ORAL HISTORY PROJECT

Philip Lanzkowsky, MD

Interviewed by Howard A. Pearson, MD

September 13, 2011
New York, New York

This interview was supported by a donation from:

North Shore-Long Island Jewish Health System

This project made possible by donations through the Friends of Children Fund, a philanthropic fund of the American Academy of Pediatrics.
Philip Lanzkowsky, MD
Interviewed by Howard A. Pearson, MD

Preface i
About the Interviewer ii
Interview of Philip Lanzkowsky, MD 1
Index of Interview 16
Curriculum Vitae, Philip Lanzkowsky, MD 19
Oral history has its roots in the sharing of stories which has occurred throughout the centuries. It is a primary source of historical data, gathering information from living individuals via recorded interviews. Outstanding pediatricians and other leaders in child health care are being interviewed as part of the Oral History Project at the Pediatric History Center of the American Academy of Pediatrics. Under the direction of the Historical Archives Advisory Committee, its purpose is to record and preserve the recollections of those who have made important contributions to the advancement of the health care of children through the collection of spoken memories and personal narrations.

This volume is the written record of one oral history interview. The reader is reminded that this is a verbatim transcript of spoken rather than written prose. It is intended to supplement other available sources of information about the individuals, organizations, institutions, and events that are discussed. The use of face-to-face interviews provides a unique opportunity to capture a firsthand, eyewitness account of events in an interactive session. Its importance lies less in the recitation of facts, names, and dates than in the interpretation of these by the speaker.

**Historical Archives Advisory Committee, 2011/2012**

Jeffrey P. Baker, MD, FAAP, Chair
Lawrence M. Gartner, MD, FAAP
Jacqueline A. Noonan, MD, FAAP
Howard A. Pearson, MD, FAAP
Tonse N. K. Raju, MD, FAAP
Stanford T. Shulman, MD, FAAP
James E. Strain, MD, FAAP
ABOUT THE INTERVIEWER

Howard A. Pearson, MD, FAAP

Dr. Howard A. Pearson is Professor of Pediatrics Emeritus at the Yale University School of Medicine in New Haven, Connecticut. He was graduated from Dartmouth College and the two year Dartmouth Medical School. He transferred to the Harvard Medical School and received his MD degree in 1954. He had a rotating internship and a two year pediatric residency under Dr. Thomas E. Cone, Jr. at the U.S. Naval Hospital in Bethesda, Maryland. He then had a fellowship in pediatric hematology under Dr. Louis K. Diamond at the Boston Children’s Hospital [Children’s Hospital Boston]. Between 1958, he was Assistant Chief of Pediatrics and pediatric hematologist-oncologist at the Bethesda Naval Hospital. He also held clinical appointments at Georgetown [University School of Medicine] and Howard University [College of Medicine]. His first full-time academic position was at the University of Florida College of Medicine in Gainesville where he founded the Pediatric Hematology-Oncology Division. In 1968, he came to Yale as Professor of Pediatrics and the first Chief of Pediatric Hematology-Oncology. Between 1972 and 1985, he was Chairman of the Department of Pediatrics and Chief of the Pediatric Service at Yale-New Haven Hospital. In 1991, Dr. Pearson was elected Vice President of the American Academy of Pediatrics [AAP] and served as AAP president in 1992. In 1993, he was appointed to the AAP Historical Archives Advisory Committee and served as its chairman until 2008.
This is Dr. Howard Pearson. I am in the apartment of Dr. Philip and Rhona Lanzkowsky on Park Avenue in New York City on the morning of September 13, 2011. I’m here to conduct Dr. Lanzkowsky’s oral history interview.

Phil, we have known each other for a long time and have shared many mutual interests. I have reviewed your CV [curriculum vitae] and read your comprehensive book, *How it All Began: The History of a Children’s Hospital*, so I know a lot about you and your many accomplishments. But let’s start at the beginning in Cape Town, South Africa.

I was born in Cape Town on March 17, 1932, which means that next year I will be an octogenarian.

Welcome to the club!

My parents had immigrated to South Africa from eastern Europe to escape the persecution and pogroms that were prevalent. They made a home in Cape Town. My father had a successful business, and we lived well — not rich, but well off. Cape Town was a wonderful place to grow up. The climate was good, and the beaches were superb for surfing.

Were you affected by the apartheid in South Africa at the time?

Not really very much initially, but I became much more aware of it in medical school and residency. I had a good education. I attended elementary school, and then between 1945 and 1948, I went to high school at the South African College [High School]. I then entered the University of Cape Town [Department of Medicine] medical school. The set up in South African medical education was similar to the U.K. [United Kingdom], and in 1954, I received a Bachelor of Medicine and Surgery [MB, ChB] degree — which is equivalent to the MD [doctor of medicine] degree in the United States [U.S.] — in six years. I then had a one year internship in medicine and surgery at the Groote Schuur Hospital in Cape Town. Here apartheid was evident with separate wards for whites and people of color. Although the wards were separated, the doctors and nurses moved freely between them, and the care we provided was equivalent for both. For a year, between 1956 and 1957, I did general practice in Paarl, Cape Province, a small city some distance from Cape Town.
During that year, I decided to become a pediatrician, and in 1957 entered a three year pediatric residency at the Red Cross War Memorial Children’s Hospital in Cape Town, which is the largest children’s hospital in the country, and where I received excellent pediatric training. In 1955, Rhona and I were married. We have remained married for more than 55 years and have five children whom I’ll say more about later.

During my residency I became interested in hematology and conducted research in iron deficiency that resulted in a dissertation, *Iron-Deficiency Anaemia in Infants and Pre-School Children in Three Racial Groups in Cape Town*, for which, in 1960, I received an MD degree from the University of Cape Town. This is equivalent to a PhD [doctor of philosophy] in the U.S. This study compared iron deficiency anemia in large groups of coloured, African and white children. I also received the Joseph Arenow Prize for original postgraduate research in the field of science, medicine and applied science from the university. My dissertation was a large volume, bound in leather, which delved into various aspects of iron deficiency anemia, with many original observations. One remarkable thing I found was a high prevalence of pica in the African children. I still have a jar of pebbles a child was eating.

DR. PEARSON: I saw this when I was in Florida. Some patients with iron deficiency were clay eaters.

DR. LANZKOWSKY: After completing my pediatric residency in 1960, I received the Cecil John Adams Memorial Traveling Fellowship which allowed me to travel to the U.K. for a year of further pediatric training and study at the University of Edinburgh, Great Ormond Street Hospital for Sick Children [originally Hospital for Sick Children, Great Ormond Street; now Great Ormond Street Hospital] and at the St. Mary’s Hospital Medical School [now part of Imperial College London] in London. I received a Diploma in Child Health [DCH] from the Royal College of Physicians and Surgeons of London. After being examined — oral and clinical — by a panel of internists, I was admitted as a member of the Royal College of Physicians of Edinburgh [MRCP(UK)].

In order to get more formal training in pediatric hematology-oncology, I decided to go to the U.S. I originally had a fellowship with Dr. Louis K. Diamond at Boston Children’s Hospital [Children’s Hospital Boston], but due to a change in my plans to work in London, Dr. Diamond called some of his former trainees around the country and found that Dr. Doris [A.] Howell at Duke Medical School [Duke University School of Medicine] in Durham, North Carolina had a fellowship position available. So I spent a year at Duke.
DR. PEARSON: Doris Howell is an old friend and a very lovely person.

