

**Paul Plotz the Mensch:  
A Superb Scientist, Yes, but also a Physician's  
Physician, a Rare Humanist and a Dedicated Servant  
of Human Rights**

by

Walter Reich

in

Autoimmunity, Autophagy, Muscle Disease and Human Rights:  
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Contact Information:

Walter Reich

Yitzhak Rabin Memorial Professor of International Affairs, Ethics and Human Behavior

Professor of Psychiatry and Behavioral Sciences

The George Washington University

Co-Chair, Committee of Concerned Scientists

- This symposium honors Paul Plotz's vocation in medicine. And, given the nature of the NIH, which has been his institutional home for many decades, and given the core of Paul's work, it's only right that this symposium's central theme are the scientific achievements of that vocation.
- This has been, and will continue to be, a day devoted to those scientific achievements as well as to the scientific status of the fields in which Paul has done such significant work. Those who have spoken here today, and who are yet to speak, are immensely—no, infinitely—more capable than I in talking about those achievements and those fields.
- What I want to do in the few minutes I have—after the brief apostrophe I've just made to the centrality of Paul's scientific work—is to talk about Paul Plotz the mensch. I

assume, by the way, that I don't have to define for anyone here the word *mensch*; if anyone here isn't acquainted with that word, please see me after class. I want to stress that I don't think that doing medical science isn't a *menschlich*, or humanistic, activity: in fact, I don't think that there's a vocation that more critically serves humanity than medical science, basic or applied. But what I want to talk about in my few minutes here are three aspects of Paul's life with which some of his colleagues in the world of medical science may not be as familiar as his scientific work. They are:

- Paul Plotz, the physician's physician;
- Paul Plotz, the rare humanist; and
- Paul Plotz, the dedicated servant of human rights.

And I want to do this especially because there are, in this audience, not only—shall we say—mature scientists, but also young scientists and physicians for whom doing scientific work is what they are here to do, but whom it's worth reminding that, in the ideal, a vocation in medicine involves additional pursuits that serve to perfect it. In what he's achieved, Paul has provided a model for that process--always important but agonizingly elusive--of perfection.

- **Paul Plotz, the physician's physician**

- Paul was my first doctor at the NIH. Actually, he was one of the physicians in the group to which I was referred for a consultation. But of all of those physicians he was the one who was most focused on the problem I presented to them. I was then a research associate at the NIH in 1974, had just finished my residency, and I had some signs and symptoms that, I was told, I should check out with that group. Paul listened to my story very closely, evaluated my situation very carefully and empathetically, and then listened some more. The conclusion to which he and his colleagues came, and the advice he gave me, turned out to be right—but that's partly beside the point. I learned from that interaction that a good scientist could also be a good doctor. And from all I've seen and heard, in the years since 1974 Paul has remained a serious and devoted doctor, has cared no less for the human needs of his patients than the scientific needs of his field, and has contributed to the well-being not only of his realm of research but also to the well-being of the patients whose needs he has served.

- I don't know if it's a good thing or a bad thing or a necessary thing, but I do know that what most counts at the NIH, and in the careers of its scientists, is, first of all, publications of papers. It's rather analogous to what counts at universities, not only in science but also in the humanities—publications in professional journals. At universities, tenure committees count papers and citations much more heavily than they count how good a teacher that professor is. Sure, good teaching is praised—but in the end that praise is often, unfortunately, just lip-

service. Something analogous to that happens takes place at the NIH. But I think it's important that, despite that, as outstanding a scientist as Paul has been, he's also been a fine physician. This symposium isn't a tenure-committee meeting. This is an occasion to honor a vocation in medicine. And being a superb doctor has been, in Paul's case, central to that vocation. I know of no great medical scientist who has been, at the same time, a more devoted physician.

- **Paul Plotz, the rare humanist**

- Neither scientists nor physicians are, in general, a well-read lot. Nor indeed are academics of any sort. Not that we don't read a lot—but what we read is usually *in our field*. I don't know any scientist or physician who has read as much *outside* his field, especially in literary fiction, as Paul Plotz. I've known him well for many, many years. I've never known him to not be in the middle of a serious work of the imagination. Devoting one's time to such pursuits may be considered, by some in science, a waste, or at best suspect. But in my judgment it's one of the elements that explain Paul's devotion to humane causes—that is, to the causes that assume that human beings are not just scientific curiosities or bundles of illnesses or medical dilemmas. For him, human beings pose all of those challenges. But they also have lives that are perfected by the production of great art and, especially, in his case, literature. And small wonder, I suppose: Paul's wife, Judith, is a professor of English literature, and is one of the most well-read human beings I know. Paul, Judith, my wife Tova—a novelist—and I have shared countless dinners with each other. And during most of those dinners we've discussed novels of all kinds—new ones, usually, but eclectic ones. They've been American, but also Indian and European and South American. I feel convinced that, somehow, Paul's inclination to enter the world of the imagination has contributed significantly to his inclination to enter into the world of medical science. And it certainly is of a piece with the last world I want to identify in Paul's repertoire of worlds outside of science—the world of human rights.

- **Paul Plotz, the dedicated servant of human rights**

- **Paul's early work in human rights during the 1960s—his activities in the struggle for civil rights in the provision of health care in the South through his involvement with the Medical Committee for Human Rights and his work as an official US government investigator into the segregation of Southern hospitals.**

- Paul's first foray into the world of human rights was during America's era of enforcing the *civil* rights of African-Americans, especially in the South, and especially in the realm of the provision of health services.

- Paul had been especially affected by a lecture on this subject given while he was in medical school during the early 1960s by Dr. Jack Geiger.

