E. RICHARD WEINERMAN, M.D., M.P.H.
(July 17, 1917 - February 21, 1970)

Dr. E. Richard Weinerman, and his wife and co-worker Shirley Basch Weinerman, were en route from Geneva to Tel Aviv to study health care systems in Israel, Japan and New Zealand. They were among the victims of an act of sabotage that blew up the plane they were travelling in near Zurich. Expressions of grief and mourning came from a host of friends, students and colleagues around the world.

What manner of man was this whose premature death called forth such a vast outpouring of heartfelt and sustained tribute? What were some of his characteristics? How can we understand some of the meaning of his life?

E. R. Weinerman was a remarkably complete human being—a dynamic leader, an effective clinician, a perceptive health care innovator, a beloved and stimulating teacher, a worker for social change, a devoted family man, and a warm friend.

What he meant to some of his colleagues was expressed in a letter published in The American Journal of Public Health:

Dick showed a consistent and persistent concern with social justice. Whether it was the travail of the McCarthy era, the events of Selma, the war in Vietnam, the student confrontations, or the host of other events of these last decades, Dick had a personal commitment. This was the fabric out of which his designs in health were cut. The inequities of financing, the inequities of access, the unmeasured inequities of quality present in the American health care system led him to explore foreign models in depth. None satisfied him, and none should have, for his standards were very high indeed.

Richard Weinerman fought for the health of millions of people who did not know him. He brought to the field of public health a model of dedication to social goals that must inspire us all to work harder. He was no summer soldier but a man for all the seasons in which the battle for health advancement must be fought.

In the years from 1961 to 1969, Dick made nearly 100 trips to Cleveland, first from Berkeley and then from New Haven, helping to formulate the development of the Community Health Foundation. On every trip, Dick arrived in Cleveland full of hope and enthusiasm for his latest encounter with life, regardless of whether it was a jazz festival he and Shirley had attended, plans at the Yale-New Haven Medical Center, or the Medical Committee for Human Rights.

The thing about Dick was the gusto with which he did everything. Dick was, of course, selective in his activities, fully enjoying the personal things in life, but strongly favoring the socially useful. He was highly sensitive to what needed to be done to improve the condition of man and what he as a person and as a professional could contribute to that improvement. Having made the decision, he would devote himself totally to the endeavor. It was this readiness to commit himself, coupled with his personal effectiveness, that made Dick stand out. In
period after period, and situation after situation, E. Richard Weiner-
man was able and willing to do what was right when others stayed on
the sidelines. It would be a mistake, however, to leave the impression
that Dick was just an activist; he was also an intellectual in the most
profound sense. He believed wholeheartedly in the power of the intel-
lect and his own was first-rate. His ability to analyze and clarify the
most difficult problems and to propose courses of action was truly re-
markable. Most recently in this regard, he has been one of the prin-
cipal contributors to the development of a national health insurance
program for our country. When it comes, his mark will be on it.

In all his intellectual endeavors, Dick insisted upon meticulous
scholarship. Here he was extremely vigorous and self-disciplined. He
was a bulldog for completeness and exactness, a quality which some-
times in the current scene seems a bit old-fashioned. No doubt, how-
ever, this constant, self-imposed demand was one of the sources of
his strength and effectiveness.

He believed health services could be delivered in a better way and
he worked at it unceasingly. Long before it became popular to care
about patients' needs and aspirations in a personal sense, he was a
patient advocate. He always felt that patients as people were vastly
more important than patients as cases. He had the ability to use words
in such a way that the ideas he expressed were understood by all who
listened. When he worked with groups of physicians his harshest criti-
cisms were couched in language which made the concepts acceptable
and useful. He was a teacher.

He had an extraordinary capacity for vivid and stimulating formu-
lation of complex ideas. This ability made it possible for him to in-
spire students and the public at large, and this quality will be sadly
missed in these times, as much as his intelligence, his charm, verve,
and presence.

*Childhood and family influences*

His father, David Weinerman, had been a graduate of Yale in the class
of 1909—from Sheffield, a scientific college granting the B.S. degree. He
settled in Hartford as an engineer-contractor.

Dick was born in Hartford, Conn. and was in excellent health from birth.
He had a very normal childhood. He grew up during the halcyon days of
the twenties and the depression days of the thirties. Each decade had a
marked effect on his father's income and consequently a secondary effect on
him and his brother. Dick was considered a bright, precocious child, an avid
reader and possessed of a very inquisitive nature. He did well in school,
especially in mathematics and had a definite talent for understanding other
abstract subjects.

He graduated from the Hartford Public High School in June, 1934, re-
ceiving prizes for highest scholarship in English, history, chemistry and
mathematics, was editor of the school magazine, president of the Debating
Weinerman, tribute | FALK

Club and of the French Society. He did very well on the College Entrance Board Examinations, and was admitted to nearby Yale College.

Yale

He entered Yale in the fall of 1934, and pursued a premedical course. He was on the Dean’s list during all four years and was appointed as a Scholar of the Second Rank. For three years he was at the head of the Chemistry branch of the Student Tutoring Agency. He also tutored mathematics.

His extra-curricular activities at College included participation in the Forensic Forum, Political Union and Medical Club; he also played basketball, football and golf on the Pierson College team.

He set his heart on a medical career. This intense desire for medicine was in part due, probably, to his father’s scientific background; also, several of his relatives were practicing physicians. In order to better prepare himself for a medical career, he spent three or four afternoons each week during three undergraduate years as an assistant in the laboratory of the Yale Institute of Human Relations under Drs. Edwin Gildea, Eugene Kahn, and Evelyn Man.

