When asked about the history of the name "Center for Emergency Care" Dr. Richard Levy, the founding force for change both locally and nationally, shared a story:

I can answer the question, but can't help from wondering if some things are not better left in the fog of war. As much as I'd like it, the name was not a result of deep thinking or critical analysis. It was more a matter of reacting to the circumstances at the time. It was nothing short of flying by the seat of your pants. In other words, the answer is not as pretty as I'd like it to be.

When I took over the program in 1977, the hand I was dealt was an ER that saw 130,000 patients a year in a space approximately half the size of the current ED. Most of the patients were seen by interns and residents from Internal Medicine, Surgery, and Pediatrics. There were ten ER residents, five PGY2s and five PGY3s. Supervision consisted of six staff MDs, none of whom were trained in emergency medicine and all of whom were merely passing through on their way to something else.

Before taking the job of Director, I wrote a brief manifesto of what I wanted the program to become: a preeminent force in a new field that would create knowledge, educate a broad cadre of medical students and residents, and provide outstanding patient service to the surrounding community. I insisted on operational independence, as well as academic independence. I can only imagine what my negotiating counterparties must have thought at the time, considering I had just turned 30. In any event, they agreed that they would give me operational autonomy, including responsibility for nurses, clerks, and aids. The academic piece was a little more complicated, since they weren't about to ask the University to create a new Department. So, they agreed to an organizational entity that was called a free-standing Division within the Department of Internal Medicine.

Within a few years, we added some amazing faculty, increased the size and quality of the residency, subdued the chaos of the ER, and started to build some of the subunits that are still part of the Department today. We even began to do some research, as basic as it was in retrospect. However, we couldn't muster much respect from the old guard that inhabited the halls of the medical school. It was a frustrating time for me. I knew that we needed to become a full academic department of the medical school, but that goal seemed to be impossibly far off. So, in a fit of ire, I decided we needed to do something that elevated our standing in the eyes of those who sat in judgement. It occurred to me that I could set myself afire like the Buddhists monks of Southeast Asia, but that would have made too many people happy. It also occurred to me that hiring a public relations firm might be helpful.

But in the end, I was struck by the simplicity of giving the ER a name unlike anyone else had thought of. Knowing that using the word Department was strictly forbidden, I considered names like Institute for Emergency Services and Foundation for Emergency Services. Then, out of the ether, came the idea that the place should be called Center for Emergency Care. At the time, no one was using the term "Center" for anything, so I thought it would be disruptive, but not too uppity. I asked my secretary, Barb Griffin, to go to the print shop and have new stationary and business cards made up as soon as possible. Once they were delivered, we put them into circulation immediately. Honestly, I was expecting blowback, but it never occurred. So, the name stuck. And that, my young colleagues, is the end of the story.

Richard