of training than that in health care within the schools of public heatlh. The latter was much more social policy oriented -- demographic needs, epidemiologic and preventive approaches -- rather than the managerial, fiscal orientation of the school of business.

There were actually these two giants -- I won't call them rivals -- but what has actually happened over the years is that hospital administration far outshadowed, in terms of people and support, the programs in schools of public health in health care administration.

WEEKS:

Going back to the so-called McNerney study. That came about during Governor Williams' days didn't it? And again Blue Cross rates were up. Was

this the background of it?

AXELROD:

I'm not sure whether it had to do with a request for health insurance premium increases or not. But there was general ferment about what was going on in the field of health care. Costs were not as prominent features as they are now but there was a study commission set up by the governor to respond to public concerns.

WEEKS:

That was the one that Judge Bowles was the head of?

AXELROD:

Judge Bowles was the head of it.

WEEKS:

How did they choose the director of research then?

AXELROD:

I was selected as the director but I had to resign since there was so much opposition to the work being done here at the Bureau.

WEEKS:

Who appointed you? Was this an appointment of the governor's office or did it come about through Bowles? I was wondering. I never felt that Bowles took much more than a chairman's position.

AXELROD:

Actually, I guess, it was a gubernatorial appointment.

WEEKS:

I've never been able to understand the influence of Kellogg in this. I know they put up the money -- a half million or so.

AXELROD:

I don't know -- did Walt become director of the study under the governor's commission or was the study a separate free-floating kind of thing?

WEEKS:

I don't know, actually.

AXELROD:

I can understand why I've forgotten all of this because there was so much bitter feeling on my part.

WEEKS:

You want to forget that kind of thing. My understanding was -- all I have heard is that this commission was set up by the governor. Judge Bowles was a prominent public figure so he was made chairman of it. Kelloggg someway was invited in to support this, but I never have found out whether they had a search committee or what they did -- how the appointment came about. Or how much influence Kellogg had.

AXELROD:

I got appointed before there was any money, before there was any talk about seeking funds from Kellogg. Oh, there was such a stream of letters in opposition to me. Who was head of Michigan Blue Cross? Bill McNary wrote a very intemperate letter to the president of the university about my unsuitability for the position. And it soon became virtually impossible to get any cooperation from anybody.

WEEKS:

You couldn't work that way.

AXELROD:

No. So I resigned. I was appointed just a short time before.

WEEKS:

I came here in 1962 which was about five years after that. It seemed to me that Hospital Administration in the Business Administration school and Medical Care Organization in the School of Public Health were getting along all right. I can remember the first day that I ever saw you, met you. I think Brian Able-Smith was here as your guest and you had a meeting over at the Union and invited Hospital Administraiton people over to hear him speak. I didn't realize all the background and all but I felt that there was a good feeling there between the two groups.

AXELROD:

There never really was though.

WEEKS:

Wasn't there?

AXELROD:

No. The hostility and bitterness were diluted, but Sinai regarded the group over there -- and indeed I did too -- as open competitors and bitter enemies.

WEEKS:

But the fact that here we were in the School of Business and when Larry Hill became Director, then we heard that we were going over to the School of Public Health when the new building was built or at least become a part of the School before the building was built. Someone asked why and the answer was that there's probably more chance of getting research money at the School of Public Health than there was under Dean Bond at the School of Business. That was all that was ever heard of it -- that I ever heard of it. And I still don't know why hospital administration moved to the School of Public Health.

AXELROD:

Well, I don't know why either. That was one of Wegman's tasks when he first got here as the new Dean, and it took him a couple of years to work out the transfer under conditions that were acceptable.

WEEKS:

Let's see, Bond was not the dean under whom the program started. It was another man, wasn't it? When did Wegman come here?

AXELROD:

1962 or 1963, something like that. Wasn't he dean when you got here?

WEEKS:

As far as I know, yes.

AXELROD:

And you came here when?

WEEKS:

1962.

AXELROD:

Yes. I think Wegman came in 1962. But the programs didn't move over until when?

WEEKS:

1965, I think it was, but we were downtown in the City Center Building.

AXELROD:

There is so much in the background. First of all, there is the kind of mission difference that I mentioned when I described briefly the orientation of the two training programs. One, a kind of a public policy, needs of people approach -- Oh, yes, there happens to be a hospital involved; the other, we've got to have a set of people who are technically strong, solid administrators.

So there is that difference in mission.

And then there is the public sector/private sector difference. You know, there is a professor of private enterprise over at the School of Business Administration. Well, there is a professor of public enterprise over at the School of Public Health, so to speak. So there is that kind of difference. There are things that pull the programs apart.

WEEKS:

I don't know whether we are getting ahead of our story now or not, but since we are talking about programs, would you like to discuss the idea of the common core and how that has developed?

AXLEROD:

Well, I think that is something that should have been done a long time ago. I think clearly the training in health services and medical care administration in schools of public health and this school in particular suffered from not equipping their students for many managerial tasks. They didn't know nearly enough about financial management and related matters like organizational behavior.

But the programs in schools of business administration — their health services programs seemed to be very narrowly directed at turning out technocrat managers without any sense of what the role of a hospital is in society. So both sides needed some leavening. And I think the core program was a way to handle this.

My own view is that there needs to be continuing differentiation. I would like to see a "Y program" with the stem very long, the commonalities very long. I think there is quite a different track of training in the management of an institution from training to be a health planner or from

training in ambulatory care administration. I think there may need to be multiple arms, not just the two of a Y -- hospital administration, ambulatory care administration, health planning, maybe public policy concerns or something like that. But I'm in favor of a core curriculum.

