It is uncommon, perhaps even unique, for an administrator to be memorialized before this Faculty, but Henry Coe Meadow, who died on July 18, 2002, at the age of 85, was himself unique. Henry left an enormous imprint on the governance and structure of Harvard Medical School. His intellectual acuity and his gifts for developing policies to govern the interfaces between the several faculties, the NIH, foundations, and private industry have shaped administrative principles HMS still follows. He had remarkably productive partnerships with Deans George Packer Berry and Robert Ebert, spanning the more than three decades during which he was a key figure in advancing the HMS mission, an effort that continued after he retired. His dedication stemmed from innate fascination with medical science, from an enduring concern for improving medical care, and from the special bonds of respect and affection he forged with the Faculty, the staff, and the student body.

Henry knew just about everyone who worked at the Medical School by their first names, from the custodians and groundskeepers to the tenured faculty. Everyone knew him to be the person to seek for help, which he readily dispensed. No problem was too small or too great. “I’ll take care of it,” he’d say, and he did – carefully and quietly. The late Steven Ruma, who was a consultant to the Dean’s office, said about Henry: “Walking around the Quadrangle with Henry is like walking through a bad neighborhood with your uncle.” For Henry’s colleagues, no explanation is needed! He knew where the bodies were buried.

Henry’s education began at MIT, but after five semesters, he reported, he was asked to leave because “I spent too much time in the lab and not enough with the books.” He completed his BS in Physics at Union College and throughout the Second World War served as a physicist for the Bureau of Ordnance of the Navy Department. He accepted a position at the University of Rochester as Coordinator of Industrial Research and developed the financing for an Office of Naval Research-supported University-based cyclotron and other industrial ventures. On the Centennial of the University of Rochester, he wrote, “…

In tribute to their dedicated efforts to science and medicine, deceased members of the Harvard Faculty of Medicine (those at the rank of full or emeritus professor) receive a review of their life and contributions with a complete reflection, a Memorial Minute.
no longer is sponsored research a peripheral and a complementary portion of the University’s program. Instead, it has come to represent...one of the major sources of funds available for expenditure by the Faculty.” Fifty-four years ago that was a far-reaching insight. We can suppose it led Dean Berry to recruit Henry Meadow to HMS.

Henry joined the school in 1950 as Executive Secretary to the Committee on Research and Development. He rose through the administrative ranks to become Dean for Finance and Business and Dean for Planning and Special Projects in 1978, positions he held until he retired in 1983. When Henry came to HMS, federal support to the school totaled $4.3 million; by the time he retired, it had climbed to $103.5 million! The systems he put into effect when NIH funding was a minor tributary held fast when it grew to a major stream. His innovations still underpin Harvard’s grants management programs. His patient, stubborn insistence on getting the essentials right to ensure, first, that Faculty members retain full control of their research and the freedom to publish the results of that research; and that, second, institutions be reimbursed for the full costs of externally sponsored research, provided national models for other universities.

Henry Meadow was a regular participant in the AAMC Annual Administrative Institutes on Medical School-Teaching Hospital Relations from the time they began in 1963. One of us (JBR), then Dean at Syracuse Medical School, recalls how quietly effective Henry was at those annual meetings in assisting other medical schools, then just encountering the complexities of federal grants management. He was consulted widely for his judgment, but he worked in the background rather than in the spotlight. He knew everyone of importance in the field and made his views known, yet never was he a “keynote speaker” or the spokesperson quoted by the press.

In his own view, his most important accomplishments were helping to establish the Harvard Community Health Plan, the Harvard-Monsanto research agreement, and the Harvard-MIT Program in Health Sciences and Technology. Much more should be on that list, including his pivotal roles in the creation of Medical Area Service Corporation (MASCO), in building the total energy plant, and in promoting HMS-community relations through negotiating the construction of Roxbury Tenants of Harvard housing. He wasn’t bad at bearding lions, either. During a site visit for renewal of the New England Regional Primate Research Center grant, a prominent NIH official complained to Henry that Harvard seemed to have more forms and rules than the federal government. Henry responded dryly: “We have been around longer.” But for the remainder of this Minute, let us take Henry at his word.

Henry Meadow had been an advocate for an academic prepaid group practice plan at Harvard during the entire decade of the 1960s. The advent of Bob Ebert, who had proposed a prepaid group practice when he was at Western Reserve (only to have it defeated), provided the momentum for action at HMS. Bob was forthright in stating: “I challenge the long-held position that the social and public health problems of medical care – what it costs, how it is distributed, how it is used – are not problems which are appropriate for the Medical School to examine and attempt to solve…Universities and medical schools have an obligation to do something about how care is provided.”

