INV 27
Investiture of Robert Butler as the Brookdale Chair and Dedication of Gerald and May Ellen Ritter
Dept. of Geriatrics and Adult Development.
Dec. 7, 1982

Speakers are: Thomas C. Chalmers, Dean, MSSM and President, MSMC; Samuel Davis, President,
MSH; Robert E. Rubin, Chairman of the Development Committee of the Boards of Trustees,
MSMC; Stephen L. Schwartz, VP Brookdale Foundation; Gerald Silbert, President of the Gerald
and May Ellen Ritter Memorial Fund; Alfred R. Stern, Chairman of the Boards of Trustees, MSMC;
and Robert N. Butler, MD, Chairman of Geriatrics Dept. The keynote address is given by Seymour
S. Kety, MD, “Science Joined with Social Concern”.

CHALMERS: …Mount Sinai School of Medicine and the first chairman of the Gerald and May
Ellen Ritter Department of Geriatrics and Adult Development of the Mount Sinai
School of Medicine and The Mount Sinai Hospital. This is a first for us, the first
time we’ve had such a department, as you can see. As a matter of fact, I should
say it is many, many firsts for us. It’s the first time that we have invested
someone in a named chair, for which we are going to thank Stephen Schwartz,
representing the Schwartz family and the Brookdale Foundation. At the same
time, we have inaugurated a new department, for which we are going to thank
Mr. Gerald Silbert, representing the Ritter Foundation.

There are many other firsts. I’m hesitant because one is always caught up
when you talk about the first. If this were in the New England Journal of
Medicine there would be 6 letters immediately pointing out all the other firsts
[laughter] We’re confident that this is the first department of geriatrics in a
medical school in the United States. There are divisions, there are centers, but
this is the first department. We were going to be a division or a center also, until
we realized that Bob Butler was the only person we should go after to fill the job
and he persuaded us that it should be a department for many reasons essential to
the advancement of the cause of the aged.

It all began a long time ago. I think the original event at Mount Sinai having
to do with something special in regard to the aged was when Leslie Libow started
the first -- and here I go again -- residency in geriatrics in the United States at
Elmhurst City Hospital as an affiliate of the Mount Sinai School of Medicine. It
blossomed when we established, because of our recognition of the importance of
aging, the public health problem, a formal affiliation with the Jewish Home and
Hospital for Aged, the first such formal affiliation of a medical school with a
nursing home. We started, I think a first for us, and maybe a first in New York
and maybe other places, when we got together with Rose Dobrof and the
Brookdale Center for Aging at Hunter College and established a firm affiliation
between a medical school and a division of the School of Social Work of Hunter.
There are many others. We started, not quite a first, but it was quite early, the
division [of Geriatrics] of the Department of Medicine, headed by Dr. Fred
Sherman, two or three years before we recruited Dr. Butler. We think, we’re
confident that we have accomplished, by getting Dr. Butler to head it and setting
up this new department, which incidentally will have beds in the Hospital, will have required curricular time in the medical school, we are taking a very bold step towards doing something about what could be a public health crisis when the numbers of aged people increase markedly, in percentages that you will undoubtedly hear over the course of the afternoon; when people come to the realization, as caps are put on healthcare, as competition is introduced into healthcare, that it is likely to threaten the healthcare delivery to the aged as much as to any other group in our society.

I should like now to introduce Mr. Samuel Davis, who is President of The Mount Sinai Hospital and Executive Vice President of The Mount Sinai Medical Center and Edmond A. Guggenheim Professor of Health Care Management. Mr. Davis.

DAVIS: Thank you Dr. Chalmers. Thanks to the Brookdale Foundation and the Gerald and May Ellen Ritter Memorial Fund, Mount Sinai has the opportunity to be the frontrunner for the kind and quality of care our older population needs and deserves.

As part of Mount Sinai’s strategic planning effort, we measured the needs of the communities which make up our patient population. We were obviously impressed by the changing population that we care for and will face as seen from national statistics. Between 1975 and the year 2000, the elderly will increase by 9 million. Between 1980 and 1990, the elderly will increase by 4.9 million. Although only 11.5% of the present population is elderly, they occupy 30 to 40 to 50% of all acute medical and surgical beds. They represent 45% of patients hospitalized by internists. As President of Mount Sinai Hospital, I am naturally very pleased that this new department will help to improve patient care for the elderly, which we probably inappropriately define as 65 or over. They represent in this institution 25% of our in-patients, 12% of our out-patients, and more than half of the patients in our intensive care units. In the plan for the new department, there are a series of elements, and among the parts of the program for the new department: a geriatric referral and assessment unit, that within five years when it is a mature program, will see 6,000 patients a year; a geriatric clinical unit to handle selected cases on referral from other Mount Sinai departments; a policy institute for studies of health and aging, with which I hope the Dept. of Health Care Management will collaborate; a required clerkship in geriatrics for fourth year medical students and a residency program in geriatric medicine; and a scientific information office to prepare lay and professional materials for the various audiences we serve. I guess with all of this it is apparent that under the leadership of Dr. Butler, Dr. Leslie Libow, Clinical Director of the Department, our elderly patients will have improved care. And more importantly, Mount Sinai will have the distinct privilege of leading the way for academic medical centers and hospitals throughout the nation.

