



Julius Benjamin Richmond



Julius Benjamin Richmond, M.D., Professor of Health Policy, Emeritus in the Faculty of Medicine was born in Chicago, the son of Russian Jewish immigrants, on 26 September, 1916. He died at his home in Brookline, MA on 27 July, 2008. Few individuals have had as great an impact on health, health care, and the well-being of children. He left us all a rich legacy.

To understand his many contributions as a mentor, author, expert witness, designer and implementer of programs and policies, and concerned citizen, one must first understand the man. Julius Richmond – known to all as “Julie” or as “JBR” – was a son of Chicago, the Chicago of Carl Sandburg, Studs Terkel, Daniel Burnham, and Jane Addams. The first wrote the epic poem “The People Yes,” the second had a love affair with the “common” folk whose lives he chronicled, the third reminded us to “Make no little plans. They have no magic to stir men’s blood,” and the last translated her ideas into social activism. Julie was about people, all people, about great ideas and plans, and about seeking social justice. Julius Richmond spent most of his life in the East. Nevertheless, though he left Chicago, Chicago never left him.

His early years were difficult, but he found the groundwork for his life’s concerns on a farm midst goats and lambs. He observed and studied the relationship of lambs to their mothers and to goat foster mothers, the capacity of sheep and goats to adopt strange kids and lambs, and the impact of the infant on the mother and of the mother on the infant. These experiences fueled his deep interest in and commitment to issues in child development, a field which he pioneered after graduating the University of Illinois Medical School in 1939, doing his internship at Cook County Hospital, serving as a flight surgeon in the United States Army Air Corps during World War II, and – after discharge – completing his residency in pediatrics at Cook County and Chicago’s municipal contagious disease hospitals.

In 1953, he moved to the State University of New York at Syracuse College of Medicine (now known

*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**.*

as the Upstate Medical Center). There he and his colleague, Bettye Caldwell, established a pioneering daycare center for infants as young as six months of age and focused their research efforts on cognitive abilities developed during a child's first years. They devoted particular attention to children who faced special risks due to their family's social and disadvantaged economic status.

This pioneering work demonstrated that cognitive and emotional stimulation made a substantial difference in the development of children. It helped focus attention on psychological, social, and behavioral dimensions of health in addition to the more traditional narrower focus on physical well being. It was this work that led Sargent Shriver, the "general" in President Lyndon Johnson's War on Poverty, to recruit Julie to serve as the first National Director of Project Head Start. The call came in January of 1965 and by that summer half a million children from poor families were enrolled in Head Start programs. The programs went beyond learning letters, numbers, and colors and involved the acquisition of concepts and social skills. Parents were intimately involved in the effort and in a broad conceptual scheme health and nutritional needs were addressed as well. What Julie helped put into place, survives. Head Start recently enrolled its 25 millionth child, is deeply embedded in our national strategy on behalf of children, and provides a daily reminder of how much can be accomplished through vision, conviction, commitment, dedication, and hard work.

Had Julie only launched Head Start on its high-impact trajectory, it would have been enough. But he did much more and did it at the very same time. While at the Office of Economic Opportunity (OEO) he worked informally with the health staff of the OEO community action program to develop the neighborhood health centers program that brought needed health and other services to deprived neighborhoods and populations. It is worth remembering that it was Senator Edward Kennedy who steered the first \$50 million Neighborhood Health Center amendment to the Economic Opportunity Act to passage. That was not the only time that Dr. Richmond "recruited" Senator Kennedy in support of forward looking legislation. Many of the services offered in these centers were provided by newly-trained members of the affected communities. In time, those neighborhood health centers evolved into the community health centers that now are an important part of the infrastructure undergirding America's health care delivery system. Today there are over 1,100 such centers servicing more than 17 million individuals. If Julie was the father of Head Start, it can be said that he was the midwife at the birth of Neighborhood Health Centers.

And, of course, there is much more. In 1966, Julie was honored by the American Academy of Pediatrics (AAP) with the C. Anderson Aldrich award in Child Development, the Academy's highest honor in the field. In accepting the award Julie challenged the profession to view child development as a basic science of pediatrics in which theory and methodology would guide rigorous investigation. Further, he argued that psychosocial aspects of child development needed to be incorporated into pediatric training. He understood that this view would face opposition from those who considered biologic research as "hard" science and were loath to incorporate what they viewed as "softer" social science data. He, therefore, influenced the Executive Committee of the AAP to establish a Section on Child Development to provide a forum for communication, stimulate interest in research, and foster educational activities for pediatricians and others. For Julie it was not enough to "have an idea." It was necessary to translate the idea into action, to institutionalize child development as a basic science for pediatrics. A younger generation may not grasp how "radical" his views were. Today, forty years after his Aldrich address, developmental and behavioral pediatrics is recognized as an academic discipline with subspecialty board status. As with Head Start and Neighborhood Community Health Centers which remain integral to the American scene, so with Julie Richmond's vision for pediatrics.