WEEKS:

There is a big difference. I've noticed in the persons with whom I have talked that there is an orientation among some of them to the APHA and the other side they have orientation to AHA, but there are not many that are oriented to both. I don't know whether this is good or bad, but it is a situation that is there.

So often when I talk with someone who is in public health or who is oriented to public health, that person has very little idea of the problems of the hospital. So I guess we're saying that if there had been a core course a generation ago it would be a good thing today.

AXELROD:

And public health, for its part, was very narrowly defined, often in terms of what it was the local health department did. The local health department twenty-five or thirty years ago had a limited range of programs. Communicable disease control, environmental health, some maternal and child health activities -- a very narrow scope.

WEEKS:

Do you think there has been improvement today?

AXELROD:

Health departments have had thrust upon them large areas of responsibility except when it comes to the mainstream, i.e. financing and delivery of health care. From my standpoint, I believe that health

departments should have been running the Medicaid programs from their inception. It's hard to produce any evidence that in those situations -- the relatively few where health departments did run medical care programs -- they in fact turned out a better product, had better outcomes than the department of welfare program run programs.

But in a conceptual model, it's hard for me to think of a meaningful kind of health service program that doesn't intermingle in health care delivery curative medicine and preventive medicine. And part of the problem we're in is that we have paid virtually no attention to the preventive side. We are spending most of our money on curing people.

WEEKS:

There is no question about it. The common things we look at like smoking, overeating, overdrinking and so on. The things that we should be trying to control or trying to educate against, we haven't done much.

AXELROD:

We've put our money in bypass surgery and the wonderful new diagnostic modalities, PETs and NMRs and the CAT and "dog" scanners and all of that stuff.

WEEKS:

We can't win this way.

AXELROD:

That's right.

Well, Sinai, then, was the model of a leader who saw the need to approach the totality of health care delivery on the public health side -- in contrast to the people who led the development on the managerial, business-oriented side.

WEEKS:

You spoke of some research money coming along. Is this when he went back to California? Didn't he leave here and go to California?

AXELROD:

He arranged for a three year leave of absence to work in California and he was supported during that period of time by the research grants he had to study the Disability Insurance program in California. These were the last three years of his tenure here.

WEEKS:

Then what happened after that?

AXELROD:

Then he got very much involved in international health affairs. Along with a former Assistant Director General of the World Health Organization, Milton Siegal, he developed a voluntary organization to support WHO. He spent a good deal of his time traveling around the world raising money for it from people like the Shah of Iran and the wealthy families of India in support of WHO activities. That is how he spent most of his final years in that field.

WEEKS:

How is he in age compared to you? Is he older than you?

AXELROD:

Oh, yes. I'm now 70, going on 71. Sinai, had he lived would be 90. There's about 20 years difference.

WEEKS:

So he was near retirement when he went to California probably. You said when his tenure was ended here...

AXELROD:

He held a professorship here until he was 70. But in his 67th, 68th, 69th years, he was virtually never here. He worked in California.

WEEKS:

So he did serve on the faculty until retirement?

AXELROD:

Right.

WEEKS:

These are points that may be helpful to someone.

AXELROD:

Too bad that you could not get an oral history from him.

WEEKS:

Yes. I regret very much that he wasn't here. I was just in the process of trying to make arrangements to see Anna Rosenberg. After two years of oral history interviews, I have just begun to realize that she was a great power behind many people in AHA, ACHA and other organizations -- as a door-opener in Washington. When I talk with some of the persons that head associations and they say to me, "and then I went to Washington -- I didn't realize that maybe Anna was there opening the door for me." But that apparently was what she did.

I did interview Mr. Perloff of the Perloff Committee just about six months before he died.

AXELROD:

Earl Perloff -- groceries in Philadelphia. I knew him as a young man.

WEEKS:

I imagine you did. A fine person. And of course he spoke about the

closing of the Philadelphia General Hospital because he had been chairman of the board.

We have talked about Sinai a great deal, but I think we should talk about you and your career at Michigan. You've had many years here.

AXELROD:

Yes. I got here as a student in 1948-49. Once again, Milton Roemer crossed my path in a fortunate way. The Public Health Service had assigned Roemer to Yale because Goldmann left Yale to go to Harvard and they needed somebody to handle the teaching in the field of medical care. Roemer was assigned by the Public Health Service. Mott left the Department of Agriculture to go to Saskatchewan. Roemer, his assistant, went to Yale.

Sinai and Vaughan picked this up and said, well, if Roemer can be assigned as a commissioned officer to Yale, why can't Axelrod be assigned to Michigan? So I was assigned to Michigan for a second year after I finished my M.P.H. By that time I was here on the faculty as a resident lecturer, actually as a commissioned officer of the Public Health Service helping out Sinai. Anderson had left and Sinai needed some help. I took over the teaching of medical care in the medical school, the course in "socialized medicine," as it was called, for about fifteen years.

I gave a course to sophomore medical students. Actually there was more class time devoted to medical care organization in this medical school than in any medical school in the country. I still have physicians, former students, come up to me and remember how I interested them in some of the socio-economic problems in the field. Just two weeks ago, the current president of the Michigan State Medical Society, Louis Zako, told me how that course changed all his years in medicine because "it opened up my eyes to a whole new world

that medicine has to be involved in."

Well, I was kind of shaken by this because Lou Zako I would regard, on a continuum of liberal to conservative, as very much over on the conservative side. So I wasn't sure I was pleased to hear that I had served as some kind of inspiration for such a person.

I took over the teaching that Sinai inaugurated in 1934 -- the first class on the socio-economic aspects of medicine in this country. I guess it was also my role to help develop the research capability here in the Bureau.

