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HOSPITALS AND CLINICS

SAN FRANCISCO, CALIFORNIA 94143

April 27, 1981

Melvin M. Grumbach, M.D.
Chairman
Department of Pediatrics
UCSF

Dear Mel,

In order to maintain the Child Study Unit behavioral pediatric staff, I am willing to retire at the age of 65 beginning July 1, 1982. If I can receive half of my salary from the University or from research grants and half from my retirement, I can manage although I will certainly lose financially in total final retirement benefits from this early retirement.

If I do this, I would be interested in helping with teaching and seeing patients. I would, however, want to be released from administrative and financial support duties so that I can finally do our follow-up studies.

I am willing to do this if I can be assured in writing that the 1/2 F.T.E. or the total F.T.E. so released would be designated for behavioral pediatric faculty for the Child Study Unit.

I suggest this as a possible source of funds to aid the Child Study Unit until other sources are found from private foundations.

Sincerely,

Helen

Helen Gofman, M.D.
Associate Professor Pediatrics
Child Study Unit

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HOSPITALS AND CLINICS

SAN FRANCISCO, CALIFORNIA 94143

August 14, 1981

Melvin Grumbach, M.D., Professor and Chairman
Department of Pediatrics
University of California School of Medicine
San Francisco, California 94143

Dear Mel:

I feel it is urgent to express my serious concern about the potential jeopardy of one of the University's very valuable assets--- indeed one of the State of California's valuable assets, the Child Study Unit of the University of California, San Francisco. The demonstrated accomplishments of this Unit and its impact on the comprehensive care of children by the inclusion of behavioral pediatrics (biopsychosocial pediatrics) in pediatric practice in the State of California and in the Nation are readily available. And far beyond this is the fact that a generation of physicians of all specialties, who have gone through the Child Study Unit in the course of their medical school or house staff training, have become child advocates and are offering to the children of this state an understanding approach, which was previously not present in their care. One certainly does not need to dwell on the importance of the children in our society, and the importance of the relation they have with the medical profession as they face problems in growth and in social interactions.

My interest in this matter can in no way be regarded as parochial, since I am only a year away from retirement from my University Associate Professorhip. My concern as a physician, as an educator, a person with a history of a career of dedicated service to the Medical Center of this University and to the State of California's people, is a very deep concern. I feel that a great resource can be lost if the wrong decision is made with respect to the appointment of the proposed new director of the

Child Study Unit. We in the CSU have just come through a very difficult period, one in which Federal funds for continuation of many University activities are becoming exceedingly difficult to retain or obtain. Specifically the Child Study Unit has, because of its accomplishments, been able to retain its federal grant for its program in spite of this very difficult period. I must point out that obtaining the continuation of the grant to the Child Study Unit was unequivocally contingent upon the assurance that a new Director of the Child Study Unit had been appointed, and that the program had continuity. This will indeed have been accomplished if Dr. Martin Glasser is appointed Director of the Child Study Unit (with the academic appointment which is expected with it). But if the appointment fails of confirmation, then there is a real question of whether the federal support for the Child Study Unit could be continued, without a new director in place.

Any loss of funds to the Child Study Unit will represent an irreparable disaster to its program of teaching and of patient care--- in a field recognized to be of increasing importance in our society. I simply cannot understand how the citizens of this State and the officials of this University , as representatives of the citizens' interest, can possibly afford to injure this extremely valuable societal resource--- all for the want of an appropriate evaluation of the qualifications of Dr. Martin Glasser for this post and for the associate professorship. I have given serious consideration to the questions of qualifications of Dr. Glasser, coupled with the University criteria for tenure appointments and I should like to turn to these issues now.

Since 1975, I have been a member of the Search Committee appointed to find a new director for the Child Study Unit. This committee experienced great difficulty in finding a suitable candidate; child psychiatrists able to understand and teach pediatric housestaff were indeed found to be rare. After six years of search the Committee agreed that Dr. Martin Glasser, with his years of experience teaching in the pediatric program at San Francisco General Hospital,was the best candidate and proposed his appointment as director of the Child Study Unit at the Associate Professor level.

On the Issue of Qualifications for Appointment as Associate Professor and Director of the Child Study Unit

I should like to state that I feel that I am uniquely qualified to evaluate the requirements for a director of the Child Study Unit (having been a fellow at its inception and having been its director and continued its development following the loss of its founder, Dr. George Schade in 1961). I have seen "what works" and what does not in this endeavor. I have seen the results in young physicians, pediatricians and others, of effective teaching and interaction. I have seen the necessity of a real team interaction among persons of diverse disciplines in the Child Study Unit. If there were ever a stiuation requiring effective team interaction in teaching and patient care, the Child Study Unit is a shining example of such a situation. Naturally I feel strongly that I would like to see an effective environment for such teaching and patient care continue and improve in the period ahead. Crucial to such an environment is the selection of the person to serve as Director of the Unit. So I am quite critical when it comes to evaluation of the qualifications of such a person for this task. I should think my evaluation could be of great help to any University Committee appointed to consider the appointment of Dr. Glasser. I do indeed have an opinion, and a well-founded one, and I feel strongly that my opinion should be heard by those whose actions can determine the future success or destruction of this most valuable resource, the Child Study Unit.

