



**A Memorial  
Alice Hersh, 1951–1997  
The Unfinished Agenda**

In February of this past year the Board of the Association for Health Services Research met in Washington, DC to celebrate Alice Hersh's fifteen years of service and accomplishment as the leader of AHSR. It was a joyous occasion with the presentation of a "book of letters" from past presidents who had served with Alice over the years. In addition to celebrating past successes, a common theme was expressed: "We are all looking forward to at least another fifteen years of working together." It was not to be.

On this past September 20, 1997, Alice suddenly and unexpectedly died, leaving all of us associated with the field of health services research stunned by the event and grieving our loss. Not only was Alice the heart of AHSR; she was its soul and, indeed, the soul of our field. If you are a reader of this Journal, the official Journal of AHSR, your life was touched by Alice Hersh. But those of us who knew her personally were doubly blessed.

The first time I heard the name Alice Hersh, I said to myself, "Alice who?" The occasion was one of the early organizing meetings of the Association, when Stu Altman suggested one of his recent graduate students as a possible candidate for executive director of the Association. More than a few of us in the room were skeptical. After all, didn't such an eminent Association require a nationally visible leader? But Clif Gaus persuaded us to give it a try. If things didn't work out, we could always look elsewhere. Suffice it to say, the recent graduate taught all of us lessons in how to grow an organization and bring together a field for lasting impact. As Clif remarked at Alice's funeral, "I and the other founding board members can only marvel at the decision to put Alice Hersh in charge."

Alice's accomplishments were many. She took an organization from ground zero and built it into the most respected and visible association representing health services and policy research in the world, encompassing 2,500 individual members, 140 organizational members, an annual meeting attended by nearly as many people as there are association members, and millions of dollars in support of the field. She took an organization that was originally perceived to have relatively narrow, parochial interests and put it on the strategic agendas of the Veterans Administration, the National Institute of Drug Abuse, the National Institute for Mental Health, and the National Library of Medicine, among others. She helped to spearhead creation of the Agency for Health Care Policy and Research in 1989, and was vigilant in protecting AHCPR from myriad budgetary assaults over the years. She had a special interest in nurturing the future of the field through her commitment to the development of young scholars reflected in the Picker/Commonwealth Scholarship program and the AHSR annual Young Investigator Award.

But what one remembers most about Alice are the personal qualities behind the accomplishments. Alice Hersh was an unusual leader in being *both* a visionary and an implementer. Some individuals, extremely good at envisioning the future and charting strategic direction, have problems with the detailed follow-through and execution required for success. Others are very good at execution but have problems creating the vision that can make tomorrow happen. Alice did both. Like many great leaders, Alice was also driven—not by internal demons but by the worthiness of the cause. Many of us stood in awe of what the Association and Alice were able to accomplish with relatively sparse resources. In retrospect, I think Alice’s “secret” was the zeal and sense of mission that she brought to the organization and that she was able to pass on to those who worked with her. Everything works a little better when a sense of zeal and mission prevails.

Alice took courageous risks; she liked the excitement of accomplishing something against all odds. Certainly at AHSR she had the perfect setting for testing this dimension of her character! She could also be a bit of an “alarmist” and from some people’s perspective might overreact to certain events or situations. What most of us didn’t realize was that we were so often preoccupied with our relatively narrow research interests that we didn’t hear the sirens when that very work was being threatened. We should especially thank Alice for being a bit of an alarmist—I came to suspect that it was a strategic tactic she used to get our attention.

Finally, Alice was a warm, inclusive “people person.” She took a genuine interest in people’s lives that went beyond the everyday protocols of politeness and civility. She would have succeeded in whatever she chose to do. In the end, it was we who were fortunate that she chose to stay with us over the years.

I have two personal memories of Alice—one early in our relationship and one much more recent. The early memory involves planning for the first annual meeting in 1986. I still fondly remember (although Alice much less so) hiking through three-foot snowdrifts on the Evanston campus of Northwestern University as we discussed content, speakers, and logistics for the meeting. We were both very hopeful, and if the truth were known, “anxious,” that 150 or so people would gather to make this inaugural effort a success. As it turned out, over 350 showed up. And the rest, as they say, is history.

The more recent memory is of this past September 8, 1997, at the Baxter Symposium luncheon meeting held in Chicago to celebrate volume II of the Health Policy Series. Alice never looked more rested, more energetic, more enthusiastic, and more hopeful for our field than on that day. It was beyond

anyone's imagination that it would be the last time we would see her. Typical of Alice, on September 17th I received a letter from her dated September 12th, thanking me for my involvement in the Symposium: "It has been a long road since we first began this effort and I am deeply grateful . . ." It is we, Alice, who are grateful, and I am glad that we had some opportunity to express our gratitude last February.

But enough about the past. Alice was focused on the future. She had a deep personal commitment to improving access to health services for everyone, and a special interest in the delivery of health services to rural Americans. She was also keenly interested in issues of quality and outcomes of care. In particular, she wanted to ensure that more accurate information was made available to the American public so that individual consumers and patients could make more informed choices. She was fanatical about dissemination, as evidenced by the creation of the HSR project database comprising 4,000 records of health services research projects from 50 different funding agencies. At the time of her death, Alice was working with the board and leadership of the Association to further broaden support for the field from both the private and public sectors.

There is a large unfinished agenda. We best honor Alice Hersh's memory and her legacy by taking up these challenges with all of the energy, intellect, collaborative effort, and resolve that we can muster. We miss you, Alice, but your words and actions will continue to guide us.

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Editor