Centennial Report

Informing Policy for Health Care & Population Health

Informing Policy for Health Care & Population Health

Milbank Memorial Fund

1905-2005

The Milbank Memorial Fund is an endowed operating foundation that engages in nonpartisan analysis, study, research, and communication on significant issues in health policy. Since 1905 the Fund has worked to improve and maintain health by encouraging persons who make and implement health policy to use the best available evidence.

Centennial Report

One Hundred Years of Family Leadership

From 1974 to present
Samuel L. "Tony" Milbank

From 1934 to 1985
Samuel R. Milbank

From 1905 to 1949
Albert Goodsell Milbank

From 1905 to 1921
Elizabeth Milbank Anderson

Foreword

We invite you to read this report on the work of the Milbank Memorial Fund during its first century. The mission of the Fund since 1905 has been to broker practical knowledge to decision makers in health so that they can make more effective policy, especially for those people at the greatest risk of disease and death. The Fund has been "a small foundation with a big footprint," the chief executive officer of a major health care organization told our board in 2002. Nevertheless, since its inception the Fund has spent $465 million (in 2005 dollars) for charitable purposes.

The founders of the Fund—Elizabeth Milbank Anderson and Albert G. Milbank—would, we suspect, be dismayed by the world of 2005 but delighted by the Fund. They would be dismayed by the enormous global burden of disease despite a century of scientific advances and economic growth. Because they grounded the Fund in their belief that progress results from applying objective evidence to policy and practice, they would be surprised as well as dismayed by the frequent misrepresentation of evidence by interest groups and the media.

Anderson and Milbank would be delighted that the Fund has maintained the mission they gave it. For most of the past one hundred years, the Fund has joined leaders in the public and private sectors and outstanding researchers on health services and systems and population health in working to improve policy for health. Most of its work has been in the United States, but the Fund has also been active internationally in each of the last nine decades.

This report relies mainly on the Fund's archival records and publications. We asked the authors to avoid celebratory rhetoric in the hope of attracting readers who are interested in the history of philanthropic institutions.

Daniel M. Fox
President

Samuel L. Milbank
Chairman

1905-1920

Mrs. Anderson supported Manhattan's Home Hospital to demonstrate that patients with tuberculosis could be cared for in their homes without infecting other family members. These Home Hospital patients have fresh air year round, weather permitting, on the residence's rooftop.

The Milbank Public Baths, funded by Mrs. Anderson in 1904, replaced unsanitary floating baths then available to residents of New York's overcrowded cold-water tenements. The building was deemed by public health experts "so perfect in design and operation" that it became the model for public baths later constructed by the city. The Milbank baths were a good example of Mrs. Anderson's view that alleviating poverty requires looking several steps back in a causal chain. In this case, she understood that environmental factors were a prime cause of illness, which, in turn, was a major cause of poverty.

"I am particularly interested in fostering preventive and constructive social measures for the welfare of the poor . . . , as distinguished from relief measures affecting particular individuals and families." Thus wrote Elizabeth Milbank Anderson, who endowed what became the Milbank Memorial Fund, in a letter to a New York City welfare organization in 1912. In her writings and in her works, Mrs. Anderson clearly distinguished between constructive philanthropy—the prevention of illness, disability, and dependency—and simple charity. She prioritized prevention.

Elizabeth Milbank was born in New York City on December 20, 1850, the second child of Jeremiah and Elizabeth Lake Milbank. Her father was a successful wholesale grocer who made his fortune from several enterprises. In the 1850s, he financed entrepreneur Gail Borden's development of a process to manufacture condensed milk, a product that would be safe and wholesome without refrigeration. During the Civil War, "Eagle Brand" became a staple of the Union army and still is popular today. In 1863, Milbank helped organize and finance the creation of a Midwestern railway that became The Milwaukee Road, then turned his hand to investment banking.

Elizabeth married Colonel Abram Archibald Anderson—a portrait painter and later a rancher and patron of aviation—and the couple had two children. In 1886 their son Jeremiah Milbank Anderson died of diphtheria at age seven, but their daughter, Eleanor Anderson Campbell, against the conventions of the time, became a physician and later founded New York City's Judson Health Center.

The direction of Mrs. Anderson's philanthropy indicates that she took deeply to heart her son's death and, later, her daughter's career, as well as the difficult living conditions of so many people in the city she loved. She was committed to disease prevention and public health and took a strong interest in tuberculosis research and treatment. Mrs. Anderson became one of the first trustees of Barnard College, one of the few institutions in the country where women could receive the same rigorous education available to men. She provided the funds to erect the college's first building, Milbank Hall, used for administration, and purchased for the college the three city blocks that became the Milbank Quadrangle, enabling the college's further development.

In the latter decades of the 1800s, immigrants flooded New York's Lower East Side. They lived in crowded tenements, where conditions were unsanitary and insalubrious. Epidemics of cholera, typhus, smallpox, and diphtheria took a dreadful toll, and tuberculosis was the leading cause of death. Although many reformers in the Progressive Era were committed to preventing

Elizabeth Milbank Anderson

Elizabeth Milbank Anderson was memorialized by her contemporaries as "keen in mind, possessed of sound business judgment, with a rare sense of humor, buoyant in spirits, strong in her likes and dislikes, counting loyalty as one of the supreme qualities in human relationship, fearless and ever ready to fight for the right as she saw it." Her most lasting gift to the Fund, perhaps as important as the dollars so generously provided, may have been the pattern she set: "To her it was not the work that mattered, but the results obtained."

and remedying illnesses linked to poverty, Mrs. Anderson took action. Her first step, in 1904, was to fund the construction of the Milbank Public Baths on East 38th Street. The construction and management of the baths was awarded to the New York Association for Improving the Condition of the Poor. In that same year, Mrs. Anderson's cousin and longtime adviser, Albert Goodsell Milbank, joined the association's board, and the Milbanks and the association worked together for years. Mrs. Anderson also made gifts to the National Committee for Mental Hygiene and many other organizations, often anonymously.

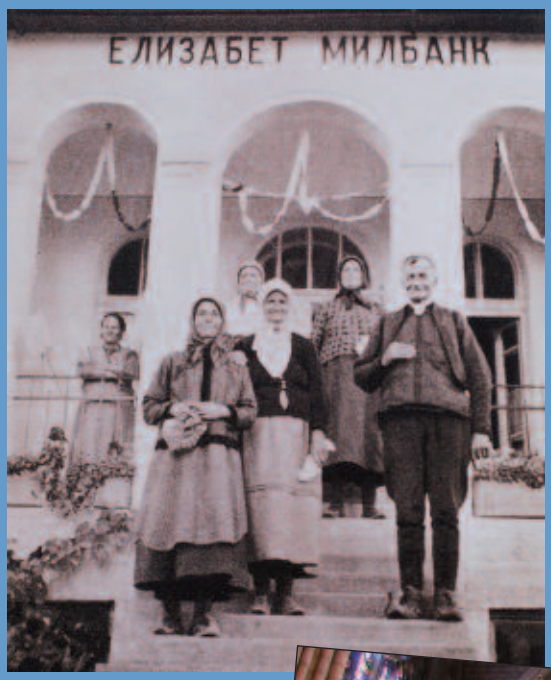
Albert Milbank suggested that Mrs. Anderson establish a foundation to organize her philanthropy, which produced the Memorial Fund Association, in memory of her parents. This, the seventeenth American philanthropic foundation, was officially established on April 3, 1905, with her cousin and four friends—Dr. Francis P. Kinnicutt and attorneys George L. Nichols, Edward J. Sheldon, and Howard Townsend, the last also serving as president of the New York State Hospital for Consumptives—as directors. Even though Albert Milbank was twenty-three years younger than his cousin, the two were close collaborators on setting the future course of the new foundation.

In her bequests, Mrs. Anderson made it possible for her support of public health and social welfare to transcend her own lifetime. She did not, however, impose any rules on the directors or their successors, recognizing, as one of her contemporaries later explained, that "as society changes, as generations come and go, institutions come into being and pass on, political, social and industrial conditions alter—so giving, if it is to have any real value, must alter, too."

Nevertheless, her philosophy continues even today to resonate in the Fund's work, in its emphasis on public health and prevention rather than the remediation of problems after they have occurred; in the understanding that solid research should underpin action; in its continuing interest in health care, public health, mental health, and nutrition; and in its broad perspective on the interplay of factors that affect health and well-being.