And so, on behalf of The Mount Sinai Hospital, my sincere thanks once more to the Brookdale Foundation and to the Gerald and May Ellen Ritter Memorial Fund and congratulations to Dr. Butler. Thank you very much. [applause]
RUBIN: I would have said thank you to Dr. Chalmers, but since he didn’t introduce me, he lost the thank you! [laughter]

As Chairman of the Development Committee of the Board of Trustees, I am delighted to acknowledge the generosity of the Brookdale Foundation for their endowment of the Brookdale Chair of Geriatrics and Adult Development at the Mount Sinai School of Medicine. Brookdale is a very familiar name at Mount Sinai, as it is in the field of gerontology. At Mount Sinai, as many of you know, we have the Brookdale Center for Continuous Education; the Brookdale Social Health Center for the Aging, given in memory of Irving W. Schwartz, who was Stephen Schwartz’s father; and now the Brookdale chair. The Brookdale Foundation, which was founded by Henry L. Schwartz and his brothers, has a long association with Mount Sinai, which goes back to the early 1960s when it became a Sponsor of the Mount Sinai School of Medicine with a gift to establish the Bessie Schwartz Levy Clinical Research Center in memory of their sister. While Henry Schwartz is still active, he has delegated operational responsibilities to his nephew, Stephen L. Schwartz, his grand-nephew, Andrew Schreier, and his financial advisor, Harold Reznick.

The Schwartz family took an early interest in gerontology, recognizing the basic unmet needs of older adults. The Brookdale Foundation became determined that the major thrust of its activities would be directed at meeting these needs. The Brookdale Foundation and its sister, the Ramapo Trust, have become the largest organizations that provide support for gerontological activities in this country and in Israel. They have established major gerontology centers at Hunter College, Columbia University, Fordham University, Bar-Ilan University, and the Brookdale Institute of Gerontology in Israel.

The funding has ranged from innovative pilot programs at the Y’s and community centers in this city, a housing project for one thousand elderly people, continuing education programs for older adults, to a legal aide group at Hunter College, which helps older adults with problems in obtaining their government funded health and social service entitlements. Recognizing that the health needs of the aging was an area that had never been fully explored by the Foundation, the Foundation consulted with Dr. Chalmers in reviewing this area. The result was the endowment of the Brookdale chair in geriatrics at Mount Sinai. This gift has made it possible to bring Dr. Robert Butler to Mount Sinai and to strengthen the tradition of excellence that has made Mount Sinai an outstanding institution. Private philanthropy of the kind we are celebrating today has helped establish that tradition and we are exceedingly grateful to the Brookdale Foundation and the Ritter Fund for their support and for this wonderful example to others as we continue to search for funds to support excellence at Mount Sinai in the years to come.

I would like Mr. Stephen Schwartz to join me now at the podium.
Mr. Schwartz, please accept this special certificate in grateful appreciation of the support of the Brookdale Foundation on the occasion of the investiture of Dr. Robert Butler as the first Brookdale Professor of Geriatrics and Adult Development. Thank you very much. [applause]

SCHWARTZ: Thank you very much Bob. You certainly told the Brookdale story better than I ever could. However, unfortunately, I must contradict you on one point. It was just the other day that my mother reminded me that the Schwartz family relationship with Mount Sinai actually started some 40 years ago during World War II when she volunteered as a nurse’s aide up at Sinai. [laughter] She further expressed the desire that the family and Mount Sinai continue their relationship for another 40 years. I am sure you will all agree that today marks a very auspicious beginning of that second 40 year period. Thank you. [applause]

RUBIN: [laughing] …still won’t introduce me! OK.

Well, I usually don’t get to come to the podium twice in one day, but I am privileged to do so today because we are honoring two generous donors. Gerald Ritter was the founder of the very successful Barbizon Lingerie firm. After 50 years of happy marriage, Gerald and May Ellen Ritter died within a year of each other and left their entire estate for charitable purposes. The Ritters had the good fortune of having Gerald Silbert as a good friend, lawyer, and adviser. Mount Sinai also has the good fortune of having Mr. Silbert as a good friend. He is an active public citizen, an extremely active public citizen, and the President of the Ritter Fund, as well as a partner in the law firm of Proskauer, Rose, Goetz & Mendelsohn. His involvement and interest in health and social concerns are evidenced by his membership on the Board of the NYU Medical Center, the Associated YM-YWHA of Greater New York, of which he is a Vice President, and the Park East Synagogue, of which he is an Honorary Vice President.