He made application to Yale Medical School. With his background and scholarship he and his family felt confident of his admission.

Rejection for admission to Yale Medical School

Instead, a bitter disappointment awaited them. He was not accepted! “Whatever forces and prejudices were involved in the school’s decision can only be surmised. The effect on Dick was traumatic, but after a period of great discouragement and self-doubt, he went on to apply elsewhere and was accepted at Georgetown University Medical School. His failure to gain admission to the Yale Medical School hurt him deeply—especially as he was tutoring Yale students who did gain admission.”

The Weinerman family was always a very close knit unit of four. They came to exchange many letters over the years, especially on birthdays and other occasions. Dick’s own words tell the family relationships clearly,

Mom dear:

I’m full of so many things to say to you on this day, I can’t seem to get any of them out. My thoughts are not the ordinary platitudes that one digs up for birthday use. What I feel today has been deep in me for some time. It’s a grand hodge-podge of love, ambition; admiration; determination; and pure, unmitigated joy. The one thing that stands out clearly in my mind is that I love you with all my heart, and that my greatest thrill would be to make you proud of me. As I say, these are not “birthday words.” I’ve told you these things many times.
But today I feel them all well up inside me. Perhaps I've come to take all your goodness for granted. Perhaps the angelic quality of your character, being a thing constant and ever-present, has become a part of my awareness and general consciousness that I never particularly consider. I grope for words to tell of my pride in you and gratitude for you. Perhaps, the best I can do is to thank God for my Mother.

I'll say nothing about the past. (I'm in no position to pass judgement; but if I were, it would be too devastating for my newly-acquired self-respect.) But I can give you my future. From where I stand today I look only forward. This is almost like the beginning of a new life. There is no past commensurate with this present. That which has gone before is a closed chapter, as far as I am concerned. The little good that I did rarely came from deep within me. The considerable wrong that I managed to commit was the resultant of many things—uncertainty, moral weakness, self-scorn, and much more. But all that is past. All that came before I really found myself. And I refuse to consider it.

But before me I see a vast, and fascinating world. I see the beginnings of such good work, I see the ravages of much Evil. And, more vividly than all the rest, I see the great need for more good work, for more battle against the Evils, and for more fighting for the Truth. I'm way down at the bottom. I'm small and insignificant now, hidden among the great mass at the foot of the hill. But my eyesight is sharp and keen. I can see way past many of the others. I can see—way up at the summit of the hill—the light. I can see clearly and beckoningly the light of Progress, and Success. I want to get to that light. I want to pick it up and carry it to the top of another, higher, hill. But at least, I want to help someone else up the hill—someone who is capable of doing more than I can. At any rate, I am sure that I want to start the climb. I know that I shall not remain lost and submerged here with the great mass. I am confident of my ability; I am chock full of hopes and plans. I look only forward. And best of all, I derive great personal joy from my climbing preparations . . . To you and Dad must go the credit for my position today, really for my desire to advance. You gave me the initial boost up the hill. The rest is up to me. And—for your birthday—I give you the promise that I'll do all in my power to repay your loving kindness and to justify the greatest of your confidences. You've given me Life and health and love. I give you my future. I shall not fail for want of trying. May God bless his prize creation.—D.

Hardly the spoken idiom of the later Dick Weinerman, but it tells a great deal about him. The nature of the "moral weakness" is not known. It could not have been quite as horrendous as this freshman medical student described it.

By this time he and Shirley Basch had been married. She had been his girlfriend in high school in Hartford, and during college, and their relationship remained a loving one throughout life.
Weinerman, tribute  |  FALK

Rejection of admission to Yale Medical School was obviously the blow which, he wrote elsewhere, almost “broke my heart.” How triumphant was to be his return to Yale Medical School as a top faculty leader in 1962!

Georgetown, Washington, D.C.

He did begin to “succeed.” He had the highest national rank of anyone taking the basic sciences (Part I) test of the National Board of Medical Examiners in 1940. He graduated from Georgetown Medical School magna cum laude and continued to excel academically throughout his life.

However, studies were not his only preoccupation in 1938:

Dick’s social, political and economic outlook took on a dramatic alteration in Medical School. Until graduation at Yale, Dick followed pretty much the conventional thinking of upper middle class Americans. He was sensitive and compassionate to people’s needs and problems, but he had no sharply defined understanding about why the world acted as it did . . . His attitudes changed markedly. In Washington they became politically of age and the groundwork was laid for what was to become Dick’s lifelong mission of serving the cause of humanity. He never cared for money. The only reward he ever wanted was to reap the harvest of a saner world wherein the needs and hopes of people would be served ahead of the greed and lust of their leaders.

This was the decade of depression, unemployment, the rise of Fascism, of Nazism, the fall of Republican Spain and the inexorable march of events culminating in World War II. As a Jew, Dick was acutely sensitive to the genocide being perpetrated on the European Jews by Hitler and other anti-Semites. Like many of his generation and class, he became radicalized by these events, influenced by Marxism and its contemporary adherents.

We first met in connection with the affairs of the Association of Interns and Medical Students in 1941. Dick acted as volunteer legislative representative of the organization. One specific effort was to try to enable medical students to finish their training before being called into the armed services during World War II, a rather different attitude than what he was to have toward a dissimilar war thirty years later. He established working contact on the Hill with that awesome breed—real life U.S. Senators. The first relationship was with Senator James Murray of Montana, then Chairman of the Senate Committee on Public Welfare, which included health in its jurisdiction. Dick later was personally close to Senator Abraham Ribicoff of Connecticut, a family friend.

