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Title: The Investiture of MISS DORIS SIEGEL as the first EDITH J. BAERWALD PROFESSOR OF COMMUNITY MEDICINE (SOCIAL WORK)

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The Investiture of MISS DORIS SIEGEL as the first EDITH J. BAERWALD PROFESSOR OF COMMUNITY MEDICINE (SOCIAL WORK)

October 24, 1969

MOUNT SINAI SCHOOL OF MEDICINE of the CITY UNIVERSITY OF NEW YORK

[The beginning of this transcript is taken from an earlier transcription of the event. The first two pages reflect this earlier transcription, not the audio, and as such cannot be verified for accuracy.]

DEAN GEORGE JAMES: I take pleasure in welcoming all of you to the Investiture of Doris Siegel as the first Edith J. Baerwald Professor of Community Medicine (Social Work), the first such Chair endowed in an American medical school.

We are particularly pleased by this large and distinguished assemblage, many of whom have come from distant cities to be with us this afternoon. I hope that this large turnout does not cause any inconvenience; and perhaps, in its own way, it is a spur to us to complete our Annenberg program.

To open our proceedings, we shall hear first -- as we are always privileged--to do -- from the Chairman of our Medical Center, the devoted and energetic leader who has done more than anyone else to help build a truly great Medical School at Mount Sinai. Gustave L. Levy.
(Applause)

CHAIR GUSTAVE L. LEVY: Thank you, Dr. James, for your generous introduction. Members of the Aron family, distinguished guests, ladies and gentlemen:

This is the eleventh formal investiture of an endowed Professorship in which I have participated. Each, in its way, has been similar, and yet quite different.

Each has been made possible by the generosity of a notable donor.

Each has added to our faculty another exceptional teacher, practitioner and creative member of the medical arts.

Yet each investiture has had its own distinctive metabolism.

The one today, in a special sense, combines rich tradition with a new pioneering spirit. The tradition is symbolized by the participation of Mr. and Mrs. Jack R. Aron, who have established this first Edith Baerwald Chair as a fitting tribute to a woman of rare quality and public service. I would like to express our special appreciation to Jack R. Aron. Knowing his involvement with the medical schools at Tulane University and New York University, we are all the more grateful for his generosity in helping us build our own great Medical Center.

We are especially indebted to Jane for endowing this Chair; but this is only one of the many contributions she has made through the years. These are not only gifts of philanthropy they are gifts of self and service. In addition to being an outstanding member of our Board of Trustees, she has also served and is still serving as President of the Women's Auxiliary Board, without whom Mount Sinai would not be Mount Sinai.

I have said that we combine tradition with pioneering spirit. This is truly epitomized by the fact that we are today -- thanks to the Arons -- celebrating the establishment of the first Chair in Social Work in an American medical school, perhaps the world. It is also quite appropriate that this Chair in Social Work should be a part of our Department of Community Medicine, itself a relatively new concept in delivering health care services to increasingly broader segments of our population.

The tremendous groundswell of interest and participation manifested in its part investiture is a tribute not only to [?], and Aron but to the occupant of the Chair they have endowed.

Miss Doris Siegel, through her long period of service, has touched countless human beings with her own unique fingerprints, and the world is better for it.

Thank you and God bless you.

DR. GEORGE JAMES: Thank you, Gus, to your eloquent remarks. [?] It is now my pleasure to call upon a man who has been working with Mr. Levy and the other dedicated members of our Board of Trustees and performing yeoman service in enlisting support for the building of our medical school -- chairman of the School of Medicine Fund, Mr. Alfred R. Stern.

MR. ALFRED R. STERN: Thank you very much, George. This is a great day for us, a day of gratitude and pride. It is also a day for renewed dedication. Our mission to build a great Medical Center is a difficult one in a time of high aspirations -- and rising costs.

But we have pledged to our children and ourselves that we would here at Mount Sinai create a new School of Medicine, staffed by an extraordinary faculty who would develop a new team of young physicians and allied health workers to meet the needs of our people in the decade of the 70's and beyond Doris Siegel, an extraordinary woman, will be a tremendous asset to our faculty.

The generosity of Jane and Jack Aron brings to \$14-million the sum contributed thus far for endowed Chairs. It moves us farther along on our objective to provide professorial excellence for vital Departments of Instruction in our School of Medicine.

Despite the many difficult challenges we face in building the School of Medicine, we are heartened by these generous endowments. For they are further evidence that men and women of vision do clearly see the intangible as well as tangible ends of philanthropy. We must construct buildings. We must furnish them. We must find ways of providing the many material things essential to the operation of a new School of Medicine.

But we must also invest in people, special people who will guide and teach and infuse these inanimate buildings with the touch of life and healing.

As we have moved forward in our School of Medicine Development Fund the realization has grown that our needs for endowment and construction funds are far greater than anticipated. But we face this challenge with strong heart, knowing that we can count on our many friends for their support in achieving goals of excellence in medical education and health care to which we are committed. Thank you. (Applause)

[Recorded audio begins.]

DR. GEORGE JAMES: Thank you very much, Mr. Stern.

Long before there was a Mount Sinai School of Medicine, the Hospital had found it exceptionally necessary to develop a very strong Social Work Department. This Department, under Miss Siegel and her predecessors, has made a notable contribution to the medical care scene of New York, and has served as a model to the other hospitals which were quite eager to follow in its wake.

I therefore take particular pleasure in presenting to you the Director of the Mount Sinai Hospital, who incidentally has some small knowledge. [Inaudible]

DR. S. DAVID POMRINSE: [The first sentence from Primrose's speech is inaudible on the tape. The following text is taken from the first transcription, but cannot be verified.] I am happy to participate in this significant and unusual occasion. Doris, you will agree with me that fifteen years ago, I'm sure, this moment today would never have occurred to you in your wildest fantasies. You came to an institution which was great in medicine and weak in social work. And you set about doing what a real professional does: a professional job with an accent on quality an emphasis on service. And, you undertook the education of your Board members.

