

Saul Joel Robinson, MD
1910-1989

Pediatric Cardiologist, SF (Mt. Zion, UCSF, Stanford)
Chapter 1 Chair, 1960-62
District IX Chair, 1970-75
AAP President, 1977-78

His Presidential address can be found in *Pediatrics* 1979; 63:272-275

Excerpts from the address:

“It took a long time for pediatrics to be recognized as a separate specialty, and it was only after World War II that medical schools and teaching institutions gave this area a recognizable identity in their programs. The “baby boom” ...gave the pediatrician a busy practice...The end of that same baby boom in the late sixties...along with the regionalization of care, ...closed panel health programs...and ...public health clinics...forced the pediatrician to reassess...his changing and...diminishing practice... What must the pediatrician do now to convince others that he or she is, indeed, the specialist to handle children’s problems, be they physical, developmental, mental, or behavioral?...

...I believe we can once again answer the question so often posed by presidential addresses in the early 1960s: ‘Whither pediatrics?’...

...(Review of history detailing the increasing busy pediatric load requiring other sources of care and payment—these other sources continued after the baby population declined.)

What must the pediatrician do now?

The pediatrician must convince others that he or she is the specialist for children’s problems and the advocate for children in our society. The pediatrician must explain his or her important role as a preventionist by appropriate counseling of parents, even starting before the day of birth. He or she must continue this care by immunization...and by recognizing and preventing the disabling conditions...The pediatrician must also publicize an awareness of the problems of the adolescent and an ability to cope with them.

The pediatrician must consider as a duty educating parents and children about the menace of accidents and their prevention. Where indicated, he or she must be capable of managing the child with behavior or learning disabilities, of caring for the handicapped child, and of recommending proper nutrition for patients from infancy on.

The pediatrician must maintain a leadership role in the community, and in national legislation, regarding those issues of childhood...

When the pediatrician has become involved once again in comprehensive care,...those responsible for payment ...must be convinced that...payment...includes such areas of anticipatory guidance, counseling, the teaching of parenting, the diagnosis of behavior and learning disorders, health supervision and prevention.

What is being now being done by the American Academy of Pediatrics...?

1. ...a program to emphasize pediatrics and pediatric practice...Its motto is: ‘The American Academy of Pediatrics Speaks Up for Children.’
2. There is already, I presume, a growing recognition that the pediatrician is the best qualified to give optimal, comprehensive, continuous care...

3. Pediatric residency programs are undergoing changes...to include training in some of the new pediatric problems—drug abuse, child abuse, alcoholism, learning disabilities, teenage parents, ethical problems.
 4. ...By an overwhelming majority (84%), they (the members) wish to remain primary care physicians...
 5. ...medical students and residents are receiving exposure to general pediatric practice in physician's offices.
 6. There have developed community pediatric health centers...
 7. Pediatricians are participating more than ever in all phases of continuing education...
 8. Chapters of the AAP are entering with zest into the legislative arena...
 9. Congressional bills...(for)... health care ...to be delivered or supervised by pediatricians in such programs as Early Periodic Screening, Diagnosis and Treatment and Medicaid.
 10. ...75% of the children in country receive optimal comprehensive care from the private sector. The government might want to extend the same type of care to the 25%...rather than trying to develop an entirely new, inefficient and expensive form of health care under complete government control.
- ...We will not stand idly by and wait for others...to determine our course. Children need comprehensive care and advocates in all arenas, so let the pediatricians, who have the skill and knowledge, take the lead as we 'Speak Up for Children' *now*."

Biographical Notes

Birt Harvey:

What I most remember about Saul was his continued attendance at chapter board meetings and trying to run them rather than letting the chairman do his job. But that was Saul's nature. He was a very strong and self assured person.

Milt Arnold (chapter 2 activist since 1960s):

The Federation was primarily initiated and managed by Chapter One and it certainly was the impetus to get the AAP active.

Saul and I were frequently in disagreement - not about the federation but about his authority which at times I found unhelpful.

Liz Berger (long time child advocate & consultant for California AAP):

Saul was wonderful, and his goal was better services for all children, therefore he was much, much concerned with economic issues which is why I think he sought me my work always focused on budgets since it was my education emphasis. I loved Birt's comment...Saul was not much over 5'3" but he absolutely, positively was the dominant figure in any room he entered, even the legislature!

Dr. Robinson was diminutive in stature and his physical presence absolutely filled any room or auditorium he occupied. I have never been more impressed with someone's perspicacity as Saul's. This was demonstrated in my first two hours with him. I must add, that it took many others, such as Drs. Birt Harvey, Delmer J. Pascoe, and Milton Arnold to fulfill all the visions for pediatricians Dr. Robinson had. But he initiated concepts which were brought to fruition both by himself and others. And all during my first interview with him.

If you come to work for us, he said, we will provide a special voice for children's health interests in Sacramento. My query was "What about CMA – don't they take care of your issues for the Academy?" To some degree, he said but the board and I have some ideas which need a different voice for pediatricians, issues which are not general to all physicians.