In just two years the trustees of the Ritter Fund have distributed many millions of dollars in ways which demonstrate their concern for a broad range of social needs. Their support has gone to cultural programs: underwriting new productions of the New York City Opera, the New York City Ballet, and the Leontine Price Marilyn Horne Concert at the Met, which was televised last Friday. They have contributed to programs for the elderly at the Associated Ys. In the area of health, they have endowed a chair in oncology and biochemistry labs at the NYU Medical Center, and provided medical teaching laboratories at the Technicon Medical School at Haifa, Israel. Their support to education has included construction and scholarship funds at Columbia University. The list is much longer, but I think you can get a sense of the kind of active philanthropy in which the Ritter Fund is engaged. Mount Sinai was the hospital used by Gerald and May Ellen Ritter and so it seems most fitting that their names be immortalized on a department at Mount Sinai. The Mount Sinai School of Medicine is exceedingly grateful to Mr. Silbert and the other trustees of the Ritter Fund for their decision to establish this first ever department of geriatrics and adult development.
Mr. Gerald Silbert, please join me at the podium. [applause]

Please accept this certificate as an expression of our extreme appreciation on the occasion of the dedication of the Gerald and May Ellen Ritter Department of Geriatrics and Adult Development. Thank you. [applause]

SILBERT: May I present to the audience the Chairman of the Development Committee of the Board of Trustees of the Mount Sinai Medical Center, Mr. Robert E. Rubin! [laughter]

I remember not so long ago, I thought we had established an ‘institute of gerontology’. Indeed, it was two of my healers, Dr. [Samuel] Elster, who’s somewhere out in the audience, and Dr. Arthur Aufses, who re instituted my interest in developing in the memory of the Ritters, who both died here, a large gift to The Mount Sinai Hospital. I learned today at lunch that gerontology is the science and very quickly we passed from the science of gerontology to the Department of Geriatrics. And I share with you the blessing of having as the head of that department, Dr. Butler, today. I regard it as a great privilege to be able in the name of the Ritters, to share what they left for the public weal. Thank you. [applause]

CHALMERS: Thank you, Gerry. I had a well prepared speech about post-producing, or whatever the word would be, for the Chairman of the Development Committee, who also, incidentally, is a senior partner at Goldman Sachs, the same firm for which our beloved, late Gus Levy worked. [Gustave L. Levy, Chairman of the Mount Sinai Boards, 1962-1976]. Bob Rubin is carrying on a long tradition at Mount Sinai.

It’s really with great pleasure that I come to a very important part of this procedure, which is telling you a little something about Bob Butler. I first heard of him when I began to be interested in the geriatric field. I knew that he had come to the NIH just after the time I had left and had done a spectacular job as the first director of the National Institute on Aging. Before that time he had practiced psychiatry with an interest in aging in Washington, D.C. but spent most of his time in Washington working at the National Institute of Mental Health as an investigator, biologist, a scientist, and a physician. I think we may hear a little more on that from our guest speaker today. He is a graduate of Columbia University and the Columbia College of Physicians and Surgeons. He was a psychiatrist by trade and he still practices psychiatry along with his geriatrics.

But the remarkable thing is that he is, to my mind, the most well put together, if I can use that term, academic physician that I have ever encountered. He has infinite knowledge of his field. He is never at a loss; you can drop a word that is concerned with aging and he can talk to you about it, no matter what it is, and talk to you about it as if he had been boning up on it the night before. He just has a wealth of background of information about every single detail about the aging human, about aging animals, and aging species. He can hold his own with basic
scientists; he can hold his own with internists, with psychiatrists and with lay people. With sociologists, with economists, with government people, with congressmen, with congressional aides, great hordes of people [laughter] that he can talk to them on a one-on-one basis with great skill and leave them all thinking, ‘What a remarkable man’. And it leaves me thinking what a remarkable place Mount Sinai is to have ever been able to persuade him to come.

I think we do owe an apology to Gerald Ritter [sic, Silbert], because we did talk to him originally about giving money for an institute on geriatrics and Bob Butler talked us out of it and told us there were lots of institutes on geriatrics throughout the country, but that there were no departments of geriatrics in a medical school. And that the only way to really be foremost was to form the first department, with all that a department might mean. We very quickly promoted the Ritter gift to the first department in the country and the activity that has gone on here since Bob Butler got here in September is illustrating the wisdom of our choice. We originally approached him as a consultant. He advised us to create a department. He gave us some lists of people, but it was apparent during that consultation that there was only one man who could really do the job we were after, and after a courtship of about six months, I think, he accepted and we are all just so delighted and so proud. And I think whenever anyone does say anything to me in the academic medical community of Mount Sinai, which is not terribly often [laughter], but when they do they talk about what a coup.