I'll bet that when you started off educating Board Members, you never dreamt that one of them would one day endow a Chair. (Laughter) From what I know of some of your Board members, they're really quite professionals in their own right.

Each accomplishment led to the next, and now you have one of the largest Departments in the country, and certainly the best. I know it's one of the largest when I look at my budget. (Laughter)

There has been one theme that has run through Doris's administration, and that is that she has served as the conscience of the Hospital. She never lets us forget when we're doing things that she doesn't think are quite right -- and believe me, she reminds me often.

But in this process, you have gained our love and our respect, and now this new status will lead you on to ever greater accomplishments.

Jack and Jane Aron have made this possible, and I'm sure they will have reflected satisfaction in seeing your future progress.

As you well know, our feelings couldn't be deeper, our respect greater or our love warmer. (Applause)

DR. JAMES: And that address was extemporaneous and spontaneous by Dr. Pomrinse, and was not prompted by his charming wife. (Laughter) It is obviously impertinent of me to even hope to introduce Mr. and Mrs. Jack Aron to you, and I won't try. One of our beloved Trustees and her husband: Mr. and Mrs. Jack Aron. Take a bow. (Applause) And, Jane, you aren't going to get away without saying a few words.

MRS. JANE ARON: Thank you, George. Jack insisted on this microphone, (laughter) now I'm too high, the other way was too low. Doris, ladies and gentlemen [?]: Today is a day when I feel very proud of my family. My own family and my Mount Sinai family. I am eternally grateful (laughter as Mr.

Aron adjusts the microphone) to my husband Jack, to Jack for encouraging my feelings for both of my family.

My own family has been associated with Mount Sinai since the days of George Blumenthal. The first philanthropic dollars that my father made endowed a bed in the Hospital in 1910. My brother Herman has been a Trustee; my brother-in-law Johnny Falk's grandparents built and endowed our Children's Pavilion, and his father was a member of our Board for many years. My sister Bobby Dubilet is the widow of a world-renowned surgeon, who spent the first part of his career at Mount Sinai, and fought with our unit in World War II. Mother and her dear sister, Mrs. Henry Glazier, became members of the Social Service Auxiliary in 1916.

Those of you who remember Mother will recall not only how good her legs looked on the ladder of the clothing closet (laughter), but her empathy for those clients she learned of at our Case Committee Meetings. From her first contact with social work at the College Settlement to her own Kindly Club and her close association with Mrs. Mendelsohn, and in her later years, her admiration for Doris Siegel she fought for the dignity of each individual. And I am proud of her.

And I am proud of our Mount Sinai Medical School, whose Executive Faculty had enough vision to go beyond tradition in accepting this Chair.

And I am proud of our Social Service Department, which Mother helped to form and which has become a model throughout the world.

But I am most especially proud of my friend Doris Siegel, who today takes her place as the first woman among our illustrious endowed professors. This is a milestone for her profession and a fitting achievement in her distinguished career.

Doris, I congratulate you and the Mount Sinai School of Medicine, and wish you many years of working together toward the better health and dignity of the people in this great city of ours.
(Applause)

DR. JAMES: Thank you very much, Mrs. Jane Aron. I'd like at this time, to introduce to you members of the family of Mr. and Mrs. Jack Aron who are on the platform. If you would please stand: Mr. and Mrs. Robert Aron; Miss Jacqueline Aron; Mr. Peter A. Aron; Mrs. Aron's two sisters, Mrs. [?] Pauline Falk and Mrs. Henry Dubilet; oh, they didn't put you on the [inaudible] her brother, Mr. Herman Baerwald and Miss Patricia Falk and Mr. Paul Baerwald, where are they?

AUDIENCE: Right there.

DR JAMES: Ah, there we are. (Applause) We are delighted that you could share this fine occasion with us. It has been our custom at these investitures to again acknowledge, in true duty fashion but with real warmth, our tie to City University of New York. And on behalf of the Chancellor of the City of New York, it is my privilege to present to you an old friend of many of us, Dr. Julius Edelstein, the Vice-Chancellor for urban Affairs of The City University of New York. (Applause)

DR. JULIUS C. C EDELSTEIN: President James, Professor Siegel, distinguished leaders and benefactors of The Mount Sinai Medical Center and consequently of The City University; I bring you greetings, all. I bring the special congratulations-- I bring you special congratulations, Professor Siegel from

the [inaudible] of the Graduate Division, Dr. Mina, The City University Chancellor, Dr. Albert H. Bowker.

I want to welcome you, Miss -- Professor Siegel, into the quiet, academic (laughter) ivy retreat of the faculty of The City University and into the special oasis; the Department of Community Medicine (laughter) -- where you will have -- where I hope you will find time for -- relaxation, contemplation and quiet reflection upon the currents of these times. And if you do, I hope you'll call me and tell me where to find them. (Laughter)

The City University is, to put it mildly, in the center of the streams of conflict and confusion of these times, seeking the answers that we all seek to social justice, to learning, education and that elusive little wisp, truth. And in our panoply of resources and prides, none is greater than our pride in our association with and connection with The Mount Sinai Medical Center, and the fact that the members of the faculty are members of the faculty of The City University.

