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Keynote Presentation/Discussion: What is Wrong with the US Health Care Delivery System?
In Ten Minutes or Less

I. Introduction

Good afternoon. I am so pleased to be with all of our graduates (and friends and family as well, of course), on the day on which you are taking the next step forward in your careers in public health. You are all going to be public health professionals, and coming out of this particular program, your focus should be, and is, I am sure, being the best you can be. But the principal message that I have for you today, as one who has dealt throughout my career with the politics of health care in this country as well as with its nuts and bolts, is that if you are at all interested in politics, which can be “done” at a wide variety of levels, don’t be shy.

Politics has been an important interest and focus of mine throughout my career. Although I grew up in a very left political household, I was particularly inspired to have a principal focus of my work in public health by my mentor at the Yale School of Public Health in the mid-1960s by the late, great E. Richard Weinerman. He was one of the inventors of what was then called “medical care,” which became what we now call “health care delivery systems analysis.” That was my principal focus for the first 30 years or so of my career, and of course that field of study is totally interconnected with politics. But of course politics is at the center of another one of my major career interests, recreational drug policy, and it even has a part in what became my third major focus, exercise promotion and weight management. It’s not for everyone, but it has been for me, starting at home and certainly moving through my experience and learning at my school of public health. And so, let’s move on to the substance of my remarks, which are, surprise, surprise, on the US health care system, and politics.

II. Here is one summary of the status of the US health care delivery system:

“The problem of providing satisfactory medical service to all the people of the United States at costs which they can meet is a pressing one. At the present time, many persons do not receive service which is adequate either in quantity or quality, and the costs of service are inequably distributed. The result is a tremendous amount of preventable physical pain and mental anguish, needless deaths, economic inefficiency, and social waste. Furthermore, these conditions are, as the following pages will show, largely unnecessary. The United States has the economic resources, the organizing ability, and the technical experience to solve this problem.” (CCMC)

And here is another:

“In terms of gross national product the U.S.A. spends more on health than does any other country. But costs are rising at such a rate that more and more people will find it difficult to get complete health care. This particularly applies to the poor, the old, the [African-Americans and other non-white ethnic minorities], and other disadvantaged groups. Doctors and hospital beds are distributed most unevenly both in broad geographic regions and between States. There are indications, too, that the quality of care has been inferior, especially in terms of antenatal and infant mortality. The whole

organization of medical care in the U.S.A. has failed to respond to changing disease patterns, the move from country to cities, industrialization, and the increasing proportion of old people in the population.” (Battistella and Southby)

III. Discussion

- A. When do you think these statements might have been written?
- B. Certain major advances on the surgical, pharmaceutical, and technological sides as well as in the use of computers for a wide variety of functions have been made, to be sure. Some of them have been quite remarkable (SJ example, vs. LOS for gall bladder surgery when I was in medical school [graduated in 1962]). But many of the problems of organization, coordination, planning, distribution of facilities and services, financing of and payment for care, prevention and public health, among others, have changed only in degree, and from the perspective of the public health professional that each of you is about to become, that change has sometimes been in the wrong direction.
- C. Why is this the case? My views on this question are summarized in a book chapter entitled “Beyond Financing and Payment: Problems Faced by the U.S. Health Care System” that I wrote by invitation not too long ago for a book entitled Health Care Systems Around the World: A Global Survey, edited by Dr. Himanshu Sekhar Rout, published by New Century Publications, New Delhi, India, in 2011. The chapter is available through my website, ordinarymortals.net, (click on “Articles,” then “Other:” <http://static.squarespace.com/static/50e2ea01e4b0395512a34af9/t/50f6923ae4b0bde5ed7c7163/1358336570382/Health%20Care%20Systems%20Around%20the%20World%20-%20SJ%20chap.,%20Final,%20distrib.%20copy,%202012-09-07.pdf>).
- D. There are two sets of goals which a health care delivery system can achieve. In summary, one is maximizing the health of the people and taking care of their ills, cost-effectively, without discrimination by location, economic status, ethnicity and so forth. The other set of goals is a combination of power, prestige and profit for the providers, the equipment developers/suppliers, and the enterprises that manage financing and payment. Thus there is obviously a wide variety of stakeholders in the system, sometimes with goals that are mutually exclusive.
- E. As well, there is a wide variety of stakeholders outside of the system, in the political arena. It is in the latter that the major potential solutions, presented in some detail as long ago as 1932 in Final Report of the Committee on the Costs of Medical Care, can be developed and implemented. To this day, however, the US political system has not been able to accomplish what the political system in every other advanced capitalist country has done, going back to the predecessor of what became the fairly standard national health insurance system in those countries, introduced by the Prussian Chancellor Otto von Bismarck in the 1880s.
- F. The Majority Report of the CCMC recommended a comprehensive set of organizational and financing/payment reforms that have still not come close to being implemented. The Minority Report used a set of arguments against any comprehensive, nationally-based reforms that one still hears, loud and clear, today. Indeed, using those kinds of arguments

the political system in this country has found that the problems of the health care delivery system and potential solutions to them can be used for purposes other than making the it work better for the population as a whole, or even for achieving goals of those stakeholders whose primary focus is power, prestige, and/or profit.

- G. As I said at the outset, you are all going to be public health professionals, and coming out of this particular program, your focus should be, and is, I am sure, being the best you can be. But the principal message that I had have for you today, as one who has dealt throughout my career with the politics of health care delivery in this country, at the personal, community-wide, and public health levels, as well as with its nuts and bolts, is that if you are at all interested in politics, which can be “done” at a wide variety of levels, don’t be shy. Go for it. Because doing so can only expand whatever else you may be able to achieve in the course of your professional career. Thank you very much.