Meantime his personal life was pleasant. Their apartment was colorful, bright and cheerful. It was furnished around books, painting, music and dance. Above all, it was a gathering place for many friends.
Dick’s medical intellectual hero, as demonstrated in his writings, was Dr. Henry Sigerist, Professor of the History of Medicine at the Johns Hopkins School of Medicine, a great figure in the field of Social Medicine, a field which Dick later came to call his own.

His first published paper was on tuberculosis among medical and nursing students (1)* a subject natural to his setting. When he graduated from Georgetown Medical School in 1942 it was with magna cum laude—despite all the time he had spent on social issues, at that time considered pure distraction from medical studies at almost every medical school in the country and certainly so at Georgetown.

Postgraduate training

Dick served as a house officer at the Beth Israel Hospital in Boston on the Harvard and Tufts Medical School Services from 1942 to 1943, and as a Resident in Communicable Diseases at the Charles V. Chapin Hospital in Providence, Rhode Island for two months in the summer of 1943.

While an intern, he had a distinguished record although he was more popular among his contemporaries than with the administration for leading the fight for pay for interns, and for serving as a leader of the Association of Interns and Medical Students.

This combination of academic success with strong, radical social action was to be a lifelong pattern. It caused him troubles, but he never abandoned such efforts. He had a rare capacity to combine the two.

War dangers

Dick then served in the Medical Corps of the U.S. Army. From August, 1943 to March 1944 he was a resident in internal medicine at the Drew Field Regional Hospital in Florida. His son Jeoffrey was born in this period. He became chief of a combat shock team with the 4th Auxiliary Surgical Group, European Theatre 1943 to 1946, in charge of pre- and post-battlefield care. These were moving years, providing more than enough experiences in the realities of war, including observations which led to his second published paper (2) on the tragedy of methyl alcohol ingestion causing blindness among troops. However, even in intimate discussions later in life, he was very sparing in his allusions to his battlefield experiences. He translated these into lifelong peace efforts, and wasted very little time in recounting anecdotes about the battlefield. That the battlefield experiences heightened his resolve to use his remaining years of life well cannot be doubted.

* Numbers in parentheses refer to Dr. Weinerman’s list of publications.
Veteran's and postwar activities

As the war years drew to a close, Dick talked and wrote letters about a better postwar world. He returned to Washington, D.C. in 1946 for positions, as he described them with the:

Farm Security Administration, Washington, D.C., Assistant Chief Medical Officer, Health Services Division, February 1946-March 1947. Duties: Administration and planning of rural medical care programs until the termination of the program in 1947; research and writing in the field of rural medical care programs.

Papers: "Medical Care and Rural Life" (with C. F. Brannon). The NUEA Debate Handbook, Vol. 1, Columbia, Mo., 1946. "Rural Prepayment Medical Care Plans and Public Health Agencies" (with M. V. Ziegler and M. I. Roemer). A.J.P.H., 37:1578, December 1947.

Many other official statements released by the U.S. Department of Agriculture.

U. S. Public Health Service, Division of Public Health Methods, Associate in Medical Care Administration, March 1947-Sept. 1947. Duties: Research and consultation in various medical care and public health programs, including child health services (in conjunction with Children's Bureau), care for migratory farm workers, social security program, role of the medical schools, health insurance plans, foreign medical care, etc.

Papers: Many official reports and releases of the Public Health Service.

Visiting Lecturer: American University, Washington, D.C. Evening course in medical care and public health.

Warm colleague relationships developed during this period, which were to be lifelong associations. Drs. Milton I. Roemer and "Sy" Axelrod were his contemporaries, assigned by the Public Health Service to the rural health programs. I was in the first medical group practice study of the Public Health Service. As young married couples with children, and with similar interests, we formed the lasting, close, personal and professional friendships which were to typify Dick and Shirley Weinerman's life style—and ours.

During this period Dick was active in the American Veterans' Committee (A.V.C.), serving as national chairman of its Health Committee. This was a newly formed organization of young veterans, consciously creating an alternative to the American Legion, which to us was notoriously reactionary. Its hopes were high and its influence initially great; it helped secure passage of some of the new Federal health legislation of the postwar era, including development of the National Institutes of Health (Heart, Cancer, Mental Health, etc.), U.S. participation in the World Health Organization, and appropriation of federal funds for hospital and health center construction. The last mentioned was first proposed as an ambitious health care delivery
system, a regional plan based on medical group practice, health departments, 
community and teaching hospitals by such Public Health leaders as Drs. 
Thomas Parran and Joseph Mountin. However, because of the influence of 
the American Medical and Hospital Associations, the regionalization aspect 
was watered down to construction planning—to await a Phoenix-like rebirth 
some twenty years later in the Regional Medical Programs Act.

National health insurance in the form of the Wagner-Murray-Dingell 
Bill was the over-riding health proposal of the 'forties. It would have in-
cluded medical and hospital bill payments under the Social Security Act for 
all employed and self-employed. The American Medical Association and 
the U.S. Chamber of Commerce mounted an intensive and extensive cam-
paign against it, resulting in its defeat in committee in Congress, despite 
support by both Presidents Franklin D. Roosevelt and Harry Truman. The 
American Veterans' Committee was part of the liberal-labor-consumer coal-
ition working for national health insurance legislation. It was a prestigious 
group, composed of proud, young, purposeful veterans of the war against 
Nazism.