One of the first things I did was to begin to recruit from the social sciences. I turned, naturally, to the Institute for Social Research. The first person I recruited was Charles Metzner, a very good research methodologist. And the second person was Ben Darsky, who was one of the survey workers over there. Then Kent Winter, an economist.

In any event, at the end of my first year as a faculty member here -- still on assignment by the Public Health Service -- Sinai and Vaughan asked me to stay on for a second year. I said I would be willing to and they even called the then Surgeon General of the Public Health Service, Leonard Scheele -- this was 1949 or 1950 -- and asked about a second year's assignment. After some discussions with his people, Scheele said they felt -- they, the Public Health Service -- that the passage of national health insurance was imminent and they would need commissioned officers like Axelrod, who had had experience and interest in medical care administration to help in the administration of national health insurance. So they could not continue my assignment here. I would have to come back to Washington.

WEEKS:

They needed you.

AXELROD:

For national health insurance in 1950. Then Vaughan said well, if you are interested in staying on here, we'll put you on the faculty if you are willing to resign your commission in the Public Health Service.

WEEKS:

May I interject something here? Your statement about them wanting you to come back to Washington in preparation for national health insurance reminds me of the assignment of Vane Hoge to be prepared for Hill-Burton before it was passed.

AXELROD:

To AHA?

WEEKS:

First he took a course from the University of Chicago in hospital administration. But my understanding was that for a year he was in an office, prepared and ready to implement the Hill-Burton Act when it was passed. So they must have planned that way more than one time.

AXELROD:

However, they were more correct in their assessment of the realities of Hill-Burton programs than they were in regard to national health insurance.

So anyway, I stayed on. I was not displeased to resign my commission which was in the Reserve Corps, not the Regular Corps. I stayed on here and helped in the development of the program here.

There were very few students who majored in medical care administration as such, but gradually we began to develop a small cadre of students and then began to push for departmental status. The department was finally established in 1965. Before that it had been part of a broader program in the Department

of Community Health Services.

The bureau has continued, I think, pretty much as a non-functioning entity because the department could carry out anything that the Bureau could. There was some sense in having the bureau when there was no departmental entity, but when there was a department it didn't make much sense. Although the bureau is still carried on the books and I guess Sy Berki, current chairman of the department, has the title Director of the Bureau of Public Health Economics to this day.

I don't know what the status of the Bureau of Hospital Administration is. I guess that still exists.

WEEKS:

I think it does, yes.

AXELROD:

But there is as little need of that now that there is also a Department of Hospital Administration.

WEEKS:

Maybe it sounds a little more research-like.

AXELROD:

That may be.

Well, in the early days, there were only three or four students who declared themselves as willing to major in this field. The offerings were pretty damn thin, I must say. For example, when I got my MPH here as a declared major in public health economics and medical care administration, the concentration of work was one three-hour course in the first term with Sinai, another three-hour course with him in the second term, and a special research seminar. Pretty thin stuff.

Until the program developed into a two year curriculum, the offerings continued to be fairly thin. But we had a growing number of students. Although, I well remember in the early sixties, Lew, we sat around debating whether we should take three or four students as majors because we weren't sure in our own minds that we could find places for all our graduates. Now it's clear that if you're in hospital administration there is a job for you. But what is it that somebody in medical care does? Do you run a prepaid medical care plan? Well there weren't many of those and there weren't many public medical programs in those days either.

But the program gradually increased in numbers of students enrolled and with this increase came the increase in research and more faculty. I recruited Palmiere. Do you remember Darwin Palmiere? And then Donabedian, and Gene Feingold from political science.

Donabedian and I felt that we needed to strengthen the managerial sciences side of the program and we recruited this fellow from Harvard who had just gotten a D.B.A. and was teaching at the Harvard School of Public Health. Of course, his name is Roy Penchansky. We brought him down here to teach a course in fiscal management or accounting, which, it turns out, he never intended to do at all. He developed all kinds of courses but nothing ever in accounting.

The products of our program went largely into the public sector.

WEEKS:

May I interrupt just a moment? Did you feel and do you still feel that it's incumbent on the university or on the department to place these people?

AXELROD:

Whether I feel it's incumbent or not, I would have a sense of great

unease if we turned out people who had difficulty in getting jobs. I think we would be irresponsible if we continued to take students and then found difficulty in placing them. We never experienced that kind of difficulty with our limited enrollment.

WEEKS:

The reason I asked the question was because I had a conversation with Gary Filerman and I said to Gary, "What are you going to do with all of these two or three thousand graduates coming out every year in hospital administration? How can the schools place them?"

Well he says the schools really don't have to worry about placing them.

I said, that at Michigan to the best of my knowledge, they feel that they should place these people, at least help them. And also, if they want to change jobs later on, they can work through the university and get advice and help to get a change of job. But he was under the impression that no longer was it necessary for schools to feel like that. I think that this is wrong. It hurts the profession, if people are trained and can find no job.

AXELROD:

I think the graduate departments in our own university that are turning out history majors, French majors and English majors for whom there are no teaching spots are irresponsible.

While I was here, at least, most of our people went into public sector jobs and we have quite a record of alumni. One of our most distinguished alumnae is Beverlee Myers. Really a top person. By the way, she's at UCLA now, you know.

WEEKS:

I heard she had left, yes.

AXELROD:

I guess because of my background, not so much in academia as in the world of administrative practice, I've always been involved in outside activities. While I was here as a teacher, my primary responsibility, very early in my academic career I was also active in developing a prepaid group practice in Detroit -- it never got very far, but it was an actual consumer-sponsored prepaid group practice.