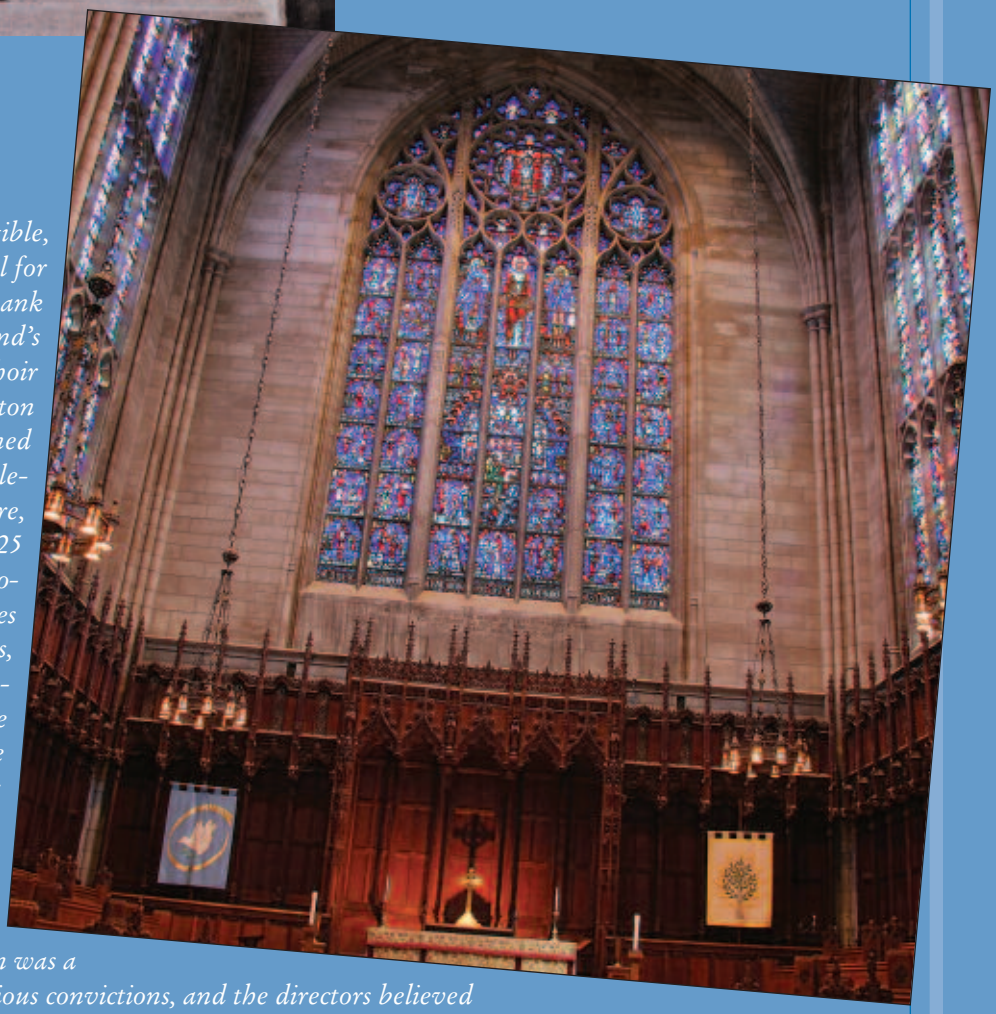
In its early years, the Milbank Memorial Fund continued its support of efforts to combat tuberculosis and assisted such charities as the Legal Aid Society, the Children's Aid Society, and the Henry Street Nursing Settlement. Most important, it helped establish the Department of Social Welfare within the New York Association for Improving the Condition of the Poor "to prevent sickness and thus relieve poverty, [by] the promotion of cleanliness and sanitation and the securing of a proper food supply." By "proper food supply," Mrs. Anderson meant not simply making more food available to the poor but making sure, through research, that the food made available was nutritious and was stored and handled safely. The Fund also supported, in the heart of the tenement district, the Judson Health Center, directed by Mrs. Anderson's daughter, Dr. Eleanor Anderson Campbell.

Upon Mrs. Anderson's death in February 1921, additional bequests increased the Fund's assets to about $10 million, or $110 million in 2005 dollars, the legacy, according to the Fund's directors, of "a generous and great-hearted woman, filled with human sympathy and eager to relieve suffering and distress among all sorts and conditions of men."



1905-1920

Immediately after World War I, the Fund embarked on the first of its many activities in international health. Serbia, which was ravaged and destitute, sorely needed help. With the Fund's support, the Serbian Child Welfare Association found homes for orphan children, rebuilt destroyed schools, built desperately needed health centers (this one bears her name in Cyrillic letters), and, working with the Serbian Red Cross, trained many nurses.



In seeking a tangible, permanent memorial for Elizabeth Milbank Anderson, the Fund's directors chose the choir of Princeton University's planned chapel. This large collegiate-gothic structure, built between 1925 and 1928, accommodates religious services and secular concerts, public commencements and private weddings. The Milbank choir serves as a more intimate "chapel within a chapel" for smaller events.

Mrs. Anderson was a woman of deep religious convictions, and the directors believed the choir would be the chapel's crowning glory in both spiritual and architectural terms. In its center is the Great East Window, depicting the Love of Christ—"a new commandment I give unto you, that you love one another"—a fitting allusion to the aspirations of her generous life.

1921-1926

A smiling John Kingsbury (seated, right), chief executive of the Milbank Memorial Fund from 1922 to 1935, participates in a ground-breaking ceremony, with New York governor Herbert H. Lehman handling the spade. Kingsbury's leadership in health and social welfare activities brought him in contact with important political figures at all levels of government. He served on state-level committees that led to formation of the Department of Labor and a comprehensive revision of public health laws, and he was a participant in a White House conference convened by President Herbert Hoover.

The Bellevue-Yorkville demonstration included divisions of nursing, statistics and records, child hygiene, dental hygiene, health education and publicity, recreation, and social hygiene, as well as tuberculosis—the "best text a public health program can have," according to Hermann Biggs, technical board member and New York state health commissioner.

Shortly before her death in February 1921, Mrs. Anderson advised her cousin Albert that her will promised substantial additional gifts to the Fund. These greater assets and likely increased activities meant that Albert Milbank could no longer manage the foundation without full-time professional staff, a conclusion that set in motion a number of important changes. Mrs. Anderson also asked the directors to change the Fund's name to the Milbank Memorial Fund.

The directors engaged John Adams Kingsbury to write a report describing the Fund's past activities and laying out the best course for the future. Kingsbury was well known to the board through his leadership of the New York Association for Improving the Condition of the Poor—a frequent beneficiary of the Fund's support and important partner in its work—and as a senior official in the New York City government.

Kingsbury consulted with numerous professional colleagues in preparing his report. It recommended a plan to consolidate and focus the Fund's activities in an organized program of disease prevention and health improvement. Kingsbury proposed a demonstration program in three New York State communities of differing sizes—a rural area, a medium-sized city, and a section of Manhattan—to show whether modern public health organization and methods could prevent disease, disability, and mortality in a relatively short time and "at a per capita cost which communities will willingly bear." The demonstrations not only would be based on the best science and organizational experience available but also would generate new information about the effectiveness of various program elements and create models for other communities to emulate. The board accepted Kingsbury's recommendations and hired him to carry them out.

Initially, the demonstration program's focus was on preventing tuberculosis, but that soon broadened considerably, based on the views of the experts brought in to serve on its technical board and advisory council. They argued that tuberculosis control would be more effective within the context of comprehensive, well-organized community public health programs.

On the technical board were the Fund's primary governmental and charitable partners for the demonstration projects: the New York State commissioner of public health, the leaders of the New York Association for Improving the Condition of the Poor and the State Charities Aid Association—the state's two major charitable organizations—and state and national tuberculosis association representatives. The president of Cornell University and the dean of the Johns Hopkins University School of Public Health also served.

The Fund's advisory council comprised the U.S. surgeon general and the assistant surgeon general, leaders from state and national voluntary health associations, tuberculosis experts, statisticians, leaders from business and academia, and the health officers of the three demonstration communities.

Cooperation was the key. As a Fund leader stated at the time, "It is impossible to reiterate too frequently or to stress too strongly the fact that the demonstrations which we are encouraging must be conducted *by* and not *on* the people in the demonstration centers. . . . The success of health work, in the last analysis, will depend on the interest of the people in the improvement of their own health, rather than in superimposing on them a paternalistic program."

Rural Cattaraugus County in western New York, Syracuse, and the Bellevue-Yorkville section of Manhattan were selected as the sites for the three demonstration projects. Each would strive to

improve its public health organization and services. Specifically, the Cattaraugus County project would document the impact of a rural public health department and be a model for other rural locales. The Syracuse demonstration project would focus on improving the health department's ability to prevent disease by modernizing its structure and function, and the Bellevue-Yorkville site would test the effectiveness of organizing big-city public health services at the district level.

Albert Goodsell Milbank

As Mrs. Anderson's chief collaborator in managing the new foundation, Albert G. Milbank drew on his experience as a board member of the New York Association for Improving the Condition of the Poor. He served on the Fund's board of directors for forty-five years until his death in 1949.

His long legal career culminated in his senior partnership in the law firm of Milbank, Tweed, Hope & Hadley. He worked with many leading corporations, most notably as chairman of the Borden Company for thirty-two years. He was a trustee of Princeton University, where he had been president of the class of 1896 and with Booth Tarkington founded the Triangle Club, a trustee of Pierpont Morgan Library, and a Senior Warden at St. Bartholomew's Church. For two decades, he was mayor of his home community, Lloyd Harbor, Long Island. Milbank also received international recognition for his war relief efforts in both world wars.

Cattaraugus County

Cattaraugus County was selected for the demonstration in November 1922. Fund staff and technical board members worked with community leaders to engage other organizations already active there. For some time, local leaders had wanted to organize a department of health in the county, led by a full-time health officer, and they moved quickly to meet the demonstration site's requirements. This was New York's first health department in a rural county. The department was established in Olean, the county's largest town. At the same time, previously decentralized school health services were coordinated under a new countywide program. Occasional opposition from the local medical society was addressed directly and effectively, and the demonstration ran from 1923 to 1929.

Syracuse

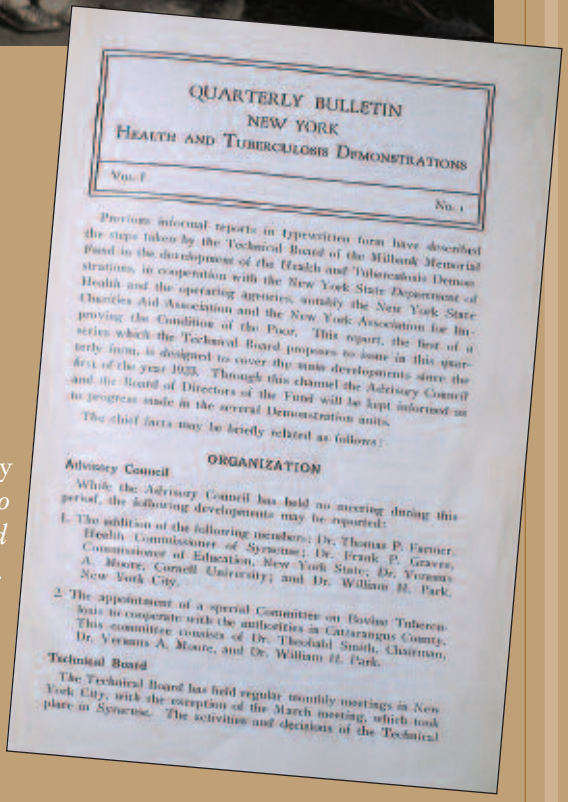
When the seven-year demonstration project started in Syracuse, the city already had a well-established health department, so project planners concentrated on extending and coordinating the various health services provided by the department, the city's schools, and other local agencies. They anticipated that the project could prevent tuberculosis and other communicable diseases and expand health education services. They would test whether these targets could be met affordably through the efficient organization of scientifically validated public health measures.