This coalition, and the American Veterans Committee, was split 
asunder by the wedge driven between liberals and "progressives" by the 
"Cold War" between Russia and the United States, the ascendancy of the 
China lobby after the take-over by the Communists in China and by "Joe 
McCarthyism" at home.

During this period, Dick and Shirley moved from the Washington, D.C. 
scene back to Boston once again. He described his activities as follows:

Harvard School of Public Health, 1947-48. Candidate for the M.P.H. De-
gree. Fellowship, National Foundation for Infantile Paralysis. Special 
field of study: medical care, regional planning and administration and 
local public health practice. M.P.H. Degree, June, 1948.

Papers: "Medical Schools and the Quality of Medical Care," The Interne, 
May, 1948.

"Role of the Teaching Medical Center in Regional Medical Care," 
New Engl. J. Med.

Boston Health Survey, sponsored by Boston Community Fund Council, 
June-Sept. 1948.

Function: Appraisal of the health center units and the services of the 
Boston City Health Department.

New York State Temporary Commission on Need for State University 
(Young Commission), Secretary and Editor of Consulting Technical 
Committee on Education for the Health Professions, Sept. 1947-Jan. 
1948.

He ranked first in his class and again graduated magna cum laude.
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California Here We Come!

Then came a move to the West Coast. Milton Roemer reports:

It was in March or April 1948, that Dick was invited to join the faculty at the University of California School of Public Health in Berkeley. I was then in Morgantown, West Virginia and Dick knew that I had previously been involved in negotiations over this opening. Although Dick knew that I had decided against it, he telephoned me in Morgantown to ask if I was sure I did not want this position before he accepted it. This was just another small sign of Dick's extremely high integrity. He did accept and they moved to El Cerrito with spirits high.

The Berkeley School of Public Health years were very productive ones for Dick. In this period he did his study of “Social Medicine in Western Europe,” (16) and conducted numerous surveys on health insurance in the San Francisco Bay area and Hawaii. I remember visiting him in El Cerrito and seeing his study full of materials on medical care organization from floor to ceiling.

The enormously productive period at Berkeley led to a series of significant papers (listed in his Publications).

Max Shain, another close colleague, reports:

The period in Berkeley was one of extraordinary productivity. With Lester Breslow and Jacob Yerusalmym, Weinerman undertook a series of health record studies and household surveys, devising many of the techniques which were later developed into the National Health Survey. He participated in setting up one of the first major multiphasic screening projects among the San Francisco longshoremen. He travelled widely, advising the retail clerks union in Los Angeles, the longshoremen's union in Hawaii, and (others) . . . He undertook a major survey of group practice among California physicians, and he studied the operations of health systems in Europe for the World Health Organization, making one of a series of international studies which he continued throughout his career. He trained a number of research assistants who remain active in the medical care field, including Charlotte Muller, Anne Waybur, George Goldstein, Glen Lamson, Sandra Howell, and myself.

Dick's work on “The Quality of Medical Care in a National Health Program” was a seminal statement, dispelling the comfortable assumption of advocates of health insurance that all one needed to have was adequate prepayment of medical care, and then the rest would take care of itself. He foresaw the violations of quality and economy implicit in our fee-for-service
solo practice and hospital-bed biased health insurance and predicted some of the inflation of medical care costs which was to occur in the following decades.

However, storm clouds gathered. His career at the University was cut short when the state legislature required a "loyalty oath" of all college teachers. Refusal to sign the oath cost him his position as Visiting Associate Professor of Medical Economics. He would not, however, abandon the small group of students he had recruited and the research he had organized, and the School of Public Health made special arrangements to retain him as a part-time lecturer.

His departure from the University was an act of honor in the face of the witch hunt at that time. Several hundred other first-rate professors did likewise. History, of course, proved them to be right, and the others to be wrong.*

Although himself a victim of political harassment, Weinerman found places in the school for a number of young people who were losing their jobs in the McCarthy terror. He made it possible for men with families to enroll, finding them scholarships and research assistant appointments. In one case, he arranged for a student in such circumstances to enroll three weeks after a semester had begun, a rare triumph indeed over the Berkeley bureaucracy!

"He insisted to those of us who doubted whether they should return to school that it was our duty and special opportunity to use our enforced political furloughs to sharpen our skills and acquire new skills," recalls a former student. "He set us an example during the twelve year period when, to the shame of the American university system, he was unable to secure a faculty appointment."9

Kaiser Health Plan

Leaving the academic world, Dick joined the Kaiser Permanente Health Plan in the top administration. He was considered to be mainly responsible for opening the entire Kaiser program in Southern California through his working out of the initial group contract with the Retail Clerks Union in 1952.* The Southern California branch of the Kaiser Health Plan now has an enrollment of over 800,000 members.

The Kaiser plan was just making the transition to diverse employer-employee collectively bargained enrollment. It could meet many of the Bay Area union members' needs. Although it was essentially an industry and physician dominated organization, the "magic triad" of its own hospitals, medical group practice, and prepayment was more attractive to most unions than starting their own plans and risking their own monies—even if they controlled them, which they often did not.