It is customary in these procedures to introduce the family of the investee. Myrna Lewis, sometimes known as Mrs. Butler, is here. In her lap is Alexandra, whom we welcome. Next to her is Cynthia Butler and also Dr. Butler’s mother, Mrs. Esther Schattner is here and Myrna Lewis’ parents, Mr. and Mrs. Emil Eichoff [?] are here. Have I neglected close family members? Carol Butler Hall, I’m sorry. I do see the resemblance. [laughter]

And now it is my great pleasure to ask Mr. Stern to step forward to present to him on behalf of the faculty of the School of Medicine, Dr. Robert N. Butler as the first Brookdale Professor of Geriatrics and on behalf of the Hospital, of Dr. Robert N. Butler as the first Chairman of the Department of Geriatrics and Adult Development. Mr. Stern.

STERN: Bob? This is the way we do it.

I might just say, by way of an informal remark before my formal statement, which is very serious, because we take this as a serious occasion. Some months ago Tom and I and a couple of Trustees were sitting in one of our hospital rooms because a Trustee was actually a patient here and seemed to have survived and done very well. During the course of this meeting that we were having, with one of them in bed and the three of us sitting around, Tom said to us that he was interested in starting this new department and that he had in mind a man whom, I confess, at that time I hadn’t heard of and now I have certainly heard a lot about him since then, but that it would be very difficult to get him, that he was the best in the country and maybe the best in the world and he might be expensive to get.
but he wanted to go and try it. And we said, ‘If all of those things are true, then you go try it and we’ll back you,’ and we did, and he’s here, and we’re awfully glad. [laughter and applause]

Dr. Butler, it is a great honor to be here with you today. You have received wide acclaim as a physician, scientist, educator, writer, and lecturer in the field of aging. By accepting the post for which you are being invested today, you have accepted the challenge to be a pioneer in the creation of the first department in an American medical school dedicated to dealing with a most pressing need of our medical establishment. You have also presented a unique opportunity to Mount Sinai to become the foremost institution in the field of aging. Judging from your past accomplishments, we know that you will provide the creative leadership necessary to make great strides in improving the lives of the aged population served directly by Mount Sinai. In addition, through the research and education conducted by the Ritter department, you will contribute to the betterment of the millions who constitute the nation’s growing population of elderly. It is therefore with great pleasure and pride, that on behalf of the Board of Trustees of the Mount Sinai School of Medicine, I formally invest you as the first Brookdale Professor of Geriatrics and Adult Development, and as Chairman of the Gerald and May Ellen Ritter Department of Geriatrics and Adult Development. Congratulations. [extended applause]

BUTLER: Thank you very much.

Like ?, my remarks will be divided into three parts: first, some appropriate acknowledgements and recognition; second, some thoughts about the meaning of all of this to me; and third, the great privilege of introducing your speaker for the afternoon.

It is a proud moment for me, but I must say, it is also a striking challenge laid out before me. I want to take the time to recognize certain people because certain people were good enough to take the time to be here, and I believe by their presence, to give affirmation to the important step that Mount Sinai, its Board, its leadership has taken in the evolution of medical education and services for older Americans and in new developments in basic science: Alfred Stern, Chairman of the Board of Trustees; Robert Rubin; Andrew Heineman, who I feel especially pleased is present because he is not only a Trustee of Mount Sinai, but also the Jewish Home and Hospital for Aged, which is a very, very important partnership to our department of geriatrics; Stephen L. Schwartz, of the Brookdale Foundation as well as Andrew Schreier, Harold Reznik, the Trustees of the Foundation. To Gerald Silbert of the Ritter Memorial Fund and his trustees. To Tom Chalmers, I hereby declare you a first rate geriatrician. Samuel Davis for your strong and appropriate remarks. To Samuel Elster, who is a colleague, as well as Dean of the Brookdale Center for Continuous Education. I have always been fascinated by its being ‘Continuous’ instead of ‘Continuing’ Education. To Dr. Arthur Aufses and to other chairmen of the faculty. And to my own small, but already superb staff in our beginning department, and it’s during that period when things are very, very exciting right at the start. It gives
me very special pleasure to have with me, working side by side as we did at the National Institutes of Health, Dr. Leslie Libow, pioneer in geriatrics, a person of whom and for whom I have great respect and admiration. And I want to thank Fred Sherman, too, who’s been here for several years paving the way for us to come. My friend, colleague, co-author, wife, Mryna Lewis, and Alexandra. And I have to say also again, Carol Hall, because she favored me by having a grandson for me, whose name is Brooks Geoffrey. And Cynthia and my number one daughter by birth, by chronological order, who is here in spirit, but can’t be present. And my mother and my in-laws.