Bellevue-Yorkville

The Bellevue-Yorkville demonstration was the last of the three to begin, in 1926, but during its seven years of operation it received intense attention. Project leaders collaborated closely with New York City government officials, and the activities were carried out in the home territory of most of the demonstration program's leading participants and advisers.

1921-1926

"On the farm are to be found just the same evils that exist in the tenement: poverty, ill health, neglect and the rest, with only the difference that in the country these problems are unrecognized and uncared for." —C.-E.A. Winslow, founder, Yale University's program in public health



QUARTERLY BULLETIN
NEW YORK
HEALTH AND TUBERCULOSIS DEMONSTRATIONS

Vol. I No. 1

Previous informal reports in typewritten form have described the steps taken by the Technical Board of the Milbank Memorial Fund in the development of the Health and Tuberculosis Demonstrations, in cooperation with the New York State Department of Health and the operating agencies, notably the New York State Charities Aid Association and the New York Association for Improving the Condition of the Poor. This report, the first of a series which the Technical Board proposes to issue in this quarterly form, is designed to cover the main developments since the first of the year 1923. Through this channel the Advisory Council and the Board of Directors of the Fund will be kept informed as to progress made in the several Demonstration units.

The chief facts may be briefly related as follows:

ORGANIZATION

Advisory Council

While the Advisory Council has held no meeting during this period, the following developments may be reported:

1. The addition of the following members: Dr. Thomas P. Farmer, Health Commissioner of Syracuse; Dr. Frank P. Graves, Commissioner of Education, New York State; Dr. Veranus A. Moore, Cornell University; and Dr. William H. Park, New York City.

2. The appointment of a special Committee on Bovine Tuberculosis to cooperate with the authorities in Cattaraugus County. This committee consists of Dr. Theobald Smith, Chairman, Dr. Veranus A. Moore, and Dr. William H. Park.

Technical Board

The Technical Board has held regular monthly meetings in New York City, with the exception of the March meeting, which took place in Syracuse. The activities and decisions of the Technical

The Milbank Memorial Fund Quarterly Bulletin *began as a house organ primarily to report on the progress and issues associated with the three demonstration projects. Starting in the late 1920s, as the demonstrations wound down and the Fund's research division was established, the* Bulletin *began reporting on the Fund's scientific activities.*

The Bellevue-Yorkville demonstration covered a large area: north from East 14th Street some fifty blocks and from Fourth and Sixth Avenues to the East River. The original Milbank Public Baths building on East 38th Street was converted to a health center to house the program and its many clinics and services. In New York City, an advanced medical care and public health system already had done much to overcome smallpox, typhoid fever, and cholera but still had important work to do in addressing tuberculosis, communicable childhood diseases, and sexually transmitted infections. Living conditions in the crowded tenements remained unhealthy.

The program's goals were to show that health could be improved in a defined geographic area by applying the best scientific knowledge available about disease prevention and systematic management and by stimulating the community's interest in health improvement. The planners believed that by coordinating their activities with those of existing agencies, public and private, any gains could be sustained after the demonstration in the target neighborhoods and could be spread to other areas of the city.

The Milbank Annual Conferences

In 1925, the Milbank Memorial Fund launched a series of conferences, held nearly every year until the late 1960s. These meetings brought together national and international experts and became a touchstone in the Fund's programming and an important expression of its philosophy. In their early years, the conferences focused on the progress and results of the three public health demonstration projects, but they soon expanded into reviews of some of the most important public health problems of the day: tuberculosis and other infectious diseases, public health administration and practice, population studies, housing standards, nutrition, and mental health.

Evaluation and Research

The demand for good data to monitor and evaluate the three demonstrations led to the formation of a statistical advisory committee and, in 1925, the hiring of Edgar Sydenstricker, the public health statistician of the U.S. Public Health Service and former League of Nations Health Organization official, as the Fund's part-time statistical consultant. Brought in after the first two demonstrations began, he and his research colleagues provided valuable objectivity to the project.

The presence of staff researchers quickly became significant. As Elizabeth Anderson had, the Fund and its advisers recognized that the public's health depended on not only conquering infectious diseases but also addressing underlying problems, such as housing, nutrition, health care, medical services, and poverty. To do so, they needed facts on which to base action.

Other Activities

Starting in 1924, a series of grants to the American Public Health Association led to the development of a "model public health program" that reflected the country's best practices. The association created a widely used assessment tool that enabled local departments to measure their practices against the model. Combined with the experiences of the demonstrations, this project helped raise the efficiency of the nation's public health services during a critical period of their development.

1921-1926

Between 1925 and 1928, public health nurses in the Fund's demonstration in Cattaraugus County traveled some 550,000 miles and made almost 99,000 home visits to provide information and counseling, identify patients with tuberculosis, and care for the sick under the general direction of local doctors. They supervised patients with communicable diseases, assisted in childbirth, provided health and nutrition education, and worked in clinics and schools.

1927–1935

After the death of her own young son from diphtheria, Elizabeth Milbank Anderson considered avoidable illnesses and preventable deaths to be "twin tragedies menacing human happiness." She believed that preventive medicine, like the diphtheria immunization campaign supported by the Fund in the late 1920s, was equal in importance to curative medicine.

"What was tried out with success in [Bellevue-Yorkville], is now being extended to the whole city; what was offered there to thousands, the City is now offering to millions. . . . To the Milbank Memorial Fund, which made possible the additional health work done in this district, the people of this City owe a debt of gratitude."—Fiorello H. LaGuardia, mayor of New York, 1934–1945

The results of the three demonstration projects began appearing during the late 1920s and early 1930s, validating the premises on which Kingsbury had organized them and showing the creativity of the many colleagues in the three communities who responded to daily challenges.

Cattaraugus County

The demonstration project in Cattaraugus County achieved the following results:

- Deaths from tuberculosis, which at that time were generally decreasing, declined more quickly in Cattaraugus County than in comparison counties, from 55 per 100,000 people in 1929 to 25 in 1930.
- The infant mortality rate also fell more quickly.
- The project launched a successful countywide school health service.
- County officials, persuaded of the department's accomplishments, continued its operation after the demonstration period, and other rural counties launched their own health departments.

Looking back almost twenty-five years later, in a report commissioned by the Fund, Yale public health professor C.-E.A.Winslow concluded, "The entire progress made in the United States in developing health services for rural areas owes its inception to Cattaraugus County." For many years, the Fund's research staff continued to study the county data and conduct research with colleagues there. These subsequent analyses were considered as significant as the original demonstration.

Syracuse

Noteworthy accomplishments in Syracuse that were related to the demonstration project included:

- Reorganizing key health department services under a full-time commissioner, doubling staff, and developing strong community support for the project
- Developing a sound system to track vital statistics
- Creating effective programs to control tuberculosis and diphtheria
- Expanding school health services, including dental and mental health
- Establishing a public health nursing department at Syracuse University
- Developing New York State's first system of generalized public health nursing, replacing the previous system of deploying several nurses, skilled in separate areas—tuberculosis care, maternal and child health, nutrition, and so on—to the same home

Bellevue-Yorkville

The results achieved in Bellevue-Yorkville during the seven-year study period included:

- A 29 percent decrease in tuberculosis deaths
- A 22 percent decline in infant mortality
- Participation in a citywide diphtheria immunization campaign run by the health department and supported by the Fund, which immunized half a million children and prevented an estimated 1,400 deaths
- A systematic program of school health education
- Creation of teaching and research relationships with the city's five medical schools
- Establishment of a citywide system of health districts organized around thirty health centers

Evaluation and Research

Kingsbury and the demonstration project advisers appreciated the rigor that Sydenstricker and his research colleagues brought to assessing the demonstrations' impact, so in 1928 they asked him to create and lead a division of research at the Fund. The division soon included experts in statistical analysis, population studies, public health nursing, family planning, infectious diseases, and health care delivery.

With the demonstration projects nearing completion, the technical board, advisory council, annual conferences, and *Quarterly Bulletin* needed reexamination. The research division's expanded scope of activities provided the opportunity. The technical board, which was intimately involved in the demonstrations' details, became a group of general advisers to the Fund. The annual conferences and the contents of the *Quarterly* were broadened, and the advisory council was disbanded.

Although the research division commissioned some studies, it conducted most of its research with in-house staff, so that in the early 1930s, the Fund's staff was as large as it ever would be: about forty people. The social pressure and disruptions of the Great Depression stimulated epidemiologic and demographic research, and Fund staff helped survey how changes in employment and income affected health, mental health, illness, and fertility. Some of this work became the model for later U.S. Public Health Service surveys, including the landmark National Health Survey that called attention to the growing burden of chronic diseases.

Bumps in the Research Road

The Committee on the Costs of Medical Care was formed in 1927 to address the "one great outstanding question before the medical profession": how to deliver adequate medical services to all Americans at a reasonable cost. This perennial question became even more pertinent as the effects of the Depression set in. The Milbank Memorial Fund and seven other foundations supported the committee financially, and half a dozen individuals long associated with the Fund, including Edgar Sydenstricker, were among its fifty-some members. The Fund's board supported active participation in the committee's work, such as gathering data that would show what care people needed, what they received, and how they paid for it.