However, the McCarthyite "witch-hunt" pursued Dick and led the lead-
ers of the Kaiser organization to request his resignation. He did resign but only after a final dramatic meeting in which he gave the Oakland area staff a clear and inspiring picture of what an optimum Kaiser Health Plan would be like.10

California work

By 1952 he had done a San Francisco Survey and Report on Union Health and Welfare Plans, "representing pioneer work on the waste, ineffectuality and even corruption in many of the newly bargained-for health insurance plans under collective bargaining." Yet he also showed their potential for the financing of better types of programs; he recommended and worked for a new unified comprehensive care, prepaid group practice plan sponsored by unions and consumers in the San Francisco Area.

It was a bold and appealing idea, but the power lay elsewhere. The American Medical Association mobilized its resources to meet the emergency danger, that of an entire Metropolitan area being removed from private enterprise control. They were joined by the California Physicians Service, the commercial insurers, and many other forces. The Rockefeller Foundation felt itself forced to withdraw an anticipated grant toward meeting some of the "start-up" costs of the proposed new plan. (It had been hoped that it would sponsor a variant of the community-sponsored Health Insurance Plan of Greater New York, which it and other foundations had already assisted). The bright new idea was stopped . . . for that time and place.

Private medical group practice

Dick stook advantage of opportunities for refresher training in internal medicine under the G-I Bill, and then entered clinical practice in the Berkeley area in a small group. One of his two internist partners writes,

As a family physician (here I speak from direct experience) he displayed the same warmth and understanding which characterized all of his professional relationships. It was as a clinician that he assumed the leadership of the outpatient department of Herrick Memorial Hospital in Berkeley, developing innovations in outpatient service which laid the basis for his work at Yale . . . Needless to say, my years with Dick were the best of my life.18

This is how Dick described himself in this period:

Private practice, Internal Medicine since 1953. (In association with Drs. Frederick Epstein and Ephram Kahn.) 6601 Fairmount Avenue, El Cerrito, California.
Medical director, Herrick Memorial Hospital Clinics, Berkeley.
Physician-in-charge, Rheumatic Fever Clinic, Richmond, Contra
Costa County Health Department.
Consultant in Cardiology, Crippled Children's Service, State De-
partment of Public Health.
Consulting Internist, Richmond Health Center.
Visiting Physician, Internal Medicine Teaching Staff, Highland-
Alameda County Hospital, Oakland.
Electrocardiographer, Brookside and Albany Hospitals.
Medical Staff Member: Herrick Memorial and Alta Bates Hos-
pitals, Berkeley; Brookside and Richmond Hospitals, Richmond; Al-
bany Hospital, Albany; Children's Hospital, Oakland.
Medical Consultant, Sheet Metal Industry Welfare Fund, Oakland.  

Full of resilience and imagination, he and Shirley made the private prac-
tice move into a happy new experience. In spite of all difficulties, the Cali-
ifornia days were halcyon days in many ways. Grateful patients and their
families responded to his warmth and skill with respect and love. The San
Francisco Bay Area was alive with cultural activities, with social and politi-
cal causes, brim-full with friends and acquaintances. Their attractive red-
wood home on the side of a mountain was full of music, people, good talk
and good works. The children prospered (Diane had been born meanwhile).
His tennis game prospered also. During an American Public Health As-
sociation Annual Meeting we played truant for a long enough time to play
on tennis courts surrounded by blooming rose bushes on the side of a hill
overlooking San Francisco Bay. It wasn’t all work! And he knew how to
enjoy life in a way that made each new experience a matter for exhilaration.

But his personal time was limited. War and injustice took almost all the
time off his clinical practice allowed him. He joined in the movement of the
California Councils for a reformed Democratic Party, a house-cleaning
which catapulted the now-Senator Alan Cranston and others into leadership
and power in the Governor Brown era of California politics.

He was enormously popular, as a speaker and as a figure in both public
and professional circles. His consultations and meeting activities took him
all over the country, and overseas. He consulted for many prepaid group
practice plans, and was enormously interested in the subject of "Did con-
sumer participation make a difference?" Beginning in 1961, he advised Dr.
Jerome Schwartz in a doctoral research study leading to a book on this
subject, which is a lively subject today. He worked collaboratively with
Arram Yedidia, a Kaiser Health Plan consultant whose sensitivity, per-
ceptiveness and wisdom Dick respected over a period of many years as they
worked together on planning for the Santa Rosa, California, Detroit and
Cleveland Community Health Associations.
As stated by I. S. Falk, he

also participated eloquently, effectively and with enthusiasm and vigor in annual and special meetings of national and sectional professional associations; and he came to be increasingly in demand in professional circles for his clarity of mind and eloquence of expression. At one of these meetings his perspectives on the medical care problems of the day and on their treatment so impressed the Dean of our Medical School and the Director of our Hospitals that they proposed inviting him to Yale to undertake what already had been found a frustrating task—to improve the outpatient services of our hospitals. Others among us joined with them; and he was offered and accepted our invitation; but he came here not with a single but with a triple appointment—as Director of Ambulatory Services and as Associate Professor of both Medicine and Public Health.¹

The fuller story must involve telling the fact that Dick was restless with the limitations of their clinical practice. He had been trained in preventive and social medicine and wished to practice them, but he had been “blacklisted” nationally from his chosen field. A key example was his rejection as “too radical” and “too labelled” to serve as Secretary of the Staff of the American Public Health Association’s Subcommittee on Medical Care; he thought he had been offered the position, only to have the offer withdrawn. He had also negotiated for a position with the Group Health Association, but the offer never came and to bolster his self-respect he took the initiative in breaking off the negotiation.