There are many friends here from Washington and New York, and some of the leaders, the leaders in the field of aging, who really represent some 18 million of our 26 million older Americans: Dr. Arthur S. Fleming, Miss Maggie Kuhn, Lou Glass from the State of New York, and Janet Saner, and Jack Osofsky, and Samuel Simmons of the National Center and Caucus for Black Aged, and I believe Carmella LaCaillo[?] from the Hispanic-Speaking Elderly. Marjorie Cantor and Bernice Neugarten and Monsignor Charles Fahey and Raymond Mastolich and Mitchell Wade, and Lawrence Lane and Pearl Samani-Dire and Barbara Herzog and Rose Dobrof – all very important leaders in this new and evolving field of aging. And although not present here tonight, present by voice today at an important press conference was our dear friend, Senator Claude Pepper, who has already received the example of the prudence of Mount Sinai who gave him an honorary degree this past June. I am already in serous danger, because as soon as you start mentioning names, you are in trouble because someone is going to get left out. And I blame all of the people at Mount Sinai for failing to give me the full and complete list if any mistakes have been made. [laughter]

Part Two: a few remarks concerning the meaning of this occasion to me. This is the century of at least one great triumph: the extension of life, the prolongation of life by 26 years since 1900. That is almost equal to the advance in average life expectancy from the time of the Bronze Age, 3,000 years before Christ, when the average life expectancy was 18. By the year 1900, 47, and 73 today. An extraordinary achievement. But there are the nay-sayers, the gloomy souls who do not appreciate nor understand the significance of this dramatic change. And who despair over our ability to respond to some of the challenges posed by our prolongation of life. There are some problems of adjustment, of course, there always are when there is a great social change. And there will be changes necessary to adapt our society and indeed the world’s societies, in order to provide a decent old age, with adequate income, with effective health care, with social roles of substance. But we will adapt to the world-wide maturation of societies. Today, however, I only want to speak, and then only briefly, about some of the health aspects, specifically the role of our health care system, and the role of academic health centers to the changing demography.

What are only a few of those challenges? One, to create high quality, cost effective integrated care, that is integrating acute and long-term care. Second, creating a national leadership in the development of geriatrics. Third, unraveling
the mysteries of senile dementia. Four, vastly altering the character of long-term care institutions, specifically nursing homes, and in the community, and at home. To be even more specific, there are now more patients in nursing homes on any given day than there are in hospitals, 1.3 million people, and yet there are only 60,000 registered nurses in 18,000 nursing homes. Only 17% of doctors visit nursing homes; 83% of doctors do not visit nursing homes. There is little research and teaching in them. There has been a neglect of senile dementia of the Alzheimer’s type, which many of us feel is the #4 cause of death in this country, and certainly, as Lewis Thomas has called it, with the increasing number of older persons, the ‘Disease of the Century’. Only 45 of our 127 medical schools even give electives in geriatrics and only two and a half percent of the students in those 45 medical schools actually take those electives. So you see what a national challenge we have.

And now, what about Mount Sinai? Always renowned for its innovativeness, Mount Sinai has given us the opportunity by creating a department of geriatrics with required contact and teaching with medical students all four years – and we’re going to do that, constructively and without disruption. Second, with a demonstration in-patient unit. Third, with an ambulatory, out-patient diagnostic assessment and care unit. Fourth, with a close tie with the Jewish Home and Hospital for Aged. Fifth, with a unique think tank institute for health studies on aging to consult with industry and unions. Sixth, a nursing home-hospital and hospital consultation service, given the fact that we have this extraordinary change in the numbers of older persons. Seventh, research on aging and other debilities, including some not attractive, much neglected and the source of enormous discomfort in the last years of life, such as incontinence, bedsores. Finally, research and clinical fellowships and residencies in part supported by the Robert Wood Johnson, Jr. Foundation.

These are exciting times at Mount Sinai with plans underway for a new hospital. And here, too, I think we can make a contribution, even in the physical design of that institution so that this hospital will be prepared, in the fullest sense, through knowledge and understanding of aging, to be prepared for the aging population which will literally dominate hospital care in the next generations. We are very fortunate to work within such a great institution, with other great departments with outstanding full-time and part-time faculty, both so critical to academic achievement.