And in the name of The City University, I again welcome you to the sweat, toil and tears that you've been through for so many years. (Applause)

DR. JAMES: Thank you very much, Chancellor Edelstein. If we find that oasis, we will certainly invite you, and I hope, that she'll invite her Dean to share it with her too. (Laughter)

At this time, I would like present to you the Chairman of the Department of Community Medicine, the department in which Doris Siegel will have her academic home. Dr. Deuschle himself was invested not too long ago -- on Valentine's Day, to be exact-- as the Lavenberg Professor of Community Medicine. The Chairman of the Department of Community Medicine, Dr. Kurt Deuschle! (Applause)

DR. KURT DEUSCHLE: Thank you, Dean James --- and ladies and gentlemen. Doris, in preparing my homework I found in a Health Manpower report that there are twenty thousand medical social workers in the United States, and I think you drew a fair proportion here today. (Laughter)

When the Department of Community Medicine was established at Mount Sinai, it was natural that the Social Work faculty would have its academic base in this department of the medical school. The emphasis in medical education today is to prepare the future doctors for sociomedical responsibilities, as well as for clinical and laboratory sciences.

Medical social workers, therefore, are confronted with new as well as expanded responsibilities in teaching, research and service. The range of health professionals in community medicine, from clinicians and nurses and social workers to epidemiologists and social scientists, provides a rich academic environment for innovation and experimentation for improving medical social services to the community as well as to the individual patient.

Since 1905, when Dr. Richard Cabot succeeded in establishing the first social service department in a hospital in the United States, that idea has swept through the country. It is now clearly recognized that a hospital wishing to attain clinical excellence must have an outstanding social service department.

Mount Sinai swiftly followed the Cabot social work prototype, because Dr. Goldwater, the then administrator of Mount Sinai, saw the value of this new health profession.

The Mount Sinai tradition, established in 1906, of national leadership in social service, has been brilliantly carried forward by Miss Siegel since she came on the scene in 1954.

In 1952, a Miss Cannon, one of America's first and most distinguished social workers, wrote a book and it was on the pioneering aspects of medical social work in the United States. If this book were to be updated, a special chapter would have to be written today to include this landmark event of Miss Siegel's investiture as the first Edith J. Baerwald Professorship in Community Medicine for Social Work.

Miss Siegel already enjoys a national reputation as a distinguished educator, researcher and administrator in the medical social work field. As the director of the academic program in social work at Mount Sinai, she will surely make the Edith J. Baerwald Professorship a prototype of the dynamic role of social work in medical education in the 1970's.

I think I speak for all of the Department of Community Medicine when I say how justifiably and understandably proud we are of our distinguished colleague, and we offer her our warm congratulations, our best wishes, and our sincere pledge of support for her academic programs and projects. Thank you very much. (Applause)

DR. JAMES: Miss Doris Siegel, Director of Social Service, Mount Sinai Hospital, had her B.S. degree from Simmons College and her Master's degree from the same institution.

She has received awards for her work in communal service and for papers she has presented.

From 1936 to 1940, she was a case worker and supervisor in the social service department of the Beth Israel Hospital in Boston. During a subsequent five years, she was director of the social service department at the Montefiore Hospital of Pittsburgh. And then from 1945 to 1954, she was with the Childrens Bureau in Washington as medical social consultant and educational consultant. And, she has been here at Mount Sinai as several have indicated, since 1954 -- for fifteen years.

I think it is of interest that within less than a year-and-a-half of her arrival, she and Martin Steinberg, Director of the institution, published a paper: "Medical Social Services: Necessity or Luxury?" I wonder how she answered that question. She remained thirteen years beyond and is proudly still with us.

While she was at Boston, she has participated in a teaching program at the Harvard School of Medicine and at Tufts School of Medicine, and she has been associated with the teaching programs of many schools here in New York City in the environs, both of medicine and of social work.

I think it's of interest that I share with you a little personal note about Miss Siegel. When I was in the Health Department, and just before leaving it, we made Miss Siegel the director of our board of consultants to social work of the New York City Health Department, and this was before, long before I knew that I would have anything myself eventually to do with this institution.

I'm sure that most of you who are involved in the academic field know the very severe process that a university goes through before it elevates someone to the tenured position of full

Professor. In Doris Siegel's case, this was particularly severe. Usually it is easy to judge one's peers when they are in the same field that you are in. It is true that we do obtain outside information from peers around the country on all individuals who are so elevated.

But in Doris Siegel's case, there were no experts in her field; none that would call themselves experts, and we took particular pains in checking around the country, and we found, without any slightest bit of doubt, without a single negative comment anywhere, that she is above all her peers in their own feelings and beliefs, and they hastened to tell us this without fail.

And so, it was easy for the Executive Faculty, easy for the Appointments and Promotions Committee, and easy for the Board of Trustees to accept these recommendations, and elevate her to this title.

We are particularly happy that this was timed within a few months of her investiture to her present role.

Miss Doris Siegel, Mr. Gustave Levy, would you please stand.

Mr. Gustave Levy, you, as President of the Board of Trustees of the Mount Sinai School of Medicine, are now in a position to accept, if you will, the firm recommendations of the Faculty of the Mount Sinai School of Medicine that you invest Miss Siegel as the first Edith J. Baerwald Professor of Community Medicine for Social Work.

MR. GUSTAVE L. LEVY: Doris Siegel, distinguished teacher and author, practitioner of humanity, you have dedicated your life and rare talents to the sick and the suffering. As a pioneer in many areas of social service; as an administrator of an unusual quality; as a skilled worker and leader in your field, you have truly served as the conscience of your profession. Your dedication and creative contributions have earned you the respect and affection of your colleagues and the human beings they serve. Your writings and findings have helped forge new methods for improved service, so that men, women, children throughout this land benefit in their daily lives from your knowledge and sharing.

In your many years with Mount Sinai, you have contributed a sense of compassion and excellence that is appropriate to our history and tradition.