The Yale offer was made after almost a year of “checking his references,” as reported by Dr. Albert Snoke, then Director, Grace-New Haven Hospital, at the 1970 Chicago Memorial Services.

When the offer came, Dick accepted it with rejoicing. But pulling up the Bay Area roots was painful, as Dick made plain in a letter to Dr. and Mrs. Fred Epstein:

When Fred (Epstein) drove away from the gas station that Friday afternoon, I cried unashamedly—for the first time in some 40 years! That, really, is how I still feel about our parting . . .

Our years together represent the most meaningful association (aside from marriage) in my life. I shall never forget, nor fail to appreciate, the quiet and empathetic way in which Fred supported my always feeble clinical efforts—the special assistance in the early years—the constant calm and the reassuring poise. Ten years without the semblance of discord or irritation—it has been for me a unique and quite wonderful experience.

My sometimes frenetic and often fanciful impulses needed the wise leavening and the saner collaboration of F.M.E.—and I am deeply
grateful. I hope that I have learned enough by now to fly with occasional success by myself . . .

The years together were wonderful ones for us, too—and the decision to leave was harder than you may know. I'm not at all sure that it will turn out to have been a wise one—but, in view of the cost, I desperately hope so.  

They found a beautiful house in New Haven, but agonized through a period of delayed remodelling of it which made especially difficult the cold winter's precipitation of an episode of hand pain in Shirley, who was susceptible to Raynaud's disease. But they soon found useful work and friends and settled in as Yalies.

In 1963, Dick wrote in a later letter to the Epsteins:

I am beginning to be able to see the progress in my clinic organization efforts—with emphasis being put on personal responsibility for the clinic patient, improved consultation and referral relationships between clinics, upgrading of qualifications for attending physicians, more adequate statistical recording, etc. The Emergency Service has been a big problem (as it is in urban centers all over the country) with a rapidly increasing case load of essentially non-emergent nature. Efforts to work out a system of professional "triage" and otherwise to improve this program have also been challenging. Meanwhile, I have been assuming an increasing teaching load in both Internal Medicine and Public Health, and am just beginning to arrange for my own research activities. All in all, an absorbing program—but, still, not enough to keep my thoughts from wandering to 701 and 6601 (his home and office addresses—Ed.).

Our Cleveland project is coming along very well, with architects now busily engaged in designing our building and the finishing touches being put to a large grant request to the PHS for support of the inclusion of "health maintenance" services as part of the health center program.

His Yale days were to result in huge productivity and creation of a host of devoted students.

His energy was enormous, as was the way he drove himself. One of his former students tells us:

For doctoral and second-year masters' program students at Yale, seminars were held every other Wednesday evening, alternatively at Dick's and Ig Falk's homes. They ran until 11 P.M. As I was leaving Dick's home one time after a session, I happened to hear him saying something to his out-patient department administrator, Herb Paris, that their meeting would start soon. Meeting? I said to Dick. Oh yes,
he said, we'll be meeting from now until midnight. Then I have two hours of writing scheduled. And he was always in the office before 8:30 a.m. Wow!17

Dick grew in maturity and in world prestige. His senior colleague Prof. I. S. Falk had this to say:18

Throughout his years at Yale, Dr. Weinerman's interests were almost boundless, and his professional activities were so extensive as almost to defy description. When still responsible for the direction of the Ambulatory Services of the Hospitals, and for their reorganization and improvement, he found time to pursue—with continuing support from the U.S. Public Health Service—extensive researches on the development of records and statistics systems that might be useful elsewhere as well as here. He and his colleagues on this project prepared an impressive report which has been widely circulated. He also found time in association with his colleague, Dr. Jerome Beloff, to design and inaugurate the Family Health Care Unit as an operational demonstration on the teaching of comprehensive medical care to medical students and on the delivery of comprehensive care to an aggregate of medically indigent families in the local community. He and his associates in this demonstration developed a flow of publications reflecting their experiences, the lessons they were learning, and the results being achieved that could be usefully applied in other settings. He also engaged, jointly with an associate, in comparative studies of comprehensive care programs in various American university medical centers. Then—as a member of a Yale University committee—he utilized these and other studies in helping to design the new program of comprehensive medical care which is now taking shape for the University community.

During his early years at Yale, even while responsible for a large administrative program, he carried a heavy load of teaching—to students in medicine, in public health and in nursing, and he participated through lectures and seminars in other divisions of the University. Nor did he curtail his activities either in national, regional and local associations or in university or community health and welfare agencies around the country. On the contrary, with each passing year, he was giving of his time and energy to an ever-widening spectrum of involvements. And, when a few years ago our present Dean established a Committee on Community Health Services, Dr. Weinerman was appointed chairman and became formally responsible for leadership in coordinating the expanding involvements and relations of the Yale-New Haven Medical Center with old and new community health service programs.

During his first years at Yale, medical care was becoming progressively more and more expensive and inadequate throughout the United States. The strains were becoming excessive in New Haven as in most urban areas, and they were precipitating steeply rising demands on the emergency rooms and the other ambulatory clinics of hospitals.
What should be the role of a teaching medical center as a community resource, beyond what it required for its role as a teaching and research center? Dr. Weinerman drew upon the proposals of many others and on his experiences here to formulate a model. The teaching medical center should strive toward becoming the inner central core of specialized services, ambulatory and inpatient; it should be circled by less specialized but organized community facilities which are backed by and which lean upon this inner core; and the core and its community circle should be embraced by an outer circle of state-wide regional organized facilities which are also regionally interrelated. This model is being widely accepted and used.

