

Era Summaries

The Social Service Department had four directors in its first one hundred years. Each director's era had distinguishing hallmarks, reflecting the times and the society of which they were a part. The second hundred years begins in a new century with a new director. The challenges and opportunities are yet to be experienced.

Ida Cannon (1906 – 1945)

At the turn of the twentieth century, the growth of factories, jobs, and unrestricted immigration brought large numbers of people into American cities. This created compact, densely populated neighborhoods such as Boston's West End. Conditions were often unsanitary and infectious diseases, such as tuberculosis, were leading causes of death. Most births took place at home, milk was unpasteurized and unsafe, and travel beyond one's neighborhood was difficult. There was no public health infrastructure, though Boston had over 1600 privately funded charity organizations at that time. Almshouses cared for the destitute while voluntary hospitals, such as the MGH, offered fee-for-service care to the public, as no health insurance existed. During this era, biomedical science was transforming medical care. Progressive social reformers dedicated themselves to modernizing society and alleviating poverty.

Ida Cannon brought "charity work" into the MGH clinics having been hired by Dr. Richard Cabot. Cannon and Cabot collaborated for the next thirty years, creating and developing hospital-based social work and at the same time building the social work profession. With vision, practical wisdom and persistence, principles and values were defined and service demonstrated, first in the outpatient department and later in the inpatient wards. In Cannon's words, "We had to work our way into our thinking." Staff brought new ideas, expertise and projects to the young department, many of which continue today. Practice encompassed counseling, education, advocacy, practical assistance and research. Teamwork with physicians was a significant factor in the success of the venture. Cannon traveled extensively, providing national and international leadership as social work expanded in other hospitals.

Josephine Barbour (1945 – 1965)

Following the war, MGH, like other hospitals, underwent tremendous growth both in the science of medicine and the expansion of hospital and research facilities. Although President Truman's Commission on the Health Needs of the Nation identified access to care as a basic human right, insurance and private care remained inaccessible to populations such as the elderly and the poor. At MGH, enhancing patient care in the clinics and expanding specialty medical and surgical practices were priorities. The West End, MGH's neighborhood, was dramatically re-developed during this period.

Josephine Barbour assumed the directorship within months of her return from World War II. During this era the department became fully integrated into all practice areas of the hospital. Inpatient medical-social rounds were widely instituted. Social workers were added to specialty practices as physicians requested services. Clinical supervision was initiated for all professional staff. As an expert collaborator, Barbour served on numerous hospital and national committees. Foreign visitors frequently came to observe and learn as medical social work developed in other countries. The Advisory Committee, composed of physicians, administrators, nurses and trustees, continued to provide counsel to the department both in fiscal management and in program development.

Eleanor Clark (1965-1984)

This period was one of great social activism. The civil rights movement was at its peak and ethical debates about social issues were pervasive, intense and occasionally violent. "Great Society" programs such as Medicare and Medicaid were enacted. Federal monies and generous foundations supported tremendous growth early in this expansive era. While the MGH continued to grow in its established areas, new ventures such as community medicine brought care to three surrounding communities: Charlestown, Chelsea and Revere. Later in this period, increasing government scrutiny and utilization review slowed growth and brought greater austerity.

Throughout her career, Eleanor Clark was a visionary leader who broadened and deepened the practice of social work. As in the early days of the department, new areas of unmet need were identified and brought forward by practicing staff, then developed and integrated into the department. Grant money was obtained to pilot discharge planning programs for elderly and low-income patients. Partnerships and liaisons with community facilities and agencies were created to assure continuity of high quality care. Social workers expanded their roles in different settings; nurses and case assistants were added to the staff; and educational programs were strengthened.

Evelyn Bonander (1985-2004)

The next twenty years brought monumental changes to health care and to the MGH. The political climate became more conservative and attempts were made to limit costs by increasing regulation and restricting new growth. In this environment patient census and hospital revenues declined, and competition in all aspects of health care increased. At the MGH, patient care was restructured and layoffs ensued. In 1995, Partners Healthcare was formed as MGH joined with the Brigham and Women's Hospital. Soon a new period of growth began. The hospital census began increasing again and ambulatory care expanded dramatically. New buildings (Ellison, Blake and Yawkey) housed new programs, services and additional staff.

Evelyn Bonander assumed departmental leadership during a tumultuous era in health care. Discharge planning continued to be a top priority. The department actively participated in the hospital's patient care restructuring initiative, including the transfer of social work's role in discharge planning to a newly created Department of Case Management. Following hospital-wide downsizing, the mid-90's brought new growth: in-patient social workers refocused on clinical work, new positions were created in ambulatory care, specialty programs were developed and supported by grants and in collaboration with other departments, on-site coverage increased to 7 days at 16 hours daily, and staff was reorganized into self-managed teams. A new initiative to enhance cultural competence was begun.

Ann Daniels (2005-Present)

As this era begins, the MGH seems well positioned fiscally and administratively. However, in the world at large it is a time of great unease as the United States remains at war in Iraq. Security in so many aspects of life seems threatened, whether by natural disasters or international conflicts.

Ann Daniels was named the fifth director of the department in June 2005, the first director to hold a PhD in clinical social work. Today, MGH social workers continue to be in the forefront of their profession, initiating new programs and services to meet the changing needs of patients and families. Social workers were recently made a permanent part of MGH's disaster response teams and deployed in Indonesia and the United States Gulf Coast. Now with a staff of over one hundred, the department looks forward to new leadership and continued growth and innovation.