

communityprofile



PHOTO/ ©2003 FRANK MONKIEWICZ

Sailing enthusiasts enjoy a quiet evening on the Charles River in Boston's Back Bay area. The tall building to the left is the John Hancock Building. To the right is the Prudential Center. In the enclosed river area, members of Community Rowing hone their skills.

Medical Mecca on the Bay In Boston, there is enough history, arts, and medical know-how to satisfy almost anyone. For the city's aficionados, ambience and opportunity trump congestion and prices.

By Eileen Lockwood

THRIVING MARITIME AND COMMERCIAL interests once earned Boston, Massachusetts the title "Hub of the Universe." Today, with its abundance of doctors, clinics, and hospitals, it could qualify as the "Hub of the Medical World."

It was enough to impress Jack Nicklaus. In 1999, the megastar golfer was told he needed a hip replacement. Like a number of elite athletes before—and since—he

chose [New England Baptist Hospital](#) in Boston for the surgery. In a land of giant medical facilities, Baptist, with 141 beds, is a Lilliputian. "We're like 'Cheers' (the TV show filmed in Boston); this is a place where everyone knows your name," says Erin McDonough, the hospital's public affairs vice president.

Baptist's specialties—including musculoskeletal care and sports medicine—make it the "official" hospital of the NBA's Boston Celtics and the main draw for other high-

profile athletes, as well as many another hip and knee-replacement candidate.

With 875 licensed beds, [Massachusetts General](#) is clearly the area's largest medical facility—and, founded in 1811, the third oldest in continuous operation in the U.S. (after [Pennsylvania Hospital](#), founded in 1751, and New York Hospital, 1771). Size justifies the most up-to-date diagnostic equipment and makes it a formidable contender for research grants of more than \$350

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million a year.

Current projects include tissue engineering, Xeno transplantation (the possibility of using pigs as organ sources for human transplantation) and split liver transplants. Mass. General also has the largest cancer care program in New England and one of the largest diabetes programs.

The two hospitals are a mere beginning in a nearly overwhelming roster of large general and smaller specialty facilities co-existing and usually cooperating to keep the population healthy. Some of the names—[Brigham and Women's](#), [Dana-Farber](#), and [Lahey](#)—stir nationwide recognition. “Here you can throw a rock and find a quality care institution,” says McDonough, “so there’s a lot of competition, and good care is the result.”

POPULATION

Boston: 589,141
Suffolk County: 682,062
MSA: 3,359,215

CLIMATE

Annual rainfall: 41.5"
Annual snowfall: 41.6"
Average high/low temperatures:
January: 35°/21°, July: 81°/65°
Clear days: 97, Partly cloudy: 102
Cloudy: 163
Weather information supplied by Robert Lautzenheiser, former state climatologist.

TRANSPORTATION

Airport: Logan International Airport
Bus: Greyhound, Peter Pan, Bonanza
Train: Amtrak, Commuter Rail
Interstates: I-90, 93 & 95. I-495 bypasses the city going north.

COST OF LIVING

Indexed at 135.9 (100 is average)
Average home price: \$236,250
Median household income: \$45,093



ABOVE, The long-time home of poet Henry Wadsworth Longfellow on Brattle Street in Cambridge is owned by the National Park Service. George Washington headquartered and planned the Siege of Boston here between July, 1775 and April, 1776.

The rundown includes 13 hospitals in Boston proper, with a total of 21 in the 617 area code. Outside this loop the number escalates. “We’re pretty much the medical capital of the world,” says Mary Ellen Gambon, a city redevelopment researcher.

Why so many? “I think it’s just historical,” says Richard Marshall, MD, the chief medical officer for [Harvard Vanguard Medical Associates](#) (HVMA), an independent multi-specialty group practice dating back to 1969. “Many of the hospitals got an early start (especially Mass. General), and Boston became a kind of intellectual medical center of the U.S.,” says Marshall. Others say it’s a spinoff from not one, but three medical schools—at [Boston](#), [Harvard](#), and [Tufts Universities](#).

