EDITORIAL

Journal of Public Health Policy (2006) 27, 323–326.
doi:10.1057/palgrave.jphp.3200108

IN MEMORIUM
HERBERT K. ABRAMS, M.D.

When he died on 9 July 2006 after three months of battling leukemia, Herbert K. Abrams, a long-time JPHP Editorial Board member was collecting his writings from a life in public health and looking for a publisher. For each piece Herb was annotating his original ideas with comments from the present. He asked his friend and colleague, Julius Richmond, to prepare an introduction to the volume. Dr. Richmond wrote the introduction earlier this year, and after Herb's death, contributed it to JPHP. We can think of no better way to honor and appreciate Herb than printing it below.

The history of the 20th century is much enriched by this volume. It presents the evolution of medicine and medical care in a creative way through the life of a physician who has lived through most of the century.

History can be presented in many ways; often autobiography and memoirs add a rich dimension. This volume combines elements of both. But there is an important additional dimension resembling the television program “you are there,” since it builds creatively on writings contemporaneous with events. But the real significance is that these writings convey some sense of the rich, creative and diverse medical career of this remarkable physician. In reviewing his many contributions, many words come to mind: visionary, social activist, healer, educator, scientist and creative problem-solver. These are combined with a deep social conscience and commitment. Let me explain briefly.

Dr. Abrams was born early in the century into a family, which had fled the anti-Semitic oppression prevalent in Eastern Europe in the 19th century. He took advantage of the educational opportunities the burgeoning democracy offered. He came of age during what has been

called the Progressive Era in America and was deeply influenced by many of the stellar figures of the period in his home city of Chicago – Jane Addams, John Dewey, Carl Sandburg, Dr. Rachel Yarros and many others. They grounded him in the moral values that have pervaded his life. He became imbued with a passion to serve his fellow man.

It was logical that his passion to serve would take him to medical school – after a brief period of working in social welfare. The great depression of that period showed him dramatically what impact poverty could have on the health of people. His internship at the huge Cook County Hospital caring for the poor made a profound impression that was enduring. But characteristically – even at this early period – he saw the need to generalize from these experiences in order to improve the lives of people through social change. Thus, he helped in the organization of students and house officers to provide greater equity in health care. His vision brought him to advocate the enactment of national health insurance, which 63 years later we have not yet achieved.

With the outbreak of World War II, he entered the United States Public Health Service. His education in public health was rapid. He developed an enduring interest in rural health. Assignments to the south taught him about the effects of racial segregation he had never experienced. He became a “shoe-leather” epidemiologist as he worked in programs for venereal disease and malaria control. These experiences taught him how large-scale public health campaigns could have major impacts on improving the lives of large populations.

As the war came close to the end, the United Nations Relief and Rehabilitation Agency was established to provide help to countries in need. He was assigned to facilitate the health work of these efforts. His worldwide travels to recruit health workers took him to Mexico where he met his future wife – an important and enduring “fringe benefit” to his work.

Finally, he was assigned to deliver relief supplies to China – then divided into the “red” and “nationalist” areas. With great courage he insisted on delivering the materials in an even-handed way in the face of intense political conflict and personal danger. In the process he fell in love with the Chinese people and they with him. As a result, he has been a keen observer of social change in China and has been invited back many times by his old friends. Much could be said about this relationship, but it is better told by reading his moving “Letter from Yenan.”

Post war, a period to acquire a degree in public health at the Johns Hopkins University School of Public Health, was an enriching intellectual experience. The highlight was his opportunity to learn from the great medical historian, Professor Henry Sigerist, who combined his historical scholarship with social analysis. He remains a role model and he particularly emphasized the health hazards which many occupational groups faced.

On moving to a position with the State Health Department of California, he became immersed in the study of occupational diseases. He did early studies on the pulmonary pathology experienced by the miners of diatomaceous earth. His efforts to publish the data and to eliminate the risks faced opposition from industry. Thus, he personally experienced the political power of corporations in pursuing self-interest and greed.

Little did the corporate leaders know that there would be retribution. Several decades later, as workers suffering from dust-borne illnesses – particularly asbestosis – brought suit against those industries, one of the most important expert witnesses for the workers was Dr. Abrams. His command of the history of occupational health and of the research data concerning the health effects of dust exposure was both compelling and irrefutable in the courtroom. As a result, the long history of denial of health consequences from occupational exposures by industry lawyers could no longer prevail and jury awards to provide relief to suffering workers became frequent.

But a new challenge awaited him. A union in Chicago was planning what was then a pioneering venture – a prepaid group health plan for its members. Such programs were anathema to organized medicine. He demonstrated that such plans could work well and it has been widely replicated under the title of health maintenance organizations. Recognizing the importance of educating workers, he also became a consultant to the International Chemical Workers' Union and wrote a monthly health column for their newspaper and other labor publications for many years. Undoubtedly he has had a large influence on the health behavior of many workers.

By the mid-1960s, Dr. Abrams was recruited to the professorship in preventive medicine at the Chicago Medical School. He simultaneously became the first director of the North Lawndale Neighborhood Health Center, which was part of the national

network of such centers under the auspices of the emerging federal anti-poverty program. Yet another pioneering venture!

His pioneering spirit was again challenged when he was invited to join the faculty of a new medical school at the University of Arizona to chair the department of family and community medicine. He helped organize the school's commitment to its state and community by again organizing a federally supported neighborhood health center in a predominantly Mexican-American neighborhood, as well as rural health centers, and a center on occupational health and safety. A generation of students has been influenced by his example of bringing the emerging new knowledge in medicine to improving the lives of the poor.

His energy and commitment have known no bounds. A few years ago when he chanced on the fact that the medical students had no knowledge of Sir William Osler, he organized a course on medical history!

Although Dr. Abrams became an emeritus professor in 1983, his activities have not diminished. His global interests have taken him to Japan, New Guinea, Latin America and many other places, often as a consultant to the World Health Organization. But most enduring, as noted earlier, have been his ties to China and his many friends there. He has been a formal and informal advisor to the government through its transitions in health care – characteristically playing a constructive role in helping to improve the health and welfare of its people in the face of vast social and economic changes.

What shines through his many-splendored career is Dr. Abrams' ever-present optimism about improving the lot of people. This combined with his high intellect and energy makes for an activism that brings admiration from all who know him.

It is this optimism which embraces the goal enunciated by another visionary, Dr. Halfden Mahler, the former Director-General of the World Health Organization, who in addressing the World Health Assembly in 1978, challenged the political leaders of the world to achieve universal access to primary health care through his call for "health for all by the year 2000." Although we did not achieve the goal, Drs. Mahler and Abrams believe that setting lofty goals are important for progress.

We must join them in their pursuit of progress.

JULIUS B. RICHMOND