The Requirements for Appointment--- How Dr. Glasser meets them.

I am quite mindful of the areas of competence expected of persons being considered for tenure positions on the University faculty, including, of course,

(a) demonstrated teaching ability

(b) service to the public community at large

(c) an ability to conduct and to stimulate new research and investigation in the chosen field.

I am going to address all of these areas, particularly with respect to my direct and personal observations of the qualifications of Dr. Martin Glasser.

Because of the essentiality of the appointment of a new Director for the Child Study Unit in assuring continuity of grant support, Dr. Martin Glasser

was willing to come into the Unit on an interim basis even before there was a possibility to obtain confirmation of a permanent appointment through the normal University procedures. This started in February, 1981 and is continuing up through the present. Since I have been in continuous residence in the Unit during this entire period, I have had a close opportunity to observe Dr. Glasser's performance in the areas of concern.

(a) Teaching Ability

Teaching of medical students, pediatric house staff, graduate nursing students, and pediatric fellows is a prime and unique contribution of the Child Study Unit. The teaching itself is multi-disciplinary and requires the working together of the Unit Staff if the teaching is to be of the quality we deem possible and characteristic of the high standards the Child Study Unit sets for itself. We are not concerned about talking about teaching being important; we live it, we do it, on a daily basis, and those who have been the beneficiaries of such teaching say more eloquently than I could whether or not it has been effective and worthwhile teaching. We have innumerable complimentary letters and reports from physicians who have received some of their training in the Child Study Unit and who relate how valuable this teaching was.

Because teaching is so very high in the accomplishments of the Child Study Unit, I was particularly concerned to know how Dr. Glasser would perform in his teaching function. A special teaching talent is required for the child psychiatrist in teaching or consulting with pediatric house staff and pediatric faculty. From my observations I can say that he indeed has this talent. The staff of the Child Study Unit also agree with this observation; they have pulled together in a real team fashion in working with Dr. Glasser as Director, indicating their confidence in his ability and leadership in continuing the quality of teaching in the Unit. I feel very much relieved to find that we have been so fortunate to recruit such a competent person in the teaching function of the Unit. I would also point out the rare opportunity that this period from February to the present has provided. Ordinarily one might make an appointment of a new person to teach, with only the letters from outside documenting teaching ability and ability to interact with other staff members in an intimate setting such as the Child Study Unit necessarily represents; it may all work out well or it may work out

terribly, but the appointment is already made. But in this situation we have had the opportunity to observe the performance at first hand in the very setting we need to know about, and I can vouch for the performance being of the quality I would like to see in the new Director for the Child Study Unit.

(b) Community Service

It may deserve emphasis that the patients brought to the attention of the Child Study Unit are a very special group of patients. We simply do not get the "easy" cases. Both those who enroll in our clinic and those patients of other faculty members for whom we provide consultation are indeed the difficult cases. I believe our record of handling such cases speaks for itself. So this aspect of the expectation for important public service and a demonstrated record of public service concern in handling and advising and consulting on the more difficult problems in the field is very important. I have had the opportunity to observe Dr. Glasser in this function of patient care in these difficult cases. I feel certain from these observations that he certainly can continue and improve the record of service to the Community.

Most important, Dr. Glasser comes to the Child Study Unit with a wide experience in community mental health, including serving as the Consultant for the San Francisco Department of Social Service and the San Francisco Family Service Agency as well as to the the Respite Center. It is indeed fortunate for our Unit that Dr. Martin Glasser has already established his credentials and relationships with the agencies of the San Francisco and Northern California areas.