Originally an HMO sponsored by Harvard Medical School, HVMA separated from the insurance business in 1997, and since then has focused solely on patient care at its 14 locations. “We’re now a physician-led organization

that maintains strong academic affiliations. Many of our physicians have teaching and research opportunities because of our affiliation with Harvard Medical School and its teaching hospitals,” says Laura Schofield, the manager of physician recruitment at HVMA.

Putting out a welcome mat

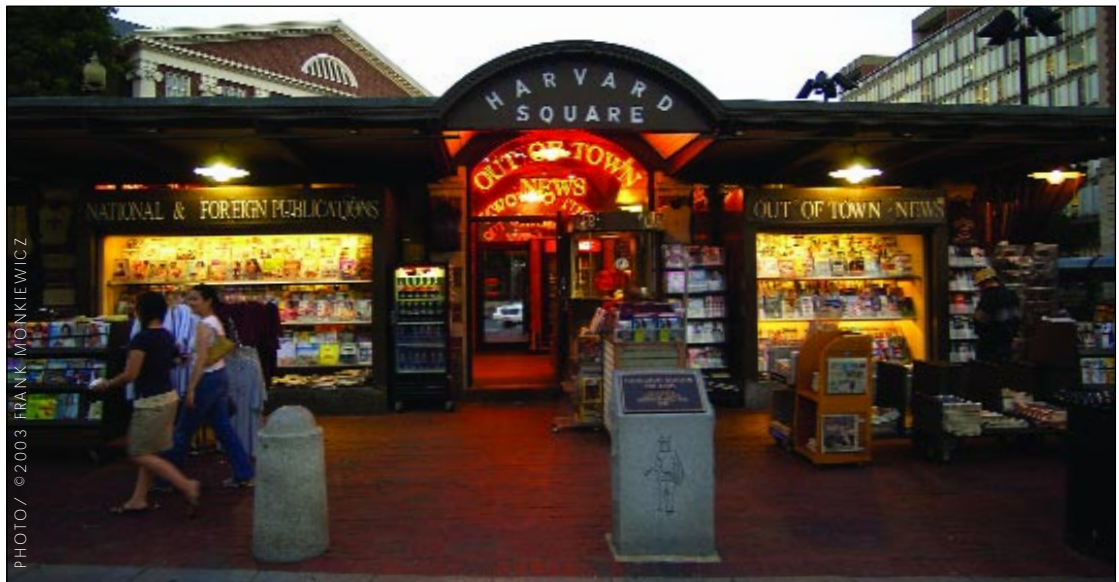
Despite the fact that so many physicians are educated here, there is currently a good market for “outsiders,” especially in some of the specialties now in short supply nationwide, such as radiology, gastroenterology, and child psychiatry. Schofield, for one, actively recruits physicians from outside Boston. “I think because of our academic affiliations, HVMA does attract physicians from all over the country—physicians who want to have a practice that resembles a private practice but allows them an exposure to an academic teaching hospital. I hire a lot of out-of-state physicians. The credentialing for an out-of-state physician does take longer, but

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ABOVE, A single sculler passes before Weld Boat House in Cambridge, home of Harvard University's crew team. RIGHT, Out of Town News provides Cambridge residents with newspapers and magazines from every major American city and all over the world. BELOW, Harvard Business School presides over the Charles River in Boston.



we're willing to wait for the right candidate," says Schofield.

Although he's been in Boston since 1975, Marshall grew up in California, where he earned his bachelor's and medical degrees. Praveen Mehta, MD, the chief of internal medicine at HVMA's practice in Peabody, a northern suburb, arrived just a few months ago from Syracuse, New York.

Any perceived snob clamp on jobs didn't affect Megan Gerber, MD, either. A non-Bostonian who earned her medical degree—and met her husband, William Bachman, MD, now a cardiologist—at Pennsylvania State University, she's an internist with [Cambridge Health Alliance](#), a health-care group that includes three community hospitals, the [Cambridge Public Health Department](#), and some 20 primary care sites.

During her internship and residency at the University of Rochester, says Gerber, "I heard a speaker from CHA who talked about helping the uninsured; I sent a blind letter (of application) and they hired me." Bachman also works there now. "We liked the city, and it seemed like a good place for both of us to get educational improvements."