DR. LANZKOWSKY: She is indeed, but during the year I trained with her, she was frequently traveling out of town, so I did much of the patient care and consultations. After a year, I became a second year pediatric hematology-oncology fellow with Gene Lahey, Dr. Eugene M. Lahey at the University of Utah in Salt Lake City.

DR. PEARSON: Did you interact with Dr. Maxwell Wintrobe while you were there?

DR. LANZKOWSKY: Yes, on many occasions. He was very impressive and in his textbook there are descriptions of many pediatric blood conditions. He had a filing cabinet outside his office full of reprints, because in those days you needed a reprint file if you were going to write a textbook. I was always impressed when I was in South Africa and England if I got a request from Wintrobe for a reprint of one of my articles. I considered that it was a big honor that he wanted a reprint from me.

I’ll never forget how, during that year, we would sit around a table with a microscope at one end, discussing patients. Wintrobe would look at a blood smear under the microscope and say, “He has myeloblastic leukemia.” No hematological markers, no further testing. And rightly or wrongly, he made the diagnosis on the basis of the morphology alone.

DR. PEARSON: You and I were brought up on morphology. Today our fellows rarely use the microscope for diagnosis. They send specimens to the pathologists for flow cytometry and surface markers. The fellows today think people like you and me are dinosaurs talking about peripheral blood and bone marrow morphology, but in 30 years, their fellows then will probably think the same about them.

I heard a funny anecdote about Maxwell Wintrobe who was Jewish. After he went to Salt Lake City, he called back to friends at Johns Hopkins [University] and told them, “This is the first time in my life that I’ve been called a Gentile.”

DR. LANZKOWSKY: Good story. After my year of fellowship in Salt Lake City, I returned home to Cape Town and served as a consultant pediatrician and pediatric hematologist at the Red Cross War Memorial Children’s Hospital for two years. I then returned to the States, and in 1965, was appointed as an Assistant Professor of Pediatrics at Cornell University Medical College [Weill Cornell Medical College] and Director of Pediatric Hematology at the New York Hospital [now New York-Presbyterian Hospital].
DR. PEARSON: I know of eminent American pediatricians, including Dr. Abraham [Morris] Rudolph and Drs. Samuel and Solomon [A.] Kaplan, who emigrated from South Africa at about the same time you did. Was there a reason for this?

DR. LANZKOWSKY: I believe the principal reason was apartheid.

DR. PEARSON: Tell me about your time at Cornell.

DR. LANZKOWSKY: Dr. Irving Schulman, who was head of hematology at Cornell for ten years, had left several years before I arrived to become chairman at Northwestern [University]. The hematology faculty included Dr. Margaret [W.] Hilgartner, who was largely concerned with coagulation conditions. Drs. Virginia [C.] Canale and Marion Erlandson had taken over Dr. Carl [H.] Smith’s very large thalassemia clinic.

DR. PEARSON: Did you interact much with Dr. Carl Smith?

DR. LANZKOWSKY: A lot, although he only had a clinical appointment and had a private practice. He was a wonderful person. Carl used to call me in the middle of the night or 3:00 in the morning. He would say to me,” Phil, are you awake?” I’d respond, “Well, I’m awake now!” He was busy working on a re-edition of his book, Smith’s Blood Diseases of Infancy and Childhood. He would say, “On page 286, I’ve written so and so. Is this right, or do you think I should say it in a different way?” The first edition of his book was published in 1960. He was the sole author of the text and gathered all of the references long before electronic literature searches were available. Carl did two re-editions before he died in 1965. Then the book was taken over by Dr. Dennis [R.] Miller and you as co-editors.

We used to have hematology conferences on Tuesdays at 4:00 p.m. in the library of New York Hospital. Carl always sat on my right-hand side. We had a very good relationship. He had a wonderful sense of humor, and everyone always treated him with great respect, which he appreciated. I had a desk for him in my office where he could write or use my secretary.

I don’t know if you know that Carl was Jewish. He told me once that in 1932, when he graduated from Cornell, there was no Cornell class photo because his classmates wouldn’t pose with him.

When I was at Cornell and the New York Hospital, they had portraits hanging in the library of former chairmen and other famous doctors. Although Carl was never a chairman, he played a vital role in the Children’s [Cancer &] Blood Foundation which raised money from the families of his patients to support training and research. He had, of course, made major contributions to pediatric hematology. I went to the dean and told him,
“Because of his many contributions to New York Hospital, the medical school and pediatric hematology, Carl deserves a portrait.” This was commissioned, and when the portrait was hung, I was there. If a new New York Hospital is ever built, I’ll be certain that Carl’s portrait is still there because I feel I am the guardian of his portrait.

I did well during my five years at Cornell. I was promoted to associate professor in 1967, and was on a trajectory to become a full professor. I served as acting chairman of pediatrics for a year while the chairman, Dr. Wallace [W.] McCrory, was in England on sabbatical leave. I was certified in pediatrics by the American Board of Pediatrics [ABP] in 1966, and later when the subboard in pediatric hematology-oncology was established in 1974, I was also certified. I published more than 30 articles and made a number of presentations at the annual meetings of the Society for Pediatric Research and the American Pediatric Society in Atlantic City.

DR. PEARSON: Despite all of these accomplishments, in 1970, you made a major career shift.

DR. LANZKOWSKY: Yes, I decided to move to Long Island Jewish Hospital (LIJ) [now a component of Long Island Jewish Medical Center] as chairman of pediatrics. LIJ had opened in 1954. Its first director of pediatrics was Dr. Samuel Karelitz, a legendary pediatrician both locally and nationally, who had been recruited from Mt. Sinai Hospital. Dr. Karelitz retired in 1969 at 70 years of age, and a search committee was appointed to find his successor.

In 1970, I was approached by Dr. Robert [K.] Match, president of LIJ, who asked me whether I would consider the position of chairman of pediatrics. I told him that I would consider it because I felt there was little chance I could make significant changes at New York Hospital. But at a relatively new hospital like LIJ, I might be able to apply some of my ideas in keeping with my experiences in children’s hospitals in South Africa, London and Edinburgh. Even at that early time, I thought a children’s hospital might be a possibility. My ideas were in sync with the missions of the Department of Pediatrics at LIJ — “To provide state of the art medical care for children; to conduct scientific research; and to train house staff to become excellent pediatricians.” My decision to accept the position was also influenced by an offer of secure tenure until I was 65 years old — some 28 years in the future.

When I announced my decision, my colleagues at Cornell told me I was committing academic suicide by leaving a position at a prestigious hospital and medical school in New York City for a community hospital in the suburbs. One of my colleagues commented that I was leaving a “cathedral for a shtiebel.” Shtiebel is a Yiddish word for a humble room in a home or work place dedicated to prayer. Even my wife Rhona had doubts. When I
showed her the small pediatric service at LIJ, she asked me why I had ever accepted the position.

At this time the pediatric service at LIJ was small. There were 41 in-patient beds, 34 neonatal bassinets, 18 adolescent beds and a four-bed ICU. We were also responsible for coverage of 104 pediatric beds in affiliated Queens Hospital Center run by the Health and Hospital Corporation of the City of New York [New York Health and Hospital Corporation].