WEEKS:

This was separate from Metropolitan Hospital?

AXELROD:

It was separate from Metropolitan Hospital. It was called Group Health Services and was sponsored by several consumer cooperatives in Detroit. I was able to arrange for them to have a contract with a group of physicians. we were never able to recruit more than 1,ØØØ people. So it was short-lived.

As a result of that experience and working with the co-ops, there were some interesting by-products like Terry Carroll, who came out of the co-op movement and got interested in the health field through this venture; Cal Lippett -- do you know Lippett? He's an executive of one of the quite successful HMOs called Group Health Services of Southeast Michigan; Lou Segadelli -- is that name familiar to you? Segadelli was Deputy Executive Director of Group Health Association of America and worked with Esselstyn at the Rip VanWinkle Clinic. He was here on campus for a year trying to develop a university-sponsored HMO. Segadelli was here until last September trying to develop an HMO at the university. So there are some spinoffs of that early prepaid group practice effort in terms of people's careers in the health care field.

Fortunate for me in terms of my involvement with outside activities, was my association with Wilbur Cohen. I knew him only slightly when I was in Washington -- he was in the Social Security Administration. Since I was one of the few commissioned officers of the Public Health Service interested in health insurance, we had some contact. It wasn't until he came to Michigan in 1955 that I got to know him quite well and worked with him on a number of things, including some of the planning for Medicare legislation. I worked with him on the Governor's Commission on Health Care of which he was the Chairman -- still another Governor's Commission. And I've been associated with him actively since then.

WEEKS:

Was that the recent one three or four years ago on the mental health?

AXELROD:

No, there was still another one that he was head of. It was one that Williams appointed while he was still Governor.

In this connection it was interesting to me to learn how the Medical Society operates on a political level. Bill Hubbard was on that commission. he had a private meeting with me and Cohen to tell us that he had been given dossiers that they had kept on us as a result of our radical activities. 'Axelrod favors prepaid group practice.' It's on the record, just like he supports areawide planning. Radical stuff. Very amusing. Cohen, of course, was an outspoken proponent of national health insurance.

My Medicare involvement is largely through Cohen. I was on the Committee of Physicians who lobbied in favor of Medicare. It was headed up by Esselstyn. I regret very much that a European trip kept me from attending the Medicare Act signing ceremony at Truman's home in Independence, Missouri.

There was an official flight of physicians and other supporters of the Medicare legislation on Air Force One from Washington to Independence. I cherish the telegram of invitation from the White House but I was unable to make the trip.

WEEKS:

Kenny Williamson of AHA tells an amusing story of that. He said he was invited to take this trip, which he did, and he stood there and they were taking television pictures. At home his wife was watching. She looked at him and she was saying, "Kenny, Kenny, straighten your tie."

I think this made a big impression on all those who were involved in that trip.

AXELROD:

I'm sorry not to have made that trip.

WEEKS:

Someone, too, tells the story about someone who was to receive a pen or something and President Johnson was looking around for this person and Truman spoke up and said, "Your President is calling you. When your President calls, you come."

So I think that was a highlight of Mr. Truman's life too to have Johnson bring the people down there.

AXELROD:

All through my academic career I was involved in many outside activities as a consultant or planner.

WEEKS:

What about the Metropolitan Hospital group? The UAW...

AXELROD:

I was involved originally as one of a planning group when the UAW plan was being developed. Then, by virtue of my acquaintance with Fred Mott, who was the Plan's first Director, and Leonard Rosenfeld, the second Director, and Jim Brindle, head of the UAW Social Security Department, I was actively involved, but not in the Plan's operation.

WEEKS:

I understand now that -- is it Ford Hospital that has a management contract for Metropolitan Hospital now?

AXELROD:

Yes. But there has been a merger. First there was -- the Plan started out as Community Health Organization, CHA, and was clearly dominated by UAW though there was a community-wide board. By the way, Judge Wade McCree who recently came here on the Law School faculty was on that original board. I met him at a gathering last weekend and we talked about those early days. I was never on the board.

CHA was taken over for a period of two years or so by Blue Cross. It was then called the Metro Health Plan. Then, through intervention of the Ford people, there was a merger of the Ford Hospital and Metro and it's now the Health Alliance Plan, HAP.

WEEKS:

It's a merger. Not a management contract?

AXELROD:

No. There is a managing contract between the Metropolitan Hospital and Ford Hospital. But there is a merger of the enrollment mechanism and overall management of the prepayment plan, although there is a separate medical staff

at Metropolitan Hospital. That will eventually be merged with the Ford medical staff. I was involved in those discussions.

I've been involved off and on with the State Medicaid program. I serve now on the Medical Care Advisory Council. Since I have been retired, I have also served as a consultant to a local HMO, Comprehensive Health Services of Detroit. I helped straighten out some of their organizational difficulties.

Right now, as still another retirement job, I am back on the University of Michigan payroll assigned by the President to serve as staff director of the Health Care Committee of the Economic Alliance for Michigan, a private sector business-labor coalition whose goal is to improve the business climate in Michigan.

WEEKS:

That should be an interesting challenge.

AXELROD:

One of their tasks is to see what they can do about helping slow down the frightening escalation of health care costs in Michigan.

WEEKS:

I'm sure you will keep busy — which you want to do.

I have a note here that you served on the APHA Governing Council. Would you like to talk about APHA?