They're not alone. Other "dual-medical" couples include the Marshalls (his wife, Marcie Richardson, MD, is an ob/gyn) and the Mehtas (his wife, Annu, practices family medicine in Needham). High on the Mehtas' list of reasons for relocating: "We want our kid (now 3) to grow up in a place with good education and a place with a lot of diversity."

Although a lifelong Bostonian with all of his degrees from Harvard,

David S. Greenes, MD, an emergency pediatrician, reports that some two-thirds of doctors in the residency program at [Children's Hospital](#) are from "all over the country" (and the world), which creates a cordial atmosphere, "because so many people from elsewhere are looking to make friends." Social opportunities abound. With a staff of 1,500 physicians, dentists, residents, and fellows, Children's is the largest center of its kind in the U.S. It has stayed on top of [U.S. News & Report's Best 100 Hospitals](#) for the last 14 years and, judging from the amount of research funding the hospital receives from the [National Institutes of Health](#), it may also be the world's leading pediatric research enterprise.

Gerber and Bachman chose Boston partly because it's not far from their families in New York City, but they've happily found it's "a very pretty city, with lots to do and lots of resources. It's great for children (they have two), and the medical community is pretty vibrant." Museums—almost three dozen in Greater Boston—and the Red Sox top their list of off-hours destinations. Not only that, "you can be in a beautiful place very quickly," such as Cape Cod, Cape Ann, the New Hampshire mountains, or the coast of Maine.

Mini melting pot

If Boston is rich in health care, it's also wallowing in history and culture: from the Wampanoag and Pequot Nations, Puritan settlers, and Revolutionary heroes to Emerson, Longfellow, and John O'Hara whose writings shaped and chronicled society, Stokowski and Ozawa who set

the tone for musical excellence, Babe Ruth and Ted Williams who made a different kind of music with their bats, and the brawling Irish ward bosses to John F. Kennedy, America's first Irish Catholic president. The best-known "ward boss" was the wily James Michael Curley, who served as mayor off and on for 36 years, interspersed with two jail terms. Wrote one biographer, "There wasn't a contract awarded that did not have a cut for Curley."

At Mass. General, media relations director Georgia Peirce says, "One thing I think Boston hospitals have done increasingly well over the years is to address the needs of the underserved."

In fact, "funny money" built his lavish mansion, the House with the Shamrock Shutters, still standing at 350 Jamaicaaway in Jamaica Plain, just south of the central city.

Even though they would eventually dominate the city, throngs of Irish arrivals discovered in the 1840s that the Boston welcome mat was not always so big, a negative tradition that started with the Puritans in 1630. These first settlers laid the groundwork for a sophisticated society by founding the country's first college ([Harvard](#) in 1636) and the first public school ([Boston Latin](#) in 1635), and their legacy is the extravagance of colleges—at least 25—that make Greater Boston an education mecca. Other prominent institutions include such household names as [MIT](#),

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PHOTO / ©2003 FRANK MONKIEWICZ

ABOVE, The new Leonard Zakim bridge crosses the Charles River between Boston and Charlestown. Designed after the Bunker Hill Memorial, it is part of the Central Artery/Tunnel project, known as "The Big Dig." The completed interstate system will take I-90 and I-93 underground to reconnect downtown with waterfront neighborhoods and the historic North End.

Tufts, Boston University, Brandeis, and Boston College.

But woe to any newcomers seeking the religious freedom enjoyed by the Puritans themselves. The first "sinful non-believers," the Quakers, were chased out. Those who ventured back suffered dire consequences: Their ears were cut off or their tongues perforated with hot irons. The ultimate punishment was hanging—on **Boston Common**, the 50-

acre pasture that is now one of the city's best-loved green spaces.

Thieves, pirates, Indians, and suspected witches were dispatched there. You can only imagine the Puritans' reaction if they had known about the hordes of Irish Catholics who would build the 161 parochial schools which now educate 55,169 students in Boston—that's enough to place Boston among the top ten in parochial school populations in

the U.S. according to the **National Catholic Education Association**.