(c) Research in the Child Study Unit--and Dr. Glasser's Qualifications

I think unless I clarify what constitutes research in our area (behavioral pediatrics), a university committee member may fail to understand what has been accomplished, is being accomplished, and what needs to be accomplished by a Unit such as the Child Study Unit. The field of behavioral pediatrics is a new field, in which both the handling of the clinical problems and the teaching of physicians in effective methods of handling the clinical problems are under active investigation and have been under such investigation during the entire history of function of the Child Study Unit. There were no manuals for this endeavor when the Child Study Unit was established; indeed the researches into methods of handling patients effectively, and into methods of communication of these skills to physician trainees at various levels all have had to be done in the course of our work. So quite in contrast with certain basic science

researches, a great part of our investigative (research) effort has gone into learning the new principles of the discipline itself, and the effective translation of these principles into first, methods of caring for patients effectively and second, instructing physicians in the application of these methods. From hard personal experience, I can vouch for the fact that a tremendous effort has been necessary to investigate what teaching techniques for physicians really work in making them able to cope, within a limited perod of such training. I state with pride that such research is of great importance, and should be considered so in comparison with laboratory or so-called fundamental research.

I might point to several publications from our Unit which have had real impact:

1. From Current Problems in Pediatrics , monographs by myself and Dr. Bayard Allmond,Jr.:

Learning and Language Disorders in Children

Part I: The Pre-School Child
Part II: The School-age Child

2. The recent book by Dr. Bayard Allmond,Jr., Mrs. Wilma Buckman, and myself:

The Family Is The Patient: An Approach to Behavioral Pediatrics For the Clinician

The major topics of this book reflect crucial methods in the practice of behavioral pediatrics. The physician needs these methods to apply to his (her) practice. What I wish to point out here is that there was laborious and careful investigative work over a period of twenty years in the Child Study Unit to learn how to develop and use these methods, most of which are the direct result of our own efforts in the Unit.

Working effectively in the Child Study Unit, gleaning from each patient the findings which help in management, elucidation of new principles of managament, and elucidation of new techniques to be communicated to our young physician trainees are all research endeavors of great importance. I might point out the devastating cost in human health ahd happiness over a lifetime, not only for an individual but for an entire family unit, of inadequate methods of recognizing and handling bio-psychosocial problems, correctly evaluating such problems, and developing effective therapeutic techniques. I challenge heartily any who might suggest this is not "research" in the University sense. I think it is research of high human value, to be proud of

and in no way to be apologized for. Since Dr. Glasser has already demonstrated how well he works into this aspect of the Unit's work, it is clear that he will extend the research contributions of the type already provided to society by past work in the Child Study Unit.

But beyond this, I have already seen the keen interest of Dr. Glasser in furthering other kinds of investigative efforts of the Unit, of broadening the scope of such efforts through collaborative research with other members of the pediatrics department. It is gratifying to see that other faculty members are already seeking Dr. Glasser out to discuss and plan collaborative projects for the future which will broaden this scope. I am encouraged that the research function of the Unit will indeed be in good hands through the stimulation that Dr. Glasser will provide.

Dr. Glasser has also shown his skills as an administrator. During this period of financial crisis he has worked most effectively in devising plans to keep the Child Study Unit viable.

I trust this letter with its documentation will provide the necessary qualifications of Dr. Glasser for this position. Over the past six months he has demonstrated his ability superbly to fulfill the important function as Director of the Child Study Unit.

Sincerely,

Helen F. Gofman, M.D.
Associate Professor, Pediatrics

August 16, 1981

Dear Mel:

I am sorry to have to bother you with this concern when you have had recent personal concerns about Madeline, but I don't think this can wait.

Recent rumors this week that Marty's appointment has received negative evaluation is very damaging to the future of the Child Study Unit and need immediate attention.

First-- our receiving grant support from MCH was contingent upon having appointed a new director. If Marty's appointment does not go through and we are again without a director, I think we might be guilty of fraud with MCH unless we immediately inform them. I could not, with the trust they have shown me, do anything but keep my trust with them. This would certainly spell the last of our support with MCH or perhaps even cause them to rescind this year's grant support.

Second-- the morale of the CSU staff will almost certainly be destroyed by this latest blow (So far they are not aware of this situation, but rumors spread fast at UCSF). After hanging together for the six years that we have been seeking a director and after surviving these past 6 months with cliff-hanging uncertainty as to our very existence, the staff of the CSU have all pulled together to support our new director. Buoyed up by receiving a large part of our grant we have all been working very hard to continue our excellent teaching program and to expand our services to patients, faculty, and the community. We have all struggled to work out a way to continue this effort at the same time that we increase our revenue and take on more research endeavors.

At this point to lose our director would be a fatal blow. It is the height of irony that after all these struggles and with everyone pulling together we can now be destroyed by University protocol. We just can't let that happen. After working with Marty for six months the staff of the CSU and many of the Pediatric faculty have had an opportunity to evaluate his performance. In our view he has done an excellent

job --- (like coming on as captain of the Titanic and keeping it from sinking). This information should certainly get to the Budget Committee. (It was never asked for in the Ad Hoc Committee's considerations). I understand the Budget Committee meets today. Hence this haste. The enclosed letter should be brought to their attention.

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