The faculty was also small. There were only two full-time pediatricians plus me — Dr. Norman Gootman, a pediatric cardiologist, and Dr. I.[Ira] Ronald Shenker, who did adolescent medicine. Almost immediately, I began to make changes in keeping with my past experiences and the changing nature of pediatrics nationally. This was a time when pediatric subspecialties were developing rapidly, in part because of support of training programs from the NIH [National Institutes of Health], and also by subboard certification by the American Board of Pediatrics. During the 1970’s, subboards in Pediatric Hematology-Oncology, [Pediatric] Nephrology, Neonatal/Perinatal Medicine and [Pediatric] Endocrinology were established by the ABP. I set as my goal the creation of an academic department with full-time faculty most of whom would be qualified subspecialists.

When I arrived at LIJ, there were only a few full-time people in the whole hospital. Pediatric subspecialty care and consultations were being provided by internists, many of whom were in private practice in the community, and who viewed pediatrics as kind of a stepchild of internal medicine. They provided specialty care for children even though they had little training or in-depth knowledge of children’s diseases. They became strong opponents to my appointment of full-time pediatric subspecialists to the medical staff.

Before I could recruit pediatric subspecialists, subspecialty divisions had to be created. Each division I proposed was met with resistance and opposition. Changes in the bylaws were necessary and approval had to be given by several groups, including the full medical board. This was a long and difficult and often contentious process. During the 1970’s, Divisions of Pediatric Endocrinology, [Pediatric] Hematology and Oncology, General Pediatrics, [and Pediatric] Neurology, Human Genetics, Nephrology, Immunology and Gastroenterology were established.

After national searches, I was able to recruit founding chiefs to head each of these divisions. The chiefs had to have clinical and academic credentials and often were professors at various medical schools across the country. My recruiting job was helped by the emerging initiatives for creating a children’s hospital. As soon as the chiefs arrived, they began to recruit other physicians to their division. Fellowship programs were then established. During this time, the number of pediatric residents was doubled from 12 in 1970, to 24 in
We were able to attract graduates of American medical schools through the National Resident Matching Program [NRMP].

I also greatly increased the number of community pediatricians who had staff privileges, which meant they could admit patients and attend departmental meetings and educational activities. Each appointment had to be reviewed and approved by a number of hospital committees, and there frequently was opposition. I believed that having staff privileges at LIJ would result in a higher standard of pediatric care in our region.

I had many conflicts in the hospital concerning the need for supportive services and facilities, such as nursing, radiology, laboratory and operating rooms. I felt they should be tailored to serve children better. There were many difficult discussions, but after the Schneider Children’s Hospital [now Steven and Alexandra Cohen Children’s Medical Center of New York] opened in 1983, these issues were largely resolved.

During the 1970’s, I helped develop a regional pediatric network with primary and secondary care for children provided by community-based pediatricians and community hospitals, while tertiary-care pediatric patients were served by LIJ. Written agreements were made with a number of smaller community hospitals to provide house staff and faculty coverage and to facilitate transferring patients who required tertiary care to LIJ. While the Schneider Children’s Hospital was being constructed, the pediatric beds in some of these community hospitals were closed and transferred to our hospital, allowing us to have 150 beds.

DR. PEARSON: This would be an appropriate time to hear about the children’s hospital — one of your signal accomplishments.

DR. LANZKOWSKY: As I have said before, the possibility of creating a children’s hospital was a major reason why I went to LIJ. There had already been some activity in this direction. Two local pediatric surgeons, Drs. Burton Bronsther and Martin [W.] Abrams, who had trained at children’s hospitals in Chicago and Philadelphia, had encountered problems when operating and caring for children in small hospitals on Long Island. They established an advisory board to study the possibility of creating a children’s hospital. At that time, there was little support, and in fact, there was open opposition to a children’s hospital by the medical establishment and regulatory agencies. In 1966, the Children’s Medical Center Fund of New York [CMF] [Children’s Medical Fund of New York] was established. This initially was a volunteer group, largely women, committed to the building of a children’s hospital on Long Island by raising public awareness and conducting benefits to raise money. A men’s division was established later. In 1966, Drs. Abrams and Bronsther enlisted the help of Judge Bertram Harnett. Judge Harnett was a distinguished attorney whose career included
being a Nassau County attorney and a trial justice of the New York [State] Supreme Court. Judge Harnett assumed the role of chairman of the CMF, a position he held for 20 years. Under his skillful leadership, community and political support for the hospital was raised, and eventually the support of regulatory and medical agencies was secured, leading to the building of the hospital.

Search for a location of the proposed hospital had several phases. A site on the deactivated Mitchel [Field] U.S. Air Force Base was considered, but never came to fruition. In the late 1960’s, a new hospital was being planned at the Meadowbrook Hospital, later called the Nassau University Medical Center. This was to be a 19-story building, and for a while the CMF considered establishing a separate facility for children on the top two floors. In January 1971, shortly after I came to LIJ, I met with Judge Harnett and Dr. Abrams to discuss this possibility.

There were several problems, including the fact that evacuation of the top floors would pose difficulties in case of a fire because the Nassau County Fire Department had no ladders tall enough. I pointed out that there would also be programmatic difficulties because of separation of pediatrics from the emergency room and operating rooms. I then suggested that a more appropriate location for the children’s hospital would be at LIJ where there was an established and growing department of pediatrics and a pediatric residency training program. But to be able to build a children’s hospital at LIJ, we would first have to be supported by LIJ’s executive director, Dr. Robert Match, before seeking approval by the board of trustees. We had a successful meeting with Dr. Match in mid-April 1971, and elicited his support. The next eight months were spent trying to convince members of the board about the need for a children’s hospital. Despite the continuing opposition of some of the board, on November 8, 1971, an agreement of affiliation for the building of a children’s hospital was signed by Dr. Aaron Solomon, Chairman of the LIJ Board of Trustees, and Judge Harnett for the CMF. In December 1974, the Hospital and Planning Council and the New York State Department of Health [New York State Public Health and Health Planning Council] gave approval. During the next five years, fundraising activities continued, especially by the CMF woman’s division. In February 1977, a hearing where Judge Harnett presented the case for the hospital was held in Albany on the application of LIJ to build a children’s hospital.

By mid-1974, approval of the various local and state agencies concerned with regulation of hospital construction had been granted. Fundraising and planning began in earnest. Underutilized pediatric services in local hospitals were closed and taken over by LIJ, allowing us to plan a 150 bed facility. In 1976, Louis A. Rossetti and his firm Rossetti, an architecture firm in Detroit that had designed children’s hospitals and won many awards, was hired to plan a new 150 bed children’s hospital.
In June 1981, a $56 million mortgage was awarded to LIJ by the Federal Housing Administration [FHA] to construct the children’s hospital and a parking facility and to expand operating rooms and out-patient facilities. The remainder of construction costs were provided by charitable donations that included a generous donation by Irving Schneider and his wife Helen. Mr. Schneider was a member of the LIJ Board of Trustees, who, interestingly, earlier had opposed the children’s hospital. At this time, The Architects Collaborative [TAC] of Cambridge, Mass [Massachusetts] replaced Louis Rossetti to plan the new facilities. Groundbreaking occurred in May 1980. In September 1983, the Schneider Children’s Hospital was opened in a formal ceremony by the Governor of New York, Mario [M.] Cuomo.