Although two of the committee's five recommendations—endorsing public health and improved professional education—received broad support, its other ideas drew fire, particularly the recommendations that medical services be provided by organized groups of practitioners and that their costs be covered "on a group-payment basis," that is, funded through insurance, taxation, or both. A minority report vehemently opposed any government involvement in paying for care and the "corporate practice of medicine" through insurance.

Sydenstricker had different objections, so strong that they prevented him from signing the final report. He believed the committee had failed to address adequately its charge, had not developed a comprehensive, actionable plan, and, in determinedly struggling for consensus, had not made recommendations warranted by the data he had provided on the incidence of disease, the availability of medical services, and the costs of care.

The Fund board supported Sydenstricker's and the technical board's conclusion that these data needed further study. The staff designed this research to answer questions that would ultimately enable it to recommend creating a health insurance plan within a governmental unit, "preferably a state." Thus, the medical care reforms that Kingsbury had long advocated in heart and spirit would find support from his research colleagues.

1927–1935

The demonstration projects strongly emphasized nutrition. Visiting nurses taught mothers how to store food safely and prepare nutritious meals. Schools taught nutrition (and other health topics) through plays, poems, games, and "vegetable parades."

"Measurement of results of public health work is not something that can be done by one who is wholly detached from the work, or after the work has progressed to the point when an evaluation is desirable. . . . If we plan and execute our work well, we shall have at hand the basic data and the conditions for proper measurement."
—Edgar Sydenstricker, director of the Fund's Division of Research and later scientific director.

The Fund made a sizable grant to the city of New York to finance local work projects for the unemployed, which created the jobs of these two men.

President Franklin D. Roosevelt's new administration offered a chance to move health financing reform more quickly and on a national scale. The president and his immediate staff knew the Fund's work and Kingsbury personally. In fact, Roosevelt's adviser Harry Hopkins asked the Fund's research staff to lend him Sydenstricker and I.S. Falk to serve on the staff of the President's Committee on Economic Security, whose work led to the Social Security Act. Their charge was to examine ways in which other countries prevented families from being impoverished by the costs of illness and make preliminary recommendations for a national health insurance program.

This growing and highly public relationship worried members of the Fund's board, and external criticism of the Fund was increasing. Organized medicine, which adamantly opposed any governmental health insurance program as "socialized medicine," made the Fund a target. Some doctors even endorsed a boycott of the Borden Company, whose board Albert Milbank chaired. The staff's public statements about their research results invariably made the situation worse. In frustration, Albert Milbank declared, "Silence is a mistake, and speech is a mistake, also."

President Roosevelt concluded that the intense controversy over health insurance was threatening his other initiatives, and he took the issue off the table early in 1935. Fissures between the board and Kingsbury widened, and he resigned in April. Edgar Sydenstricker was appointed to lead the Fund and focus mainly on scientific work. Later that year, the Fund suspended its direct activities advocating reform in medical care.

Early Technical Board Members

All of the charter members of the Technical Board served well into the 1930s and 1940s, except NY State health commissioner Hermann M. Biggs, who died in 1923. By 1935, four additional members had joined the board, during what would be its period of greatest activity.

Charter Members

Hermann M. Biggs, MD, Commissioner of Health, New York State

Bailey B. Burritt, General Director, New York Association for Improving the Condition of the Poor

Livingston Farrand, MD, President, Cornell University

Homer Folks, Secretary, State Charities Aid Association

James Alexander Miller, MD, President, New York Tuberculosis Association

William H. Welch, MD, Dean, School of Hygiene & Public Health, The Johns Hopkins University

Linsly R. Williams, MD, Managing Director, National Tuberculosis Association

John A. Kingsbury, Secretary, Milbank Memorial Fund

Other Early Members

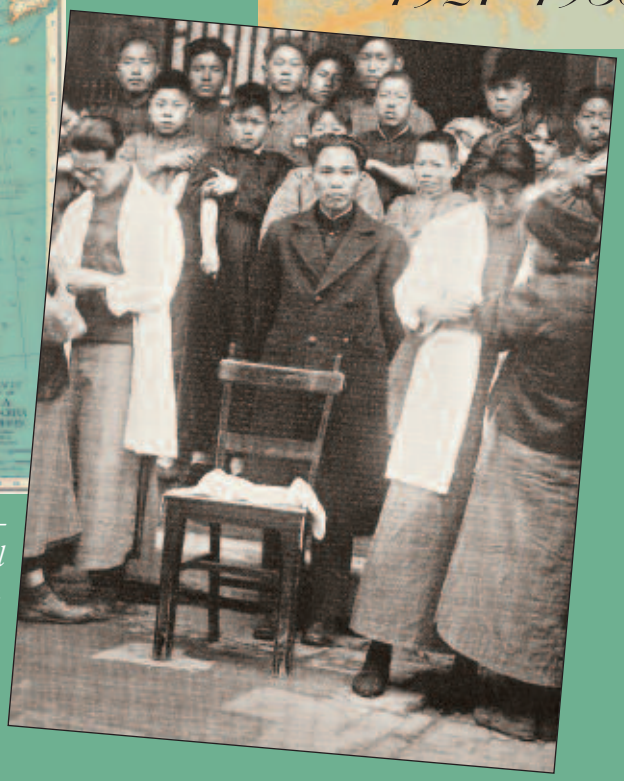
Matthias Nicoll, Jr., MD, Commissioner of Health, New York State

Thomas J. Parran, Jr., MD, Commissioner of Health, New York State (later Surgeon General, U.S. Public Health Service)

John H. Wyckoff, MD, Dean, School of Medicine, New York University

Shirley W. Wynne, MD, Commissioner of Health, New York City

1927–1935



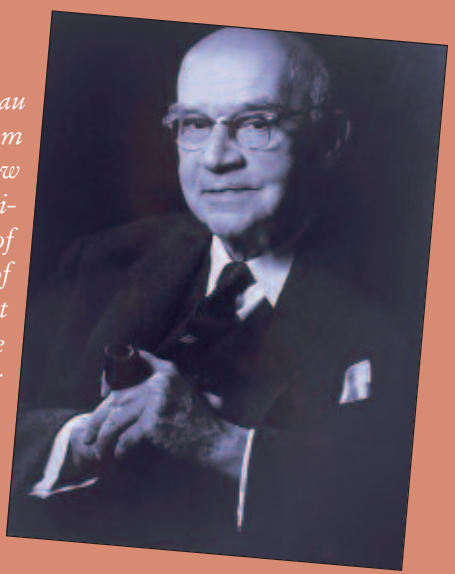
In the early 1930s, the Fund made several grants to the Chinese National Association of the Mass Education Movement for a health demonstration project in the medium-sized city of Dingxian, China, about 120 miles southwest of Beijing.

William Henry Welch, dean of the Johns Hopkins University School of Medicine and first director of the university's School of Hygiene and Public Health, was a founding member of the Fund's technical board and chair of its advisory council. At his eightieth birthday celebration, when this photograph was taken, President Herbert Hoover proclaimed, "Doctor Welch is our greatest statesman in the field of public health."

Members of President Hoover's administration were familiar with the Fund and its work. His secretary of the interior, Ray Lyman Wilbur, a physician, chaired the private Committee on the Costs of Medical Care.

1936-1947

After World War II, New York City started to tear down its slums and old cold-water tenements. Many of these outdated housing units did not even have windows. The Fund was active in what its chief executive, Frank Boudreau, called "the hygiene of housing."



Born in Quebec, Frank G. Boudreau received a medical degree from McGill University. His global view of health issues—population, nutrition, housing, and the impact of conflict—was reflected in much of the programming he inspired at the Fund during his twenty-five years as its chief executive. After his death, one of his worldwide network of friends and colleagues wrote, "Few men have led a more useful life of public service."

Edgar Sydenstricker was made the Fund's leader, with the title of scientific director, at the height of its activity in research and measurement. Among other activities, some Milbank staff members were providing methodological and analytic support for the new National Health Survey (1935–1936), and others were conducting long-term follow-up studies from the earlier demonstrations.

Sydenstricker decided to hire a physician to administer the Fund's other work and chose Dr. Frank Boudreau, who had succeeded him at the League of Nations Health Organization. After only eleven months as director, while working at his desk, Sydenstricker had a massive stroke and died.

The board hired Boudreau as the Fund's third chief executive. He both introduced new programs and allowed others to close when grants completed their course or the staff responsible left. Most significantly, he remained true to the Fund's traditional reliance on research and analysis as the basis for policy and practice, keeping as short as possible the lag between the acquisition of new knowledge and its implementation. His new interests, combined with the old, were seen as essential to improving both individual and population health.

Early in his tenure, Boudreau praised the quality of the research staff to the board and said how gratified he was "at the number of times government and private health agencies have asked for advice rather than financial aid." The Fund's ability to assign to other organizations key research staff, as it did for an East Baltimore study of chronic disease morbidity, spending only modest amounts for their salary and travel expenses, greatly amplified the Fund's impact on many major public health research projects during this time.

Population and Demography

Between 1936 and 1947, the Fund undertook several significant initiatives in demography. With a grant from the Carnegie Corporation of New York, the research staff examined social and psychological factors affecting fertility, and in 1936, at the urging of Albert Milbank, the Fund established the Office of Population Research at Princeton University, to be led by Frank Notestein, who had been on the Fund's research staff for eight years. Subsequently, with considerable support from the Fund, this office became a leading institution in demographic studies in the United States, and its work reportedly encouraged the United Nations to establish a population division. According to population studies historian John Weeks, "It is difficult to tell what might have become of the Population Association of America and of population studies generally in this country without the early efforts of the Milbank Memorial Fund."

