

Jack Elinson (1917-2017) – The legacy of a pioneer

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Abstract *This study analyzes the education and professional career of Jack Elinson (1917-2017), pioneer in the field of sociomedical sciences in introducing its teaching and research in a school of public health at Columbia University, where he worked for thirty years (1956-1986). Elinson is acknowledged for his contributions to social psychology, statistics and medical sociology, especially on health care indicators and their relationship with quality of life. In 1985 he received the Leo G. Reeder Award from the American Sociological Association for his studies in the field of medical sociology. Jack Elinson, Renée Fox, Robert Straus, Eliot Freidson and many others were part of the group of the second generation of social scientists in the process of institutionalization of medical sociology/health care.*

Key words *Jack Elinson (1917-2017), Sociomedicine, Medical sociology*

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Education and professional career

Jack Elinson, the 99-year-old pioneer in the institutionalization of sociomedicine in public health in the United States of America, died on February 13, 2017. He was part of the second generation of researchers (psychologists, sociologists, statisticians) who dedicated themselves exclusively to the field of medicine and health care.

Jack Elinson (he legally changed his birth name Israel Jacob to Jack Elinson in 1944) was born on June 30, 1917, son of Sussman and Rebecca Elinson and, as he tells in his autobiographical narrative *City Slums to Sociosalustics*¹.

I was born at home in an apartment in a South Bronx (New York City) tenement. My mother died of tuberculosis (known as “consumption”) in 1923 when I was six years old. She had been in and out of hospitals, sanatoria, and “fresh air” country places where I sometimes accompanied her. For a year or so after her death, I was shunted between grandmothers in Brownsville (Brooklyn) and East Harlem where my older half-sister also lived. (I do not remember where my younger sister was put).

He narrates that his father, a Russian-Jewish immigrant, arrived in the United States of America in 1904 and when he was 40 years old he was widowed for the second time. His father worked in an “usual miscellany of factory employment available to poor immigrants”¹ and wished to pursue engineering studies in a technical college, but it was impossible due to domestic issues.

He says that South Bronx, Brownsville and East Harlem were regarded in 1976 as the three worst slum areas in New York City, but he did not think they were so bad when he lived there.

He attended the public elementary school Boys High School (class of 1933), in Brooklyn, and graduated from the College of the City of New York, in 1937, when he was 20 years old, with a B.S. degree with majors in Chemistry and Psychology. He tells how he changed his perspective of studying chemistry to study psychology after he dropped out of college for a semester and considered not to be chemistry his vocation; he also tells that “between the age of twelve [...] and the age of twenty [...] I spent quite a lot of time on the New York subways.”¹ – it took him one hour and a half to get from home to school – affirming that it was a site for extracurricular learning experiences that should be exploited by the sociologists of education. After having many different jobs, such as a production records clerk for a doll factory and washing laboratory glassware at a chemical analysis laboratory in the Food and

Drug Administration in Washington, he started working in 1940 in the War Department’s Personnel Research Section, aimed at constructing and analyzing psychological classification tests for soldiers. In his autobiographical narrative he says that

*This post marked my return to psychology and statistics. Here I practiced the psychometric trade, inventing multiple choice items intended to measure and predict performance in one army job or another*¹.

He tells how he initially learned to work with factor analysis and multiple regression manually until he could use calculating machines, and thanks to his “diligence and perspicacity” and Margaret Strong recommendation he got his “transfer and promotion to the army’s *Morale Attitude Research Branch*, by happenstance”¹. This branch brought together civilians and military members with training in sociology, psychology and social statistics and, in 1941, Elinson was brought in as junior social research analyst. Elinson reports with details how important this contact was in his training, as well as to complete his doctoral dissertation in social psychology, defended at George Washington University after his service with the Department of Defense. His dissertation defended in 1954 was on “attitudinal intensity in relation to personality and status,” in the author’s words a work “in which I showed that the higher the status of an individual in a group (by any indicator of status), the more intense (certain, convinced, positive) were his attitudes”¹. The master’s degree in psychology had also been obtained from the same university in 1946.

Summarizing his training and answering to the question: “Am I a sociologist?”, Elinson affirms: *I am a fellow of the American Sociological Association. I have served on the Council of Medical Sociology of that association. I was trained in wartime in the Research Branch by sociologists (S. A. Stouffer, L. S. Cotrell, Jr., Louis Guttman). I worked side-by-side doing studies of military morale with such fellow sociologists as E. A. Suchman, Shirley A. Starr, Robin M. Williams, Jr., Arnold Rose, John A. Clausen [...]. I have published in the Journal of Health and Human Behavior (later converted to the Journal of Health and Social Behavior under the editorship of Eliot Freidson) and Social Science and Medicine, but many of my publications are in professional public health journals*¹.

He also tells that he entered into medical sociology “rather unconsciously, without choice or forethought”¹. It happened during World War II when a group was developing a research on

American army soldiers, a work that would be published later, in 1949, in the four volumes of *The American Soldier: Studies in Social Psychology in War World II*. The aim was to assess morale of soldiers in military hospitals and whether they would be discharged or returned to full military duty. He says that his work had earned some attention. Later, he had the opportunity to develop research on the consequences of the Battle of Bulge – a battle that occurred between 12/16/1944 and 01/25/1945 during World War II – when he observed the conditions of soldiers who developed “trench foot” due to very low temperatures [a circulatory condition in the feet caused by long exposure to humidity, insalubrity and cold]. This became an issue of military interest when he was in charge of evaluating the effectiveness of the equipment used to prevent this condition. Only later he acknowledged this job as an epidemiological study when he compared hundreds of soldiers with “trench foot” and an equal number that had not developed this condition, comparing about eighteen variables of exposure to combat situations. This “baptism” in the field of health care research was later developed in participation in study on chronic diseases, but still in the Defense Department, he joined the group that was researching the sexual practices of soldiers in relation to venereal disease.