DR. PEARSON: This was an incredible saga. As Chief of Staff of Schneider Children’s Hospital and Chairman of Pediatrics between 1983 and 2008, you continued to expand the department?

DR. LANZKOWSKY: Yes. I recruited more than 100 new faculty, expanded the pediatric residency training program to 131 house officers, and increased the pediatric sub-specialty programs to train 55 fellows. I established a Pediatric Research Center at the Schneider Children’s Hospital to facilitate clinical and basic research.

DR. PEARSON: When you went to LIJ as chairman of pediatrics, you were also founding director/chief of pediatric hematology and oncology?

DR. LANZKOWSKY: Yes. When I arrived at LIJ, children with blood diseases were primarily seen by internist hematologists. At that time, the pediatric hematology-oncology subboard had not been established. For a time, I was a one man division. In 1972, I recruited Dr. Gungor Karayalcin as a full-time member of the division, and he is still here. We have written many papers together. In the subsequent years, the division grew rapidly.

We were initially located in a very small space next to my office where there were the offices of the attendings, a room with a teaching microscope, and rooms where patients were seen and chemotherapy was administered. A small laboratory was set up for clinical lab [laboratory] tests, and also where research tests could be done.

When the Schneider Children’s Hospital opened in 1983, the division’s faculty and patient workload had greatly increased, and the division space was increased to include outpatient examining rooms, a chemotherapy and transfusion room and a large clinical laboratory. I established a fellowship training program that, over the years, has trained many pediatric hematologists-oncologists, most of whom became subboard certified and
obtained faculty positions in pediatric departments around the region and country.

During these years, the division, and I personally, were very productive academically. We published scores of scientific and clinical papers in peer-reviewed journals, and gave many presentations before regional and national meetings. In 1980, I published a book entitled, *Pediatric Hematology-Oncology: A Treatise for the Clinician*, and one entitled, *Pediatric Oncology: A Treatise for the Clinician* in 1983. In 1989, I published the *Manual of Pediatric Hematology and Oncology*, which had re-editions in 1994, 2000 and 2006.

DR. PEARSON: That’s an impressive list of accomplishments.

DR. LANZKOWSKY: By 1999, the demands resulting from the growth of the division, to include five full-time hematologists, as well as the continuing expansion of the department of pediatrics as a whole, made it increasingly difficult for me to continue in the dual role of chairman and chief, so I stepped down as chief of hematology and oncology. After a national search, Dr. Jeffrey [M.] Lipton was appointed as chief. The division was renamed the Division of Hematology/Oncology and Stem Cell Transplant reflecting Dr. Lipton’s clinical and research interests. Although I was no longer chief, I remained an active member of the division.

In 2006, I stepped down as chairman of pediatrics and was succeeded by Dr. Fredrick Z. Bierman, an eminent pediatric cardiologist. I continued to be Executive Director of the Schneider Children’s Hospital until just this year when I formally retired and moved to Manhattan, where we are today.

DR. PEARSON: I suspect that you will find ways to fill your days. You have had appointments in several medical schools while at LIJ?

DR. LANZKOWSKY: Yes. Between 1970 and 1989, I was Professor of Pediatrics at the Health Science Center of the State University of New York, Stony Brook [Health Sciences of Stony Brook Medicine at Stony Brook University, part of The State University of New York]. In 1989, I became Professor of Pediatrics at the Albert Einstein College of Medicine. Most recently, I became a Professor of Pediatrics at the new Hofstra University School of Medicine [Hofstra North Shore-LIJ School of Medicine at Hofstra University] which is closely affiliated with LIJ and Schneider Children’s Hospital.

DR. PEARSON: Tell me about your family.

DR. LANZKOWSKY: My wife Rhona is a practicing psychotherapist. In fact, she’s working today. Since I have retired, I’m insuring that she goes
to work every day, just to keep our home fires burning.

We have five children, three sons and two daughters. Our oldest daughter Shelley [Lanzkowsky] graduated from Barnard [College] and then Cornell Medical School. She became a pediatrician and practiced general pediatrics for 15 years. I think she found it a bit boring and repetitious, so she then did a fellowship in developmental pediatrics. She completed her training and subboards and is now a full-time developmental pediatrician at Morristown Memorial Hospital [Morristown Medical Center]. She is married to a fellow who was an astrophysicist. He was a PhD graduate of Harvard who turned to finance, and now does finance on Wall Street.

Our first son David [R. Lanzkowsky] graduated from Ponce School of Medicine [& Health Sciences]. He did his anesthesiology residency at the State University of New York at Stony Brook. He became an anesthesiologist, and took further training in pain management and became an anesthesiology/pain management specialist.

Our next daughter in order, Leora [Lanzkowsky], is a Barnard and NYU Medical School [NYU School of Medicine] graduate. She became a radiologist, and she’s now a mammoradiologist specializing in breast imagining. She’s married to a neuroradiologist from Canada.

Our next two children, Jonathan and Marc, are twins. Jonathan [Lanzkowsky] went to Chicago Medical School, did his obstetrical residency at the Albert Einstein College of Medicine and is a practicing obstetrician-gynecologist in New York. He is married to an obstetrician who was a fellow resident with him. Marc [Lanzkowsky] is the only one of our five children who is not a doctor. Marc is a lawyer, but he has given up law, and he now has his own consulting business in insurance.

DR. PEARSON: Do they all live nearby?

DR. LANZKOWSKY: No, three of them are in the New York/New Jersey area. Two of them have settled in Las Vegas, of all places. Between all of them, we have 14 grandchildren.

DR PEARSON: There is a reference, #256 on your bibliography, about Henoch-Schoenlein purpura, and there are three Lanzkowskys listed as co-authors.

DR. LANZKOWSKY: That’s pretty observant of you. You are absolutely correct. That paper was an article for Pediatrics in Review which I was asked to write. I asked the editor whether I could involve my two physician daughters. The editor responded, “If they are qualified, it would be fine.” So I included my two daughters, just for fun, in the writing of that
You know, as I look at the nearly 300 items listed on your bibliography, including scientific and investigative articles, presentations at national and international meetings, and chapters in books, it occurred to me that despite all of the places you’ve been, despite the many hats you have worn, and all of your administrative obligations, you were still able to keep making scientific contributions. I’m also impressed that your early research in South Africa about iron deficiency anemia is a motif that reoccurs regularly.

Iron deficiency was the foundation of my clinical and academic work. It was done during my formative years for my PhD, and I’ve always kind of returned to it. I’ve studied the effects of iron deficiency on the growth and GI [gastrointestinal] functioning of rats, and the effect of iron deficiency on digitalis toxicity. I’ve even studied the prevalence and pathogenetic factors, including race, of anemia in New York City children, a reprise of my work in Cape Town. I think I got hooked on the subject.

Have you any regrets?

I kind of regret that I was never extensively involved in pediatrics at the national level. I never held any national office and only was on a few national committees. I’ve often searched my mind and wondered what the reason was, and I’m not sure I have an answer for it. Perhaps because LIJ was not in the mainstream of academic medicine, but yet, some people not in the mainstream have made it nationally. Perhaps I didn’t attend as many meetings as I should have because I was preoccupied at my home base doing things locally.

