

PORTRAIT

My thanks to you, Mike, and to all who made this day possible. To me it is a signal honor for which I am most appreciative. And special thanks to our portrait artist, Ingrid Egeli, She has been a pleasure to work with. She has created a likeness which even my wife and daughter agree is a remarkable rendering of a not particularly photogenic subject. But you will see this later.

You will pardon my reference to a written script but expecting a Dean to speak ad lib for say 10-15 minutes on an occasion such as this, is asking for trouble. With so many old colleagues and friends, there is so much of history that might be recalled and reflected on that the discipline of a script is necessary.

This event, in part, celebrates a critical chapter in public health in which so many here played vital roles as public health emerged from the unbelievable doldrums of the 1960s and 1970s and evolved into a new era. My tenure was 1977-1990. It corresponded with the terms of Jimmy Carter and Ronald Regan. I'm not sure of the significance of that but, to many, I suspect, this long ago era is a bleary bit of ancient history. But for public health, those were critical years during which public health grew rapidly and matured. Of my 58 years in public health, they were the most exciting, most challenging, and most productive.

Before 1976, I had no thought of becoming a Dean. At the time, I was in Geneva, beginning a 10th year with smallpox eradication. We were totally immersed in programs on two continents with frustrating bureaucracies, sparse budgets, virtually full-time travel, famines, floods, and refugees. Two of the countries were immersed in civil wars. At that time, WHO and national staff numbered more than 120,000 in some 6 countries. At WHO headquarters, we had just 4 professionals and 5 support staff. There was no telephone, no internet, no telex, no facebook. Progress, however, had exceeded expectations. We believed we could see the mythical light at the end of a tunnel – the world's last case of smallpox. Actually, it proved to be more than 4 years distant.

Quite out of the blue, I received a call from the Hopkins provost asking that I come to Baltimore to meet with a Committee that was searching for a Dean. I thanked him, said I was not interested but promised to meet with the Committee if a subsequent trip brought me to Baltimore. Actually, the prospect of Deaning, as I imagined it, was tempting – the concept of a program in just one building with a stable budget, a well-educated staff with a common language and goals and the quiet, reflective atmosphere of a university setting. You can see how little I knew at that time.

There was another reason for my reluctance. After 3 years of field work at CDC, I had devoted one year to obtaining a master's degree in public health. I was profoundly disappointed. A great many of the courses at that time were taught by faculty whose backgrounds were almost exclusively academic. Few exhibited a particular interest or expertise in the challenges presented by field work. This was starkly different from my medical school education where the emphasis was on understanding the patient, the community and the practical realities of the

practice of medicine. It seemed to me that my public health education would have greatly benefited from faculty who served and sometimes taught at the public health bedside—who could convey the importance of understanding the community, of working with others with expertise in other fields.

Eventually, I did visit Baltimore and met with the Committee. I highlighted my particular biases regarding public health education, reaffirmed my disinterest in being a Dean and noted my total lack of experience in academia. In fact, I had never served on a faculty. Whatever -- the Committee waved all this aside and insisted I come to Hopkins. The most persuasive of all was one, Edyth Schoenrich. As I was to discover, there are those who can sell iceboxes to Eskimos.

After being duly welcomed, I looked about to find someone who was knowledgeable and respected and who might teach me the trade. It rapidly became apparent that there was just one truly outstanding candidate and that was Edyth. I persuaded her to become Associate Dean and so began a 13 year partnership. The fact that I had appointed a woman as Dean brought many congratulations. Frankly, I couldn't understand why until I learned she was the first woman to hold a Dean's position in all of Johns Hopkins University. For me, she was simply far and away the best candidate. Parenthetically, Karen Davis later consented to become Chairman of our Department of Health Policy and Management --and she was the first woman Chair of a Department in all of Johns Hopkins University—and this was 1985. Times have changed!

As we moved into the late 1970s and 1980s, public health and Hopkins began to undergo a transformation as we looked beyond the school to active participation in an increasing number of divergent areas which are critical to the health of the public. International health was a special concern and soon we were engaged in programs related to vaccination, AIDS, population issues, family planning, and community health. Thanks to a cadre of creative young faculty as well as imaginative and entrepreneurial department chairs, the School rapidly became a preeminent leader in diverse fields.

I note particularly our relationships with the School of Medicine for these have been important. At the time I arrived, the separation between public health and medicine was almost total. Wolfe Street, which divided our two schools was referred to as a chasm. I met with Dick Ross, Dean of the School of Medicine and we vowed that we would make every effort to bridge that chasm. Steadily the relationships changed as joint research and educational efforts matured and faculty moved increasingly between the two schools. Today, no other University has relationships between medicine and public health such as at Hopkins.

In 1982, we invited leading figures in industry and the community to participate in a Health Advisory Board with two objectives in mind—to acquaint them with the strengths and interests of the School of Public Health and to identify with them problems and challenges which we might jointly address. The Board proved to be the genesis of new initiatives and a welcome supporter as we moved into roles consonant with the new public health.

Two new relationships proved to be catalytic to both the School as well as national and international public health. One resulted from the invited visit of William Gates Sr, a friend of faculty member Laurie Zabin. He was curious to learn about her work and what public health was all about. He was profoundly impressed and returned home to inform his son and to arrange for a \$20 million grant for training of women in other countries in family planning methods. It was one of the Gates' first awards in the field of public health. The rest is history.

A second relationship stemmed from a developing interest in public health on the part of the Chairman of the Johns Hopkins Board of Trustees. He took a special interest in public health and signified this in launching the 1992 Hopkins Capital Campaign. He earmarked a third of his \$100 million pledge for the School of Public Health. Colleagues in other divisions were chagrined but his interest never wavered. I am speaking, of course, of Mayor Michael Bloomberg.

Our educational efforts changed from a School that in 1976 was in session only from September to May. Summers were lonely with only a handful of doctoral students and a few faculty. There were no classes. Masters students were required to be full-time attendees. Beginning in 1979, the MPH program was extended to 11 months, a summer institute in epidemiology began, part-time degree programs were approved, joint educational programs began with the School of Medicine and eventually with educational institutions in other countries. On-line courses are bringing together students from around the world.

During the tenure of Al Sommer and Mike Klag, the School has continued its logarithmic growth and shows no signs of flagging. An all-star faculty has fermented ever more effective and imaginative programs. There is no question but it is the genesis and pace setter for many public health agendas and policies both in the U.S. and in other countries— more can be anticipated.

My one real regret is that I am not today beginning my career in public health. Never have there been more opportunities or broader horizons than are now promised.