



**Mount
Sinai**

Call #:	EVE033
Title:	Inauguration of John Wallis Rowe, M.D. as the Fifth President of The Mount Sinai Medical Center
Date:	1988-12-06
Copyright:	Icahn School of Medicine at Mount Sinai

The Arthur H. Aufses, Jr. MD Archives

This document is a transcript of an oral history interview from the collections of The Arthur H. Aufses, Jr. MD Archives. This material is provided to users in order to facilitate research and lessen wear on the original documents. It is made available solely for the personal use of individual researchers. Copies may not be transferred to another individual or organization, deposited at another institution, or reduplicated without prior written permission of the Aufses Archives. Provision of these archival materials in no way transfers either copyright or property right, nor does it constitute permission to publish in excess of "fair use" or to display materials.

For questions concerning this document, please contact the Aufses Archives:

The Arthur H. Aufses, Jr. MD Archives
Box 1102
One Gustave L. Levy Place
New York, NY 10029-6574
(212) 241-7239
msarchives@mssm.edu

INAUGURATION
of
JOHN WALLIS ROWE, M.D.
as the
Fifth President of The Mount Sinai Medical Center
Tuesday, December 6, 1988

Nathan Kase, M.D.:

May I ask Mr. Freedman and Dr. Gorlin to join me at the rostrum, please.

I'm Nathan Kase, Dean of the School of Medicine at Mount Sinai. And, with me are Mr. Barry Freedman, Director of The Mount Sinai Hospital, and Dr. Richard Gorlin, the president of The Mount Sinai Hospital Medical Board. Together it is a great honor for us to welcome you all to the inauguration of Dr. John Wallis Rowe as the fifth president of The Mount Sinai Medical Center. And, to extend greetings to this fabulous assembly on behalf of the administration, faculty, students, and staff of the institution. Welcome.

Being president of Mount Sinai is a great challenge. But it's also a significant opportunity and an awesome responsibility. The president of Mount Sinai is a vital link in the 136 year chain of medical excellence that was forged with the founding of The Mount Sinai Hospital in 1852. Dr. Rowe is the leader of Mount Sinai's continuant contribution - to realize the potential of modern medicine; to see that our patients receive the most modern, sophisticated and compassionate medical and nursing care humanly possible; and to see that research is carried out at the highest level and with the intensity that will ensure progress for the future; to see that our students, residents and fellows are taught by a faculty second to none, in terms of competence, ethics and concern for the individual. The patient carries with

him his own vision of the greatness of Mount Sinai, as well as the aspirations of its trustees, faculty and staff, chief among them being that Mount Sinai will never compromise in its standards, never settle for being less than the best and in the forefront of all medical and scientific frontiers. That's a heavy load for anybody to carry -- even for someone as talented, motivated, hard-working, astute and respected as Jack Rowe. He can't do it alone. He will need, and we are here to pledge that, he will receive the cooperation of all members of the Mount Sinai community. Congratulations, Jack, you will be president of a great institution; and you will make it even better. [Audience clap] Thank you.

To proceed, it is my pleasure to welcome the Chancellor of the City University of New York - Dr. Joseph S. Murphy - who will bring greetings from our University. Dr. Murphy.

Dr. Joseph S. Murphy:

Thank you, Dr. Kase. Ladies and gentlemen. May I make note of the fact that among our guests is Mr. James Murphy, Chairman of the Board of Trustees of the City University of New York. I believe this is the first occasion both the chairman and chancellor of the City University have had to greet a new president of Mount Sinai -- a sister institution within the City University. I've also had an opportunity to meet with Jack Rowe and assured myself as I suspect he's assured himself, that we will work well together. He is a man who clearly understands the mission of higher education in the City of New York. I believe that he is clearly cognizant of the fact that the metaphor for our town of stretch limousines on the one hand and homeless people on the other won't do - and, that we're going to have to do something about that. I think he's committed to the principle that making the very finest medical care available to the riches people in our town, and no medical care or poor medical care to the black people, Hispanic people and working-class people in our

town won't do; and that our democratic institutions won't survive unless we close those discrepancies in wealth, power and privilege. I believe he is a man committed to those principles, and on that basis welcome him to our grand town and our wonderful University. Thank you for that opportunity. [Audience clap]

Nathan Kase, M.D.:

And, now to deliver the keynote address, I'm honored to present, Dr. David Axelrod, the Commissioner of Health for the State of New York. We welcome you, Dr. Axelrod. And, thank you for coming. [Audience clap]

Dr. David Axelrod:

Distinguished trustees, distinguished members of the faculty, and distinguished guests who have come to honor Jack by being present at his inauguration.