When I look at your job descriptions that you wrote in your book about the last 35 years, I know you had many, many things to do.

Yes, that’s true. But I do regret that most of what I have accomplished was done locally.

But you have an international reputation, have traveled widely and lectured in countries around the world — and New York is hardly local.

Did you know I was a pro bono consultant for the building of a Children’s Hospital in Israel [Schneider Children’s Medical Center of Israel]?

I was going to ask you about your role in that venture.
DR. LANZKOWSKY: It is a magnificent institution. I was a consultant to Kupat Holium [National Health Service] and Ministry of Health of the State of Israel for the design, programmatic development and construction of a children’s hospital. It was funded to a large extent by Mr. Irving Schneider, a benefactor for my hospital on Long Island, who asked me to advise him about the building of a children’s hospital in Israel. He was a very bright fellow and asked me incisive questions — “Does Israel need a children’s hospital?” “Where should it be built and under whose auspices?” And that was our mandate to investigate. A fascinating thing was that I came up against exactly the same problems and objections I had faced 13 years before when the Schneider Children’s Hospital was built in New Hyde Park. We were told, “A children’s hospital in Israel is not needed. We are meeting all of our children's medical needs. We have adults specialists who are doing fine, so just go away, everything is just fine.” We had major battles with the government, the major health organizations, the universities and the medical schools. Nobody wanted it. But we prevailed, and the Schneider Children’s Medical Center of Israel was built in Tel Aviv.

It is an outstanding structure that has 250 beds. It has seven floors around a central courtyard and a very nice design. Each floor has 80,000 square feet — about two acres — which is very unusual for a hospital. Every major division has its own floor. Hematology-oncology and bone marrow transplant are on one floor. Outpatient and inpatient beds are on one floor because the floor footprint is big enough. Staff between inpatients and outpatients can be shared. It’s built more on a horizontal rather than vertical plane with operating rooms, the NICU [neonatal intensive care unit] and the ICU [intensive care unit] all on one floor. Neurosurgery and neurology are together. There are ten elevators. I was responsible for program development. I think it’s a unique place I am proud of helping to build.

DR. PEARSON: Medical school education is undergoing changes. More than 60% of our Yale [University] medical students are staying on for a fifth year to take more courses and receive a MHS degree (master of health science). I got through college and medical school in only seven years, which I thought was terrific. I note that you got through college and medical school in six years including your PhD equivalent.

There are also major changes occurring in pediatric house staff training, especially the limitation of house staff work hours. What do you think about house staff working in shifts?

DR. LANZKOWSKY: I think it’s awful and things will fall through the cracks more than they do now. Maybe I’m old fashioned, but I think this curtailing of resident work hours is a bad thing. I understand the need for it,
but I think the “shift mentality” this engenders is terrible.

When I talk to my own children, who as you know are doctors married to doctors, about the mission of being a physician, they look at me as if I’m crazy. They say to me, “This isn’t our mission, it’s our job. You know, we work our hours each day, do our jobs and then go home, not expecting to be called.” This is very different from our day when medicine was almost like a calling.

DR. PEARSON: Another consequence of this is that many of today’s students seem to be choosing specialties on the basis of lifestyle. One joke I have heard says the “Royal ROAD” of medicine today is Radiology, Ophthalmology, Anesthesiology and Dermatology. More and more of our med [medical] school graduates are choosing these specialties. Certainly many do not choose pediatrics.

DR. LANZKOWSKY: Yes. Absolutely. Another beef — which I think I’ll put on the record — is the number of women going to medical school. The first year class of probably every med school in the country is gender 50/50. I believe that for every three women who enter med school, you get only two doctor’s lifetime work at best.

DR. PEARSON: Did you see the article in the The New York Times some months ago talking about this? It was written by a women doctor who said the same thing. If I had written this, I’d be tarred and feathered.

DR. LANZKOWSKY: This issue is not a sexist thing. It’s a straight forward fact of physiology. Women have to bear more responsibility, vis-a-vis a child, than a man does, including getting pregnant and carrying the baby. Pediatric residents today are 85% female.

DR. PEARSON: It’s difficult to find a Y chromosome in our pediatric resident staff today.

Another thing I was impressed with was that even near the end of your career, you’ve still put out the 5th edition your Manual of Pediatric Hematology and Oncology.

DR. LANZKOWSKY: That only came out in October of 2006. And this is a lot of work, as you know.

DR. PEARSON: Tell me about your ScD [doctor of science] honoris causa [given as a token of respect].

DR. LANZKOWSKY: This is the only degree I got without any sweat, which was wonderful. It was given to me by St. John’s University. I was
selected to receive the ScD, basically for the work I’ve done with the establishment of the Schneider Children’s Hospital. So I did get some academic return for all the drama I went through in creating the children’s hospital at LIJ by getting a ScD honoris causa.

DR. PEARSON: I think we all appreciate more the things we had to work like hell to accomplish.

DR. LANZKOWSKY: That’s true, absolutely. My MD was a tremendous amount of work.

DR. PEARSON: Phil, I think that this about wraps it up. I’ve greatly enjoyed interacting with you and hearing firsthand about your life, your family, your career and your accomplishments. Thank you very much.

END OF INTERVIEW
Index

A
Abrams, Martin W., 7, 8
Albert Einstein College of Medicine, 10, 11
American Board of Pediatrics, 5, 6

Barnard College, 11
Bierman, Fredrick Z., 10
Bronsther, Burton, 7

B
Barnard College, 11
Bierman, Fredrick Z., 10
Bronsther, Burton, 7

C
Canale, Virginia C., 4
Cape Town, South Africa, 1, 2, 3
Cecil John Adams Memorial Traveling Fellowship, 2
Children's Hospital Boston, 2
Children's Medical Fund of New York, 7, 8
Cuomo, Mario M., 9

D
Diamond, Louis K., 2
Duke University School of Medicine, 2

E
Erlandson, Marion, 4

G
Gootman, Norman, 6
Great Ormond Street Hospital for Sick Children, 2
Groote Schuur Hospital, 1

H
Harnett, Bertram, 7, 8
Henoch-Schoenlein purpura, 11
Hilgartner, Margaret W., 4
Hofstra University School of Medicine, 10
Howell, Doris A., 2, 3

I
iron deficiency, 2, 12
Israel, 12, 13

J
Joseph Arenow Prize, 2

K
Kaplan, Samuel, 4
Kaplan, Solomon, 4
Karayalcin, Gungor, 9
Karelitz, Samuel, 5
Kupat Holium, 13

L
Lahey, Eugene M., 3
Lanzkowsky, David R., 10
Lanzkowsky, Jonathan, 11
Lanzkowsky, Leora, 11
Lanzkowsky, Marc, 11
Lanzkowsky, Rhona, 1, 2, 5, 10
Lanzkowsky, Shelley, 11
Lipton, Jeffrey M., 10
Long Island Jewish Hospital, 5, 6, 7, 8, 9, 10, 12, 15

M
Manual of Pediatric Hematology and Oncology, 10, 14
Match, Robert K., 5, 8
McCrorry, Wallace W., 5
Meadowbrook Hospital, 8
Miller, Dennis R., 4
Morristown Medical Center, 11

N
Nassau University Medical Center, 8
New York Hospital, 3, 4, 5
New York, New York, 1, 5, 12