I've spent several days now trying to think of how to frame his basic ideas which appealed to me then and in which I believe in to this day. I could never capture his words or his skill in framing a conceptual framework for political action. But as best I can they are generally:

1. Pediatricians need to speak out for all children.
2. In the 1970's pediatricians were discriminated against in the fee structures. Small fees for small people, was how he described it. This is wrong, he said. If not greater, the fees for like procedures should be equal. There is disequilibrium. (An aside: I said how did that happen? Urinalysis of a small child reimbursed at far less than an adult? What is that about? Saul explained the fees had been established largely by orthopedists and radiologists and they did not understand the complexity of diagnosing children. He held out his thumb. When I do surgery on a child, sometimes the heart isn't much bigger than the end of my thumb. We should have more, not less. At least it should be equal, he emphasized..)
3. Public policy for private insurance carriers was largely determined by public policies enacted by the legislature, he said. I agreed with him. If a wholly representative body such as a state legislature enacted a law which affected all the Medi-Cal children, insurance lobbyists took note and said, aha, this is a trend that we must pay attention to. Babies should be insured from the hour of delivery, not days later. WHAT? Said I.
4. Dr. Robinson, a nationally recognized cardiologist, believed in his heart of hearts that good health care, even preventive care, should be available for all children including the poorest of the poor. People of limited means should have access through public funds.
5. Dental care was an essential component of health for children. At that time, he informed me there were not dental services for poor kids except "extractions."
6. Sub-specialty pediatricians provided care for CCS kids and this program should be protected at all costs.
7. Pediatricians should come to the Capitol and testify before the committees. Pediatricians should be organized in the three chapters to advocate directly with their own legislators.

Said I, "Those are very large political agendas" This was my first meeting with him in my office, and I was stunned by his ideas. "Of course they are," he said, "but if it's important with proper organization, it will come to pass."

As a result of his leadership, committees were formed and as I said with the legislative chairs, Birth Harvey and Delmer Pascoe, Milt Arnold and others, most of his goals were realized. Over the years, many of the concepts became national policy agendas.

The California Child Health Disability and Prevention Act resulted. This provided the American Academy's periodicity schedule for poor children whose parents earned up to 300% of the federal poverty level. It has become diminished in its scope over the years as various advocacy groups have made efforts to encourage private insurance companies to provide care, rather than direct payments from the state. CHDP remains, to me, an amazing effort by Robinson et al in that it placed the burden on the State of California to prove people were lying on their income tax forms in lieu of filling out what

was then a 38 page form for MediCal kids. Robinson almost single handedly convinced legislators this was too burdensome.

The California Denti-Cal program was adopted. Not as he wanted – kids should be screened at school just as they are for their eyes, said Saul. I noticed in the press recently there was another attempt to bring this about.

A close alliance between the Children's and University Hospitals resulted in stabilization of the funding mechanisms for CCS children. All health procedures were reimbursed differently as a result of legislators' quick grasp of CCS kids' needs.

The entire fee structure for reimbursement of health procedures for children was made more fair. More equal to providers of care for adults.

For me, he was a delight. He was blazingly bright. He understood the political process. I one time remarked on his leadership skills and he said his primary responsibility was to train new leaders. Again I mention Drs. Harvey, Pascoe and Arnold. He knew how to inspire. He brought along great California leaders and national ones as well. Citing those three in no way diminishes the contribution of others who were influenced by this amazing, unselfish, caring man, Saul Robinson.

Many California laws benefitting children are the legacy of Saul Robinson.

Andrew Roberts (an ex-patient):

This morning I found myself thinking about the cardiologist who had cared for me as a child—Saul Joel Robinson—and did a quick search for him on the internet. I found the brief memorial piece about him on your website and was touched and also amused to read the impressions of the man from those who worked with him.

My memories of him of course are those of a someone who knew him from my own infancy until our last office visit when I was about 20 in the 1980s. I recall him as always looking very old, but with a gentle smile and fun sense of humor. My father passed away when I was 9 and I know he often did not charge my family for my office visits. Then in 1972 with the help of the Cripple Children's Organization I was able to have surgery to close my Patent Ductus as well as to remove a coarctation in my aorta (I am not sure about the spelling here—forgive me please).

Anyway, I remember seeing a very different side of him while hospitalized up on the hill and was amazed that such a seemingly small man could instantly instill so much outright dead from the nurses on the ward. He would arrive on my floor and it was as if a 6'4" 250 lb Drill Instructor had stepped into a marine barracks full of new recruits. But with us, the kids he was taking care of, Dr. Robinson was a saint. He made my fears vanish and was always straight up with his explanations as to my condition and what he expected.

The only time I was ever afraid of him, was when I was about seventeen and he asked me if I wanted to go to medical school someday. I did not want to disappoint him and told him I was sorry, but that I wanted to be a writer. His comment to me was "Good if you aren't going to be a doctor, be a writer. But you have to promise to write a spy novel for me someday." Apparently he loved mysteries and spy books. I guess I still owe him a book.

In any case, I am sad to now know he has in fact passed on, but I take comfort in knowing that there are many children now grown to adulthood who are alive because of him—and I am sure we all back on him with love and gratitude. He was a genuine character who could rub people the wrong way, but what an amazing doctor and advocate.

Please pass this message on to any of his surviving colleagues, family and friends.