So, it is with deep pride and privilege, that as Chairman of The Mount Sinai Medical Center and School of Medicine, that I hereby invest you as the Edith J. Baerwald Professor of Community Medicine for Social Work by this investiture you will acquire all the rights and all the privileges of this professorship and at the same time assume responsibilities and obligations of the office. We are happy in the confidence that you will carry it forward with increased vigor, the high standards which have become synonymous with Mount Sinai. My heartiest congratulations.
(Applause)

MISS DORIS SIEGEL: Mr. Levy, Dean James, Jane, Jack, Dave, [inaudible] Mr. Stern, my dear friends at Mount Sinai, [inaudible] my dear friends [inaudible]. It is difficult to put into words my feelings of professional pride at the establishment of the Edith J. Baerwald Chair of Community Medicine (Social Work) at the Mount Sinai School of Medicine and my feelings of humility at being its first

incumbent. Social workers have perhaps been justifiably accused of talking too much about feelings but may I be permitted this indulgence as appropriate to today's occasion.

For me, the title of Edith J. Baerwald Professor of Community Medicine (Social Work) is associated with warm memories of Mrs. Baerwald herself. I still recall her vibrancy, her compassion, her openness to new ideas. By the time I got here, she wasn't climbing on ladders, so I'm sure the comment on her legs was also true. (Laughter) Especially do I remember her interest in the "Case Committee" meetings, Jane and I haven't shared our papers so you see we're thinking along the same lines, which represent our effort to share with the Women's Auxiliary Board, patients' social needs and our ways of meeting them. Mrs. Baerwald's essential humanism came through to all of us participating in these sessions. I cannot help feeling that she, herself, would have applauded the recognition of the integral relationship between social work and education for the health professions that the establishment of this Chair in her memory symbolizes.

I lay no claim to a profound understanding of genetics -- that I leave to the distinguished occupant of the Arthur J. and Nellie Z. Cohen Chair of Pediatrics (Genetics). Nevertheless, there seems to be to be a kinetic, if not genetic connection between the Aron family and its distaff side. Call it the inheritance of acquired characteristics, if you will. At any rate, both Jane and Jack Aron demonstrate the same deep commitment to service, the same strong sense of social responsibility, the same dedication to and concern for their fellow human beings that I - and all who knew her - associate with Mrs. Baerwald.

One usually thinks of the Baerwald tradition in connection with the development of innovative social welfare programs, the broadening of the scope of social services and education for social work. Now in creating this Chair, the Arons have moved that tradition into the forefront of today's pressing needs to link biological and social forces together in the design and delivery of effective social-health services. With vision, they have, in a formal way, acknowledged the interrelationship between social work and medicine. They have demonstrated the wisdom to see in the Mount Sinai concept of education, the vehicle through which this union can be set in motion. Through recognizing that social work can help illuminate and strengthen the bond between science and humanism, which the Mount Sinai concept expresses, this Chair honors the best in social work the best in medicine. I believe that in a very real way, it is testimony to our Mount Sinai social work program and more specifically to the staff who shape and implement it. It is, after all, in the daily working out of a philosophical commitment that the true meaning of a philosophy emerges.

It is tempting to recall the various steps that have led to this great day in the life of the Social-Service Department and to consider what made this Chair happen at Mount Sinai. Our Department, as has already been indicated, is one of the oldest in the country, dating back to 1906, when Dr. Goldwater decided that Dr. Richard Cabot's example at Mass General was worth following. I sometimes feel I have the best two professional worlds, coming, as I do, from Boston -- the Cabot world, and now being a confirmed New Yorker - the George Jamesian and Dave Pomrinse world. (Laughter) Over the years, encouraged and supported by the Board of Trustees, the Women's Auxiliary Board, Hospital Administration and the other working members of the family, it has become a truly professional department integrated into each clinical area and

working with all disciplines in relation to patient care, teaching, research and community service. Like all those around it - it, too, is dedicated to the pursuit of excellence.

The Social Service Department's involvement in education dates back many years, with participation in house staff teaching through medical-social ward rounds, through participation in nursing education, and through its program of field instruction for graduate students in social work. The advent of the Medical School, however, presents an exciting new opportunity to the Department. Now, in two short years, our formal relationship to medical education has been acknowledged by the establishment of a Division of Social Work in the Department of Community Medicine within the Medical School, with all the full rights privileges that accrue to academe. That this action could not have come about without the social work staff's commitment to teaching and research as enhancing ingredients of service and without the deep social commitment of colleagues in medicine and administration, goes without saying. It would be impossible to designate by name all of those who have given both support and insights to our efforts, but I would like to pay special tribute and give special thanks to Dr. James, Dr. Sheps, Dr. Promrinse, Dr. Steinberg, and my own chief, Dr. Deuschle.

This audience knows very well that behind every man-and his achievements - there is a woman. In the instance of the development of the Social Service Department and in its forward push and emergence as a leading Department and now as a Division, there is a group of women, the Women's Auxiliary Board, of which Mrs. Baerwald was a founder and of which Jane herself is President. The charter of the Women's Auxiliary Board proclaims "concern with the welfare of the patient" and its members have consistently sought for and supported services as visible demonstration of this concern. Few people in social work have had the opportunity to work with a group so interested, so involved, so knowledgeable. I salute my ladies with much appreciation and affection.

It is in a welcoming climate, then, that the Division of Social Work has begun its new adventures within Department of Community Medicine, a Department which represents a multi-disciplinary, multi-dimensional program. The excitement and challenge of the road ahead is exemplified by the purposes of the clerkship which each student will take. The following objectives are identified:

- It offers the student the opportunity for systematic study and observation of the home and community as the natural environment in which health problems originate have their ultimate resolution.
- It provides the educational structure in which the student learns to apply his clinical interests, knowledge, and understanding to the identification and study of health problems in population groups.
- It furthers his understanding of the interplay between man and his environment in the cause, course, and the outcome of community health problems.
- It offers him a scientific means for translating his social concerns into effective professional action in the prevention, detection and treatment of community health problems.
- It provides an open forum for discussion of the issues, problems, and possibilities confronting the health and medical care system.

- It promotes his capacity to perform as a member of an interdisciplinary force in enhancing community health through research, education and direct services.

