

AAMC-OSR Physician Policymaker Interview Series: Representative Jim McDermott, M.D.

Interviewed by: Harlan Gallinger, University of Washington School of Medicine
OSR Western Region Delegate for Legislative Affairs (2006-2007)

This is one in a series of interviews that will examine the careers of physician policymakers, the state of the healthcare system, and how students can affect policy discussions. If you have suggestions for future interviewees, comments, or questions, feel free to contact Katherine Iossi at katherine-iossi@uiowa.edu.

May 2007

Q: What motivated your decision to take a leave from medical practice in order to pursue politics? Were you active in politics, policy, and advocacy in medical school, residency, and/or post-residency practice?

A: After medical school, I owed two years of military service (the draft was in effect when I went to college), and so I enlisted in the U.S. Navy. I served as an officer, and I was the Chief Psychiatrist at the Long Beach, California, naval hospital, where I treated combat soldiers returning from Vietnam. This was at a time when the military didn't even acknowledge PTSD- Post Traumatic Stress Disorder- which was affecting countless soldiers.

Treating combat veterans who had served in Vietnam because that's what their country ordered them to do made me very angry, and I decided to follow Gandhi's call to "Be the change you want to see in the world" by pursuing a career in politics. At first, I practiced medicine while I served as a state legislator, and as the U.S. State Department's chief medical officer in Africa. When I was elected to Congress at the end of 1988, the duties of office made it impossible to practice medicine while serving in the U.S. House of Representatives. Every day in Congress, however, I always try to follow the Hippocratic Oath to do no harm, and from the day I took office in 1989, I have had one top priority: single payer health care for every American. iHH

Q: How has your background in medicine shaped your health care policy decisions as a Congressman?

A: My medical background, rare in Congress by the way, gives me an insider's view of the problem and a pragmatic approach to solving it. The oath we all take as physicians inspires me to reform the system so that the system can do no harm. I believe single payer, universal health care is how we must change the U.S. health care system to meet the needs of the American people. Because I practiced medicine- and still maintain my credentials- I know that people need access to medical treatment when they are sick, not when they can find a way to pay for a visit to the doctor or clinic.

Q: Should we expect physicians to increase their involvement effecting change in state and national health care policy despite all of the time pressures of maintaining a practice? How do you believe that physicians are able to most effectively call attention to and address these issues?

A: If you choose to let someone else make all the decisions that affect you deeply and directly, then you forgo any credibility and basis for complaining later if the decisions turn out to be bad public policy. In all my years of public service, I've never gotten 100% of what I wanted, but politics is the art of compromise and the art of the possible, and I've always believed that making a difference is far better than making a complaint. I spent over a decade serving in state government while maintaining a full time psychiatric practice in two different cities 60 miles apart; it can be done if you want to do it, and I urge you to get involved.

Q: What do you see as the single most significant challenge facing and possible solution(s) for the US healthcare system?

The single most significant challenge facing the U.S. healthcare system is the U.S. healthcare system- it is falling apart. For the last 12 years, we have applied band-aids, but they have been ineffective, as I knew they would be. The only solution that will work is single-payer, universal health care for every American. I propose exactly that in my health care legislation, H.R. 1200, which I introduced recently in the House of Representatives. The United States is one of only two industrialized nations (Mexico is the other) without universal health care. We pay twice as much, and get a lot less than the other industrialized nations. Within ten years, 20 cents out of every dollar in your pocket will go to health care expenses. This is an overwhelming burden on Americans that we can- and must- do something about.

Q: What do you think it is going to take to bring about change in the way health care is delivered in the United States? What role should/will physicians play?

A: The pain, financial and otherwise, from our health care system has now reached down into the Middle Class and that means no political candidate running for higher office, like President, will get elected without a specific health care proposal. Still, that also means we could be facing another four-eight years before meaningful changes occurs. I hope not. Many States are trying to develop their own solutions; I applaud the effort but it will be extremely difficult for an individual state to implement a total solution. The responsibility falls on the shoulders of the federal government, and my advice is simple: Those who get involved will help shape the debate and the outcome.

Q: How can medical students interested in health care policy, reasonably get involved while balancing advocacy with the many demands on our time?

A: In my view, physicians have a responsibility to heal the system, because we know it from the inside out. Some of you may choose to do what I did by getting directly involved. Others may choose to get involved by working for change, and by voting in every election. What I advocate most is citizen involvement, because that's that Democracy is all about.

Q: The pace at which medical student debt is currently increasing year-to-year is out of control, such that average debt from University of Washington School of Medicine graduates exceeds \$100,000 and from our colleagues at private medical schools exceeds \$250,000. What can be done about these spiraling costs? And do you believe that these costs will dissuade some of our nation's best and brightest from pursuing medicine, especially those from racially and socio-economically disadvantaged backgrounds?

A: When I graduated medical school in the 1960s, I went on vacation, because I had zero debt and \$500 in my pocket. When I got back, I got to choose where I started my medical career. By comparison, the crushing financial burden most of you will face upon graduation will dictate what you do, and where you practice. You may have a passion to serve at a clinic in an inner city, or practice in a rural area, but if you are facing a six-figure debt load before you buy food, clothing and shelter, there's virtually no chance you can channel your passion where you might want to. I want to change that.

My vision is for legislation that would trade you a year of medical school for a year serving where the need is greatest. My vision is to get the debt load out of the equation, even for a year, and perhaps longer, so that America's best and brightest- you- can serve America. As I write this I have my staff working on national service legislation, which I intend to introduce later this year. It recognizes that America has so many needs- in our national parks, convalescent homes, and clinics, for instance- and we need to devise a program that can meet these needs by involving people like you. As a first step, the legislation will call for setting up a bi-partisan commission to make recommendations about how to implement a program across the country. We also need to restore the financial aid programs that have been sharply reduced in recent years of Republican rule.

Q: You have a free forum here to directly address hundreds of future physicians. What do you want to tell them?

A: Get involved. One of my personal heroes is Margaret Mead who said: "Never doubt that a small group of thoughtful committed people can change the world; indeed, it is the only thing that ever has." You can make a difference, but you have to show up. I know all the reasons why it is hard to get involved, but that doesn't mean you can't. I'm proof that it can be done if you choose to, and I hope you do.