Since it was the terminus for packet lines from Britain, which offered the cheapest fares, Boston actually became the destination for more Irish immigrants than New York. These days the city welcomes arrivals from so many different countries that state law mandates interpreters at medical facilities. One of the most extensive staffs of interpreters is at Boston Medical Center—it has 30 workers fluent in 17 languages. And Harvard Vanguard is partnering with community groups to train bilingual/bicultural residents.

Caring for those in need

Boston Medical Center itself is a tribute to the strong altruism ethic that

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seems almost as ingrained as the Kennedy myth. So is the Lemuel Shattuck Hospital, a relative newcomer opened in 1954 and named for the Bostonian whose research led to establishment of America's first board of health. "Even the big teaching hospitals give back to the community in one way or another," says Robin L. Reed, MD, the chairman of Shattuck's internal medicine department. At Mass. General, media relations director Georgia Peirce adds, "One thing I think Boston hospitals have done increasingly well over the years is to address the needs of the underserved."

Concern for the less fortunate doesn't end at the Charles River, though. Crossing over to Cambridge takes you into Harvard University territory, but also to the Cambridge Health Alliance, which, according to spokesperson Jill Burrows, is one of the few public health systems that incorporates a public health department. Its mission to provide high-quality care for all includes a strong emphasis on culture and language, with interpreters fluent in no fewer than 100 languages. CHA also provides special "companions" who help overcome social and cultural barriers that could jeopardize treatment for victims of violence and women with at-risk pregnancies.

Boston City Hospital, the predecessor to today's Boston Medical Center, was founded in 1864 to serve "charity patients." But by the late 20th Century it had deteriorated into what current Mayor Thomas Menino called a "hackarama"...a political dumping ground. In a never-say-die effort, the money-losing institution went private seven years ago,

kept its city subsidies, merged with the teaching hospital of the [Boston University School of Medicine](#), and for the last two years has shown a profit. Its new motto is "Exceptional Care Without Exception," and it's New England's largest safety-net hospital. In 2002, it provided \$246 million in care to the uninsured. For doctors, it's become a mission, luring many from prestigious (and more lucrative) positions elsewhere. "BMC," wrote two *Boston Herald* reporters, "is holding its own in a city full of renowned teaching hospitals."

It operates the only hospital-based food pantry in the U.S. and offers free patient transportation and health care for the homeless. In addition, it runs some 300 research and service projects, including groundbreaking work in such areas as sickle cell anemia, genetics, hypertension, geriatrics, and vascular biology.

Shattuck, wrote *Boston Globe* columnist Sam Allis, "does a lot of Boston's dirty work. Its breadth and depth of hard cases makes St. Elsewhere look like Ding Dong School." Seventy percent of its patients are addicts. They and others have multiple maladies and behavioral problems besides. On the premises are a homeless shelter, transitional residential program, detox unit, needle exchange program, and methadone clinic.

"There's a lot of pride in the quality of work by physicians (at Shattuck)," says Reed. "And we have a strong network of community centers. Just about everyone I know has had some experience working in clinics."

Reed, who moved here partly because her brother and a boyfriend were here, holds teaching appoint-

ments at two Boston universities and has been affiliated with four other area hospitals. "But the other reason I like it here is the health care for the homeless," she says, "My preference is to work with people who need the care."

These days, both Reed and Gerber are concerned about how safe the safety net will be for their institutions. As Massachusetts, like almost all other states, struggles with a shaky budget, says Gerber, the politicians "are dismantling public health and safety nets throughout the state."

Uncompensated care and Medicaid recipients make up 58 percent of Cambridge Alliance's census, and Medicare patients are another 24 percent. Still, the system's hospital/group medicine/research combination has stirred national attention for its "open access" policy at more than 16 primary care centers. It guarantees that 60 percent of its physician schedules will be open for same-day visits, and all service requests must be handled within 72 hours. It operates three school-based health centers, including two in high schools and one in an elementary school.

Probably Boston's oldest and most unusual institution for the poor is the [Floating Hospital for Children](#), started in 1894 and now a terra firma arm of Tufts-New England Medical Center. Rev. Rufus B. Tobey noticed that impoverished mothers brought their sick children to catch ocean breezes on sweltering summer evenings, believing sea air could cure them. His proposal to take them on boat cruises resulted in donations that financed a staff and vessel. Mothers on board learned how

to care for their children. An old photo shows naked kids lined up on deck to get “vitamin D therapy” in the sun.