I am delighted to be here for a number of different reasons. One is that I bring with me the congratulations of the Governor and the best wishes for a very successful presidency. Secondly, I am delighted to have this opportunity to participate in your installation in a nurturing institution which has attracted a certain degree of emulation throughout the world -- by virtue of its commitment to a series of beliefs and a series of principles which I think will carry this institution forward with a new commitment that I know Jack is going to bring. And, finally, Jack is a personal friend. And, I'm delighted, Jack, to join with you to be present at this inauguration and to bring you my own personal congratulations for what I am certain will be a very successful tenure. I hope that the Dean did not describe the criteria by which you are going to be judged because I'm afraid that the criteria that have been established for you, are almost impossible in the current climate in which we all are attempting to resolve the problems of our entire society. And, I would hope

that those of you who are responsible for judging Jack, will not, in fact, hold him responsible for all the ills of our society.

This is a distinct pleasure and I can only indicate to you how important this occasion is by looking at the competition, and in order to compete with Jack, they had to bring Gorbachev into the City of New York -- to compete with his inaugural. Some of Jack's friends may wonder whatever possessed Jack to leave the comfortable and very valuable existence that he led in Massachusetts. But I would submit, that some of the same spirit that brings Gorbachev to New York City also lured Dr. Rowe. New York is the center of the action. This is where the greatness is greatest. In virtually all areas of modern life, New York claims a spot at the top. Medicine, science, the arts, theatre, education, culture -- name a field, and New York can lay claim to supremacy. Success in New York is rewarded like success no where else. There can be only one Broadway. So there is clearly a positive allure about this place, about the Big Apple, the opportunity to make Mount Sinai the Broadway of New York, the opportunity that remains unbounded with respect to the composition of those who are the faculty or those who are the trustees who have contributed so much to the greatness that has been Mount Sinai.

But I would also submit that there is in Jack Rowe's decision to come here an awareness of the other half of the truth about New York. If New York offers the highest heights, it also offers the deepest depths. Perhaps nowhere in our society does the contrast between rich and poor, have and have not, hope and despair, stand in such bold relief. In New York, we have institutions of advanced research and miracle treatments, such as Mount Sinai. Yet we have an infant mortality rate that is on the rise again after years of decline. And, in some sections of this, our community, our own community, the infant mortality rate compares poorly with the rates in parts of the third world. Statewide, eight babies die every day before reaching their first birthday.

We have three children born every day to mothers who are infected with AIDS. One out of three of those children, or, perhaps two out of three of those children, will die ultimately of AIDS. In New York, we have academic medical training, as fine as any in the nation. And, medical schools such as Mount Sinai develop a core of positions second to none in talent, in knowledge, and in opportunity. Yet in New York, we lag behind the rest of the nation in our ability to provide prenatal care to pregnant women. Less than two-thirds of the women who gave birth in this state received prenatal care within their first trimester. In New York, we have some of the greatest structures in, symbolically, the most powerful institutions created by man. And, yet in New York, we have not figured out how to help people care for the aged members of their families without bankrupting themselves. I don't know how many of you noticed that one winner of this past weekend's big lottery jack pot, is a banker, who bought a ticket along with eight co-workers. She was in tears when she met the press yesterday, describing how she plans to use her winnings to pay for her mother's medical bills. Her mother is a patient here at Mount Sinai and may need long-term care.