P
Paarl, Cape Province, South Africa, 1
Pediatric Hematology-Oncology
A Treatise for the Clinician, 6, 10
Pediatric Oncology
A Treatise for the Clinician, 10

Q
Queens Hospital Center, 6

R
Red Cross War Memorial Children's Hospital, 2, 3
Rossetti, Louis A., 8, 9
Royal College of Physicians and Surgeons of London, 2
Royal College of Physicians of Edinburgh, 2
Rudolph, Abraham Morris, 4

S
Schneider Children’s Hospital, 7, 9, 10, 13, 15
Schneider Children’s Medical Center of Israel, 12, 13
Schneider, Helen, 9
Schneider, Irving, 9, 13
Schulman, Irving, 4
Shenker, Ira Ronald, 6
Smith, Carl H., 4, 5
Solomon, Aaron, 8

St. John’s University, 14
St. Mary’s Hospital Medical School, 2
State University of New York, Stony Brook, 10

U
University of Cape Town, 1, 2

W
Weill Cornell Medical College, 3, 4, 5, 11
Wintrobe, Maxwell, 3
CURRICULUM VITAE

PHILIP LANZKOWSKY, M.D.

ADDRESS
Home: 159 West Shore Road
      Great Neck, NY 11042
      516: 466-4672
Office  Schneider Children’s Hospital
        North Shore/Long Island Jewish Health System
        New Hyde Park, NY 11042
        718:470-3201

EDUCATION:
School and University: South African College, Elementary and High School,
                      Cape Town, South Africa
                      University of Cape Town Medical School
                      Cape Town, South Africa

DEGREES AND QUALIFICATIONS:
M.B., Ch.B. Bachelor of Medicine and Surgery (US equivalent M.D.)
            University of Cape Town, 1954

M.D. Doctorate of Medicine (U.S. equivalent Ph.D.)
     University of Cape Town, 1959
     Subject of Dissertation: "Iron Deficiency Anaemia in Infants and Pre-School Children in Three Racial Groups in Cape Town"

D.C.H. (R.C.P.&S) Diploma in Child Health, Royal College of Physicians and
                Surgeons of London, 1960

M.R.C.P. Member of the Royal College of Physicians,
          Edinburgh, 1961

F.R.C.P. Fellow, Royal College of Physicians, Edinburgh, 1973

Sc.D. (honoris causa) Doctor of Science, St Johns University
                   Queens, New York 1994

LICENSURE STATUS:
South African Medical and Dental Council
1956- Number 7078

General Medical Council, England
1960- Number C-6000

Board of Medical Examiners of the
State of New York
1966- Number 97949
PHILIP LANZKOWSKY

SPECIALTY BOARD STATUS:
Registered Specialist in Pediatrics
   South African Medical and Dental Council – 1961: Number 2132
Diplomate of American Board of Pediatrics
   December 1966 – Certificate Number 11175
Diplomate of Pediatric Hematology-Oncoology Sub-Board,
   American Board of Pediatrics – December 1974: Certificate Number 104

PROFESSIONAL EXPERIENCE:

January 2003-Present  Executive Director, Schneider Children’s Hospital
June 1998-Present  Vice President, Children’s Health Network
   North Shore-Long Island Jewish Health System
November 1994-June 1998  Executive Vice President for Medical Affairs and Medical
   Director, Long Island Jewish Medical Ctr, New Hyde Park, NY
December 1988-Present  Professor of Pediatrics
   Albert Einstein College of Medicine of Yeshiva University
November 1983-Present  Chief-of-Staff, Schneider Children’s Hospital
   Long Island Jewish Medical Center
March 1970-July 2006  Chairman of Pediatrics
   Long Island Jewish Medical Center
March 1970-July 1999  Chief of Pediatric Hematology-Oncoology
   Long Island Jewish Medical Center
March 1993-October 1994  Member of Transition Management Team
   Long Island Jewish Medical Center
March 1970-July 1989  Professor of Pediatrics
   Health Sciences Center, State University of NY at Stony Brook
October 1970-July 1985  Attending-Visiting Pediatrician
   Kings County Hospital Center, Brooklyn, New York
March 1970-November 1979  Professor of Pediatrics
   State University of New York, Downstate Medical Center
June 1968-June 1969  Acting Pediatrician-in-Chief
   New York Hospital, New York
PHILIP LANZKOWSKY

PROFESSIONAL EXPERIENCE (CON’T)

June 1968-June 1969 Acting Chairman, Department of Pediatrics, Cornell University Medical College, New York

July 1967-March 1970 Associate Attending Pediatrician, New York Hospital, NY

July 1967-March 1970 Associate Professor of Pediatrics, Cornell University Medical College, New York

August 1965-March 1970 Director of Pediatric Hematology, New York Hospital, NY

August 1965-June 1967 Assistant Professor of Pediatrics, Cornell University Medical College, NY

July 1963-July 1965 Senior Lecturer in Pediatrics, University of Cape Town, Cape Town, South Africa

Juty 1963-July 1965 Consultant Pediatrician and Pediatric Haematologist, Red Cross War Memorial Children’s Hospital, Cape Town, South Africa

June 1962-June 1963 Research Fellow in Pediatric Hematology, University of Utah, College of Medicine, Salt Lake City, Utah

Sept 1961-May 1962 Clinical and Research Fellow in Pediatric Hematology, Duke University, Durham, North Carolina

January 1961-July 1961 Resident in Pediatrics, St. Mary’s Hospital Medical School, London, England

Sept 1960-Dec 1960 Postgraduate Student, University of Edinburgh, Edinburgh, Scotland


May 1957-July 1960 Resident and Senior Resident in Pediatrics, Red Cross War Memorial Children’s Hospital, Cape Town, South Africa

July 1956-May 1957 General Practice, Paarl, Cape Province, South Africa

January 1955-July 1956 Intern and Senior Intern, Medical and Surgery, Groote Schuur Hospital, Cape Town, South Africa
Administrative Experience:

Executive Vice President for Medical Affairs and Medical Director of Long Island Jewish Medical Center
- Member of the executive management group of the hospital — a senior administrative position in the hospital governance;
- Administrative responsibility for all Medical Board issues including credentialing of medical staff, adherence to Bylaws, Rule and Regulations of medical staff, dealing with grievances and the conduct of hearings of medical staff;
- Administrative responsibility for all educational programs including undergraduate, graduate and continuing medical education;
- Administrative responsibility for the conduct of research — quality, allocation of space and resources, ethics, implementing policies and procedures for the protection of human subjects;
- Administrative responsibility for bioethics of the institution;
- Administrative responsibility for risk management and malpractice issues;
- Administrative responsibility for total quality management and utilization review programs of the institution.