The Fund's leaders believed that demographic studies would provide insight into the population's existing and future composition, which in turn would have tremendous influence on health problems and disease patterns, just as earlier work on contraception and spacing of births would, they believed, protect mothers' health and give children "a better chance for health and long life."

Nutrition and Health

To launch activities in the area of nutrition, Boudreau commissioned a review of the field, which found a growing scientific base but a marked lag in application. The Fund's approach was to support further studies of nutrients in university laboratories, mount field and statistical studies by Fund staff, including a major study of the role of nutrition in maternal and newborn health,

explore socioeconomic factors affecting the nutrition of population groups, and underwrite better teaching of nutrition in schools of medicine and public health. The review sought better ways to assess individuals' nutritional status and studied nutrition in families prone to chronic diseases.

As the world moved toward war, the issue of nutrition became even more relevant, in part because of the poor health and nutritional status of military recruits and workers in factories doing war work. The result was considerable interest in fortifying foods with vitamins. But standards were needed. Therefore, in the early 1940s, the Fund contributed to the establishment of another landmark organization, the National Research Council's Food and Nutrition Board, which Boudreau chaired beginning in 1941. It immediately promoted the vitamin enrichment of white flour and white bread as a war measure. To this day, the Food and Nutrition Board's Recommended Dietary Allowances are "benchmarks of nutritional adequacy," cited on virtually every can, jar, and package of food sold in the United States.

Housing and Health

Through his work at the League of Nations, Boudreau had become interested in the "hygiene of housing," the way a dwelling's heating, ventilation, light, safety, and sanitation affect health. Boudreau found an ally in this interest in longtime Fund adviser C.-E.A. Winslow, who became chair of the Committee on the Hygiene of Housing for the American Public Health Association, to which the Fund contributed support. The committee developed basic principles of healthful housing, a procedure for use by local health departments to assess the quality of housing, and standards for new construction, a timely contribution during the era of slum clearance and the postwar housing boom.

Sexually Transmitted Diseases

In the 1940s, the Fund supported well-planned research, service delivery, and training programs related to sexually transmitted diseases. Presaging the difficulties that the first HIV/AIDS patients had in obtaining treatment, Fund leaders recognized that syphilis clinics not only had to provide sound medical care but also needed to set high standards of dignity and respect for patients.

Health Problems of Adults

Even in 1940, Fund staff and advisers were concerned about the aging of the U.S. population and the concomitant increased prominence of chronic and disabling conditions. They also knew that conventional public health approaches would have to be adapted to meet this challenge. They therefore called for more information about the incidence of chronic diseases, better diagnostic tools and treatment methods, and greater understanding of the complex factors that define health. The Fund started its work in this area by doing what it did best: analyzing the prevalence and population distribution of adult health problems. It used existing projects and relationships in East Baltimore and Cattaraugus County to provide both urban and rural data.

Lasting Legacies

During this period, several new program areas—notably, nutrition and housing—that had roots in Mrs. Anderson's earliest interests once again validated her instincts. Some years later, as the nutrition work drew to a close, Boudreau attributed the success of the Fund's endeavors to "proper timing, suitable methods of attack, cooperation with like-minded agencies, and concentration on certain definite ends," again an echo of the founder's philosophy.

1936-1947

C.-E.A. Winslow, founder of Yale University's Department of Public Health, was associated with the Fund for decades as both an official and unofficial adviser, and strongly endorsed its priorities: "This foundation has not scattered its largesse haphazard to a multitude of eager chicks," he wrote. He produced several books about the work and lessons of the three demonstration projects. Besides their appreciation of rigorous science, his writings convey his breadth of understanding about the human condition and his dedication to its improvement. His views of the Fund could apply equally well to himself, in describing it as "a true pioneer, opening new lands for the occupation of future generations."

Albert Milbank had a long-standing interest in the relationship between demography and international policy. In 1936, a Fund grant created the Office of Population Research at Princeton University's Woodrow Wilson School of Public and International Affairs, which he had helped to found (the school is shown as it is today). This office, Milbank hoped, would enable the school to bring demographic expertise to the foreign affairs problems it addressed.

Later, to commemorate their longtime leader after his death, the Fund's board established the Albert G. Milbank Professorship at the Woodrow Wilson School.

1948-1962

The Fund's interest in mental health issues dates back to Mrs. Anderson. Between 1915 and 1921, under her guidance, it made substantial grants to the National Committee for Mental Hygiene, about which its medical director, Thomas Salmon, later wrote: "These gifts made possible all success that has been achieved since; the influence exerted upon the treatment of mental diseases in some of the darkest places in the United States; the striking results secured in the treatment of mental and nervous diseases among American troops in the World War; and the prospects that now exist for preventive work."

In early 1948, with several large nutrition studies coming to an end, Boudreau told the board of directors, "I believe the time has come to attack mental health along the same lines as we attacked nutrition and housing."

A major initiative in this field was timely because of postwar attention to mental health problems, including establishment of the World Federation for Mental Health, supported by the Fund, recent federal action—the 1946 National Mental Health Act, which established the National Institute of Mental Health—and growing recognition of the role mental health plays in a person's overall health.

First, Boudreau counseled, the Fund should "define the problem," and he hired specially trained staff for the research division. The Fund's early work culminated in *The Epidemiology of Mental Disorders* (1949), a pioneering effort to apply public health discipline to mental health issues.

The Fund also helped the World Health Organization develop an international program on the epidemiology of mental disorders and psychiatric statistics, laying the groundwork for subsequent mental health research. Annual conferences between 1951 and 1962 showcased mental health issues, starting with discussions of the biology of mental disorders and their interrelationships with social issues, and, over time, covering problems in implementing community-based services.

In the 1950s, the Fund had close ties with a mental health commission established by the New York legislature, staffed by Ernest Gruenberg, a psychiatrist who later took charge of the Fund's mental health programming. The commission worked to move mental health services from the hospital to the community, and the New York model was quickly copied by other states and by the federal government through the Community Mental Health Act of 1963. However, community level mental health services often lacked the resources to provide what patients truly needed.

The Fund looked for opportunities to repeat its success in the early public health demonstrations in this new arena, and in 1956 Boudreau formed an Advisory Council on Mental Health Demonstrations and a Committee on Evaluation, an advisory structure that had been a "touchstone of success" in the earlier demonstration projects.

Despite many experiments with providing mental health services in the community, mental hospital administrators resisted change. Europe, notably Britain and Holland, had tested revolutionary models that moved the care of even severely ill patients outside the hospital. The Fund brought to the attention of hospital directors in the United States reports of how these institutions

Albert Goodsell Milbank

"A stream rises no higher than its source," said C.-E.A. Winslow of the Fund's successes under Albert Milbank's tenure. "We must look behind [the work] to the guiding personalities at the pinnacle of the structure." Bailey Burritt concluded that Albert Milbank's greatest gift of all was simply himself: "He lived a life so full of accomplishment, so full of integrity and so generous in action, that his passing in 1949 left upon a large circle of friends at once a deep shadow of grief and a high measure of satisfaction that such an inspiring and useful life had been lived."

had unlocked their doors and established home-based treatment services. Likewise, European countries had numerous models for dealing with mental health and psychiatric emergencies that scholars explored through Fund-sponsored fact-finding trips and fellowships.

Having described the patterns of mental illness and widened the range of treatment options, in 1959 the Fund turned to assessing the state of knowledge of the causes of mental disorders, in the hope that understanding their origins might lead to prevention.

A good model to demonstrate the value of community mental health services at the county level continued to elude the Fund, however. As Boudreau approached retirement in 1959, one such project in Dutchess County, New York, had begun. Hudson River State Hospital was working with the local community to provide comprehensive and integrated treatment services, and the Fund's technical staff was evaluating the results.

Finally, in 1965, at its sixtieth anniversary conference, the Fund heard the first reports of the positive outcomes of the Dutchess County demonstration. Its integrated system of services had dramatically reduced some of the most serious forms of psychiatric deterioration. The mental health leaders who heard these results used them to spark the creation of community mental health centers around the country, serving millions of Americans. Boudreau, who had championed this work for so long, had retired in 1962; he suffered a stroke in 1965 and was unable to attend the anniversary conference.

Samuel R. Milbank

Samuel R. Milbank, son of Albert G. Milbank, became president of the Fund in 1952. He was a partner in the old-line investment firm of Wood, Struthers & Winthrop, now the investment management subsidiary of Donaldson Lufkin & Jenrette. He had a long and close association with Barnard College as a member and chair of its board of trustees, which the college recognized by awarding him its Medal of Distinction in 1978. A Fund gift to Barnard established a named professorship in his honor.

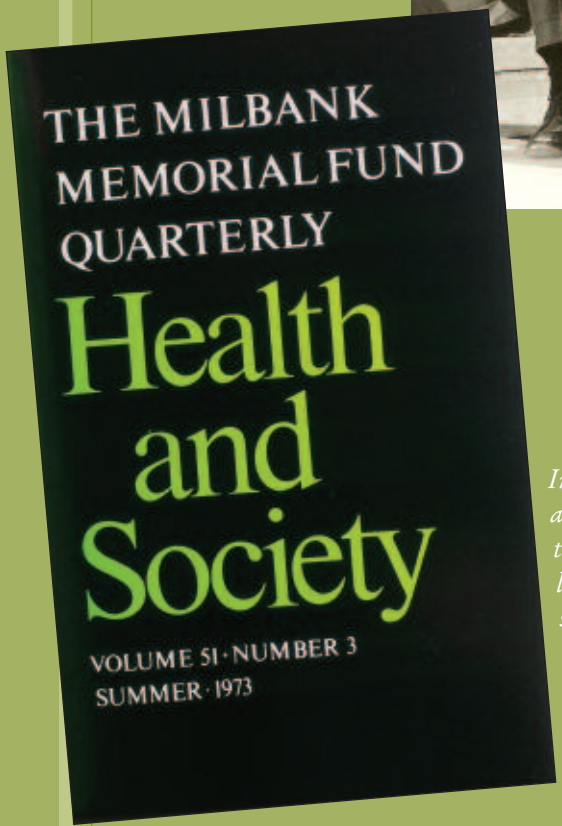
He was closely associated with many charitable interests of his family—the Community Service Society (successor to the Association for Improving the Condition of the Poor), the New York State Charities Aid Association, and of course, the Milbank Memorial Fund, which he served for more than fifty years, as a member and then chairman of its board of directors.