The Division of Social Work will strive to add its part to the achievement of these goals. Out of its long experience in working with individuals, it has clear evidence of common human needs as expressed in the social health problems associated with illness, experience which can be transmitted and shared. Out of its intensive experience in helping families cope with the impact of illness, it can demonstrate how family strength or weakness, balance or strains, affect recovery and rehabilitation. Out of its basic tradition of relationship with community service, and awareness of community lacks, it can highlight areas for further study and action.

These efforts will be important, and yet clearly, they are not enough for the Division of Social Work to meet the problems and possibilities now before us. Essentially, they represent attempts to deal with the symptoms of individual societal diseases, ill health and dysfunctioning and to deal with them from the base of the traditional setting of the hospital. Yet social work had its origins in social reform and social change. Today we are achieving a welding of individual and broader societal concerns. With our fellow workers in Community Medicine, we are beginning to look not only at health problems in individual patients but also in patient populations. We are reaching out more aggressively not only to those we serve, but to those we should serve. In our new and proud association with the Department of Community Medicine, we must increasingly join forces with our colleagues in the biological and social sciences in the prevention and promotion of positive health, as well as in treatment and rehabilitation. As teachers we must be learners, willing to join with students in what Dr. Deuschle refers to as the community laboratory in search of new social truths and resolutions.

While Dr. Stein, my good friend and our distinguished speaker, will be talking more specifically about professional education, it seems abundantly clear to me that the resources as represented by the Mount Sinai Medical Center, its affiliated institutions and The City University of New York will make it possible to create a new tradition of education and service that acknowledges the multi-faceted nature of social health needs and the multi-faceted services that are required to meet them. In a very real sense, it is my hope that the Edith J. Baerwald Chair will be in fact not only a first chair of social work in a medical school, but will express itself as a powerful force in inter-professional education.

I accept the honor of being the first incumbent of the Edith J. Baerwald Chair of Community Medicine (Social Work) with pride, humility and a deep sense of responsibility. I hope this will be a forerunner to other such developments throughout the country. The extent to which we can serve to spread the Arons' vision and justify their confidence will be determined by both the staff who have worked with me and often ahead of me and by my colleagues throughout this great Medical Center. I accept the challenge and opportunity with deep gratitude to the Arons and to Mount Sinai. (Prolonged applause)

DR. JAMES: Thank you very much, Doris Siegel, Edith J. Baerwald Professor of Community Medicine for Social work.

I would like to ask her two brothers, Al and Lewis, if they would take a bow. They are up here somewhere, there you are.

It is traditional at these investitures that the individual who is being invested has full rights to select the individual whom he would like to have speak at his occasion.

With Miss Siegel, there was no doubt that her choice would rest on Dr. Herman D. Stein, a colleague and friend, and one of the individuals who has made a major mark on education, in the broadest sense and social work education, in particular.

Dr. Stein is a graduate of the City College of New York -- during its more peaceful days, perhaps. He has served as Dean and Professor of the School of Applied Social Sciences from 1964 to 1968 at Case Western Reserve University. And since 1968 he has been Provost of the University. He has held other academic appointments: The Smith College School for Social Work, the College of the City of New York in the Department of Government and Sociology. He has been a frequent lecturer at universities throughout the United States and in many other countries. He has also been consultant to a variety of organizations with respect to education, research, administration, and social planning in developing countries. And since 1968 he has been playing a major role in the new federated university, the Case Western Reserve University, cutting a broad swathe throughout the entire life of the total university in its new process of formation.

It's a great pleasure to present to you a colleague who for many years was a few blocks away, at the Columbia School of Social Work, Dr. Herman D. Stein. (Applause)

DR. HERMAN D. STEIN: Thank you, Dr. James.

Mr. and Mrs. Aron, Professor Siegel -- it's beginning to sound right now (laughter) -- ladies and gentlemen: Before I begin my spontaneous remarks, I do want to indicate to you how very impressed I am by what a great medical center can do. When I came into this room and took out my reading glasses, I found I didn't have my reading glasses. They were other glasses. Anybody who wants to read any significance into this, please feel free. (Laughter) You can send your diagnosis to the same oasis that Mr. Edelstein referred to. (Laughter)

Within two minutes of my making it known that I did not have my reading glasses, I had been fitted with a pair of reading glasses. (Laughter) I dare any other medical center in the country (laughter) to do this. (Laughter)

This occasion has a great deal of personal as well as professional meaning for me. Otherwise, I wouldn't have dared to bring my scattered few coals of ideas to this Newcastle.

I've had enormous affection and admiration for Doris Siegel since she came to Mount Sinai some fifteen years ago, and we've worked together often and productively.

The outstanding leadership, generosity, warm-heartedness of the Baerwald family has been well known to me since my days with the Joint Distribution Committee and Jewish Family Service. I was privileged to be associated with the first Paul Baerwald social work in Versailles, and later was related to the Paul Baerwald school at the Hebrew University.

Mount Sinai Hospital, of course, and now the Medical Center, was a magic household word in my family, as it has been for millions of others, ever since I can remember, and we've often drawn on its splendid resources. Now Dr. James has just become a trustee of my own university. So, the individual connections are many and meaningful.

In addition to the central fact that the pioneering establishment of this Chair signifies the recognition by a distinguished medical school of the close relationship of social work and medicine, particularly in community medicine- Dr James, I heard, described a social worker as someone who's skilled at fitting square patients into round programs (laughter) -- we're now witnessing a more graceful and gracious exercise: the fitting of a well-rounded social worker into a chair designed for her professional proportions. (Laughter and applause)

And my subject concerns expanding horizons in professional education. They're really not expanding. They're really not terribly new. They've always been there. But we can see them better now, and we have better means to approach them.