March 1970-Nov 1983

DEVELOPMENT OF SCHNEIDER CHILDREN’S HOSPITAL
- Responsible for planning, design, programmatic development of the 150 bed Schneider Children’s Hospital. This required:
  - Promotion of a community group (Children’s Medical Fund) to advocate and raise funds for support of the Children’s Hospital.
  - Mobilization of professional support for the concept of a children’s hospital and LIJ hospital Board support
  - Planned public hearings and testimony from interested community and advocate groups.
  - Prepared demographic and statistical data for presentation to the Southern Hospital Planning Council, Health System Agencies in Nassau and Queens County and in Manhattan and State Health Department (including Governor Carey)
  - Participated in development of financial feasibility of Children’s Hospital including negotiations with Blue Cross and Blue Shield for per diem reimbursement rate for the hospital.
  - Public Relations and Fund Raising for Children’s Hospital.
PHILIP LANZKOWSKY

- Developed program and space allocation for Children’s Hospital and worked closely for 2 years with architects to design and plan hospital (The Architects Collaborative, Boston).
- Recruited more than 100 faculty from institutions around the country and abroad, many at level of Associate and full Professor.
- Developed Certificate of Need for New York State for Children’s Hospital and in the process consolidated 160 pediatric beds in Nassau and Queens County (Terrace Heights Hospital, Deepdale Hospital, LaGuardia, Hillcrest, Long Beach Memorial, Queens Hospital, St Johns Episcopal)

CHIEF-OF-STAFF, SCHNEIDER CHILDREN’S HOSPITAL AND CHAIRMAN OF PEDIATRICS

March 1970-present

- Responsible for budget, utilization and program development of Children’s Hospital. Budget in excess of $40 million. Occupancy 86% (highest in peer group nationally).

Programs include:
- Cardiology and Cardiothoracic Program
- Bone Marrow Transplantation Service
- Initial Network of Affiliations with the following institutions:
  - Hillcrest Hospital
  - Deepdale Hospital
  - LaGuardia Hospital
  - Syosset Hospital
  - Good Samaritan Hospital
  - St Charles Hospital
  - Huntington Hospital
  - Franklin General Hospital
  - South Nassau Community Hospital
  - St. Johns Hospital
  - St. Mary’s Hospital (Brooklyn)
  - Mary Immaculate Hospital
- Unique Teleconferencing System – weekly broadcasts to affiliated hospitals and select private practice sites, using interactive television screen (presently being upgrade to geocentric satellite)
- Public relations, marketing and fund raising for Children’s Hospital – press conferences, TV, fund raising events
- Monitoring and integrating quality of medical care- Interdepartmental and inter-disciplinary issues
CHIEF OF STAFF, SCHNEIDER CHILDREN'S HOSPITAL AND CHAIRMAN OF PEDIATRICS (CONT’D)

- Developed Pediatric Mobile Intensive Care units
- Extensive Continuing Medical Education Program
- Developed one of the largest primary Pediatric (131) and Pediatric Subspeciality (55) Residency Programs

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Pediatricians</td>
<td>131</td>
</tr>
<tr>
<td>Endocrinology</td>
<td>2</td>
</tr>
<tr>
<td>Pediatric Hematology-Oncology</td>
<td>5</td>
</tr>
<tr>
<td>Neonatology</td>
<td>11</td>
</tr>
<tr>
<td>Pediatric Cardiology</td>
<td>6</td>
</tr>
<tr>
<td>Neurology</td>
<td>5</td>
</tr>
<tr>
<td>Allergy/Immunology</td>
<td>5</td>
</tr>
<tr>
<td>Pediatric Rheumatology</td>
<td>2</td>
</tr>
<tr>
<td>Pediatric Critical Care Medicine</td>
<td>6</td>
</tr>
<tr>
<td>Adolescent Medicine</td>
<td>3</td>
</tr>
<tr>
<td>Developmental and Behavioral Pediatrics</td>
<td>1</td>
</tr>
<tr>
<td>Infectious Disease</td>
<td>2</td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td>5</td>
</tr>
<tr>
<td>Gastroenterology and Nutrition</td>
<td>2</td>
</tr>
</tbody>
</table>

- Developed a Department of 696 community-based pediatricians
- Developed and Editor-in-Chief of Children’s Hospital Quarterly, which has received international recognition
- Developed large pediatric faculty practice plan. Gross revenue in excess of $32 million ($27 million in patient revenue; $5 million in grants and contracts)
- Developed Pediatric Research Center at the Schneider Children’s Hospital
- Instrumental in attracting and development of a Ronald McDonald House on the grounds of Schneider Children’s Hospital. Presently Medical Director and member of the Board of Trustees of the Ronald McDonald House.

CHIEF OF DIVISION OF PEDIATRIC HEMATOLOGY-ONCOLOGY

March 1970-July 1999

- Second largest Division of Pediatric Hematology-Oncology in New York area
- Approved Residency Training Program (40 in nation)
- Established 4-bed laminar flow Bone Marrow Transplantation Unit, including planning, fund raising, state approval
- Published 5 standard textbooks in Pediatric Hematology-Oncology
- Published 278 scientific papers, abstracts, book chapters, books
PHILIP LANZKOWSKY

PAGE SEVEN

VICE PRESIDENT, CHILDREN'S HEALTH NETWORK, NS/LIJ HEALTH SYSTEM

1998-Present
- Developed mission statement for Children’s Health Network of NS-LIJ Health System presented to
  - Combined Pediatric Faculty
  - Meeting of CEO’s of NS/LIJ Health System
  - Physicians Initiative Committee of the Board of Trustees
  - Senior Management Retreat of NS/LIJ Health System
  - Pediatric Faculty Retreat
- Appointed single Directors for Divisions for both tertiary care Hospitals
- Consolidated Faculty Practice Plan

EXECUTIVE DIRECTOR, SCHNEIDER CHILDREN'S HOSPITAL, NS/LIJ HEALTH SYSTEM

2003-Present
- Executive Director of 154 tertiary care Children’s Hospital. Responsible for day-to-day medical and non-medical operation of hospital (70 critical care beds)
- Annual budget $250 million. Total margin 10.9% (3/31/07)
- Hospital ranked one of the top children’s hospitals in the country.
- Total staff consisting of 1268 employees with 428 nursing staff
- Nationally and internationally recognized programs in cardiology, cardiothoracic surgery, lung rescue and bone marrow transplantation
- Developed consultation satellite centers in Commack, Hewlett, Flushing, Bensonhurst and Williamsburg
- Developed neonatal and pediatric tertiary transport system with 2500 transports per year
- Developed plan for reconstruction of Children’s Hospital. Initial phase to consist of 24 neonatal beds to be built at a cost of $21 million. Second phase to consist of 24,000 sq feet independent Emergency Department, Pediatric Imaging Center, 25 critical care beds and 25 medical/surgical beds in separate tower at a cost of $110 million.
RECENT CONSULTANTSHIPS

Consultant to Kupat Cholium (National Health Service of Israel) and Ministry of Health of the State of Israel for the design, programmatic development and construction of the Children’s Medical Center of Israel.

Consultant to the President of Chicago Medical School (Dr. M. Winick) concerning development of faculty practice plan for medical school.

Member of Scientific Committee and Vice President for the Americas and Canada of the International College of Pediatrics, Adolescent and Family Care.

Member of Scientific Committee of the Lay and Professional Board of the Schneider Children’s Medical Center of Israel.