Three years ago, with support from the Commonwealth Fund, he had rounded out his much earlier studies of social medicine in Western Europe by parallel studies in Eastern Europe—in Czechoslovakia, Hungary and Poland—published last year by Harvard University Press. This year, hoping to broaden his knowledge and understanding of national systems throughout the world, he resumed his comparative international studies of medical care systems by planning surveys in other countries with other kinds of systems—in Israel, Japan and New Zealand. This undertaking came to an abrupt end after only preparatory steps for advance consultations at the World Health Organization in Geneva.

Interspersed among these many activities were many more: Help in developing a new journal (Medical Care), participation in the Connecticut Regional Medical Program, membership in the Advisory Committee on Medicaid for the Connecticut Department of Welfare, and others. And there were extra-curricular lectures, seminars and conferences.

Over the years there were nearly a hundred professional publications—journal articles, reviews, monographs—and in addition many for non-professional audiences. There were papers on social policy that helped to crystallize the thinking of many and to influence private and public programs. There were keynote addresses which set the tone and guided the agenda of large and influential audiences. And their diversity reflects the interests of an inquiring mind and of a spirit dedicated to all that contributes to health and well-being.

These activities and contributions were widely appreciated, and Dr. Weinerman received many acknowledgments in professional circles. In addition to membership or fellowship in the more than a dozen professional associations, he was National President of the Public Health Honor Society, Delta Omega (1964-65), and also Chairman of the Medical Care Section (1965-66) and of the Program Area Committee for Medical Care (1968-70), American Public Health Association. He won professional and fiscal supports for his undertakings from the Public Health Service of HEW and from the Commonwealth, the Milbank and other private foundations. He had almost innumerable accolades from associations and institutions which he helped.

He saw more clearly than many of his colleagues what is ahead nationally. The steadily growing health manpower shortage and tech-
nological complexity of medicine compel that the provision of medical services shall be by and through organized medical groups; that the future of medical service lies with comprehensive group practice; and that the days of solo practice are rapidly approaching an end. And so his involvement was progressively more and more with the patterns of group practice, the interlocking of ambulatory group practice in the community with the specialty and inpatient resources of the medical center. In this area he was applying the extensive knowledge he had acquired through twenty years of study in this field. And his broad and deep knowledge made him much in demand in other communities which sought his counsel—in California, Appalachia, Cleveland, Washington and New York, in various university medical centers and schools of public health, in the Office of Economic Opportunity, in the Indian Service, in Alaska, and elsewhere.

The emerging crisis in medical care is financial as well as technological. Costs, rising steeply, are pricing medical care beyond the reach of tens of millions who are dependent on their private resources; public programs of Medicare and Medicaid and of other services are straining the resources of state and Federal government. In response to a nation-wide need, Dr. Weinerman associated himself with others who have been undertaking to design a national program of health insurance which could have the promise of solving the fiscal problems while at the same time dealing with needed technological improvements. He joined the recently created Committee for National Health Insurance which is dedicated to these dual objectives, and he undertook to work on the most difficult aspect of these problems—the design of professional and fiscal incentives for the improvement of the medical care system. Only a few weeks before leaving for Geneva he completed a position paper on this subject which one day, when published, will be regarded I believe as the most imaginative and scholarly treatment ever accorded this complex and important subject.15

Meantime, Dick worked hard for racial justice, e.g., as an early participant in the Medical Committee for Human Rights, serving in Montgomery, Alabama during the 1965 Selma-Montgomery events, and chairman of the Yale chapter. As the new student movement identified with the black American and reached the medical school, Dick was the natural faculty adviser at Yale. He devoted countless hours to the Student Health Organization and other student relationships, but never in a way to gain popularity cheaply. He demanded knowledge, study, action and love from them, never allowing adolescent free-floating hostility to be mistaken for "revolution." For example, at a national A.P.H.A. "Evening with the Student Health Organization" of the Medical Care Section, he would not contain himself any longer, strode to the front to demand that the students not deride study, that they learn history, theory and facts. He then equally defended them
from some pompous, self-righteous lecturing they later received from some of his contemporaries.

He helped take the lead in organizing the successful admission of black students to Yale Medical School, and in developing a neighborhood health center with the black community in New Haven, with whom he worked in many other ways. Indeed, he was enormously interested in the problems of black Americans, especially of the poor and of the black health professional.

He was warmly supportive of Meharry Medical College, one of the nation’s two predominantly black medical schools, writing,

> We would be very pleased to investigate the possibility of close collaboration, formal or informal, with the proposed training at Meharry . . .
>
> Shirley and I have just returned from a very quick trip to London (to see Diane) and Yugoslavia (to look into the possibilities of a joint research project with friend Vukmanovic in Belgrade). I am still looking for an opportunity to visit you in Nashville—and also to see the Mound Bayou Center—and hope that this can be worked out very soon.18

He never did visit Nashville—or Mound Bayou, Mississippi.

War and death

One reason was because of the expanding war in Indochina. His stand for peace became more and more an obligation which filled his spare hours. War had also spread to the Middle East. In spite of potential danger, Dick and Shirley decided to go ahead with a long-deferred plan to travel around the world. Health systems in Israel, Japan and New Zealand would also be studied, and another jointly-written volume, companion to their earlier work (85) would be forthcoming. In addition, the trip would provide pleasures and a respite from the heavy burden of duties at the University.