Still, he made time for his avocation, serving as president of the American Numismatic Society from 1959 to 1978, then its honorary president until his death in 1985.

1948-1962

For the nation's mental hospitals, unlocking the wards and giving patients access to the grounds were revolutionary but essential first steps toward deinstitutionalization and community-based treatment. The Hudson River State Hospital in Poughkeepsie, whose grounds are shown here, was an integral part of the system modernization efforts of the Dutchess County Mental Health Project, supported and evaluated by the Fund.

Drs. H. Jack Geiger and John Hatch at the Tufts-Delta Health Center in Mound Bayou, Mississippi, in 1965. Geiger was a Milbank Faculty Fellow and Hatch was an Associate Fellow.



In 1973, the Fund appointed a new editorial board and the Quarterly *appeared in a new format, with the subtitle "Health and Society," conveying the long-standing interest in the interplay between social factors and health.*

Between 1963 and 1969 the Fund displayed a growing interest in disease prevention and community medicine, under the leadership of Alexander Robertson, chair of the Department of Social and Preventive Medicine at the University of Saskatchewan's medical school. Like Boudreau, Robertson's background was Canadian, although he was born in England and reared in Scotland.

One of Robertson's first tasks was to revisit the *Quarterly*. Begun as a vehicle to report on the demonstration projects and the staff's research, by 1960 the *Quarterly* included fewer and fewer articles based on the Fund's work. Boudreau and the staff already had begun debating whether to continue the *Quarterly* and, if so, in what form. Robertson decided to keep it and appointed an editorial board to review external manuscripts, instituted a "Part Two" to accommodate the proceedings of meetings and lengthy research reports, and updated the publication's appearance.

Meanwhile, he looked for the best way that the Fund's program could foster preventive medicine and bring in the social and behavioral sciences. At the 1963 annual conference, Robertson announced a major change: under his tenure the Fund would be more interested in education and training projects than in research. He stopped using the title "Division of Research" and enlarged the technical board to include more experts in preventive medicine and social sciences. The annual conferences became biennial meetings focused on preventive medicine, social sciences and health, and demography in Latin America. Because of the link demonstrated between family planning and health, the Fund, together with other foundations, actively supported the family planning work of the recently established Population Council.

As a practical matter, given the Fund's staff and monetary resources, Robertson concluded that its international work should generally be confined to the Americas. Then a region of rapid social and economic change, Latin America needed new, culturally appropriate strategies for improving health services, and Robertson recommended supporting professional education to accomplish this. When Robertson left the Fund in 1969 to set up a health program in the West Indies, he left a legacy of better teaching of preventive medicine within institutions throughout the Americas.

Milbank Faculty Fellowship Program

The Milbank Faculty Fellowship Program was well crafted to implement the Fund's new direction. From 1964 through 1968, forty-two fellows were selected for five-year fellowships. The fellows were junior faculty committed to academic careers in medicine, public health, and the social sciences.

The program's impact on its participants was profound. Some thirty years later, some of the U.S.-based fellows described how the program had helped them at critical times: "in my early career in academia when I felt professionally isolated in public health and preventive medicine . . . in developing complex, innovative community health centers . . . you can sum it up in one word—community . . . it created a community of professionals and emphasized community health needs and programs."

The program encouraged interchange among the U.S.-based fellows and those representing medical institutions in Latin America, who later commented that the program "had the right issues and the right staff, at the right time . . . connected me with the world's most important medical institutions . . . encouraged a wide vision of health care programs, social medicine, and quality

of care . . . let me see myself as other cultures saw me and how limited my thinking was . . . created easy working relationships among institutions in the Americas . . . is still present in my daily work."

In addition to a stipend, the fellowship provided important contacts, money for travel, and expense-paid seminars in Latin America, and sponsored other events. Robertson's trips to Latin America and the Caribbean fostered an esprit de corps among faculty working on prevention and community health in both hemispheres.

Associate Faculty Fellows

In 1968, some of the fellows were permitted to select an associate to help them. These new fellowships, which eventually numbered fourteen, usually went to community health practitioners. The program, they said, "dealt with community medicine issues twenty-five years ahead of my medical center . . . taught me that intending to do good is not enough; survival of innovation requires proof of benefit and cost-effectiveness . . . significantly improved Caribbean health conditions . . . gave me the chance to become a 'citizen of the world.'"

Consumers and Health Care

Robertson was succeeded in 1970 by Leroy E. Burney, a former U.S. surgeon general who was well acquainted with the Fund's work through his service on the technical board, board of directors, and the *Quarterly*'s editorial board.

In reviewing the Fund's past programs and present opportunities, Burney concluded that the institution's best course would be to focus primarily on the consumer of health services and the "more effective utilization of health services." At that time, many experts believed universal health insurance was imminent and that consumers' perceptions about access to health care and the adequacy and acceptability of health services ought to be included in any debate about such a system. But the anticipated health reform did not take place, and upon his retirement, seven years later, Burney concluded that "consumer incentives and disincentives for health care, though of overriding importance, had perhaps been a little too broad [an issue] for program development."

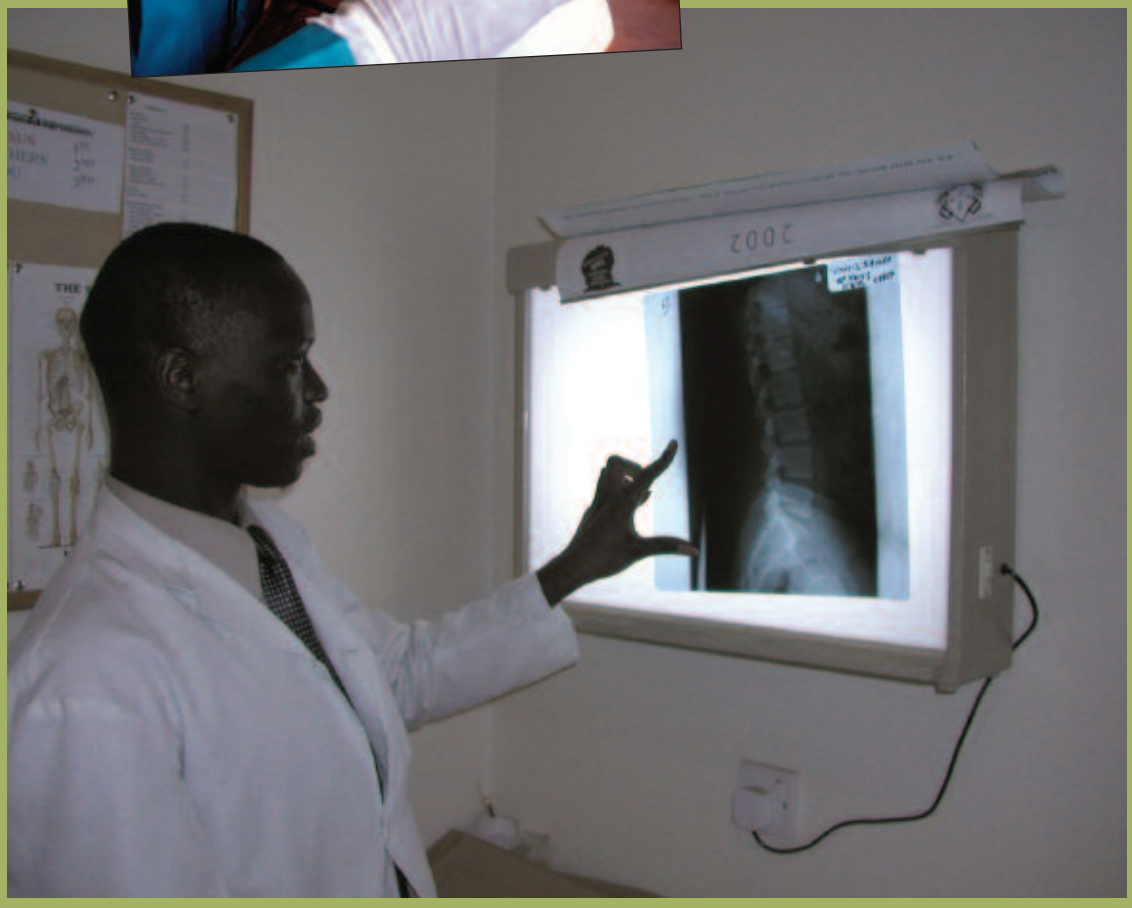
East African Program in Medical Education

Since the mid-1960s, the Fund and several other foundations had supported an organization that recruited medical faculty to teach in medical schools in Kenya, Tanzania, and, until politics intervened, Uganda. About half these faculty were U.S. citizens. From 1970 to 1980, the Fund assumed responsibility for the entire program, which also provided money to the schools to develop graduate programs in specialty training, a key to minimizing immigration of the countries' own medical workforce.

Higher Education for Public Health

In 1972, the Fund established a commission to examine national needs for public health education, under the chairmanship of Cecil Sheps, a physician and health services researcher who was vice-chancellor of the University of North Carolina at Chapel Hill. The commission's 1976 report stimulated considerable debate and changes in some schools of public health. It cataloged the shortcomings of the current system of public health education, proposed more focused training programs, and recommended that public health schools serve as regional resources, participate in community health services delivery, and create research programs based on public health practice needs.