AXELROD:

I recently was honored for passing a kind of survival test I guess, a forty-year membership in the APHA. I was one of a small group that supported leaders in the field of public health who fought to legitimize the role of health care delivery within the field of public health. It wasn't until 1948 that there was a Medical Care Section in the APHA. I was part of the group

that helped work within the APHA to get that Medical Care Section started and I worked in the section. I was elected its Chairman during the 1960s, served on the Governing Council, the policy-making body. I guess I've had some influence in the APHA by virtue of having a former student as its Executive Director, William McBeath, and being able to influence a number of policy decisions through wide acquaintanceship within the APHA.

My principal service in the APHA has been through the Medical Care Section and through the Governing Council of the APHA.

Other organizations that I have made some contribution to have been accrediting bodies. I was on the first Accrediting Commission for Graduate Programs in Hospital Administration. George Bugbee headed that up. I served two or three terms on that and helped introduce public health content and a public health point of view to that body's deliberations.

When I look back to see what contribution I've made to the field -- it's been a modest one -- I think it's largely been through a steadfast commitment to the concept of health care as a public service, and the need, under public auspices, to have programs which are well administered and which have a preventive content. This influence has been brought to bear mostly through students, I believe, who occupy positions all over the country in the field of health care; by steering students toward appropriate career lines and by bringing people into the field. I am very proud of the people I have brought into the field.

Behind the scenes, I take some credit for Donabedian's work in the sense of having created a place for him where he could exercise that magnificent scholarship and protecting him from a lot of other academic responsibilities. I think he wouldn't have had the same kind of nurturing environment in other

institutions.

WEEKS:

I think he is more comfortable this way.

AXELROD:

Yes. Almost by the accident of the name of the organization, the Bureau of Public Health Economics, I've been responsible for identifying this field as one for economists to work in. I guess this was one of the first academic units in the United States where social scientists really found their way -- economists, political scientists, sociologists -- and I helped establish ties with all of these disciplines.

WEEKS:

When did you develop the doctoral program?

AXELROD:

Actually, the doctoral program goes back to 1955, but very few degrees were given in the early years. The first degree was in 1955 and was awarded to Howard Bost. Is that name familiar to you?

WEEKS:

I think I have heard it, but I can't identify it.

AXELROD:

Bost worked with the UAW Social Security Department. While working for them he got his doctorate here and then went to the University of Kentucky. As far as I know, he still is vice-president for health affairs at Kentucky. At one time he was -- there was a Commission on the Cost of Hospital Care -- on the staff of that commission. He was the first person who got a doctoral degree and there was only a trickle of doctoral degrees awarded in the ten years after that. Tom Weil was one of the early people to get a degree here.

So were Mitch Greenlick and Roger Battistella. Gradually that program has become a much more rigorous Ph.D. program than it was in the earlier days.

Another interesting teaching development here has been the establishment of non-traditional degree programs, the On Job/On Campus program. For a number of years we offered once-a-year short-term training institutes. How long has the Blue Cross Institute been going on? I remember I used to teach in it when it was in the School of Business Administration.

WEEKS:

I think it was there when I came in 1962.

AXELROD:

We had a series of yearly institutes here which eventuated during the days of neighborhood health centers when there were a lot of untrained people running health care enterprises into an On Job/On Campus program. Penchansky deserves the credit for that. Really, he formulated the program and developed it and carried it through.

WEEKS:

Also your weekend program.

AXELROD:

That's what I mean. This is the weekend program -- in addition to the two-week institutes we used to have. They represent important teaching contributions.

WEEKS:

How did you promote those? I've noticed other schools will run ads in the Wall Street Journal, as an example, for special master's degree programs.

AXELROD:

This was largely by word of mouth. There has been some recent

advertising. We always managed to get a cohort of between 25 to 30 students. And this is a 25 month commitment. It is not inexpensive. Now there is no training support except by the agencies who send their people.

WEEKS:

What is the percentage of dropout?

AXELROD:

Quite small. Only two or three every year.

WEEKS:

A person who wants that sort of thing probably sees it as a career ladder move.

AXELROD:

It's terribly important to them. I think in terms of acceptance by the students and word of mouth, the promotion has been quite successful.

WEEKS:

I do think you should say something about your Medical Care Chartbook. How did that come about? That's been a big seller, hasn't it?

AXELROD:

Donabedian, when he first got here began to develop some charts that he used in his lectures. It seemed to me that these ought to be expanded and amplified and put together in some kind of publication. The first one was done in the mid-1960s. It was informally and rather amateurishly put together. But gradually it has been improved and finally it has reached the status of becoming a publication of Health Administration Press.

I think it is a very useful teaching document. Unlike many other chartbooks, it tells a story. The charts are not meant to be simply a compendium of data but to illustrate important trends and points in the field.

WEEKS:

Is there a running narrative there?

AXELROD:

No. There is not a running narrative but there is an internal logic about the presentation of the material. I can give a number of lectures just by selecting four or five charts and telling the story. So I am very proud of that. I'm amused to hear you say it is a best-seller. I don't know what constitutes a best-seller in this field but -- two or three thousand copies?

WEEKS:

But it has been selling for so many years.

AXELROD:

And we often find the charts reprinted without any acknowledgments of the source.

WEEKS:

Oh, this goes on all the time.

You had a book on health economics, light green cover, was that the result of a seminar?

AXELROD:

That was the result of a conference, the first conference to be called where the handful of bona fide economists working in medical care joined together and came here. I worked with Selma Mushkin on this. The publication was a collection of the papers that were presented. There was a time, Lew, when I first got into this field, when I knew on a first name basis every economist in the country who was working in the health care field. Now my understanding is that the Health Section of the American Economic Association has over one thousand members.

WEEKS:

Is that right? It has become so important a part of our economic picture.

