In Memoriam

David Bernt Skinner (1935-2003): A thoracic surgeon and something more*

Friday, the 24th of January, 2003, witnessed the passing of one of the icons of American surgery. As fate would have it, David Skinner slipped out of this world lying peacefully in the “the house that Dave built”: the Maurice and Corinne Greenberg Pavilion of the New York–Presbyterian Hospital. Those “in the know” will immediately recognize that the last sentence alone was a decade’s worth of hard work and unrelenting drive. That drive began in the midwestern town of Joliet, Illinois, where David Bernt Skinner was born on April 28, 1935. He graduated from Franklin High School in Cedar Rapids, Iowa, and earned his BA at the University of Rochester in 1956. With a medical degree from Yale and surgical training at the Massachusetts General Hospital (with 1 year in Bristol, England), he was poised to make his mark on American surgery. What followed was a meteoric rise from assistant professor in 1968 to full professor of surgery at Johns Hopkins in 1972. Shortly thereafter and at the amazingly young age of 37, he was tapped to become the Dallas B. Phemister Professor and Chairman of Surgery at the University of Chicago. Arrival on the scene of a great institution fallen on hard times was to become a signature of Skinner’s style. In a mere decade, the department of surgery at the University of Chicago had returned to its former glory and was at the forefront of American and international surgery. The department buzzed with clinical and research activities in various surgical sciences. Nowhere was that more evident than within the field of esophageal surgery, where Skinner had become a leading authority. Indeed the division of thoracic surgery was a “must visit” on the itinerary of any aspiring or established esophageal surgeon.

Fifteen years after his arrival in Chicago and with all engines humming, David Skinner (to the astonishment of the surgical community) accepted the position of president and chief executive officer of the New York Hospital in Manhattan. He arrived in New York in September of 1987 to take the helm of “a great hospital in crisis,”† by now a Skinner *modus operandi*. His move presaged the incredible avalanche in health care policy over the ensuing decade and probably helped instigate general surgeons and thoracic surgeons, in particular, to participate more meaningfully in influencing the health care policy debate. The task at hand was enormous by any measure. The New York Hospital was reeling from a weekly loss of 1 million dollars and hamstrung by a hopelessly outdated in-patient facility. Under his leadership, the hospital executed an impressive recovery that became a model for other hospitals in the region and around the country. The financial turnaround was followed by the construction of the Maurice and Corinne Greenberg Pavilion, a 750-bed hospital that straddles the Franklin D. Roosevelt Drive. The opening of the new New York Hospital in 1997 completed the mandate for which he was brought to New York. However, in another visionary move, he established New York City’s first major health care network formed of various health care

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*Title of presidential address given by D. B. Skinner, MD, to The American Association for Thoracic Surgery in April 1997.

†Cover story of New York Times magazine, 1988.

institutions with the purpose of collectively meeting the challenges posed by fiscal constraints and the onslaught of managed care. This effort culminated in the now historic merger of the New York Hospital and the Presbyterian Hospital to form New York Presbyterian Hospital and Healthcare System. Considered one of his greatest achievements, the merger not only created a “super academic” medical center (two top-ranked medical schools and two great hospitals) but also a New York powerhouse that is the largest private employer in New York City.

Through it all, Dave Skinner remained a thoracic surgeon at heart. He maintained a steady practice in esophageal surgery to the delight of his patients and the educational benefit of our residents. His appearance at the thoracic oncology conference was almost a weekly ritual. He remained an active national and international figure in thoracic surgery. Of his many accolades and honors, the one

that he cherished most was the presidency of The American Association of Thoracic Surgery, with which he was honored in 1997. How he did it all, I’ll never know.

What does all that tell us about the man himself? That he was a master surgeon and superb clinician is without a doubt. That he was an outstanding administrator and chief executive is certain. That he was a visionary leader who has left a clear mark on the New York City health care market, perhaps. Most telling about the man, I think, is his almost daily rounds through the various hospital floors, talking to employees at various levels and establishing with them that most elusive of bonds that ultimately ties a leader to his team. They respected, trusted, and loved him. To me personally he was a teacher, mentor, and above all, a good friend. I will certainly miss him.

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