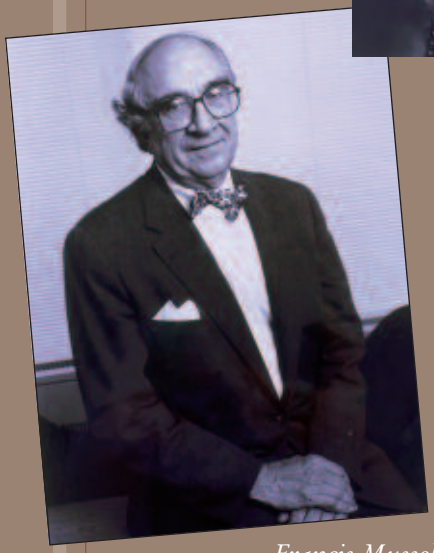
1963-1975



According to participants in the East African Medical Education Program in Dar es Salaam, Kampala, and Nairobi: "It changed the direction of the rest of my career . . . Tanzanian medical students owe much of their training to the Fund, whose generosity has never been forgotten. . . . I stayed on and started the region's first modern cardiac catheterization laboratory, trained Kenyans in cardiac cath and clinical cardiology, and set up a new intensive care unit . . . to this day, I can practice a fair amount of medicine with wisdom and wits, not relying on expensive tests and procedures."

1976-1989

After the death of Robert H. Ebert, its sixth chief executive, the Fund established the Ebert Lectureship in Academic Medicine and the Public Interest. The lecture is given biennially to the Council of Deans of the Association of American Medical Schools. At the first lecture, in 1997, Eli Ginzberg said, "Ebert valued peace over contention, consensus over authority. . . . He was a diplomat by instinct, who saw little point in wasting time and energy in conflict if compromise offered a satisfactory alternative."



Francis Musselman was a longtime friend of Samuel R. Milbank and a member of the Fund's board of directors, which he chaired from 1985 to 1989. He is a lawyer who, when he retired in 1990, was presiding partner at Milbank, Tweed, Hadley & McCloy.

Milbank Scholars Program

About the program, participants later said:
The Fund enhanced the education of about twelve classes of medical students on ways to prevent disease . . . We now address many illnesses at an early point when intervention is low-cost and quality of life preserved . . . After my Milbank-funded graduate training in epidemiology, I joined a medical school where none of the infectious disease faculty had that training . . . Absolutely critical support enabled development of general internal medicine at this medical school.

In the mid-1970s, Burney had rekindled the Fund's interest in clinical epidemiology, in the hope that it could be useful in allocating scarce resources and encouraging more rational decisions about new technologies. He explained the Fund's renewed focus on epidemiology as follows: "Epidemiology ties together health needs and health services so that various technologies, delivery systems, and financing schemes can be evaluated in terms of both their costs and their effects upon the health status of the community."

In 1978, the Fund appointed Robert H. Ebert, former dean of Harvard Medical School and a member of both the technical board and board of directors, as its new president. In his various roles, Ebert helped guide the Fund for thirty years. When he became president, the Fund's resources were severely depleted, the result of a downturn in financial markets from the late 1960s to the early 1980s. His response to the situation was to say that "it requires a more creative approach to effect social change with less than a million dollars a year than it does with forty million." He soon proposed a fellowship program that he believed would best marshal these limited assets toward the goal of bringing epidemiology and biostatistics into closer union with clinical medicine.

The Milbank Scholars Program, which ran from 1978 to 1983, provided five-year fellowships for epidemiology training and research to medical school junior clinical faculty. Scholars spent a year at the London School of Hygiene and Tropical Medicine, a year in the clinical epidemiology unit of a teaching hospital in the United Kingdom, and the last three years at their U.S. school, where they used epidemiology to solve clinical problems and assess the effectiveness of medical technologies.

From 1981 to 1984, the Milbank Epidemiology Fellows program allowed senior faculty to obtain a year of formal epidemiology training.

Migrant Health

Ebert retired in 1985 and was succeeded as president by Sidney S. Lee, who had served under him as an associate dean of Harvard Medical School, among other prominent clinical posts. The challenge for Lee was to identify an aspect of public health that would offer the Fund the greatest scope and impact.

The area of environmental and occupational health offered both great challenges and great opportunities. Lee concluded that improving the health of farm workers—particularly the several million largely disenfranchised migrants and their families—would be a good place to start. The problems were substantial; the populations were diverse, as were their needs; the issues were ill-defined; and both research and demonstrations were needed.

But medical and public health schools showed little interest in the Fund's comprehensive approach to these issues, and so its initial plans were scaled back. Instead, Lee identified and supported organizations interested in developing research methodologies, public and policymaker education, and legal problems affecting migrants and others, with the goal of helping states learn from one another.

Lee's tenure was short, and when he left the Fund in 1988, Bob Ebert stepped into his former position during the search for a new president. Based on the board's acceptance of recommendations of a special advisory committee he had led, Ebert announced a new strategy for the Fund, aimed at influencing health policy by "defining . . . issues more precisely and by evaluating options more critically."

The Fund and the University of California Press jointly sponsor a book series on Health and the Public, which addresses the politics and policy of maintaining and improving health. See http://www.ucpress.edu/books/CMHP.ser.html.

The Fund maintains its interest in issues of disability. For example, in 2003 it co-published When Walking Fails: Mobility Problems of Adults with Chronic Conditions *by Lisa Iezzoni, professor of medicine at Harvard, shown here in a photograph by Mark Rosenberg, executive director of the Task Force for Child Survival and Development, who is also a constituent of the Fund.*

At the end of 1989, the Fund's board elected Samuel L. (Tony) Milbank as its chairman and selected Daniel M. Fox as the Fund's eighth chief executive. Fox came to his presidency when the Fund had decided to give priority to synthesizing the best evidence, including experience, in order to inform both public and private policymaking in health. This direction returned the Fund to what it had done between 1905 and 1961, when it was actively engaged in the politics of health policy.

Over the last sixteen years, the Fund has undertaken projects in policy development in collaboration with decision makers in the public, nonprofit, and private sectors. These projects have encompassed a broad range of issues in clinical policy, policy for organizing population health, and policy for governing and financing health care and public health. During each of these years, the Fund has had thirty to fifty active projects at any one time, working with public agencies in the United States and other countries, as well as organizations of providers and health professionals, business firms, and other foundations.

Notable Milbank Fund projects have addressed such issues as the implications for policy of the Americans with Disabilities Act; the adequacy of retirement income for the baby boom generation; the salience of health for foreign policy; improving care at the end of life; housing with supportive services for seniors; and rapidly growing evidence about the effectiveness of health care interventions.

In the early 1990s, as a transitional step in implementing the new program in policy development and organizing a constituency that would make it effective, the Fund initiated a series of policy reviews. Some of the early reviews addressed general subjects, for example, *Households and Health Services.* Others were more specific, such as *Opportunities in Prevention Policy.* Some of the topics were opportunistic—*Moving toward Health Care Financing Reform*—and some addressed perennial problems—*Redistributing Resources to Primary Care.*

The Reforming States Group

The largest single array of projects since 1990 has been carried out in collaboration with the Reforming States Group (RSG). The history of the RSG began in 1990 when Michigan State Representative David Hollister suggested that the Fund convene a meeting to define criteria for retrenching health and social service programs during the

Samuel L. "Tony" Milbank

Samuel L. "Tony" Milbank became chairman of the Milbank Memorial Fund in 1990. He joined the board in 1974 and served as chairman of the finance committee during 1986–89. In his thirty-year career in the investment banking field, he served in senior management positions at Salomon and Lehman Brothers, with a focus on addressing risk-management issues for foreign official institutions. While at Salomon, he edited a book on asset management specifically applicable to foreign central banks. More recently, he co-founded a merger and acquisition advisory and merchant banking firm, Milbank Roy Securities, LLC. He is also a trustee and treasurer of the International Center of Photography and of the Union Club, and is president of the Memton Fund.

recession that had just begun. The Fund brought together a bipartisan group of twenty current and former state legislative and executive branch officials, along with a few experts in state policy and law. One result was the widely distributed report *Hard Choices in Hard Times: Guidelines for Decision Makers in State and Local Government*. Later that year the Fund helped legislators in New York State organize a symposium for policymakers from New York and several adjacent states on strategies for controlling health care costs.

Soon other senior public officials asked the Fund to organize meetings on controversial issues. A meeting for policymakers in New England included a session on Minnesota's recently enacted legislation to cover the uninsured, reform the health insurance market, and contain costs. Lee Greenfield, a Democratic leader in the Minnesota House of Representatives, and Curtis Johnson, senior adviser to the state's Republican governor, described how a bipartisan coalition of legislative leaders, the "Gang of Seven," overcame strong opposition from provider groups.

The audience's strong positive response to Greenfield and Johnson suggested that other state officials would welcome an opportunity to discuss the process and politics of reform, rather than debate the merits of particular plans. Fox recognized that helping policymakers share with one another how they had mobilized support for reform might be a useful new way that the Fund could work with its constituents. A subsequent meeting that focused on the reform process produced detailed discussions, practical steps that are essential to successful reform, and a written report on the strategies that five states had used to achieve their reforms. Soon, leaders in other states asked for help from their counterparts in the five "states that could not wait" for a national solution. The Fund's staff helped plan and implement this technical assistance, always provided by bipartisan teams.

By the end of 1993, officials who had participated in these meetings started calling themselves the Reforming States Group (RSG). The 1994 health care reform debates tested the group's effectiveness. The issue of federal-state collaboration in reform was vital to the group's members, and the RSG became known to White House staff, interest groups, Congress, and the news media as a reliable, balanced source of information. The group also became adept at collaborating and negotiating compromise with other groups. Today, the RSG includes senior officials from the legislative and executive branches of all fifty states and several Canadian provinces.