I have enumerated some of the grim facts of life in the Big Apple. Not to discourage Jack, nor to discourage those of you who have been a part of this institution; quite the opposite. These facts of life represent a challenge, a great opportunity. We have here in New York the opportunity to apply the talent, the skills, the training, and the science that is the best that this nation has to offer to the solution of problems that are among the most difficult we have to solve. That is the kind of challenge that requires the dedication and a social commitment to the entire community. Let us be guided and let Jack be judged by his success and all of our successes in meeting these challenges. I salute you all for being here. I'm delighted to join with you in welcoming Jack to, what I think is, the greatest city in all of this land; and certainly the one that has the greatest potential

for achieving the goals with respect to the health of our population. Thank you very much. [Audience clap]

Nathan Kase, M.D.:

And, now we come to the installation of our president. And, for that purpose, I'll introduce Frederick A. Klingenstein, Chairman, Boards of Trustees for The Mount Sinai Medical Center. Mr. Klingenstein.

Frederick A. Klingenstein:

On behalf of the Boards of Trustees, I am delighted to welcome all of you to the inauguration of John Wallis Rowe as the fifth president of The Mount Sinai Medical Center.

There are certain dates that rank as milestones in the life of an institution, particularly one like Mount Sinai that dates from 1852 and has had such a long and illustrious history. Today, December 6, 1988, is such a date. Dr. Rowe's inauguration is a proud and auspicious event for Mount Sinai. It represents the beginning of a new era of leadership; a new era of prominence, one that will see the completion of the rebuilding of Mount Sinai Hospital; and the enhancement of the Medical School's research and educational programs.

Dr. Rowe comes to Mount Sinai at a time when the opportunity for institutional achievement, both clinical and academic, has never been greater. He also arrives coincident with a period when the financial, political, moral, and communal challenges and pressures on academic health centers are of frightening proportions. In spite of these macro-socio-economic cross-currents and storms, we are confident that we have picked an able captain to steer our ship of state through the perilous waters to calmer and safer seas in the years ahead.

Choosing a president for an institution as large and diverse as Mount Sinai was not an easy task. We looked for an individual with outstanding academic and clinical credentials... one who is bright, energetic, administratively adept, and politically sensitive... an individual with strong leadership qualities, a sense of humor, and an ego of immoderate proportions... one who would listen to many and varied constituencies... one who could make difficult decisions and order scarce resources into sensible and attainable priorities... one who had an understanding of Mount Sinai's place in history and an appropriate vision for its future... one who is sensitive to the community and its needs... one who realizes that strength and progress come as a result of unity of purpose rather than divisiveness... one capable of assembling a crew that wants to sail in the same directions, keeping the winds at our back and our sails full. Although the United States Marines may look for a few good men, our job was much tougher. For we sought but one. After six months of working together, I am confident that we have found him. And, therefore, Jack if you would step forward and join me here. On behalf of the Boards of Trustees, I install you, Dr. John Wallis Rowe, as president of The Mount Sinai Medical Center. And as a symbol thereof, I present you with this medallion. I will read the inscription from the back, which says: John Wallis Rowe, M.D., Fifth President of Mount Sinai Medical Center, Inaugurated, New York City, December 6, 1988. Jack, congratulations, and good luck. [Audience clap]

John Wallis Rowe, M.D.:

Thank you very much, Fred.

Mr. Klingenstein, Commissioner Axelrod, Chancellor Murphy, Dean Kase, members of the Mount Sinai Boards of Trustees, faculty, students, staff, family and friends -- I am honored to serve as President of The Mount Sinai Medical Center and to lead our

School of Medicine and our Hospital during the coming critical period of change for Mount Sinai and for New York medicine.

One hundred and thirty-six years ago, the founders of The Mount Sinai Hospital had a vision -- they sought to provide the very best in health care. After more than a century of dramatic success, which brought national and often international attention to this hospital's excellence, that mission was further broadened -- when twenty-five years ago, the Mount Sinai School of Medicine was founded, deepening a long-held commitment to education and research. This fusion of a hospital with a medical school created a large academic health center and greatly expanded Mount Sinai's capacity to serve society's needs in managing today's illness and enhancing tomorrow's health.