And what a wonderful City and state to initiate such a program in: 1 million people over 65 in this city alone, 2 to 3 million altogether in the state. There are 26 million in the whole country. So think of what an opportunity, and what a rich and diverse population; rich and diverse culturally, ethnically, racially, and we plan to serve all. Many of the nation’s health institutions and academic centers will have their eyes upon us. I, for one, do not suggest that they reflexively imitate us. But I do hope that we will become somewhat of a useful model to them.
We could fail here. That is certainly a possibility. The difficulties confronting us are very real. The nation’s economy causes anguish and leads also to remarkable and painful reductions in federal support through Medicare and Medicaid. Moreover the nation’s medical insurance programs do not favor the flourishing of geriatrics. Even Medicare itself, ironically, in the way in which reimbursement structures are articulated, do not favor the development of this field. Failure would be a rude interruption indeed to the present progress of gerontology and geriatrics. For now we are able to intervene in significant ways in the processes of aging and the problems of aging medically and socially. And we are able to introduce both prophylactic and therapeutic interventions. Through research one day, I am convinced, we will eliminate senility. From that angle I have often called the nursing home the ‘iron lung of senility’, or the iron lung of geriatrics. Such is the value of basic research, and we must retain as a nation, the vigor of science. Now, although 84% of the American public by all polls do not want any reductions in Medicare, we will probably be faced with significant changes which will alter reimbursements to hospitals, physicians and to nursing homes. Such changes could be disruptive, but I am hopeful that this hospital will help prepare the way in minimizing the way in such degree of disruptions. Or we must learn more cost effective but quality assuring means of assessment: better pre-discharge planning, shortening of hospital days but without sacrificing care.

I could go on, but time does not permit. We all understand, I think, that on a deeper level is a sense of threat, anxiety, fear, denial, dread associated with our growing old. I even sense, and I think perhaps we all sense that those who express the issue and organize a concern about aging draw certain anxiety toward them, a little like shoot the messenger. It’s painful for us to call upon the country and its institutions to be concerned about something so extraordinary as the psychology, dynamics, the fears associated with aging. That is a real danger because we could put off the challenge. We could lose site of the linkage between our present selves and our future selves. We could continue to think of older people as some alien group, inhabitants in some other land. I have never counseled morbid preoccupation, but I urge prudent attention. It is a matter of self interest for all of us.

We dare not fail at Mount Sinai. And the nation, the nation certainly must not fail to support the development of geriatrics and all the concomitants that I have mentioned. There are generations at risk if we do, the present generation, certainly, but also our children, and our grandchildren. The post World War II Baby Boomers, 76 million strong, who will crest out about 2020 to 2030, when one out of every five Americans, one out of every five – 20% - will be over 65. It won’t do much good to start a department of Geriatrics in 2020. It won’t do much good to start galvanizing the creation of a leadership group to be the innovators, the researchers in geriatrics then. It won’t do much good to say, ‘Well, we better build some more nursing homes,’ or other options to care in 2020. It won’t do much good to suddenly decide to support in a vigorous way the flourishing neurosciences, to understand better fundamental neurobiological mechanisms that may lead to a solution to senility. Action clearly must come now.
And the third part of my remarks is one that gives me very great honor, to introduce Dr. Seymour S. Kety. His formal titles are: Professor of Psychiatry, Harvard School of Medicine; Director, Laboratories for Psychiatric Research, Mailman Research Center, McLean Hospital. But I have more personal memories, very important to me, that go back even before 1954 when I first met him, because I first saw Seymour Kety on Omnibus, talking about the central nervous system. And I was so thrilled that someone could communicate this, and it was very, very meaningful and important to me. And so some years later when I was at the University of California and the Chairman there had apparently suggested that I be interviewed by Dr. Kety for the possibility of going to the National Institute of Mental Health, I was quite excited. It was really the greatest interview of my life – forgive me, Tom Chalmers, you’re a fantastic interviewer [laughter] – but this was two hours walking the streets of San Francisco, with Seymour Kety asking me about, “Well, is LSD, do you think Dr. Butler, is the psychosis that’s created anything like schizophrenia’s natural occurring state?” and other incredibly exciting questions, incredibly exciting in 1955 and still. Moreover, this man contributed so enormously through his own contributions in cerebral physiology, and the development of the Kety-Schmidt Technique for measuring blood flow and oxygen consumption, for developing studies in the biology of schizophrenia. And especially he stepped up in my mind, by stepping down from a double associate directorship in research at two Institutes at NIH in order to go back to the laboratory as a lab chief. He was the lab chief of the Laboratory of Clinical Science, a multi-disciplinary lab that attempted to bridge both clinical and basic phenomena. It was the greatest intellectual experience of my life. There were about ten of us, I think: Julius Axelrod, Louis Sokoloff, Seymour Kety. It was incredible.

Last week I had the privilege of watching him receive the Salmon Medal [the Thomas William Salmon Medal at the New York Academy of Medicine], and last June Mount Sinai was as wise in honoring him with an Honorary Doctorate in Science as it was in honoring Claude Pepper on the same occasion. May I present as our speaker, Seymour Kety. [applause]

KETY: Thank you very much, Dr. Butler. When I walked with you in San Francisco…

[End of Side 1]

…intuitive insight come true. I didn’t realize that we would be together on the same platform some day, nor did I realize nor even expect that you would devote so significant a portion of your investiture speech to introducing me. Because I am here only to honor you and to recognize your tremendous contributions to the field of geriatrics and to the national and scientific and academic instruments by which our society can address the problems of the aged.