Leaving the War Department involved political reasons, as reported in the obituary of the American Association for Public Opinion Research (Elinson was president from 1979 to 1980):

Dr. Elinson was a passionate advocate for racial equality and relished meeting international visitors at conferences focusing on social inequities and the new field of sociomedical sciences. These ideas were not well accepted at his workplace – the War Department, which was then located in the Pentagon. In 1950, Elinson was targeted by the Army-McCarthy hearings and questioned about his “unduly fraternizing with colored persons,” his visits to the Washington Bookstore where left-wing books were sold, and why he allowed his younger sister Marcelle to date a man from the Communist-led Seaman’s Union².

The report continues: Though many friends and colleagues, including military officers, testified on his behalf, the threatening atmosphere was deemed perilous by the couple [Elinson was married since 1941 with May Gomberg (1919-2010), a nutritionist, who he met when she worked in the Department of Labor Statistics], who now had four small children under the age of six².

That is the period when he joined and got involved with NORC (National Opinion Research Center) as a research director. In 1956, he was asked to organize at the University of Chicago the summer institute on Social Surveys in the Field of Health.

An important mark of his action was the creation of the first department of sociomedical sciences in a school of public health at Columbia University, incorporating sociology, anthropology, economics, political science, social psychology and philosophy in the study of medicine and health care. He worked in the Mailman School of Public Health at Columbia in the 1956-1986 period.

The paths of medicine and medical sociology

In 1985 Elinson received the Leo G. Reeder award and his presentation was called *The End of Medicine and the End of Medical Sociology*²³ in an allusion to earlier works of Rick Carson and Ivan Illich published in 1975. In their books, these authors pointed out flaws of medicine and their threats to health care. For Elinson, this end “has since proven premature, if not completely without basis”²³.

The pessimistic view was not corroborated by the growth of expenditures, greater corporatism in medicine, growth of tertiary care, development of biomedical research, eradication of some diseases such as measles, and identification of human immunodeficiency virus (HIV). On the other hand, he cites the observation made by Freidson⁴: “medical sociology as a field is in decline, and may even vanish.” According to Elinson:

*Evidence used to support this conclusion is the decline and virtual disappearance of federal financial support for medical sociology training programs in graduate academic departments of sociology and in professional schools of public health*³.

Elinson presents many examples to prove that medical sociology is alive and well. The first is on “unmet needs for health care,” a theme he researched since the 1950s and led him, as he declares, to a researcher career in sociomedicine. The second theme, a “persistent and important theme in medical sociology,” regards social changes and health professions, pointing out current theories in that period (Freidson, Haug), which tried to explain the rationalization and formalization of professional practices. Two other examples are mentioned to show that research in medical sociology was “developing and exciting” – the relationship between medical care

and quality of life and social networks, personal practices and health status.

In his autobiographical narrative, Elinson discusses the title *medical sociology*, mentioning that researchers, such as Rosen and Olesen, have called for a *sociology of health*, but he would rather use a single word: *sociosalustics*. According to him, “One influence of sociosalustics is the effort to conceive and operationally define the social dimensions of health status”¹.

The legacy

Without a doubt Elinson’s greatest institutional legacy was the creation of the Division (now Department of Sociomedical Sciences) in a school of public health that consolidated itself until the present date. In the words of the current director of the Department, sociologist Lisa Metsch “Our field, and our department, would not be here today without the pioneering work of Dr. Jack Elinson”⁵. According to Metsch, “We know now that it is unacceptable to solely focus on individual behavior to understand disease risk”⁶ and she also says that “A social science perspective is critical to developing interventions for significant public health challenges such as obesity, infectious and chronic diseases, and an aging society”⁶.

Regarding the relationships between teaching and research within a school of public health, Elinson considered that it was “a problem-oriented, as well as scientifically oriented place”¹ with graduate programs covering a course load

of fifty percent of social science and fifty percent of public health.

His academic production comprises a wide field of research on epidemiology, psychometry, sociomedicine, health care, assessment of health services effectiveness, and social research. Elinson created a widely known method to assess quality of life, called Five Ds: death, disease, disability, discomfort and dissatisfaction. Another aspect of his work regards his activism “to improve health care delivery in developing countries”². In this sense, he helped to establish the School of Public Health at the University of Puerto Rico, and as a consultant on Pan American Health Organization in planning health care programs in Argentina, Dominican Republic and Cuba. The fact that he was fluent in Spanish contributed to these contributions.

Elinson is part of a generation of social scientists that started research in the field of medicine, health care and disease, when there was not a specific discipline formalized on these themes, pursued along their careers paths that led to the professionalization/institutionalization of medical sociology/health. Belong to this group Renée Fox (1928), Robert Straus (1923), Virginia Olesen (1925), Eliot Freidson (1923-2005), among others. They are researchers who, on many aspects, continue the initiatives of August Hollinghead (1907-1980), Anselm Strauss (1916-1996), Everett Hughes (1897-1983), considered a part of the “first cadre of medical sociologists”⁷ that started their research in the field of sociology, turned to what would be later the field of medical sociology.

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