Julius Benjamin Richmond was not yet done. He came to Harvard University with appointments in the Medical School, the School of Public Health, and the Kennedy School of Government, serving at the same time at Boston's Children's Hospital and as Director of the Judge Baker Guidance Center and for a time as Chair of the Department of Preventive and Social Medicine at HMS. But Washington and public service called once again. In 1977 he took leave from his Boston activities and accepted appointment as both Assistant Secretary for Health and Surgeon General in the Carter administration.

He accomplished much even in a period of fiscal retrenchment. During his tenure he issued two highly influential reports: a 1,200 page Report published on the 15th anniversary of Surgeon General Luther Terry's original report linking smoking to lung cancer and other serious diseases and a second report *Healthy People: The Surgeon General's Report on Health Promotion and Disease Prevention*. The smoking report was praised for its comprehensiveness and rigor, the scrupulous review process of research studies on smoking and its health effects, and its medical precision. It is fair to say that the report ended the so called "debate" about tobacco and its effects. Julie had declared "case-closed." It took years for the full impact of the report to be felt and for the "cover-up" to be fully exposed and recognized, but the trend was inexorable. Not surprisingly, this work equipped him to be an expert witness in various class action suits brought against the tobacco industry. His credibility and knowledge were important in the suit brought by non-smoking flight attendants who had suffered harm from passengers who smoked. The industry settled this suit for \$300 million which was used to create the Flight Attendants Medical Research Institute (FAMRI), a foundation which sponsors scientific investigation of the harms of second-hand smoke. Dr. Richmond served as FAMRI's first medical director. Once again his efforts were institutionalized.

The second report on health promotion and disease prevention redirected attention from the traditional emphasis on resource inputs and access to assessments of outcomes, including assessments of health functioning, reductions in morbidity and increases in life-expectancy, and changes in health status. Importantly, the Report set specific and measurable goals for health promotion for various population groups. The shift in emphasis was yet another "big idea" and once again Julie created something which endures: the assessment and setting of goals has been followed at ten year intervals and is now part of the American health scene. We measure where we are and agree upon attainable goals that require sustained action. We return to see whether we have achieved those goals, assess why we have failed on those that proved beyond our reach, and set out anew to seek improvement.

Dr. Richmond returned to Harvard and to his work in Boston. He did not come back to "rest on his laurels," though there were many lectures, commemorations, commendations, and honorary degrees in the offing. Rather, he returned to resume his activities in planning research activities across the university, meeting with colleagues, writing numerous articles, editorials, op-ed pieces, and a book on health care. He raised his voice and pen against complacency, on behalf of major reform of the health delivery and financing system, and on behalf of social justice. He believed that success is based on three interacting ingredients: a requisite scientific knowledge base, a social strategy that would utilize that knowledge base, and a political strategy that would gain support for the strategy. That is how he fought for a better world.

Even so, he found the time to meet with all who wanted to come through his open door. Those who did benefitted from his remarkable capacity for meeting with, listening to, inspiring us all and somehow getting us – perhaps especially younger colleagues – to offer comments and ideas we had never believed we had in us. Like the greatest ball players he made those on his team (and all were on his team)

perform better. He worked to build bridges between disciplines and as well between individuals who might learn from one another's ideas and activities. In his writing and lectures, and perhaps above all in his conversation in which he wanted to talk about you and your ideas, he inspired a long list of persons who would wish to carry on his work.

Julie Richmond lived a full life. He was blessed with his first wife Rhee, who died in 1985, and as well with his surviving wife Jean. He was proud of his three sons, Barry, Charles, and Dale, and grieved deeply at Dale's untimely death. He accomplished much and much of what he accomplished was due to his love of people. Harvard put it well when, in awarding him an honorary degree, it stated: "Farsighted architect of initiatives in health, master builder of bridges linking academy and community, for whom nothing is more precious than the life of a child."

Respectfully submitted,

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