EVERETT RAYMOND KINSTLER
2003

Primum non nocere:
Daniel Patrick Moynihan and the defense of academic medicine

Joseph J. Fins, MD, MACP; Joan M. Leiman, PhD; and Herbert Pardes, MD

Dr. Fins (AΩA, Weill Cornell Medical College, 2011, Faculty) is the E. William Davis, Jr., MD, Professor of Medical Ethics; Chief of the Division of Medical Ethics; Professor of Medicine; Professor of Medicine in Psychiatry; Professor of Medical Ethics in Neurology; and Professor of Health Care Policy and Research at Weill Medical College of Cornell University. He is also the Director of Medical Ethics at New York-Presbyterian Weill Cornell Medical Center; Solomon Center Distinguished Scholar in Medicine, Bioethics and the Law at Yale Law School; and a member of *The Pharos* Editorial Board.

Dr. Leiman is a Fellow at the New York-Presbyterian Health Policy Center.

Dr. Pardes (AΩA, State University of New York, Downstate Medical Center, 1960) is Executive Vice Chairman, and former President and CEO of New York-Presbyterian Hospital.

Now, as in the past, the future of academic medicine hinges on the outcome of our nation's debate over health care reform. As this perennial saga in American life repeats itself in a new political reality, it is useful to turn to history for guidance. More than two decades ago, during the debate over the Health Security Act, then-President Bill Clinton's health care plan, the late Senator Daniel Patrick Moynihan (D-NY) became increasingly concerned that health care reform could threaten academic medical centers.

Moynihan was a staunch defender of academic medicine. His wife, Elizabeth Moynihan, inveterate campaign manager and confidant, wrote:

> ...[M]edical education was one of the issues that Pat was most interested in. He was deeply concerned with poverty in America & always worked on issues connected to that. He also felt that the most important duty of a Senator was to choose the best men/women as Federal judges. These were the 3 issues he cared most about...[1]

Although Moynihan was not alone in his advocacy for academic medicine, it became one of his key legislative priorities. While other leaders, like Senator Ted Kennedy (D-MA) focused more on universal access to care, Moynihan's focus increasingly became the fate of academic medicine.

Adam Clymer of *The New York Times* observed that Moynihan, "… carped on television about their [Clintons'] health plan, quickly fixing on the role of teaching hospitals as the biggest issue in health care."[2]

Moynihan's advocacy is portrayed throughout his role as Chair of the Senate Finance Committee during the legislative scramble of 1994. Leaving no doubt about his allegiances, the Senator invoked the Hippocratic Aphorism, "first do no harm" in the original Latin—*primum non nocere*—when considering the effect of reform on America's medical schools and teaching hospitals.[3]

Michael Barone of *U.S. News & World Report* recalls Moynihan insisting, "It would be a 'sin against the Holy Ghost'...to allow these institutions to wither, a crime akin to the burning of the library of Alexandria."[4]

While others sought to curtail the costs associated with teaching, learning, and discovery, Moynihan pondered the demise of these essential institutions.

If, as Moynihan once observed, "No argument ever gets

settled in one generation...,"[5] then his views on the centrality of academic medicine remain relevant during the ongoing debate about the Affordable Care Act, and health care reform more generally, a discussion which has paid scant attention to the place of academic medical centers amidst massive structural reforms.

As we face a new round of health care reform prompted by new political realities, Moynihan's concerns about achieving robust consensus for vast undertakings like health care reform also bear recalling. Writing for *POLITICO* in late 2013, Todd Purdum recalled, "Twenty years ago, when he was trying to persuade Bill and Hillary Clinton that universal health care was a politically unrealistic goal, the late-Sen. Daniel Patrick Moynihan repeated one insistent warning: Sweeping, historic laws don't pass barely. 'They pass 70 to 30,' he said, 'or they fail.'"[6]

Moynihan's political philosophy

Moynihan had strong views on how America should go about reforming its social institutions, views that were honed over a lifetime spent cycling between public service and the university system. Frequently dismissed as a maverick and contrarian, Moynihan's legacy is now undergoing re-evaluation. Time is proving him to have been astute, and correct in a number of his more controversial pronouncements.