We're accustomed, in academic and professional circles, to qualify much of what we say, for fear of being too sweeping in our generalizations or simply making definite statements. It doesn't come easily. You know we say "for the most part," and "usually," and "on the present basis we can't tell about the future" and so forth.

There are pitfalls in attempting to generalize, particularly about professional education, because of the great variations among the professions and among the professional schools and educational associations within each field. Nevertheless, I think there are some views which can be expressed about directions and movements in professional education today which cut across virtually all professions.

The reason is that there are two basic, impelling drives giving rise to fundamental changes throughout professional education. One of these is the sweeping demand for greater social responsibility for the professions. And the second is the need for new conceptions of professional competence - not only with respect to the individual professional, but to the organization of the total professional contribution.

There are several ingredients usually considered essential before one can define any occupation as being legitimately called a profession. They include a specific area of competence which is professed and acceptance by society of the profession's function as well as its competence; a base or theory and knowledge underlying the professional expertise; commonly accepted standards of education for entry into the profession; a recognized and organized professional association; and ethical standards based on obligations to the society which gives sanction to the profession.

It is in the interpretation of this last criterion that great change is occurring. The ethical obligations of professions have tended to be interpreted traditionally in the context of the professional's individual relationships with a client, with a patient, or the organization with which he's affiliated. This conception is being expanded much more broadly, particularly for professional education, to include and to stress the social responsibility both of professionals individually and the professional constituency collectively.

There have always been individuals in groups in most professions who have struggled to maintain this position of social responsibility, but it is hard to point to any profession that has, as a whole, stood up adequately on this criterion over the past generations in our country. Our major professional organizations in law, in medicine, in engineering, architecture -- whatever

their many other positive attributes have been -- have not been vital forces to help meet the growing aspirations in American society for such goals as expanded, more equitable and better health care, for protection and expansion of civil liberties, in the face of vast changes in government and new forms of potential invasion of civil liberties, for the development of analyses of public issues so that the public can understand and debate them before they become public policy, for safeguarding the purity of our air and water, for the protection of the aesthetics or livability of our human environment. Yet these are some of the broad areas in which social responsibility needs to be exercised and where the professions have great power.

I've omitted social work from this list of professions not because it has been particularly effective in bringing about changes in the welfare sector of our society but because it has tried to be concerned about its social responsibility without, however, having sufficient power, prestige or expertise to be effective. In other words, by and large, in my judgment, over the past generations no major professional organizations representing the professions as a whole -- despite the enormous pioneering efforts of many professionals: doctors, lawyers, social workers, and many groups-- have really stood for and been able to carry through major effective change in the very areas in which the professions have had major responsibility.

This is changing, and this is changing fast, and it is essentially the underlying revolution within professional education today.

This revolution is occurring broadly; not in every school, in every profession, not at the same pace, but it is definitely happening. The present generation of medical students has no parallel with any previous generation. They are helping to add ferment to the changes in medical curricula, which are likely to persist even if another generation of medical students comes along that is not quite so exercised about the social responsibilities of the profession

I don't really have to discuss this to this audience. And Dr. Deuschle himself has written on the subject of what the new medical student activists have contributed to medical school curricula themselves.

Ten years ago, if a medical student asked, "Why is it that people are not getting adequate medical care in this country, especially, poor people, and especially poor people who happen to be black or from other minority groups?", he probably would not have been largely understood, let alone answered. Today the question is taken for granted.

But far more important, medical students recognize that it is their obligation and that of their professions to see that this need is met, not simply that the question is answered.

Two days ago, Wednesday, Wednesday evening, I participated in a seminar of first-year medical students at our university, a seminar which the students organized--this is happening in more and more universities -- in which they invited five welfare mothers to talk with them about medical care as seen from their point of view. And they told them. And these students not only took it and asked questions and listened, but one extraordinary quality came through from that evening. Just as you might imagine, in interactions of this kind, it started off being a little tender and a little tense, because there were complaints to get off. There was some abrasion. And one

of the key themes that kept coming through was not so much the quality of medical care, but the dignity and compassion with which medical care that was delivered was being delivered.

What the five women recognized themselves, by the time that evening was over, was that the group they were facing did not have to be reformed in this regard – that they had respect, they had compassion -- and the discussion went on an entirely different basis, with genuine interaction and genuine empathy.

This, I submit, is becoming increasingly characteristic. Similar ferment is happening in law. I need only point to the response that Ralph Nader has received from bright young lawyers who have joined "Nader's Raiders." Whether it is true or not, as Life Magazine quoted a Harvard spokesman as saying, that Nader will turn out to be the most distinguished alumnus of the Harvard Law School, he symbolizes a drive to use the law for the public good, for change and for reform and the overcoming of bureaucratic resistance and vested interests.

The whole concept of professional advocacy on behalf of the public or consumer interests, especially the consumer who's deprived and discriminated against, is arising in one profession after another, and finding its way into the professional curriculum.

The greater assumption by professions of social responsibility is not a matter of leisurely and haphazard developments to be based on changes in philosophical outlook or as responses to the perhaps temporary activism of students in professional schools; for our society it's a matter of necessity, of enormous urgency. Our lead time to react to massive changes in our technology and social structures has been cut short. We're dealing increasingly with the risks of irreversible phenomena, whether it be DDT—which has already begun to poison our oceans and affect our natural ecology -- or of atomic fallout. Technology has also provided us with issues of lesser gravity, but considerable complexity, such as the consequences of the pill or the electronic listening devices, of more powerful communication technology and massive data banks in which all data concerning one's private life may be combined and available for research or for other uses.

The professions including ours occupy considerable power and influence in American society. In sheer numbers, we have increased at over four times the rate of the rest of our total labor force. In the first sixty years of this country, the labor force increased by 123 percent; in the professions, by 485 percent. Now, almost one in eight in the American labor force is classified as being in a professional occupation. At the turn of the century, it was one in twenty-four.