This is an important milestone in the history of medical enlightenment: celebrating the establishment of the first department of geriatrics in an American medical school and the inauguration of the first professor and chairman of such a
department who will lead it. There is an auspicious convergence in this event of
place and person. This venerable hospital and its young school of medicine take
their name from a place hallowed in history where the principles and
fundamental laws for a humanitarian civilization were derived. And prominent
among those principles was the commandment: Honor thy father and thy mother.
This of course, has been part of the tradition of Judaism, and I think it is a most
propitious circumstance -- and probably not a coincidence -- that the first
department of geriatrics in the United States is established at the Mount Sinai
School of Medicine.

Nor is it a coincidence that, in their wisdom, the Dean and the search
committee sought out the best person in the world to lead that new department.
Dr. Butler is a man with a mission. I didn’t realize that in 1954 because he was
so modest and quiet and thoughtful, but, he had been imprinted in early life with
the seriousness of the problem of the aged and the seriousness of the problem of
poverty and that imprint, I am sure, had a lasting effect upon him, an effect
which he recognizes in a matter of fact way. At the National Institute of Mental
Health, where we were fortunate enough to recruit him as a young clinical
associate, he worked in the Laboratory of Clinical Science in the section of
psychiatrists, because he was an accredited psychiatrist or became one very
shortly after that. And he worked on an important problem, multi-disciplinary in
nature, which involved several of the laboratories of the Institute: the problem of
aging, the physiological, the psychological, and the sociological aspects of
normal aging and of the disorders which affect the aging population. Out of that
work came a monumental contribution to our knowledge of aging of the mind
and aging of the brain, a book of which he was one of the editors and a book to
which he contributed immensely, substantively. This was perhaps only the
beginning of his contributions to the problem of aging.

Not too long after that he made a much more massive and much more
personal contribution to the problem with the publication of his book, Why
Survive?, in 1975. That book galvanized many people in the United States to the
problem of aging. But it did more than that. It also pointed the way of how our
society could address the problems of aging, which were still unaddressed, and
laid out a plan - in a way it was a plan for Dr. Butler’s subsequent career – but it
was also a plan for a national policy. I should like to read just one or two
paragraphs in the beginning of that book, which I think encapsulate his concern
for the problems that we face and that the nation faces with aging and
encapsulates them in a way that he expressed much better than I could do:

Longevity is no longer viewed with awe and envy now that it has been mass
produced through medical science. In each succeeding decade, the
proportion of elderly to young in the population increases. Anticipated
breakthroughs in major killers like cancer and heart disease may swell the
ranks of the old even more. But is it all worth it? The truth is that we cannot
promise decent existence for those elderly now alive. We cannot house them,
employ them, or even feed them adequately. The American attitudes toward
the old are contradictory: we pay lip service to the idealized images of
beloved and tranquil grandparents, wise elders, white-haired patriarchs and matriarchs, but the opposite image disparages the elderly, seeing age as decay, decrepitude, a disgusting and undignified dependency. Our national social policies mirror these conflicts. We talk earnestly about our senior citizens but we do not provide enough for them to eat. We become angry with them for becoming burdens, yet we take for granted the standard of living that their previous work has made possible for us. Neglect is the treatment of choice, with medicine failing to take care of their physical needs, mental health personnel ignoring their emotional health problems, communities neglecting to fill their social expectations. In America, childhood is romanticized. Youth is idolized. Middle age does the work, wields the power and pays the bills. And old age, its days empty of purpose, gets little or nothing for what it has already done. The old are in the way, an ironic example of public health progress and medical technology creating a huge group of people for whom survival is possible, but satisfaction in living is illusive.

It was not enough for Robert Butler to recognize these problems and to express them so poignantly. He did much more than that. He addressed them intelligently, courageously and addressed them in the rest of his book and the rest of his life. He went on to point out some of the myths of aging, jolting the stereotypes that many of us have had for a long time. The question of what really is aging? What about un-productivity? What about disengagement? Inflexibility? Senility and the so-called serenity of the aged individual? All of these myths he addressed and punctured with considerable wisdom. He emphasized the problems of ageism and recognized and pointed out to the rest of us the many prejudices against the elderly in our national policies and our national legislation.

But he did even more than that. He recognized also that in addition to correcting the problems that exist today, in addition to increasing the services and the care to the aged population, there was another most important aspect in which we had failed to meet the need adequately and that was the question of research. Because he recognized that it was only by the accumulation of new knowledge that we could ever change the problem, that we could ever change the situation as it existed. And in that book he says, “Healthy as well as sick older people should be studied from many perspectives. Disease must be distinguished from the effects of the aging process itself. The aim of research should not simply be the extension of life, but improvement in the quality of life by the insuring of vigorous years.”