Blue collar worker, social scientist, professor, and politician, Moynihan served as an advisor to both Democratic and Republican presidents. After working for Governor Averill Harriman of New York, he joined the Kennedy Administration and helped develop community mental health centers while he was overseeing the Bureau of Labor Statistics in the Department of Labor.[7]

During the Johnson Administration, he wrote about poverty and the African-American family. Although tragically prescient and widely misunderstood, "The Moynihan Report," as it became known, led to his exile from government and welcome refuge in academe, first at Wesleyan then Harvard.[7,8]

Even though he was a life-long Democrat, Moynihan returned to government as President Nixon's Domestic Policy Advisor. He later served as Ambassador to India and the United Nations during the Nixon and Ford Administrations. He won a seat in the Senate in 1976, and upon his retirement in 2000, he was succeeded by Hillary Rodham Clinton.[7]

Moynihan's approach to public policy was both analytic and pragmatic. He began his public career with a social scientist's faith in the ability of experts to design reform

Daniel P. Moynihan is sworn in as Ambassador to the United Nations, June 30, 1975. His wife, Elizabeth, holds the Bible.
Photo by Gene Forte/Consolidated News Pictures/Getty Images

on the basis of data, but came to appreciate the inherent difficulties of implementing reform. An avowed liberal, he thought government should be proactive in addressing poverty and inequality, although he shared the conservative's reservations about government's ability to undertake complicated interventions that attempt to change complex social systems, points he made in the "Professionalization of Reform" in the inaugural issue of *The Public Interest* in 1965.[9]

He sought bipartisan consensus with fellow senators such as Bob Dole (R-KS), with whom he collaborated on Social Security reform. When Dole retired, he spoke of the need for more Democrats like Moynihan who could make deals with Republicans.

Moynihan's willingness to compromise with Republicans often made him suspect on the left, especially during the debate over the Clinton Plan.[10] Some even viewed him as a neo-conservative, a label Moynihan vehemently disputed.[7,11] The headline for an article in *The New York Times Book Review*, written by James Traub, captured the challenge of placing a label on the Senator from New York, "Daniel Patrick Moynihan, Liberal? Conservative? Or Just Pat?"[12]

He was guided by his understanding of political philosophy, sociology, and experience in government. Purdum observed, "The organizing political principle of his public

Ted Kennedy and Daniel Patrick Moynihan at the 1979 International Summer Special Olympics.
Photo by Ron Galella/WireImage

life has been a restless skepticism of Utopian ideals."[5] Of his political leanings Moynihan said:

> Nothing I want to give a name to…I am not a Socialist and I'm not a Libertarian. I was never a Stalinist and I was never a Trotskyite. I guess if I had to say—and I don't have to say, but you asked—it's an avoidance of ideology.[5]

Leery of unintended consequences from well-intended policy, Moynihan advocated incremental changes that respected the inherent strengths of existing social institutions—civic and religious organizations, ethnic associations, and educational groups. Political scientist Greg Weiner described these establishments as "intermediary institutions."[13]

Weiner, the author of "American Burke: The Uncommon Liberalism of Daniel Patrick Moynihan," speaks of the centrality of intermediary institutions in Moynihan's political philosophy. He characterizes intermediary institutions as societal entities that bridge the roles and responsibilities of the individual and the state, and span the gulf between the political left and right, helping to achieve consensus when there is political contention.[13] In Moynihan's view, these institutions served as an important buffer between citizens and the state, and were critical to the good functioning of a democratic society.[13]

It could be argued that later in life, Moynihan might have viewed academic medical centers as intermediary institutions situated between the government's funding of health care and research, and patient care. When he perceived that academic medical centers might be endangered by health care reform, he became their advocate and sought to protect them.