Lifting off from a Swiss airport, their plane was shattered by the fiery explosion of a bomb planted aboard by an Anti-Nationalist.

Death must have been exceedingly swift. But they must have had time to clasp each other in a final embrace. In turn, we embrace them for what they did, for what they mean to us, what they will mean to our children’s children.

A few days later, a friend said in a memorial:

> THEY TAKE THEIR PLACE NOW AMONG THE MARTYRS OF OUR PEOPLE, VICTIMS OF BLIND TERROR. WHAT MAKES THE DEATHS OF DICK AND SHIRLEY WEINERMAN RISE ABOVE THE TRAGEDY OF THE AB-
The true tests of a man's contributions in science and in its applications is whether he adds substantially to durable knowledge, or whether his studies change the understanding or the course of further evolution. By these tests, E. Richard Weinerman stands well-recorded in the history of our fields. Neither our perspective of needs and problems, nor the course of developments in the disciplines of medical care and health services administration were the same again after each major series of his publications. His technical studies widened and deepened our understandings; his formulations for planning, organization and performance for the availability of good medical care gave new “anchor points,” as he liked to say, and new directions to the efforts and undertakings of many.

That there were resistances to his proposals—whether in our own institutions at Yale or on the larger scene—were no surprises to him or to others; rather, these were understandable elements in the dynamics of change and evolution in the well-established practices of society. There were times of discouragement, but not for very long. His spirit of dedication kept him on course.

Early in his professional life, he had come to see clearly that the physician could serve not only his individual patients but all society. Early, he recognized that this called for improvement in the institutions of society—whether in the availability of personal health services for the individual, in the organization of the services or their delivery or their orderly financing; whether in assurance of food for the hungry or malnourished, or housing for those without good shelter; whether in protection of the environment for all, or in education toward better opportunity in life and living. Early, he set himself on a
course toward study and understanding and—even more—toward action for beneficent achievement. And, looking ahead, he devoted himself unremittingly to the students of this generation who are to be our future.\textsuperscript{15}

Such young people, and more in generations to come, will need to carry on the advances achieved by Richard Weinerman. These will help them do original work of their own, in their own ways.

ACKNOWLEDGMENT

Appreciation is expressed to my wife Joy Hume Falk and to many who supplied biographical information, including the following: the Weinerman family, Drs. Jerome Beloff, Milton Roemer, Frederick Epstein, Steven Jonas, Milton Terris, I. S. Falk, Max Shain and Jerome Solon.

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March, 1971

REFERENCES

1. \textit{Amer. J. Publ. Hlth}, 1970, pp. 797-799. The letter was signed by the following:
   \begin{itemize}
   \item Herbert K. Abrams
   \item S. J. Axelrod
   \item Jerome S. Beloff
   \item Lester Brealow
   \item Paul B. Cornely
   \item Henry C. Daniels
   \item Frederick M. Epstein
   \item I. S. Falk
   \item Leslie A. Falk
   \item Jack W. Hall
   \item John L. S. Holloman, Jr.
   \item Ephraim Kahn
   \item Goldie Krantz Kerr
   \item Charlotte Muller
   \item Milton I. Roemer
   \item Ernest W. Saward
   \item Cecil G. Sheps
   \item George A. Silver
   \item Milton Terris
   \item Glenn Wilson
   \item Avram Yedidia
   \end{itemize}

2. Letter of May 20 to Dr. Charles Seymour, then President of Yale. It was a sensitive and careful appeal for reconsideration of his son Richard’s rejection for admission to Yale Medical School. He suspected the rejection was due to the quota on Jewish medical student admissions to Yale in that period.

3. Letter of March 2, 1971 from Robert Weinerman to Drs. Jerome Beloff and Leslie Falk. Mr. Weinerman is Dick’s younger brother.

4. Written on Georgetown University Medical School stationery, on Oct. 24, 1938.

5. Its publication was at first the \textit{Journal of the Association of Medical Students}. It later merged with \textit{Interne}, which had been sponsored by the Interne Council.

6. Source: \textit{Curriculum vitae} he prepared in 1948.

7. It actually appeared as “Medical schools and the quality of medical care.”

8. Personal communication from Dr. Milton I. Roemer, February 25, 1971.

9. Shain, Max: \textit{Medical Care Review}, 1970, 27, 185-6.

10. Transcript of meeting shown to me from his personal files.
11. Parran, T. and Falk, L.: Collective bargaining for medical care benefits: *Brit. J. prev. soc. Med.*, 1953, 7, 87-93.
12. Personal note from Frederick M. Epstein, M.D., March 1971.
13. *Curriculum vitae* of 1959 (typed).
14. Schwartz, J. L.: *Medical Plans and Health Care; Consumer Participation in Policy Making*. Springfield, Ill., Charles C. Thomas, 1968.
15. Statement by I. S. Falk, Prof. Emeritus of Public Health, Yale University, at the Memorial Service at Battell Chapel, New Haven, March 2, 1970.
16. Letter by E. R. Weinerman to Dr. and Mrs. F. Epstein, July 28, 1962.
17. Letter from Dr. Steven Jonas to Leslie Falk dated February 26, 1971.
18. Letter to Leslie Falk on April 8, 1969.
19. Memorial tribute delivered at Emanuel Synagogue, West Hartford, Conn., February 24, 1970 by Rabbi Robert E. Goldburg, a personal friend.