Consultant to Albert Einstein Hospital, Sao Paulo, Brazil

ACADEMIC ACHIEVEMENTS

Author of 278 scientific publications (list available on request)

Author of chapters in many standard textbooks

Author of 5 textbooks:

- *Pediatric Oncology* (McGraw Hill 1983)

Editor-in-Chief, Children’s Hospital Quarterly

U.S. Editor: *Pediatric Reviews and Communications: An International Journal*

Editor: *Monographs in Clinical Pediatrics*
INVITED LECTURESHIPS

Invited lecturer at various Medical Schools and institutions in this country and abroad including Japan, Chile, Brazil, Mexico, Israel, England, South Africa, Poland, Hungary, Spain, India

MEMBERSHIP AND PAST MEMBERSHIP IN PROFESSIONAL SOCIETIES

Member New York Society for the Study of Blood

Member American Society of Hematology

Member Harvey Society

Member American Pediatric Society

Fellow American Academy of Pediatrics

Member American Academy of Pediatrics, Section Oncology-Hematology

Member Society for Pediatric Research

Member Paleopathology Association

Member American Society of Clinical Oncology, Inc.

Member American Association for Cancer Research

Member Association of American Medical Colleges

Member Eastern Society for Pediatric Research

Member of the American Society of Pediatric Hematology-Oncology

HONORS, AWARDS AND SPECIAL APPOINTMENTS:

Dr. C.L. Herman Research Grants (University of Cape Town, Staff Research Fund) May and October 1958.


Cecil John Adams Memorial Traveling Fellowship, 1960
HONORS, AWARDS AND SPECIAL APPOINTMENTS (con’t)

Hill-Pattison-Struthers Bursary (Royal College of Physicians, Edinburgh) December 1960

Benger Laboratories Travel Grant, 1061

Dr. C. L. Herman Research Grant (University of Cape Town, Staff Research Fund) May 1964


Lecturer in Neonatal Pediatric Hematology, Institute for Physicians and Nurses in the Care of Premature and other high-risk infants. New York Hospital, New York, August 8, 1965 – March 1, 1970.


Scientific Advisor, Department of Pediatrics, University of Chile, Santiago (Grant from International Atomic Energy Agency, Vienna), 1968.

Consultant for the Pan American Health Organization, Department of Pediatrics, University of Chile, Santiago, May 1968.

Member of Committee for Academic Programs, Cornell University Medical College, 1969-1970.

Member of Internship Advisory Committee, Cornell University Medical College, 1969-1970.

Member of Clinical Faculty Council, Cornell University Medical College, 1968-1969.

Consultant Department of Pediatrics, Nassau County Medical Center, 1970 to present.

Member of the Pediatric Advisory Committee of the New York City Department of Health, 1970-1973.

Secretary of the Medical Board, Long Island Jewish-Hillside Medical Center, June 1971 to June 1974.

Member of the Medical Advisory Board, Long Island Chapter of Leukemia Society of America.
HONORS, AWARDS AND SPECIAL APPOINTMENTS (con’t)

Member of Medical Advisory Board, Metropolitan Chapter of Hemophilia Society of America.

Member of Medical Advisory Board, St. Mary’s Hospital for Children, Bayside, NY.

Member of Advisory Council, National Foundation for Sudden Infant Death, Long Island Chapter.

Chairman of the Credentials Committee, and Vice President of Medical Board, Long Island Jewish-Hillside Medical Center, June 1974-June 1977.

Consultant Catholic Medical Center of Brookly/Queens, Inc. 1976-1978.

Member of Medical Advisory Board, The American Council for Emigres in the Professions (ACEP), April 1976.

Consultant St. John’s Episcopal Hospital, South Shore Division, 1976 to present.


Consultant Specialist in Pediatric Hematology to the Health Insurance Plan of Greater New York, 1976 to present.

Consultant, Department of Pediatrics, Hillcrest General Hospital, Queens, 1976.

Consultant, Department of Pediatrics, Peninsula Hospital Center, 1977.

Consultant, Department of Pediatrics, Jamaica Hospital, Queens, 1977.

President of the Medical Board, Long Island Jewish-Hillside Medical Center, July 1977 to 1980.

Chairman of the Medical Executive Committee, Long Island Jewish-Hillside Medical Center, July 1977 to 1980.

Chairman of Growth and Development Core Curriculum, School of Medicine, Health Sciences Center, State University of New York, Stony Brook, 1973.
PHILIP LANZKOWSKY

HONORS, AWARDS AND SPECIAL APPOINTMENTS (con’t)

Member of Blood Core Curriculum, School of Medicine, Health Sciences Center, State University of New York, Stony Brook, 1973.

Member of Medical Advisory Committee to the Central Health Service Agency of New York City (Regionalization of Perinatal Care), 1978.

Member Pediatric Advisory Committee to the Interagency Task Force on Immunization, City of New York, September 1978.

Consultant, Department of Pediatrics, Division of Pediatric Hematology, The Jamaica Hospital, April 1978 to present.

Consultant, Department of Pediatrics, Franklin General Hospital, July 1979 to present.


Visiting Professor in Pediatrics, Universidad Autonoma De Guadalajara, Mexico; March 10-16, 1980; November 3-7, 1980; February 16-20, 1981.

Sonia Mechanick Traveling Fellow of the South Africa College of Medicine, South Africa, February 6 – March 5, 1982.


Invited Guest Lecturer, XXIII Congress of Brazilian pediatric Society, Bahia, Brazil, September 2-6, 1983.

Maurice N. Kay Memorial Lecture; Brown University, Providence, Rhode Island, November 2, 1983.

Medical Director and Member Board of Trustees, Ronald McDonald House, The Children’s House of Long Island, 1985 to present.

Member Graduate Medical Education Committee of the Medical Board of Long Island Jewish Medical Center, 1970 to present.

Member House Staff Affairs Committee of the Medical Board of Long Island Jewish Medical Center, 1986.

Consultant Department of Pediatrics, Winthrop University Hospital, November 1986 to present.
HONORS, AWARDS AND SPECIAL APPOINTMENTS (con’t)


Member Medical Advisory Board and National Council of Medical Development for Israel, Inc., September 1987 to present.

Member of Educational Council of National Association of Children’s Hospitals and Related Institutions (NACHRI), 1988.


Editor of Series *Monographs in Clinical Pediatrics*, June 1988 to present

Member, Bylaws Committee of the Medical Board, Long Island Jewish Medical Center. 1989 to present.

Editor-in-Chief, *Children’s Hospital Quarterly, A Journal of the Schneider Children’s Hospital, Long Island Jewish Medical Center*, 1989 to present.


Honorary Member of South African Pediatric Association, August 27, 1990.


Member Medical Education Committee of the Medical Board of Long Island Jewish Medical Center, 1992 to present.

Member of the Housestaff Affairs Committee of the Medical Board of Long Island Jewish Medical Center, 1992 to present.

President, Schneider Children’s Hospital at Home, Inc., October 1993 to 1997.

Doctor of Science (Honoris Causa); St. John’s University, Queens, New York 1994

Member, Board of Trustees, North Shore-LIJ Health System, 2003 to Present

**NOTE:** Many appointments to medical advisory Boards and hospital consultant staffs were time limited and may have terminated.
Total of 280 papers, monographs and books published up to 2006
BIBLIOGRAPHY

(including original peer-reviewed articles, abstracts, presentations at national and international meetings, chapters in books and books)


137. Lanzkowsky, P.: Cambios bioquimicos y en el crecimiento celular en anemia por carencia de fierro producida en ratas despues del destete y la respuesta a la terapia con fierro. Pediatría (Santiago), 20:276, 1977.


AUDIO-VISUAL MEDIA