AXELROD:

The early definition of health economics was a field that studied the financing and delivery of health care. Many people can qualify as a "health economist" under that loose definition. But actually, as I mentioned earlier, it wasn't until Kenton Winter, a trained economist, was recruited to the Bureau that we could justify the title, Public Health Economics.

WEEKS:

Would that be in the late 1950s? About this same time George Bugbee was in Chicago trying to find a health economist to teach and it took him about three years to find one. So they were very scarce back then. I can remember when Paul Feldstein came here. He came here about the same time I did or maybe a few months after. They felt so good about getting a scholar in that field to come to Michigan. It was just very difficult to find them.

AXELROD:

A number of economists, well-known economists, have written the occasional article on health like Kenneth Arrow and Kenneth Boulding, but economists who have worked principally in the health field were few and far between. One young economist, not very well known at the time, I tried hard to recruit. He gave serious consideration to coming here but finally decided not to. That was Rashi Fein.

WEEKS:

Is he still at Harvard?

AXELROD:

He's at Harvard as an economist, but he's not in the Department of Economics, he's in the Medical School.

WEEKS:

Most of the doctoral candidates you've had here -- particularly those I know from hospital administration -- have come out with a pretty strong background in economics, haven't they?

AXELROD:

I guess there are more who have chosen economics as their cognate area than any other area.

WEEKS:

Yes. Zuckerman I think of particularly.

AXELROD:

No, his cognate area was sociology and organizational behavior.

WEEKS:

But these social sciences are very important and up to this time they haven't had too much.

I wanted to ask you, knowing Wilbur Cohen, did you have any input in Medicare and Medicaid legislation?

AXELROD:

Yes, some. Largely through influencing Cohen. For example, the home health benefit was included in part through my suggestion to Cohen that this benefit was a possibility as a lower cost alternative to hospital care. I remember the first versions we talked about. Home care and what a VNA nurse did were not really understood. So that took some explaining.

On the Medicaid side, I had more influence through the American Public

Welfare Association. I worked with them in trying to upgrade standards of public assistance medical care.

Incidentally during the years I've known Cohen when he was Secretary, I asked for just one political favor, and that was to appoint somebody as Director of the Medicaid program who was a well qualified physician. Instead, Cohen, for whatever reason, appointed a family practitioner active in the American Academy of Family Practice. This appointment, Frank Land, turned out to be a disaster. I hesitate mentioning his name, but he came very close to -- I guess he was actually dismissed or had to resign. He got involved with the nursing home industry in some conflict of interest situation. Have you run across that episode?

WEEKS:

No. I haven't heard anything.

Those things happen. The earlier legislation you probably had nothing to do with such as Hill-Burton and that kind of thing.

AXELROD:

No.

WEEKS:

Because you were just getting your feet wet.

AXELROD:

Have you come across the name Joseph Mountin?

WEEKS:

Yes. I wanted you to talk about Joseph Mountin. About three weeks ago, I went to Washington and talked to Evelyn Flook. You know her of course. Of course she's a great supporter of Mountin.

AXELROD:

Mountin was a great man and a leader in the field of public health. He had a sense of the totality of public health and its necessary involvement in health care. He would not stand for the kind of Haven Emerson definition of public health -- only anything the private sector doesn't do is a legitimate activity for public health. And early on he saw the importance of public health involvement in housing and chronic disease control. He was a founder of the Hill-Burton program. The Haven Emersons would ask what's the local health department got to do with hospital planning and construction? Mental health also. And he was a sponsor of people like Dean Clark and Milton Roemer and myself. He was our godfather in the field of public health.

Of course he could function so well because he had a very enlightened and liberal boss as Surgeon General, namely Thomas Parran.

WEEKS:

The stories I have run across you don't read in the usual public health accounts. The influence of the Public Health Service on the passage of the Hill-Burton Act. I didn't realize until recently that Parran was subsidizing this development by paying staff members to work with a group -- the Commission on Hospital Care -- George Bugbee's brainchild. They were gathering all this information. Parran had people there working, assigned, about twenty of them with the understanding that he would have access to the raw data as soon as it was available. So they had the Bill passed before the Commission had completed its study since they had all the data.

AXELROD:

It's come to you, hasn't it, that the original 1939 Wagner Bill for national health insurance, had in it a section on subsidy for hospital

construction?

WEEKS:

Yes. That original Wagner bill was quite a thing wasn't it?

Have you ever heard of anyone in the Public Health Service who might have written the first Hill-Burton draft? I was wondering if it came out of Mountin's office.

AXELROD:

I'm sure it came out of Mountin's office.

WEEKS:

The bill, as I understand it, was later rewritten or revised, let us say, by someone working for Robert Taft, because Taft wanted to run for president and he wanted a health bill.

AXELROD:

Doesn't the Hill Archive at the University of Alabama have some of this material?

WEEKS:

Is there an archive there?

AXELROD:

I think so.

WEEKS:

I was having correspondence with Senator Hill just before he had his last illness -- very cordial. We were about to set a date when he became very ill and died. So I have had bad luck on a couple of these.

AXELROD:

What was his first name, it escapes me?

WEEKS:

Lister.

AXELROD:

Oh, yes. I would also check with the National Library. Isn't the National Library called the Lister Hill Medical Library? Or isn't it in the Lister Hill Building?

WEEKS:

I haven't been there is several years. That would be interesting to look into.

AXELROD:

You can look into that and see whether there is a Hill Archive at Birmingham at the University of Alabama.

WEEKS:

I'll do that because there is no question that his prestige and his influence in the South was very valuable in getting it passed. Also, it didn't do Alabama any harm either.

AXELROD:

You didn't get anything on George Perrot? Has his name come up?

