

# The Department of Social Medicine at Montefiore and Victor Sidel

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Montefiore's Division of Social Medicine (DSM) (later a Department) was conceived and created by Martin Cherkasky, MD, in 1950 shortly before Cherkasky became the Director of Montefiore Hospital. As DSM's first Chairman, Cherkasky understood health care as a social endeavor. The Department not only delivered first-class medical and health care, but understood the individual, the family, and the community as social entities involved in the creation of a more just and egalitarian society.

This paradigm was continued by Dr. George Silver, the second Chairman of the Department. Silver was concerned with strengthening the provision of medical care to the people of the Bronx, many of whom at that time were Jewish, a community still dealing with the immediate aftermath of the Holocaust. Silver left the chairmanship of the Department in 1966 to serve in the Johnson administration. While at the Office of Economic Opportunity, he helped establish the first federally-funded community health centers. From 1966 to 1969, the Department lacked a chair and many of its clinical programs were absorbed by other Departments in the hospital.

In 1969, Dr. Cherkasky invited Victor W. Sidel, MD to become the third Chairman of the Department. Dr. Sidel had been Chief of the Community Medicine Unit at Massachusetts General Hospital and Assistant Professor of Medicine at Harvard Medical School. Since many of the Department's medical care programs had been taken over by other Departments, Dr. Sidel developed a variety of new initiatives in social medicine. These included:

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**Teaching with a social medicine perspective**

The faculty of the DSM played a central role in teaching public health, environmental health, and occupational health—always with a social medicine dimension—to Albert Einstein College of Medicine students. Programs were developed in Bronx health centers to teach first-year medical students firsthand about the practice of primary care and public health.

**International fieldwork for medical students and residents**

The DSM was a leader in innovative teaching programs for medical students, creating fieldwork in primary care for medical students and residents from both Einstein and other universities. The international fieldwork program was fully certified to fulfill the mandatory primary care requirement for U.S. medical students and sent students to Columbia, Chile, and Nicaragua.

**Primary healthcare for the underserved poor**

Dr. Sidel participated under the leadership of H. Jack Geiger, MD, MSciHyg and other faculty members at City College of New York (CCNY) in designing a medical school for underserved communities of New York City. This planning often drew on the experiences of primary health care in other countries. As the result of this work, CCNY created the Sophie Davis School of Biomedical Education. This school has trained primary care physicians for New York City and many other cities of New York State and neighboring states.

**Community participation programs**

The Community Health Participation Program under the leadership of Sally Kohn worked with people in the neighborhood around Montefiore Hospital to educate them to work with their neighbors

toward healthier habits and lifestyle. Much of this work was inspired by innovative programs in China, Chile, and Cuba. Since the community at the time was increasingly composed of Spanish-speaking immigrants, this program was offered in both English and Spanish.

### **Ethics seminars (“Bagels and Ethics”)**

On Sunday mornings, Ruth and Vic Sidel invited medical students, residents, and faculty—particularly the residents in the Residency Program in Social Medicine—to their home to discuss ethical issues in medical practice. And to eat bagels!

### **Health rights for the incarcerated**

Working with specialist lawyers, DSM staff conducted meetings at New York jails and adolescent detention centers to discuss the health rights of people in detention with health staff, medical students, and residents.

### **Drug abuse activities**

Drug abuse in the Bronx was a major concern of the DSM. The DSM ran one of the major methadone centers in New York City and provided opportunities for the hundreds of users of this clinic to stop the intake of illegal drugs. As part of this work, the DSM identified one of the first cases of AIDS. The DSM, jointly with the infectious disease department at Montefiore Medical Center, conducted one of the first epidemiological studies on AIDS. One of the leaders of this program, Dr. Steven Safyer, subsequently became President of Montefiore Medical Center.

### **Developing educational programs about innovative models of health delivery**

Members of the DSM lectured and published extensively about innovative models of primary care. These experiences included the barefoot doctors in China, the neighborhood health centers of Cuba, and

the lay midwives among Mayan Indians in Central America. Members of the DSM helped medical schools in Nicaragua, Chile, and other Latin American countries learn about new developments in U.S. medical care by sending Einstein students and faculty members to those schools. The DSM participated in retraining faculty members from other countries, e.g., Israeli and Palestinian doctors, and faculty from the medical schools in Leon, Nicaragua and La Frontera University in Temuco, Chile.

### **Development of occupational health in the U.S.**

The DSM was a leader in introducing occupational health into medical school curricula. The Department received a National Institutes of Health grant to develop an occupational health curriculum for Einstein students. The DSM invited key figures in the field of occupational health as faculty and established a strong relationship with workforce leaders such as Anthony Mazzocchi, a leader of the Oil, Chemical and Atomic Workers Union. Today, one of these faculty members, David Michaels, PhD, is the Assistant Secretary of Labor for Occupational Safety and Health in the Obama administration.

### **Conclusion**

Victor Sidel created a strong and diverse program during his time as chair of Social Medicine at Montefiore. The Department was involved in teaching, research, ethics, and clinical programs. It drew heavily both upon the realities of the Bronx and as well as what was going on throughout the rest of the world.

How much of this legacy survives today at Montefiore? On a recent visit to the Bronx, I posed this question to Montefiore’s current President Steven M. Safyer, MD. His response reassured me: “The social medicine paradigm of Martin Cherkasky and Victor Sidel is still present at Montefiore Medical Center.”