- Paul’s most direct involvement with this matter occurred shortly after his residency, while he was in the Public Health Service at the NIH, an activity that began in 1965.
- Back in 1963, the US Supreme Court had ruled that the “separate but equal” clause in the Hill-Burton Act was unconstitutional. This meant that federal funds could no longer be used to build or maintain segregated hospital facilities. Moreover, Title VI of the Civil Rights Act of 1964 forbade discrimination in any activity receiving federal funds. After the passage of Medicare and Medicaid legislation in 1965, Southern hospital administrators were faced with the prospect that they would lose millions of dollars in federal funds if it could be shown that they were discriminating against blacks. And they commonly did. For example:
  - Although 50% of the population in Scott County, Mississippi was African-American, in the Scott County Hospital in Morton, Mississippi black patients were housed on a separate floor in three rooms with five beds, while whites were accorded eight rooms with thirty beds. If more than five blacks were admitted to the hospital, they were assigned to beds in the hallway. Rooms for whites had air conditioners and fans; rooms for blacks didn’t. One bathroom served all black patients, while every room on the white floor had a private bathroom. The “Negro” rooms had no bed lights, mirror lights or night-lights, and were provided with no wheelchairs. Any black seeking emergency care had to wait until all whites received attention, even if they came in later.<sup>[1]</sup>
- Clearly, hospitals engaging in such discrimination were in violation of laws upholding desegregation—and were facing the penalty of losing substantial amounts in federal funds.
- However, this discrimination had to be proved—and there were few resources available to the Department of Health, Education and Welfare, as it was then called, to prove it.
- Enter a young physician named Paul Plotz. As I said, he came to the NIH, which of course was part of the Public Health Service, in 1965, and it was the Public Service that had been assigned the task of documenting such segregation.
- The Secretary of HEW, John Gardner, asked for personnel from HEW—including bench scientists at the NIH—to help in the task of such documentation. Paul was one of the few physicians at the NIH who did that. He didn’t consider himself “political,” but, as I said, he had been converted to the civil-rights cause by Jack Geiger.

- Paul joined a team of HEW personnel to check on hospitals in the South, as well as some in the North, that had submitted forms claiming that they were in compliance with, or planning to comply with, Title VI in order to become eligible for Medicare funds. The teams, including Paul, fanned out across the South to find out if these claims were true.
- Paul and the colleague with whom he went were assigned to visit small hospitals in the Mississippi Gulf Coast as well as in Tennessee. They would alert the hospital administrator 24 hours in advance of their visit, and they would—as he told John Dittmer, the author of *The Good Doctors: The Medical Committee for Human Rights and the Struggle for Social Justice in Health Care*—find the black part of town, stop their car in the middle of a big intersection, roll down the window and tell someone who we were and say we wanted to find out about the hospital and what was going on.” And find out they did. They found out, among other things, that, upon learning of the impending visitation, the hospital had discharged all its black patients. He and his colleague proceeded to document who had been discharged, and then, the next day, confronted the hospital administrators with what they knew. Paul provided this information to the PHS. This ultimately contributed significantly toward the desegregation of Southern hospitals.

#### ○ **Paul’s work for the Committee of Concerned Scientists**

- I didn’t know Paul during his human-rights work in the South.
- However, I did come to know Paul—that is, as a colleague rather than as a patient of his—when he asked me to join the organization of which he was the a co-chair, the Committee of Concerned Scientists, which was founded by physican-scientists at the NIH. Paul has been a co-chair of CCS for 25 years; and I’ve been a co-chair with him for 16 of those years.
- CCS was focused initially on the plight of the refusenik scientists in the Soviet Union in the 1960s and 1970s—Jews who wanted to emigrate to Israel but were not given permission to do so and were fired from their jobs, leaving them unemployed.
- Now this was the big, bad Soviet Union. The Amerian South was bad, but compared to the Soviet Union it was a picnic. Paul went there four times, attending the scientific seminars that these scientists had set up to discuss ongoing work in science, especially physics. All of this was dangerous, but Paul did it. By doing it he supported the morale of these refusenik scientists,

including their supporters, such as Andrei Sakharov. He wasn't the only one who did this; the refuseniks had other supporters who also made such trips, many of them from CCS; but there weren't many, and Paul's personal support, as well as the support of CCS, made an enormous difference, ultimately resulting in the decision by the Soviet Union to let those people go—to let them go as well as a million or so other Jews.

- I won't say much more than this about Paul's work in CCS except to stress two lessons I learned from him:
  - His insistence that organizations such as CCS that aim to protect the human rights of scientists are most effective when they support individuals rather than general causes.
  - His opposition to scientific boycotts of any kind—boycotts that were proposed against Soviet scientists and that are now being attempted against Israeli scientists and others in countries the policies of which are opposed by one group or another. Don't punish the scientist, Paul advised—punish, or condemn, the political apparatus that sets the anti-human policies. He's always been right on this matter, and it's something about which he's convinced me.

I could say much more about Paul the *mensch*, but I'm afraid that time won't permit me to do this.

When I first discussed my plans to speak at this symposium, Paul told me that it was customary for speakers to talk about their research. I told him to forget it. I'd been given 15 minutes and I'd speak about this important and little-known aspect of Paul's life. But it's a part of Paul's life that helps explain so much else that Paul has done, including what he's done in his work in science. It's truly been part of his "Vocation in Medicine."

And how could it not be?

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<sup>[1]</sup> This and other information in this presentation about the health efforts in the South during civil-rights period is drawn from John Dittmer's *The Good Doctors: The Medical Committee for Human Rights and the Struggle for Social Justice in Health Care* (New York: Bloomsbury Press, 2009).