A fire destroyed a second, larger ship in 1927, which offered such add-ons as on-board medical/nursing classes, kindergarten classes, and research projects, one of which resulted in the artificial baby milk formula now marketed as Similac.

Advancing science

As for research, says Marshall at Harvard Vanguard, “I’ve read that one-third of all U.S. research dollars are spent in the Greater Boston area.” Considering the sheer number of hospitals, this wouldn’t be a big surprise, but it’s a high estimate based on National Institutes of Health statistics. From an annual grant budget of \$22 billion, \$1.4 billion is allocated to organizations in the state of Massachusetts, according to NIH spokesman Bill Gregg. “Massachusetts is one of the biggest recipient states,” he says, “but not a third by any means.” However, Boston’s share of grant money from many other sources could significantly raise its percentage of the take. The main benefit of having so much research in the community, says Marshall, has been “to raise the whole level of care. It keeps us always moving forward.”

Raising the level of care was the name of the game for Frank Lahey, MD, when he opened his now world-famous [Lahey Clinic](#) in 1923. The clinic has been located in Burlington, 10 miles northwest, since 1980. At first, medical veterans scoffed at his concept of coordinated care, but today the clinic is

renowned throughout the region and far beyond. It has also developed a worldwide reputation for cutting-edge innovation, most recently laparoscopic bladder removal and replacement by Ingolf Tuerk, MD, who was recruited from a position as chief of minimal invasive urology in Berlin, Germany. Tuerk also does radical prostatectomies with sural nerve replacements and live donor kidney transplants.

It’s possible that a Boston dentist, Dr. William Morton, started the research ball rolling when, on September 30, 1846, he used ether to anesthetize one Eben Frost when he removed an ulcerated tooth. Two weeks later, he administered the ether when John Collins Warren, MD, removed a tumor from another patient, Gilbert Abbott. Today, the old operating amphitheater is a tour site on an “Innovation Odyssey,” one of four specialty walking and/or riding expeditions operated by the [Boston History Collaborative](#), one of several area tourism companies. In Boston, writes travel-book guru Arthur Frommer, “You’re never very far from something worth seeing.”

Trails—then and now

Few, if any, places in the U.S. boast more reminders than Boston of what happened when American patriots showed the British what it was like to be unwelcome. In fact, the tourism slogan, “America’s Walking City,” was probably inspired by today’s [Freedom Trail](#), the three-mile, four-hour urban pilgrimage that begins at Boston Common and passes most of the sites significant to early American history. There are also two nautical reminders of the Revolutionary era, both with

adjacent museums—a replica of the [Boston Tea Party ship](#) in Boston Harbor and the restored [USS Constitution](#) (Old Ironsides) near the Charlestown Navy Yard.

Other “trails” cover black heritage and immigrant sites, and in the Back Bay area you can tour [Fenway Park](#), home of the Red Sox, and two important art collections—the [Museum of Fine Arts](#) and the [Isabella Stewart Gardner Museum](#). From colonial times to now, the city’s maritime tradition has generated enough sites for an entire weekend expedition. For hungry tourists, the nautical mission ends at some of the country’s best seafood restaurants, not to mention superior eateries specializing in many other cuisines.

Boston’s visual art tradition dates back to 1700s portraitist Gilbert Stuart who made George Washington’s face a household visage, and its musical heritage is almost as old. William Billings, considered America’s first composer, founded the Stoughton Musical Society in 1786. In 1808, Harvard students organized the Peirian Sodality, which evolved into today’s [Boston Symphony](#). Both the [Boston Opera Company](#) and the [Handel and Haydn Society](#) have withstood the ages.

But not all, culturally speaking, is antiquity. A new opera house is due for completion next year, and there are several new museums—[Children’s](#), [Science](#), and [New England Aquarium](#) among them.

The most impressive—and to some newcomers the scariest—new arrival on the Boston scene is the combo highway-tunnel project (current estimated cost: \$14.6 billion) that’s become famous across the country as “The Big Dig.”