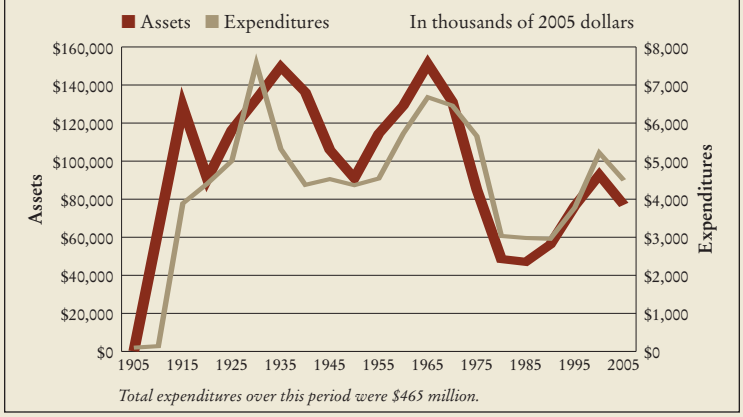
The RSG created a steering committee to plan and organize its activities. Its projects must directly relate to state health policy needs, have broad application, yield practical and timely results, and adhere to the organization's bipartisan, collegial style. The Fund's major contributions to this effort are its professional staff's time and expertise and its ability to pay the costs of the meetings and publish reports resulting from RSG activities.

The RSG holds three regional meetings each fall, at which executive and legislative branch officials hold lively and candid discussions of recent health policy experiences and the most important issues for their states' next legislative session. They hear how their peers are addressing problems, they learn about new funding and ways to negotiate about regulations with federal agencies, and they try out policy ideas on their peers, under the RSG rule that "what's said here stays here." These meetings bring together leaders of the executive and legislative branches who usually do not meet together outside their states, to share information they cannot obtain anywhere else. Many smaller meetings concerning specific issues also are held throughout the year. RSG members make certain that each meeting produces practical results.

The RSG's unique strength is its peer-to-peer information sharing and technical assistance. When constituents ask Fund staff to help resolve specific problems in making or implementing policy, the staff joins RSG leaders in arraying the best available information, and then it invites

The Reforming States Group, organized in 1991 and staffed by the Fund, convenes leaders of the executive and legislative branches of government of the states and Canadian provinces to discuss major issues of health policy. An elected steering committee, shown above in September 2005, governs the organization.

Milbank Memorial Fund Assets and Expenditures 1905–2005



Total expenditures over this period were $465 million.

constituents with useful experience to volunteer to assist their peers in either public or off-the-record meetings. The presence on the Fund's staff of former government officials who maintain extensive networks among state and federal policymakers, leaders in health services and insurance, and RSG alumni, is essential to its work.

The best evidence of the successful partnership between the Reforming States Group and the Milbank Memorial Fund is that members continue to make time for it despite the competing demands of public life. Members say their RSG involvement makes them better able to perform their work as public servants. The most active RSG members believe in the importance of objective information for making policy, give priority to public over private interests, and are deeply skeptical of the role of advocacy and lobbying in the development of effective policy.

Evidence-Based Health Care Research

The history of the RSG coincided with growing acceptance of using the results of "evidence-based health care research" to inform policy and clinical practice. In 1990, the Fund became closely involved with an international movement to disseminate the methods and promote the use of "systematic reviews" of evidence from randomized clinical trials. These reviews identified biases in individual studies more effectively than any previous approach to scientific synthesis. By 1999, almost two thousand systematic reviews were available to policymakers and clinicians, with hundreds more being published every year.

That year, the Fund began to tell RSG members about these systematic reviews. Then, over the next several years, these members told colleagues in their own and other states about this new approach to obtaining the best available evidence to guide policy. By 2005, fifteen states, a large non-profit health care purchasing organization, and the Canadian Coordinating Office of Healthcare Technology Assessment had joined in financing the production of systematic reviews comparing pharmaceutical drugs within classes. Completed reviews are available on a public Web site and are distributed by Consumers Union and AARP. The Fund helped launch the organization conducting this project.

Publications

The Fund uses its publications to disseminate research and analysis that are relevant to improving policies for health care and population health. The publication program's three components are the peer-reviewed *Milbank Quarterly*, books in the University of California Press/Milbank series "Health and the Public," and the Milbank Reports, most of which emerge from Fund projects and are targeted at decision makers in the public and private sectors. Many of the reports are co-published with federal agencies, governments in other countries, research organizations, associations of professionals and providers, and other foundations.

An Operating Foundation

The Fund is the only foundation in health policy and public health that, under the federal tax code, is an operating foundation. That is, its staff works collaboratively with decision makers rather than awards grants. The lack of a grant program's bureaucracy, combined with swift, responsive decision making, enables the Fund to act promptly as new policy issues arise and decision makers ask new questions. In support of the Fund's responsiveness, a wide array of individuals and organizations, public and private, regularly participate in Fund activities and contribute their own resources to them. The strong collaborations that develop and the relationships that form often prove fruitful in unexpected ways, beyond the bounds of specific projects.

Directors of the Fund: front row, left to right: Rosemary A. Stevens, Rashi Fein (emeritus), John D. Stoeckle, Carolyn C. Clark, Daniel M. Fox, Louisa J. Palmer, Clarion E. Johnson, John R. Ball; back row: Alan T. Wenzell (emeritus), Thomas E. Harvey, Peter M. Gottsegen, Byron L. Knief, Carmen Hooker Odom, Alexander D. Forger (emeritus), Francis H. Musselman (chairman emeritus), Samuel L. Milbank (chairman), Carll Tucker, Robert F. Hoerle, Joseph M. Sullivan, Carl J. Schramm (not pictured)

Daniel M. Fox has been president of the Milbank Memorial Fund since 1990. He has served in state government (Massachusetts and New York), as an adviser to and staff member of three federal agencies, and as a faculty member and administrator at Harvard University and then at the Health Sciences Center of the State University of New York at Stony Brook. He is a member of the Institute of Medicine of the National Academy of Sciences and of the Council on Foreign Relations. He has written numerous books and articles on health and related policy and on the history of medicine, economic and social theory, taxation, and philanthropy.

The Fund's founders, chairmen, and chief executives on the wall at its office

Milbank Memorial Fund's Major Institutional Partners: 1990–2005

Agency for Healthcare Research & Quality
American Association of Homes & Services for the Aging
American Foundation for Suicide Prevention
American Health Care Association
American Public Health Association
Americans for Better Care of the Dying
Association of American Medical Colleges
Bazelon Center for Mental Health Law
BMJ
California Office of Statewide Health Planning & Development
Center for the Advancement of Health
Center for Evidence-based Policy
Centers for Disease Control & Prevention
Cochrane Collaboration
The Commonwealth Fund
Council of Large Public Housing Authorities
Council on Foreign Relations
ECRI
Employee Benefit Research Institute
Family Violence Prevention Fund
Federal Judicial Center
Federation of State Medical Boards
Foundation for Child Development
Funding Partnership for People with Disabilities (consortium of twenty foundations)
Health Research & Education Trust (American Hospital Association)
Health Technology Center (HealthTech)
Hospital Trustees of New York State
International Society of Technology Assessment
JM Foundation
Kaiser Permanente
King's Fund
March of Dimes Birth Defects Foundation
Mayday Fund
Nathan Cummings Foundation
National Association of Health Data Organizations
National Association of Insurance Commissioners
National Association of State Budget Officers
National Center for Complementary and Alternative Medicine, National Institutes of Health
National Conference of State Legislatures
National Institute on Drug Abuse
National Quality Forum
New York Academy of Medicine
Nuffield Trust
Oxford University Press
Partnership for Prevention
Regional Plan Association
Resolving Conflict Creatively Program
Resources for the Future
Robert Wood Johnson Foundation
Soros Foundation/Open Society Institute
Surdna Foundation
United Hospital Fund
U.S. Congress, Office of Technology Assessment
U.S. Department of Agriculture
University of California Press
Visiting Nurse Service of New York
World Health Organization

Acknowledgments

The Milbank Memorial Fund acknowledges with appreciation the contribution of the following individuals and organizations in compiling this Centennial Report:

Text: Burness Communications—Kari Root, Linda Loranger, Vicki Weisfeld
Design: Janin/Cliff Design, Inc.
Photography: Ed Eckstein
Reviewers: Robert Harvey, Samuel L. Milbank, Carmen Hooker Odom, John D. Stoeckle, and Carll Tucker

Additional photographs and graphic material are used courtesy of the following and may not be reproduced without written permission:

p. 2—(tree image) © Masterfile, www.masterfile.com
pp. 4 (top), 8 (bottom), & 20 (top)—CSS Photography Archives, Community Service Society of New York and the Rare Book and Manuscript Library, Columbia University
p. 4 (bottom)—*Milbank People's Baths,* 1904, Museum of the City of New York, Byron Collection
p. 7 (bottom)—John Jameson, Princeton University
pp. 11 (top), 13, & 14 (top)—MMF Records, Manuscripts & Archives, Yale University Library
p. 14 (bottom)—John Albok, *Mayor LaGuardia,* 1943, Museum of the City of New York, gift of the photographer, 82.68.46
p. 17 (top)—Weslaco Museum
p. 19 (top)—Map © Rand McNally, R.L. 05–S–87 from the 1930 Commercial Atlas
p. 23 (top)—Yale School of Public Health; (bottom)—Princeton University
p. 24—© Sandra Weiner
p. 27 (top)—© Rob Yasinsac; (bottom) property of Hudson Heritage CPCR Ventures, LLC
p. 28 (top)—H. Jack Geiger
p. 31 (top)—© Panos Pictures, www.panos.co.uk; (bottom) © Sean Sprague, SpraguePhoto.com
p. 32 (bottom)—London School of Hygiene & Tropical Medicine
p. 34 (bottom)—© Mark Rosenberg

Milbank Memorial Fund
645 Madison Avenue, 15th Floor
New York, New York 10022
212-355-8400
www.milbank.org
ISBN: 1-887748-64-4