Over the last 150 days, I have come to know, firsthand, the remarkable quality of Mount Sinai's people and programs and the intensity of our commitment to excellence. But I also feel the winds of change -- nationwide changes intensified and complicated by local factors here in New York City, as only New York City can, as we've heard -- changes that will force major alterations in the function of America's health centers.

Who could have predicted the course that American medicine has taken or the decisions that are now before us? Certainly those wise and dedicated men and women, who established this hospital in 1852 in the midst of epidemics of cholera, yellow fever, typhus, and typhoid, could never have imagined the diagnostic and therapeutic approaches that are now commonplace here. I also doubt that many, if any, of those more recent leaders who established the School of Medicine, only 25 years ago, could have foreseen the fundamental changes we now face in medical research, education and clinical care.

On the national scene, three major areas of transition stand out as having the greatest impact on the function of our academic

health centers. First, we have entered an era of unprecedented biological discovery. Remarkable new research findings and methods are becoming available almost daily and are providing us with a deeper understanding of the nature of human biology and the mechanisms of disease. These insights and tools must rapidly be incorporated into the very fabric of the scientific life of this academic health center for they are already yielding new approaches to disease prevention and treatment, and the promise for the future is very great indeed.

Second, across America previously unimagined numbers of individuals are growing to be very, very old. Twenty-eight million people, more than one in ten of our population, are now over 65 years old. But the impact of this demographic time-bomb is underestimated by considerations of their numbers alone. Because as people age, they accumulate disease and disability and hospitalization and drugs and doctor visits and utilize a dramatically disproportionate share of our healthcare resources. The ten percent of our population currently over age 65 accounts for 40 percent of our hospital bed days and a full third of our national health expenditures. By the year 2030, as has been said, the post-war baby-boom, of which I'm a proud member, comes to Golden Pond. One out of every five Americans will be old and, like it or not, care of the elderly will dominate American medicine. We are ill prepared to cope with the aging of America. Our research manpower and training capacities in geriatrics are woefully inadequate. Despite the imminent and obvious need, our healthcare system seems to be frozen in fear as the tidal wave of geriatrics begins to crest.

Third, there is an important shift in society's view of medicine -- a growing impatience with a health care system which is viewed as draining the nation's resources while serving only a segment of the nation's healthcare needs. There is a growing opinion among political leaders as well as the private sector that the full American medical bill has been paid, but the full service

has not yet been delivered. Disenchantment and distrust are rising with a medical system which emphasizes high technology treatment to the neglect of health promotion and disease prevention. The call is clear for a shift to a greater public service in health care.

Now, this change in attitude toward our profession is also echoed in the trends in medical education -- away from the production of high technology super specialists to an emphasis on primary care physicians expert in the basic fundamentals of medicine and skilled in communication with the patient and the family. Society and leaders of our own profession seek more physicians, not technicians, and a return to plain-old doctoring matched with thoughtful application of modern medical technology. For New York City's academic health centers, these national changes are magnified in intensity and further complicated by a number of important local factors.

New York medicine seems to be bathed in crisis. We are fighting an epidemic of acquired immune deficiency syndrome, which ravages our city more than any other American city, flooding our healthcare system as it rots away entire segments of our society.

We are not responding adequately to the challenge of the "new biology." We sit numbly by and watch the steady flight of the brightest young talent from New York's clinics and laboratories to other less expensive cities and, perhaps, to more vigorous centers of biomedical excellence. This brain drain threatens the infrastructure of our academic health centers, the cathedrals of New York City's health care.

We are facing increasing regulation -- regulation that is well intentioned, David -- designed to answer society's demand for quality care and access for all, but nonetheless, regulation which forces us as an academic health center to respond and to change.

Our capacity to respond to these national and local challenges is being drained from the veins of New York's academic health centers as we suffer increasingly severe fiscal constraints. Despite the highest overall occupancy in the nation, New York's hospitals rank last of the 50 states in operating margins and face enormous population. Our hospitals have become clogged with patients who should be, but cannot be, discharged -- a clinical gridlock, induced at least in part, by the lack of a healthcare system. We lack appropriate resources to care for patients when they no longer need hospital care but cannot manage at home or have no home. These fiscal constraints not only threaten our innovative clinical and social programs but our research and educational capacities as well. For in a modern, fully integrated, fiscally interdependent academic health center, when the hospital begins to bleed the medical school goes into shock.