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Under construction since 1983, this Central Artery/Tunnel (CA/T) has been billed as “the largest and most technically challenging infrastructure ever undertaken in the United States.” Replacing the 1959 over-trafficke elevated artery, it will take I-90 (the Massachusetts Turnpike) and I-93 underground to reconnect downtown with waterfront neighborhoods and the historic North End. The Ted Williams Tunnel, an offshoot, was finished in 2000; it runs east and then north beneath two bodies of water to reach Logan International Airport.

Several CA/T construction techniques and materials were firsts in the U.S. Others were developed for the project. In some places the work involved tunneling under not one but three or four combinations of waterways and rail/subway track. The catch: The existing artery, plus trains, subway and bridges, had to be kept in business during the construction.

Many physicians, like Marshall and Greenes, were lucky enough to avoid the mess because they live in western suburbs and practice at Boston’s western Longwood medical campus, where five hospitals and the Harvard medical school are located. But for Sara Salles, DO, the 2004 completion date can’t come soon enough. She works with patients at [Spaulding Rehabilitation Hospital](#), which, she says, “is right in the middle of it. Ultimately it will be good for the city, but now everyone is paying the price—literally the routing is different every day.”

The project bothers Reed in a different way. “What killed me the most,” she protests, “was when I heard they had paid big money for a parking lot, then didn’t need it and

gave it back to the original owner. They could have funded the whole Massachusetts health system with the money that was spent.”

Wasted parking lot projects notwithstanding, Boston’s economic scene itself seems to have brightened recently after the high-tech slump in the early 1990s. Some 2,500 jobs were created during the early part of the year in the city’s five leading industries—financial services, health care, high tech, education/consulting, and tourism. “Boston has had a real renaissance in the last ten years,” says Andre Porter in the city’s Department of Neighborhood Development. “We’re not seeing wholesale business vacancies in the neighborhoods that have been cobbled together into the city of Boston. Empty nesters are moving into town, and things are much more vibrant.”

The [Boston Municipal Research Bureau](#), which tracks city government, suggested last year that the city needed to tighten its budget, “but only after nine years of continued growth in city operations,” which is an indication that there’s more of a bloating problem than a financial crunch.

Paradoxically, Boston has been a magnet for 20- and 30-somethings, but its prices seem more in line with what 40- and 50-somethings can pay. “The cost of living here makes it very difficult to recruit physicians,” says Erin McDonough at [New England Baptist](#). Housing and taxes seem especially onerous, not to mention malpractice insurance premiums, which went up another 20 per cent last July to as much as \$100,000.

On the good side, says Greenes, “In 1998 we bought a house near the top of what we thought we could afford. Now it’s just about doubled in value.”

Others swallow hard over the costs and point out the advantages of life in Boston, including access to top music performances and professional sports and, says Greenes, “all the things you look for in a big city are here in Boston. Weather (as in winter) can be a problem, but the positive spin is that you do get a variety of seasons.”

Mehta, who says he’s still exploring after only a few months in the area, enjoys “the amenities of living in the city, but at the same time having the ability of travel to other nearby places like New Hampshire and Newport, Rhode Island. I’ve lived in Kansas and Ohio, where it takes hours to get anywhere.”

On April 8th of this year, a thousand doctors rallied at the Massachusetts capitol to press for legislation to limit jury awards. The legislature has yet to act on this, but it’s less of a problem for some doctors whose medical group practices and hospitals pay their premiums. Reed, whose premiums are paid by the state, says, “I did carry private insurance for awhile just to cover myself, but the price went up so high that it didn’t make sense to do it anymore. Now, instead of being able to go off-site, we let the patients come to us.”

Gerber, who lives in the suburb of Newton, says, “Yes, the cost of living is high related to salaries, but the schools are fantastic, and we live in a great neighborhood with a lot of community spirit and a lot of children on the street.” Had she and her husband stayed in Rochester, she adds, “we could probably have a mansion. But the main reason to live here is because you want to live here.” ■

Eileen Lockwood frequently writes community profiles for UO. She is based in St. Joseph, Missouri.