WEEKS:

I've heard his name, yes. What can you tell me about him?

AXELROD:

He worked closely with Parran as the head of a small think-tank in the Public Health Service called the Division of Public Health Methods, a research and planning organization. Many of the new ideas were first developed in that shop. Dean Clark worked there. So did Burnet Davis, Michael Davis' son. Is that name familiar to you?

WEEKS:

I hadn't heard that. Of course I know of Michael Davis, but I hadn't heard of his son.

AXELROD:

When I was Chief Medical Officer in the War Food Administration, Burnet Davis was our regional medical officer for our southeast region in Atlanta. I got to know him quite well. He was part of George Perrot's shop. There were studies of group practice that Leslie Falk was engaged in. Falk was part of Perrot's shop. Early manpower studies. The original Mountin/Pennell manpower papers were classics. Elliott and Marilyn Pennell were public health analysts who wrote with Mountin in developing the whole Hill-Burton concept as well.

WEEKS:

I've heard the name Mountin, of course, in connection with the regionalization idea, the Mountin/Hoge grid or whatever they called it. They tried it out here in Michigan.

AXELROD:

You know there is a series of papers by Mountin that were put together for publication.

WEEKS:

No, I didn't. A collection of them? Miss Flook told me about a lot of papers that she was co-author of with him and others in which they studied situations in state health offices.

AXELROD:

Mountin was for many years head of an organization in the Public Health Service called States' Relation Division. That was where the Public Health Service tried to upgrade local and state health services.

WEEKS:

Yes. I think Miss Flook worked with him in her early days. She went to the Public Health Service about 1935 I think and stayed there the rest of her life.

This brings me to the National Center for Health Services Research and Development. Did you have much connection with them at all?

AXELROD:

No. That was developed during the days of Wilbur Cohen and Phil Lee, the Assistant Secretary for Health.

WEEKS:

Yes. This was -- I think Cohen was just going out. I think Johnson's term was just about up. It was during the last days of Wilbur's tenure as Secretary.

We used to use it in Hospital Administration. We had two or three grants from them and got to know Dr. Sanazaro.

AXELROD:

I knew Paul, but not well.

WEEKS:

But that got to be a political job when Nixon came in. There was a feeling that there was quite a lot of influence on giving grants as to what political mileage the administration could get out of it too. I don't know, but I think maybe there was this element there.

AXELROD:

Starting with Nixon, I've had virtually no contact with the Washington heatlh care establishment.

WEEKS:

It's been pretty hectic.

you were going to talk to me about yout work in aging -- White House Conference and so on.

AXELROD:

I was a delegate from Michigan to the Conference -- not in 1981, but the 1970 -- the first one before that. In part that was due to my relationship with Wilma Donahue here on campus. We did a number of studies of aging here in the Bureau, nursing home care particularly. One of the first studies of nursing home care on a statewide basis was done by Metzner and Winter here. That was with support from the Ford Foundation. Also studies of medical care under Old Age Assistance in a number of states.

Except for attending as a delegate, I don't think I had any great influence in the aging field except in support of the Medicare legislation.

I have a document that I would love to turn over to somebody, if I can find it in my files. You remember that Ronald Reagan, after he left Hollywood, spent a fair amount of time as a publicist for General Electric.

WEEKS:

Yes. I remember.

AXELROD:

G.E. supported an anti-Medicare campaign and Reagan was their principal spokesman. I had the task here in Michigan, on behalf of the Committee of Physicians in Support of Medicare, to make a record in answer to Reagan. So I have this two-sided record. One side is Ronald Reagan's presentation on the evils of Medicare and the other side my advocacy of it.

It comes as a hard blow to realize how easy it is for a new

administration to tear down so many of the programs that it has taken years to build up. Only in a longer range historical sense do you know that what you have been doing is going to last and is going to make a difference. But to go through these temporary setbacks is very difficult. Because one isn't given the privilege of living long enough to see the right outcomes and the pendulum swing the other way.

I firmly believe that someday in this country we are going to have a national health service; that medical care will be provided under public auspices.

WEEKS:

Something like the British?

AXELROD:

Well, it'll go beyond the British. But it's going to take a long time to see this. And one doesn't have, as we say, the luxury of living this long.

WEEKS:

Can we do it with fee-for-service?

AXELROD:

No. We can't do it with the worst aspects of the marketplace that now pervade medicine. We'd have to take the profits out of medicine and medicine out of the marketplace. Now, whether you can take the marketplace out of society is a more profound question. I think that will take significant changes in our political structure and our economy. We'll see that medicine just does not mix well with the marketplace.

Health services and the delivery of human services are incompatible with the market.

WEEKS:

It would seem that way to me, although Senator Kennedy, in his latest bill, thinks that he can manage the physicians by allotting a certain amount of money and when that money runs out they continue working.

AXELROD:

That's the short-run political approach and that's how we do things in this country. I don't anticipate the kind of revolution that will completely overturn things but slowly, slowly we've got to change the basic structure of health service delivery.

WEEKS:

Can anything be done through medical education? Can physicians someway be shown that it's nice to work forty hours a week and have vacations and all this sort of thing?

AXELROD:

It takes more than that, Lew. It takes a kind of commitment on the part of the providers to public service. We don't have that. You can't induce that through changes in medical education. You have to turn around everything and we're not about to do that.

WEEKS:

We've got to get religion, I guess.

AXELROD:

I don't know what form of religion it is, but a commitment to public service is necessary.

WEEKS:

This is what I mean.

AXELROD:

If you want to be in the human services area, there's no place for profit. There's no legitimate place for making a fast buck. There's no place for private entrepreneurialship. There's a whole different set of values. And we are very far from that.