Moynihan and the Health Security Act

Moynihan recalled, "My particular interest in this subject [academic medicine] began in 1994 when the Finance Committee took up the President's Health Security Act."[14] To help prepare him, Moynihan asked Dr. Paul A. Marks (AΩA, Columbia University, 1948), then-President of Memorial Sloan-Kettering Cancer Center, to arrange a seminar for him on health care policy. Marks obliged bringing together a distinguished group of deans for a Manhattan meeting, including Herbert Pardes, MD.

One of the "seminarians" (the Senator's term) told Moynihan that the University of Minnesota might have to close its medical school. Moynihan was shocked and offended by the possibility of such a horrid occurrence, and realized that Minnesota might be a leading indicator for the rest of academic medicine. On the Senate floor Moynihan said, "In an instant I realized I heard something new. Minnesota is a place where they open medical schools, not close them."[15]

Despite what the Clinton Administration was saying about their support for academic medicine, Moynihan remained apprehensive. The Administration had voiced concern for academic medicine both at a meeting of the Association of Academic Medical Centers (AAMC),[16] and

ELIZABETH B. MOYNIHAN

October 13, 2012

Dear Dr Fine,
The request for access to Pat's papers was on my e-mail this morning & I've responded.
You might be interested to know that medical education was one of the issues Pat was most interested in.
He was deeply concerned with poverty in America & always worked on issues connected to that.
He also felt the most important duty of a Senator was to choose the best men/women as Federal judges.
These were the 3 issues he cared most about. If I can help – just call.
Elizabeth Moynihan

before Congress. Mrs. Clinton testified before the Senate Labor and Human Resources Committee in September 1993, telling the committee, "We want to preserve and strengthen the high quality of medical care that is a trademark of our nation—our unrivaled doctors, nurses, hospitals, and sophisticated technology."[17]

However, market forces unleashed by the potential of health care reform were being disruptive, and potentially a threat, to academic medicine, whether or not this was the Clinton Plan's intent. Moynihan explained, "The answer was that Minnesota, being Minnesota, was a leading state in the growth of competitive health care markets, in which competing managed care organizations try to deliver services at lower costs. In this environment, HMOs and the like do not send patients to teaching hospitals, absent which you can not have a medical school."[15]

Concerned about what he learned from Marks and the other meeting participants, Moynihan decided to have the Senate Finance Committee hold hearings on the topic. On April 14, 1994, as the debate over the Clinton Plan was in full swing, Moynihan devoted a full day of Finance Committee hearings to "Academic Health Centers Under Health Care Reform."[18] Without equivocation he asserted, "It is important that health reform legislation assure the continued viability of our nation's academic health centers."[19]

As chairman, he started with a preamble in defense of academic medicine, comparing the history of medicine with great moments in the history of scientific discovery. Where others saw the Clinton Plan as an insurance topic, Moynihan saw it as the promise of medical progress, and pledged his solemn obligation "to do no harm:"

> From the first, one of the more evident and salient facts of our hearings has been the manifest fact that American medicine is in a heroic age of discovery…what physics was to the beginning of the Century, medicine is at this point. Where the physics was done almost exclusively in Europe the medical discoveries are taking place here. They are taking place in our academic health centers and in our pharmaceutical industry, as well. Whatever we do, we are under a solemn obligation to do no harm to, indeed to facilitate these centers…I think all of us…have all been dealing here with more than an insurance subject. It comes out of discovery. We are in a great age of discovery.[18]

Moynihan said he had "become convinced that special provisions would have to be made for medical schools, teaching hospitals, and medical research."[15] He ensured that the chairman's mark—the first version of the bill produced by the Senate Finance Committee—would include a "Graduate Medical Education and Academic Health Center Trust Fund," with an 80 percent increase in funding for academic medicine, on a stable and long-term basis. The Trust Fund was supported on a bipartisan basis by the Committee, passing 12 – 8, and withstood an amendment designed to kill it with a 7 – 13 vote.

