



# Humanitarian Award

David A. Ansell, MD '78

I am a first-generation American. My parents were immigrants from England and my mother's extended family was wiped out in the Holocaust, victims of racism, mass incarceration and genocide. I grew up in Binghamton, New York, and due to my family history and the civil rights movement of the 1960s, gravitated towards civil and human rights issues. As a teenager, I began to work in our local hospital as an orderly, and later, as an operating room technician. That work stimulated an interest in a career in medicine.

Upstate was the ideal choice for me. I liked the idea of going to a public university and it was just up Route 81 from my hometown. I also had visions of being a physician in one of the underserved communities in Upstate New York. But my initial transition to medical school was difficult. At a particularly low point as a first-year medical student at Upstate, I briefly flirted with the idea of quitting and joining the SUNY forestry school. But as luck would have it, I met a group of like-minded students in anatomy lab who picked me up from my doldrums. We decided to study the U.S. healthcare system and began the Upstate Healthcare Forum to educate ourselves on healthcare in America. These efforts helped me clarify why I was pursuing medicine. Sure, I wanted to be the best doctor I could be. But these self-education sessions illuminated my purpose in medicine—to pursue health as a human right. Thus began a career as doctor, epidemiologist, and health activist.

My medical school friends and I decided that we wanted to train at a place where the issues of health and human rights were frontline concerns. This path lead us to Chicago's Cook County Hospital. In 1978, County was the oldest public hospital building in the United States, well past its glory days as one of the foremost training grounds of U.S. physicians. Fifty years prior, the American College of Surgeons had recommended that the hospital be replaced. County had other problems. It had been discredited two years prior. Three years before we arrived, the residents had walked-out in what is to this day, the longest doctor strike in United States history. And they were not on strike for higher wages but for better patient care—EKG machines, Spanish interpreters, and other basic items. When we applied for residency, there was a plan afoot to close the storied hospital, which was one of the only places in Chicago that cared for patients without ability to pay. When we told our



**Above: Upstate Medical Students 1977: Top row, from left, Barry Abrams, MD '78, David Ansell, MD '78, Catherine Stika, MD '78. Bottom, left, Stuart Kiken, MD '78, Ralph (Blue Tick Hound), Paula Grabler, UIC College of Medicine 1991**  
**Left: Me and my pug in medical school 1978**

Upstate professors that we were planning to go to Cook County, we were advised against it. But five of us from the class of 1978 (and one more in 1979) listed only Cook County Hospital on our match list and our fate was sealed. We were going to save a public hospital and learn medicine. We did both.

It was at Cook County Hospital that I learned to practice what the famous 19th century German physician Rudolf Virchow called "social medicine" or the impact of social conditions on health. I call our experience at County "doctors within borders" because we rounded on our patients but also held meetings and demonstrations to keep the hospital from closing. And largely as a result of these and other efforts, Cook County Hospital is still open and in a new facility.

After my residency, I continued working at County for 13 years as an attending physician in many

roles, first as director of the Breast and Cervical Cancer Screening Program, then as director of the Ambulatory Screening Clinic, the large walk-in clinic at County, and finally as chief of the Division of General Internal Medicine. Along the way, I acquired a master of public health degree in epidemiology from the University of Illinois School of Public Health.

My work as a physician, epidemiologist, and human rights activist has always been to combine inquiry with activism on behalf of the unseen and underserved. My work with others (including Jim Schlosser '78) on the problem of patient dumping led to a New England Journal of Medicine paper that brought national attention to this issue and contributed to landmark national legislation to end this practice. At County, I began one of the nation's first breast and cervical cancer screening programs to specifically serve minority women in Chicago. This has led to a body of work aimed to end health inequities and combat structural racism in health care.

In 1995, I moved to Chicago's Sinai Health System, the State of Illinois' largest private provider of indigent care and one of the foremost safety-net health systems in the United States, as the chairperson of internal medicine. At Sinai, I helped found the Sinai Urban Health Institute, which has become one of the nation's leading centers for research and interventions to understand and eliminate health inequities.

I moved to Rush University Medical Center in 2005 as its inaugural chief medical officer, where I expanded my work on access to healthcare and health disparity reduction. Our research led to the realization that there was an enormous disparity in breast cancer mortality between African-American and white women in Chicago. I helped lead the efforts to start a new organization, the Metropolitan Chicago Breast Cancer Task Force (MCBCTF), where I serve as president of the board. The MCBCTF goal is to decrease the disparity by improving the quality of breast cancer screening and care for minority women in the Chicago area. The work of the taskforce at improving the quality of breast cancer care for minority women has resulted in a 40 percent reduction in the racial disparity in breast cancer mortality in Chicago, a finding not seen in any other city in the United States with a large African-American population. I have also been involved with the undocumented community in Chicago to provide access to health care.

In 2011, I wrote *COUNTY: Life, Death and Politics at Chicago's Public Hospital*, a memoir about the years I spent working at County. The book documents the harsh working conditions for doctors and nurses and the suffering the patients experienced there—most of whom were low-income minorities and immigrants. *COUNTY* was named by the *Wall Street Journal* as one of the top five books on healthcare in 2011. In 2017, my second book, *The Death Gap: How Inequality Kills* was published. *The Death Gap* provides an overarching framework for understanding the root cause of ethnic-racial and economic disparities in illness. It was named by *Nature* as one of the top 20 books on health in 2017.

I still practice internal medicine and hold an endowed professorship in internal medicine while I lead Rush University Medical Center's community health equity work. Some of my patients are individuals I first met in 1978 when I began my internship. It has been a privilege to be a doctor and to serve patients over all these years. My wife Paula has been by my side since the beginning. We married the summer before medical school. She received a social work degree from Syracuse University, and when our two children were small, decided to pursue a career in medicine, including an internship at Cook County Hospital. She is a radiologist specializing in breast imaging at Rush University Medical Center in Chicago. We have two grown children and one grandson who continue to bring joy to our lives.

Bio submitted by Dr. Ansell



**Dr. Ansell, 1980 Residency Cook County Hospital**



**Dr. Ansell examining a patient as a rising attending physician at Cook County Hospital**



**Left to right Barry Abrams, MD '78, Dan Brauner, MD '79, Jim Schlosser, MD '78, David Ansell, MD '78 (photo taken 2012)**