So, the whole of United States society is becoming increasingly professionalized, and there is power in these enormous concentrations of a knowledge and skill, which our society has assumed would be devoted to the public interest -- an assumption which has not been lived up to consistently. It has been lived up to at times. It has been lived up to by many people who are represented in this room. The effort has been to live up to it, but by no means been consistently.

It's upon the professional schools where the burden is going to fall heaviest to make this essential premise good. And the time is short.

Lest anyone feel that it is only in the professions of health, of education, of welfare that the demands for greater social responsibility are most insistent, let me hasten to assure you that it goes well beyond them. We find new levels of responsibility being assumed and translated into curricula in schools of architecture, library science, engineering and others.

In engineering, a report has just been issued of professional education in that field, based on a study process that has taken ten years. Now, I'm not recommending ten-year studies, you understand. But this one took ten years, and when you read it, you find maybe it's been a pretty good investment. The report makes clear that we accept the enlarged aspirations of people for a better life and attempt to meet them. We accept those aspirations. We don't deny them or attempt to constrict them. And there is no reason that we cannot do a great deal more in improving life expectancy, in educating poor kids more effectively, in reducing poverty, or supplying clean air and water.

This engineering report states unequivocally, "Man now has the ability to solve almost any problem he can properly define, and to which society willing to devote adequate resources."

You know, when an engineer says this, it somehow sounds a little bit more credible than when a social worker says this (laughter), and it's not an unimportant statement.

The first recommendation of this report is that the professions individually and collectively must accept public responsibility for their sectors of society. The medical profession must assume responsibility for the health environment, the legal profession for the civil environment, the engineering profession for the physical environment, the business administrator for the business environment, and so forth. That may be or may not be.

What is important about the thread of this series of studies which I wanted to bring to your attention is that here is a study of engineering education that is vitally and persistently concerned with human values. Now, we've been accustomed to some dabs of courses in humanities and social sciences being grafted onto the curriculum of engineers. But this new push is something else again.

The professional schools are critical in the formulation of values. It's not only that the schools turn out the manpower, but they demonstrate, either by conscious and explicit effort or by unwitting example, the values of the profession which are being inculcated in the students. The professional schools have the obligation to prepare people for the future, and therefore they must have some conception of the future, and particularly a conception of a desirable future they can strive for.

The professional schools therefore hold in their grasp the power to exemplify the value underpinnings of their profession and the power to influence the course of professional developments more than any other single influence in the life of the professions.

Professional education is therefore increasingly addressing the subject of values explicitly and directly. The subject is no longer obvious. This engineering study states, for example, "Every substantial engineering problem can be solved only in the unique terms of the value systems derived from the particular society in which the problem itself resides" -- and there's a lot to that.

One way or another, the examination of values of the profession in relation to value undercurrents in American society must become part of the educational experience of professionals. Whether this examination is done with the faculty of the professional school itself or an experience with faculties of humanities and behavioral sciences, most essential is that the school find ways to express the values it espouses, in the actions and efforts of its faculty, in the programs it develops, in the manner in which students are expected to relate to the public they serve.

I'd like to comment on the second major force leading through the examination of professional education, and that's the changing conception of competence. I won't comment on all of it, so you can relax. (Laughter)

There are several elements involved here. One has to do with the relationship of science to professions. Now, we've had extraordinary expectations of science and scientific research in our lifetime, and our government and industry have made high investments in such research, which have largely paid off. We've had an unusually high level of quality in research in the biological and medical sciences, in the natural and physical sciences; to a lesser extent, but still quite significant, in the behavioral and social sciences. But it's been quite clear that scientific research is by no means the sole answer to our social and technological problems. It is necessary to have scientific research, but it is not sufficient.

Medical research in the United States is outstanding, but our medical services are not, as evidenced by our infant mortality rates or life expectancy rates -- are not that great compared to other countries. These rates are lower in many other countries.

I'm not suggesting that scientific research should not be supported. As a matter of fact, it has been hit awfully hard recently in our rather faddish culture. When the glamour rubs off something, it gets downgraded and hit very quickly --- like a fading starlet who suddenly rises and you never hear about her again. Science was our glamour thing in American society. All of a sudden it hasn't answered all of our problems, so whack, the budgets get cracked; and education in the sciences, in the technical schools in major departments of universities all over the country have gotten a severe beating. Some of these cuts have been much too severe and much too shortsighted for what we need.

But at the same time, we have to recognize that for professional rather than scientific research for research specifically applied to professional problems, there's been an extremely inadequate investment all along. Scientific rather than professional knowledge building has been given priority emphasis. This has been true not only in medicine and nursing but in library science and engineering and social work, and in many cases the heavy orientation to scientific research without clear-cut professional utility has led to a loss of contact with the practicing professional.

No profession can, of course, be cut off from its scientific foundations. The need to translate the appropriate insights, ideas, knowledge and skill from scientific fields to the solutions of professional problems is hardly new, but the urgency to get on with it is much greater.

The accent in professional education will increasingly be professional, rather than to develop scientists in professional clothing. Some professions have had to go through the cycle of having

first been completely practitioner-oriented, with apprenticeship as a basic model then compensated by a very strong investment in theory and scientific foundations of the profession which divorced them from the practitioner, and now are returning to a professional commitment.

But the new professional commitment is not towards accommodation to do what the current practitioner is now doing: but toward building a competence for the future related to the solution of future professional problems, and to the meeting of large-scale societal needs.

The distinction between the scientist and the professional which had for a long time been buried and discounted, is coming back as an important distinction. The scientist essentially is a seeker after truth. He doesn't and shouldn't have to justify the practicality of what he's doing. He should be encouraged to pursue his research wherever it may lead. And we've gained enormously in American life from such scientific pursuit.