But we should not be surprised by these special problems. New York has often been the scene of medical stress. This enormous and complex city has also long been characterized by conflicting excesses -- it is remarkable, the similarity of the themes here -- such as great wealth and severe poverty; the highest intellectual and artistic achievements and epidemic illiteracy; the finest medical care available anywhere and persistent deep pockets of malnutrition and high infant mortality.

How can New York endure? E. B. White's comments, although penned nearly 40 years ago, never seemed more accurate than today. He wrote: "By rights New York should have destroyed itself long ago, from panic or fire or rioting or failure of some vital supply line in its circulatory system or from deep labyrinthine short circuit."¹ But New York endures, and more. John Mollenkopf notes that it seems as if, through this concentration of extremes, New York "reveals forces, trends and conflicts that are latent elsewhere."² I see New York as an enormous crucible in which tension and stress facilitate the emergence of

innovations in the arts, in finance, in commerce, in education, in science and in medicine.

Intensification of the national trends, complicated by these special local factors, has brought New York's medicine to the brink of a major revision in the function of its academic health centers. The evolutionary pressure is greatest here, and traditional medical centers must remodel in order to survive and thrive. The survivors will be fully capable of responding to society's needs as well as the revolution in biomedical science, and will serve as a model for the next generation of American academic health centers. I believe that Mount Sinai is very well positioned to play a major role in defining the prototypic academic health center of the 21st century.

So here we stand -- The Mount Sinai Medical Center -- blessed with remarkable tradition -- in the throes of rebuilding our physical plant -- bathed by crisis in New York City. As we identify our specific objectives for the next decade and prepare Mount Sinai for the next century, certain principles will guide us.

We stand firm in our commitment to the highest quality care for all New Yorkers.

We stand firm in our commitment to excellence in research and are increasingly conscious of the need to strengthen the links between research and application.

We are committed to enhancing our interdisciplinary efforts. More and more frequently we find in the laboratory, in the clinic and in the operating room that the solutions to the problems we face are beyond the tools of our individual disciplines.

We are mindful of our responsibilities to serve society as a truly integrated academic health center -- and I believe this a

very important if we are to be a model for this country. Because in this time of fiscal austerity, we must avoid the temptation to systematically favor revenue-enhancing clinical activities to the serious neglect of research and education. For despite our severe financial and space constraints, allowing major academic activities to wither in favor of enhanced clinical activities is shortsighted for an academic health center. Our efforts on this campus, at our affiliates and in the community must include robust health care services, research and education. It is only through this authentic full-thickness effort that we make the greatest contribution to the nation's biomedical capacity and to the health of New York.

As we prepare Mount Sinai for the 21st century we face four immediate goals. Our most pressing goal is clinical. After a decade of sustained effort, generosity and sacrifice, we are completing the largest hospital reconstruction project in the history of the United States. This project includes a magnificent new structure -- one million square feet, state-of-the-art in its design and filled with the most modern and sophisticated diagnostic and therapeutic equipment, yet just a building. We must work together to convert this long-awaited edifice into the new Mount Sinai Hospital by infusing into it broad clinical capacity of the highest caliber consistent with our long tradition of clinical excellence. This conversion from bricks and mortar to an outstanding hospital is neither automatic nor easily attained. It will require a joint effort on the part of all of us. The result can and should be a hospital marked by productive partnership of nurses, other healthcare providers and physicians, both physicians based on our campus as well as the important, large and loyal cadre of community-based physicians who have for so long been a critical component of Mount Sinai. Only such a joint effort will yield what we have long sought, New York's first 21st-century hospital.

Our second goal is the substantial expansion, within the next two to four years, of our research capacity, an expansion that will productively incorporate the best of the new biology. We face the challenge of leading New York City's biomedical research capacity back to its former glory and primacy. We must develop new laboratory facilities and an aggressive recruitment plan to enhance and renew our excellent scientific faculty. We seek to honor our absolutely unswerving commitment to scientific excellence with careful choices that both leverage our current strengths and include key emerging new areas of inquiry.