When HCHP opened its doors in Kenmore Square, it was the first prepaid group practice in the Commonwealth; the term HMO had not yet been coined. HCHP sought to change the nation’s health system by devising and applying practical programs to provide comprehensive care for subscribing populations, to find out how to do it, and determine what it would cost and how it might be financed. Over a period of 18-24 months, it was to enroll a demographic cross-section (20,000 – 30,000 members,
including the poor and near-poor) with efforts to understand and to meet their special needs within an integrated program. Its goal was to merge the best features of group practice together with those of prepayment and insurance.

In the beginning, it was not at all clear that HCHP would survive. It hemorrhaged red ink because of the difficulty in increasing enrollment. Henry Meadow was Bob’s quiet and trusted confidant and ally during that period. HCHP survived, expanded, added a strong teaching component, and was already in place when, a decade later, the HMO “movement” took off.

As the first Chairman of the University’s Committee on Patents and Copyrights, Henry initiated Harvard’s Technology Transfer Program and made certain that Harvard viewed this function as a service to the Faculty and to the public rather than primarily as a source of income. He had the vision to see that HMS could improve healthcare significantly only if the search for revenue did not erode the school’s research and teaching missions. He guided the University from a patent policy which had placed all inventions in the public domain to one in which the University played a role in patenting inventions in order to induce the for-profit sector to develop the patented technology into products to benefit the public. Henry Meadow and Dean Harvey Brooks of the Kennedy School drafted the new policy and patiently navigated it through Harvard’s byzantine labyrinth of committees and approvals.

Henry was Harvard’s lead negotiator for the groundbreaking twelve-year Harvard-Monsanto agreement, the first long-term, multimillion-dollar university/industry research collaboration; it provided funds for endowment and for the renovation of research space. The agreement included many safeguards for academic freedom, ensured the research results could be published without significant delay, and protected the university’s reputation by putting in place an independent blue-ribbon advisory committee to ensure the integrity of the research. The agreement was to become the model for university-research collaborations, first in the US and ultimately throughout the international academic community.

Henry and his administrative colleagues found themselves building a new professional field alongside other academic institutions working in parallel, a field of daunting complexity and challenge. The range and depth of Henry’s influence may be hard to explain to professionals in the field today, as they have the benefit of the lessons learned in the intervening decades and an impressive store of tools with which to conduct their activities. They must be able to master an imposing array of skills relating to science and technology, intellectual property law, commercial evaluation of technology, contract negotiation, business practice, new venture creation, academic policy, public health issues and government policy. Henry held himself to the highest standard in all these areas, and he achieved it handily in a time when useful precedents were few and the tools of the trade either non-existent or still in their infancy.

Henry Meadow played a key role in the establishment of the Harvard-MIT Program in Health Sciences and Technology (HST). He was an enthusiastic supporter of the concept of joining the scientific and technological capacities of MIT with the scientific and clinical assets of HMS and its teaching hospitals. When a planning committee was appointed in 1969 to formulate a proposal to be presented to the two faculties, Henry arranged to have Irving London, Chair of the HST Planning Committee, meet with each of the Medical School departments, meetings decisive in defining the goals of the program, addressing criticism and evoking grass roots support. When HST was formally established in 1970, Henry was a central figure on its administrative committee, meeting weekly with Irv London, Walter Rosenblith, the Provost of MIT, and Eleanor Shore, Assistant for Health Affairs to Derek Bok, then the Harvard President. Thirty-four years and some 1000 graduates later – half of them MDs – HST is an integral part
of research and education at Harvard Medical School.

Henry Meadow was what ad hoc committees search for, the proverbial academic triple threat: investigator, clinician, teacher, and superb at each. As an investigator, he faced seemingly intractable problems and found innovative solutions for them. As a diagnostician, he was alert to the early signs of dysfunctional systems and expert at remedy. As a mentor, he was extraordinary, as all of us can attest. In short, he was a man who believed that solutions lay not in faceless administrative formalities but in promoting understanding and good will between those concerned with the issues at hand.

Henry Meadow’s family life was a source of great satisfaction to him. He married Mary Elizabeth Marsh on October 31, 1942 in Washington, DC, where they met at the boarding house on Kalarama Road and where Mary was a psychiatric social worker at the Child Guidance Clinic. They enjoyed a full and happy marriage. Henry is survived by his widow Mary, his daughters Patricia Meadow and Catherine McCown, his son Richard Meadow, and his grandchildren Mary Deyne Munavalli, Lela Meadow, and Ashok Meadow.

Respectfully submitted,

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