The professional, first and foremost is a doer. He has to act to make decisions, almost always with limited information, with limited skills, only with the best judgment he can muster. The professional role is therefore different from that of the scientist. Some people can be both professionals and scientists but not at the same time, and not in the same roles. The scientist may hedge, may take his time to develop answers, start false leads, pull back, start again. The professional in his professional practice has to make decisions on problems, using whatever imperfect knowledge and skill he has.

The essence of professional education cannot, therefore be the amassing of information or the amassing of method, skill, but rather the development of sensitive and mature judgment. Of course, there has to be a body of knowledge and skill, but it's the perfection and maturation of this judgment which is important and becoming increasingly important.

It's much less important now for the professional to cram in large amounts of details and facts and data. We have, and should have more data storage and retrieval banks that can supply the facts. Of course, he has to know the questions, and he has to be able to interpret the data, and he has to be able to utilize computer technology to acquire the facts he needs. We're living with computer technology; we'd better make the most of it.

The conception of the professional role for the student today has to be broad. Whether he is completely clinical in his professional activity, or related to large-scale planning or action endeavors, the relationship of what he is doing to the public interest has got to uppermost.

With the extraordinary complexity that has evolved in the professions that will undoubtedly continue and grow, specializations are essential and will multiply. A totally specialized professional curriculum, which husbands every possible inch of curricular space to cram in more professional expertise is disappearing. There must be time to learn and experience the context of life, aesthetic, intellectual and social, for the development of the person as a civilized human being, not only for its purpose of practical professional utility. Otherwise, we risk having the kind of professional that Ortega y Gasset assailed some twenty-five years ago in his book, *The Mission of the Uni-versity*: "This new barbarian is; above all, the professional man," he wrote, "more learned than ever, but, at the same time, more uncultured—the engineer, the physician,

the lawyer, the scientist." He didn't say the social worker, because he didn't recognize the social worker as a professional at that time.

I should also make note of the fact that traditional boundaries among disciplines are rapidly being softened in professional and pre-professional education. New groupings of faculty are emerging, organized by research interests and functions rather than by departments, such are the new groupings in human biology or human ecology, or the life sciences.

One other element of professional education that I think, will become increasingly imbedded in the professional curriculum the future -- and that is the international dimension, despite the current retreat from interest in international affairs in universities, generally due both to our understandable preoccupation with the domestic scene and the paucity of funding support for international pursuits. But it's becoming more and more essential for purposes of enhancing both our social responsibility and our competence, that professional education embody an international perspective -- and I won't embroider this theme, although I can. (Laughter)

One other point. The professional school has also constantly to be concerned with the essential competence of its products, and therefore has to, on a systematic basis invest some of its resources in continuous assessment of its curriculum, of the follow-up of graduates, in attempting to glean the best of the insights from the world of practice, rather than leap from one curricular reorganization to another when a crisis builds up, an exercise to which we in social work are peculiarly vulnerable. A continuous, systematic evaluation program should be involved in every major professional educational operation, with assignment of faculty to this problem as part of their formal responsibility, not as extracurricular duties. This takes money, but educational evaluation is of tremendous importance in our professional schools and should have appropriate priority in funding.

Community medicine, of all branches of medicine, symbolizes the new ventures of social responsibility and the challenges to new definitions of competence. Community medicine is based on raising and meeting the aspirations of people, to more dignified and improved health care, to involving the consumer of health service in the decisions on policy and administration, on searching for solutions to problems of the profession, and an emphasis on broad education in the humanities and social sciences. Community medicine is concerned with cross-national experience from industrialized and developing nations, and it is bold enough to subject itself to unremitting scrutiny and evaluation.

And the program here, from all I know of it, is one of the most outstanding. So, I am particularly delighted to be part of an occasion which honors not only a great social worker turned professor of community medicine, but community medicine itself; for this occasion, signifies the social commitment expected of the student in the health profession as part of his professional commitment. It provides a new level of recognition by medicine that there is relevant knowledge and skill outside medicine which can be utilized in medical education for the resolution of problems in health care.

There's an article in a recent bulletin of the New York Academy of Medicine which, referring to the revolution in the health field, states: "It remains to be seen whether those of us who are called pro-fessionals will be merely spectators in this revolution, or whether we shall recognize

the challenge to embrace the opportunity to become part of it and to help shape it toward ends that will fulfill the promise of a democratic society.”

It's clear that this School of Medicine has made the commitment to be in the vanguard, and not on the sidelines. So, may I add my congratulations to the new Edith J. Baerwald Professor of Community Medicine, to the Department of Community Medicine, and to the Mount Sinai School of Medicine, and to the City University of New York. And thank you all for letting me participate. (Applause)

DR. GEORGE JAMES: Thank you very much Dr. Stein. We will call upon you frequently if we may for your wisdom not only with respect to social work, not only with respect to community medicine, but very definitely in relation to all your great wisdom and experience in university and educational administration. I'd like to note that a couple months ago I was talking to a group of social workers and as I often do, I started by saying that I had written my first paper as a medical student as a junior author to Ms. Elizabeth Rice, senior author, a well-known medical social worker. Whereupon, one of the girls in the audience said, “that's fine Dr. James, but what have you done for us lately?” I like you have participated today in the first Edith J. Baerwald Professorship of Community Medicine for social work for Ms. Doris Siegel. I take pleasure in thanking all of you for coming, thanking especially Mr. and Mrs. Jack Aron for their generosity, to all of you who have joined us, who have come many of you from many great distances to share this fine occasion with us, to tell Ms. Doris Siegel that as professor of community medicine, she now must bear the title inseparable from any academic position she may hold of Edith J. Baerwald Professor of Community Medicine for Social Work. Thank you all very much for coming. And if you will file through the door to the rear, turn right, and follow along the hall and down a flight of stairs, we have a little small reception for you, where you can greet the participants in person. Thank you very much.