WEEKS:

Will this come about, do you think, by an oversupply of physicians and reassessment?

AXELROD:

It'll come about. Whether it will come about by incremental stages I don't know, but one ought to be encouraged that so many doctors are now involved in group practice. When I first came to this field, group practice was such an exotic kind of thing. Physicians who entered this kind of practice were viewed as revolutionaries and the enemy of the medical establishment. Now, thirty percent of physicians have some kind of association with the group practice of medicine. So I guess in historical terms these changes will come about, but for every step forward we make, there seem to be two steps backward.

I see what goes on in the nursing home industry now. Completely dominated by sound investment principles. And this is happening to hospitals. I think about the attempts to privatize public education. I see what's happening in the field of day care. My wife's involved in day care. It's just like the nursing home industry. It's going to be taken over by chains -- a site for profitable investment.

HMOs have become like this. You know that companies which invest in HMOs have a reasonable expectation of getting twenty percent return on their

equity. When there are these kinds of considerations, what happens to human needs and our commitment to quality care? That's sort of discouraging in the short run.

WEEKS:

Blue Cross, when McNerney was there, was thinking of getting into the field themselves. Of course they have gotten into some HMOs. But they were even talking about buying hospitals and running them. So they could run them efficiently.

AXELROD:

Blue Cross is also thinking, as they are in Michigan, about getting into life insurance and other kinds of insurance.

WEEKS:

Aren't they getting into life insurance in order to have some profit so they can write off their loses?

AXELROD:

I don't know. I guess the kinds of changes that I would like to see, real attention to health outcomes, attention to the underlying cause of disease are just not possible under present mechanisms and present social values.

WEEKS:

It's going to be very difficult to change them.

AXELROD:

Yes.

WEEKS:

I went to Cleveland to see Dr. Crile because I had read articles about him and his...

AXELROD:

...quality of surgery.

WEEKS:

Yes. And all of the people at the clinic, Cleveland Clinic, are on salary. No incentive to operate. He doesn't use the word unnecessary, but he uses a word similar to that about surgery.

AXELROD:

Unjustified.

WEEKS:

Some such word as that he uses. It slips my mind at the moment. He felt they had a perfect set-up. They have a thousand bed hospital. They have a lot of people come there. But they don't do anything unless they feel it's necessary or is good.

AXELROD:

But Lew, think of all the coronary artery by-passes they are doing instead of trying to do something about getting people to control their hypertension or to stay on prudent diets. It takes that kind of reordering of priorities.

WEEKS:

But the trouble is, if you are a surgeon, you think of surgery as the cure or the remedy for an ailment. If you are not a surgeon, you may think of something else.

Anne Somers has talked about educating the public to living better and all that sort of thing. There are a lot of people trying, but I don't think anybody has found the answer yet.

AXELROD:

I'm upset about the notion, though, that it is completely a matter of individual responsibility. I believe individuals should have responsibility for their health behavior, but the notion that in the face of massive advertising people can stop smoking is not realistic. I don't like the victim-blaming turn that all of this self-help has taken.

WEEKS:

Some of these people who say it's up to the individual -- he should have complete freedom -- probably would be the first to complain if their taxes went up because society had to take care of the people who became the victims of their own short-sightedness.

AXELROD:

Just today I saw a headline in the Ann Arbor News about the dilemma posed by the government's subsidy for tobacco farmers and the loss of jobs that would result if cigarette smoking were abolished, on the one hand. And the reduction of lung cancer on the other hand. You know this is a problem that socialist countries with far different ideologies from ours haven't solved. The socialist countries have a terrible smoking problem, for example, China. I have seen a striking example of this in China. As soon as you get to a meeting room, cigarettes are offered to everybody.

WEEKS:

Is that right? When were you there?

AXELROD:

Three years ago.

WEEKS:

Did you look at their medical care system?

AXELROD:

Only into parts of it and in an unsystematic fashion. I was very much impressed with the unevenness of development and the attempts to combine non-traditional medicine with Western medicine.

I visited a large OB hospital in Shanghai and spent some time in the outpatient department. In one room I saw an indigenous practitioner -- I guess she was trained in herbal medicine -- who was taking care of a woman in her last trimester, maybe approaching the ninth month, where a diagnosis had been made of a breech presentation, that is, the baby was going to come out feet first. The pregnant woman was sitting up on something that looked very much like a shoeshine stand with her feet up and moxibustion was being applied -- you know what moxibustion is? - the smoke of the dried leaves of a hemp plant, something that looks like a cigar -- was being directed at each of her ankles.

I was informed that three or four treatments of twenty minutes each would induce spontaneous version, that is, the fetus would turn in the uterus. When I got back to this country I called one of our obstetricians and he told me that about eighty percent of fetuses revert to the normal position spontaneously, in any event.

While this indigenous treatment -- moxibustion -- was going on, down the hall there was a cobalt bomb where a woman was being treated for cancer of the uterus with the latest western technology. A fascinating time change.

WEEKS:

Real extreme next door to each other.

AXELROD:

But I didn't make a systematic study of medical care in mainland China.

I spent a couple of days with some barefoot doctors in a rural commune and I saw acupuncture anesthesia which was very impressive. I watched a gastectomy and a thyroidectomy done on patients who had only acupuncture anesthesia. Both of them got up off the operating table after the operation and walked out of the operating room waving to the guests.

WEEKS:

Very difficult even to comprehend isn't it?

AXELROD:

Lew, you have been very patient.

Interview with

Solomon J. Axelrod, M.D.

Ann Arbor, Michigan

June 22, 1983

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