And then he went on to what is probably the most important aspect of research and that is the aspect of prevention. Recognizing that, costly as it may be to provide the simple care of the disorders which affect the aging population, that that huge social expense, in addition to the personal grievances which he had addressed earlier, that huge social expense could someday be mitigated by our ability to prevent some of these outcomes. And prevention in the history of medicine has always depended upon the acquisition of new knowledge, and
usually depended on the acquisition of basic knowledge. Because, whereas it is sometimes possible to address a problem directly, and make a meaningful advance with a discovery of a new drug or a new surgical technique or a new diagnostic procedure, because the results of the application of that new understanding are immediately apparent, they can be evaluated, they can be demonstrated. But how do you ever tumble upon, how do you ever demonstrate the results of a preventive measure which may have occurred 30 or 40 or 50 years earlier and which you find extremely difficult to link together with the result? Prevention, then, of all of the major disorders which have been prevented has come about not by targeted research, but by a recognition of the importance of the acquisition of new knowledge, new understanding, which eventually leads to an understanding of the disorder itself, of its etiology. And once we have understood its etiology, then we are in a position, rationally, not only to treat it, but more important, to prevent it.

Shortly after that book was published, Dr. Butler won the Pulitzer Prize for writing it. On the same day that he won the Pulitzer Prize for Why Survive?, his appointment was announced as the first director of the National Institute for Aging in the National Institutes of Health. Here was an opportunity for him to bring about some of the progress which he had anticipated, which he had recognized, and which he had outlined. In the 8 years that he spent in that position he has developed that Institute on an extremely firm footing. He mildly complained one time that aging research begins in hard times, after the boom years that buoyed the course of other biomedical and behavioral research needs. And he was certainly aware of the difficulties of addressing the problems that he had anticipated with the rather meager funds which the country was willing to appropriate for that Institute. Nevertheless, he used those funds widely and established a firm base of fundamental research, clinical research, an investment in biology, in psychology, in the social sciences, recognizing that aging is a multi-disciplinary problem and requires a multi-disciplinary approach. Nature did not assign the problems of the aged to one discipline, but left them open for all of these disciplines that deal with human development and human survival.

And now we see another development in Robert Butler’s career, what will probably be the last of the major transition periods in his career. Having established the National Institute of Aging, having carried out and fulfilled some of the promises and some of the plans which he had outlined in his book, he now went on to recognize that there was a further need in the development of a consciousness of the aging process in this country. And that was the need in academic medicine, which had not recognized the problem of the aged, and had not recognized gerontology as an important science and geriatrics as a major medical specialty. And so it is, I think, extremely fortunate and significant that he was finally induced to leave the National Institutes of Health to take this important position. In a memorandum which he wrote regarding what his plans were for the department here, he made very clear what geriatrics could be in a great medical center. Let me quote some of these things.
For developing a strong center of excellence in geriatric medicine at Mount Sinai Hospital and Medical School these are the plans:
the basic structure would be in place in three years and the program would reach maturity in five;
contemplating a flow of 2000 new patients and 4,000 follow-up patients a year through a diagnosis and referral unit, and 6,500 patient admissions per year through a demonstration unit on clinical geriatrics;
the sound orientation of all medical students in geriatric principles and their exposure to geriatric practice in in-patient and out-patient settings;
and the development of an aggressive research program on aging particularly in the neurosciences.

And then he went on to spell out, as he had done on other occasions before, exactly what a department of geriatrics should have, what were the necessary ingredients for its success. And I am sure that I join with all of you in recognizing the conviction on the part of this great medical center to make those plans and those hopes come true. Thank you.

[applause]

CHALMERS: Thank you so much Dr. Kety. It is not customary when Mount Sinai is giving honorary degrees to ask its recipients to make talks. I am glad we made up for that in this case and had an occasion to ask you back. I was thinking when Bob Butler described his learning so much from a two hours walk through San Francisco with you of how much I learned on two hours’ walk around the Mall in Washington, DC when I was trying to persuade Bob to come to Mount Sinai. The great events of his life do seem to happen on long walks. [laughter] And I was able to convince him that this is the most remarkable and wonderful place to work in the world, in the medical field. And I would like to pledge, on behalf of Mount Sinai, that we’ll all do our best to make him highly successful in creating this department, which I think will bring great hope to the aging of America, a group with which I find myself becoming identified tomorrow. [laughter]

We thank you all for coming. There is a reception on this side of the Annenberg lobby but you are asked to leave from the two exit doors on the left because of preparations on the right. Thank you all. [applause]