Third, we must remodel our educational programs to keep pace with society's needs. In our medical school, we should stop trying to cram seemingly limitless amounts of new information into the crevices of an already clogged curriculum. We should give the medical students a break. We should focus on building an excellent scientific base and sure-footed competence in clinical skills. Our students should develop the ability to constantly renew their own knowledge base, which will permit them to continue to learn throughout their careers and continue to provide quality care in the sure-to-be rapidly changing environment that they will face.

Lastly, we must rapidly expand our commitment to New York. The days of the isolated, introspective ivory tower are over. Academic health centers have major responsibilities to serve not only the broadest society but also the local community. Despite the marked limitations placed by our current fiscal constraints, we must provide access to high quality care for all New Yorkers and to fully integrate research and educational programs into our partnership with the community. Within the shadow of this building are areas festering with poverty, crack, adolescent pregnancy, illiteracy, infant mortality, malnutrition, acquired immune deficiency syndrome and a silent multitude of lonely, frightened, frail, old people. In our effort to break the cycle of disadvantage, we will not launch a broad haphazard salvo of

short-term glossy programs but an authentic effort, an integrated set of specific, carefully sculpted, well-targeted initiatives designed to both take advantage of Mount Sinai's strengths and serve New York's needs.

Specifically, we will bolster and sustain our recently mounted major initiative against acquired immune deficiency syndrome. We already have quality research, education and clinical programs in place, and they will be augmented and linked more closely together in a coordinated effort that will become a major part of New York City's offensive against this terrible epidemic.

We are about to launch a major effort to serve the healthcare needs of older New Yorkers. There are already over a million elderly people living on the Island of Manhattan. In the area surrounding Mount Sinai, 30 percent of the elderly live in poverty and 38 percent live alone. I believe that Mount Sinai is perhaps better positioned than any academic health center in the United States to take the lead in developing the new knowledge, the clinical programs and the training capacity needed to respond to the emerging epidemic of frailty and dependence in old age. We can no longer deny the simple fact that previously unimagined numbers of individuals are growing to very, very old and sick in New York and in America.

This is a full, challenging and expensive agenda which comes at a time when we are fatigued from the efforts of rebuilding our physical plant and threatened by severe financial constraints. But it is critical that we move on, for time is short and the consequences of inaction are grave for Mount Sinai and, I believe, for New York.

This ambitious agenda is not a fantasy. It is not a dream -- I am not a dreamer. The Mount Sinai Medical Center that I have described is within our reach. Because the resources needed to reach these goals -- the scientific, the clinical, the

educational, the managerial, and the private philanthropic resources needed to reach these goals -- are sitting in this room today.

What we must do, if we are to succeed for Mount Sinai and New York and the United States, is to each step back a bit from our own agenda and join together in a common sustained effort to prepare The Mount Sinai Medical Center for the next century.

I am honored and privileged to lead Mount Sinai during this challenging and critical time. Thank you very much. [Audience clap]

Frederick A. Klingenstein:

Dr. Rowe, President Rowe, many thanks for a memorable address and your exciting vision of the future.

I am now requested to invite you all to an inaugural reception which will be held in the East Lobby, where you will have the opportunity to meet Dr. Rowe, Mrs. Rowe, his lovely family and the other members of the platform party.

I wish to take this opportunity to thank all of you, this enthusiastic audience, faculty, guests, the platform party and the speakers. I'm sure you share with me the feeling that indeed Mount Sinai's future is in good hands.

And, now I would like to suggest that you remain in your places until the platform party has left the auditorium; and, I'm delighted to say, as I'm sure you are to hear, that the inauguration is concluded. [Audience clap]

The Academic Recession.

Footnotes:

1. E.B. White. Here is New York. New York: Harper & Row, 1949, p. 24.
2. J.H. Mollenkopf, New York City as a Research Site. Social Science Research Council, 1989, Vol. 42, no. 3, p. 68.