The physician work force and academic freedom

During the debate over the Clinton Plan, Moynihan worried that the contraction of specialty medicine training could impede scientific advancement by placing limits on the work force. He viewed medical specialty mix as key to scientific discovery, and perceived the Clinton Plan's

proposal to reshape the physician work force as a threat to the mission of academic medicine, and an assault on a university's prerogative to determine the configuration of its faculty. He was also worried that graduate medical education funds would be diverted to primary care programs.

The reshaping of the physician work force was an area of considerable contention for the Democrats, and there were intra-party divisions on the Labor and Human Resources Committee. Senate Majority Leader George Mitchell (D-ME), who was also a member of the Finance Committee, disagreed with Moynihan's position. While Mitchell conceded, "…medical schools and teaching hospitals are a very important part of our system and must be adequately protected…equally important are the many primary care residency training programs…"[18]

During the Finance Committee's hearings on academic medicine, Mitchell's witness was not an expert from an academic medical center, but rather Dr. Dan Onion (AΩA, Harvard Medical School, 1968), director of a family practice residency program in Maine. Dr. Onion noted, "I feel just a little bit out of place here amongst the academic health centers, obviously. At a Finance Committee hearing on academic health centers, I am neither an academic health center nor an expert in finance…I feel like a lonely onion in a petunia patch."[18]

Dr. Oliver Fein, a Robert Wood Johnson Health Policy Fellow assigned to Mitchell stated, "My impression was that he [Moynihan] was worried that in the context of a limited budget that money would be taken away from academic health centers and they were to him sacrosanct."[20]

Moynihan was worried about a possible diversion of resources to primary care, and what he believed was more an effort of stealth cost-containment than an effort to improve access to care. He was perplexed that dramatic changes in the medical work force were being proposed clandestinely within closed task forces run by the Administration. When he learned of the Administration's plans, he wrote that he "…became one of possibly a dozen persons outside the task force who knew that the legislation would cut the number of doctors in the United States by one-quarter, and the number of specialists by one-half."[21]

The author of a scholarly volume on secrecy in national security, Moynihan was an advocate for transparency as being essential to the democratic process. He wrote to Dr. Philip Lee (AΩA, Stanford University School of Medicine, 1948), then-Assistant Secretary of Health:

> The health care proposal by the Clinton administration envisioned a huge change in the medical profession. The number of physicians entering the profession was to be reduced by a quarter. The ratio of specialists to general practitioners was to be more or less reversed. It seems to me that a case could be made for such changes; a case could be made against them. In no way is it an issue that should be banned from public scrutiny or debate. However, it is my contention that the administration for all practical purposes kept this proposal SECRET.[22]

In 1998, writing in *Academic Medicine*, Moynihan asserted, "Working in secret, an abomination where science is concerned and no less an offense to democratic governance."[23]

As a former academic, Moynihan took offense at the threat the proposed work force caps posed to academic freedom and university governance. If proper specialty mix were essential to discovery, and if discovery was central to the work of the university, the government caps on specialty training would have undue influence on the academy's work and freedom of inquiry. Moynihan added, "… I would have nothing to do with it for the simple reason that it was quite unacceptable to tell a university what it could teach or not teach …"[22]

In his memoir, *Miles to Go*, Moynihan quotes a piece in *JAMA* by Dr. Richard Cooper about the proportion of primary care to specialty-trained physicians and their effect on progress, "The driving force behind much of specialty medicine is science, and the specialty workforce is technology based."[24] Moynihan agreed, "Good subject, not the least in this heroic age of medical science. The problem was that the Clinton task force did not want to debate the issue; they desired, rather, to decree the outcome, and to enact it surreptitiously as a mode of cost control."[21]

Lawrence O'Donnell, Moynihan's Chief of Staff on the Senate Finance Committee—now of MSNBC—explained how the task force's efforts betrayed deeper values in efforts to micromanage the physician work force:

> …But here's a final sort of point here about the health care reform exercise and how a tight policy focus will allow something to get misguided. When you look at many other countries, and you see that they control their supply of physicians, and they control their supply of specialists, you become jealous about it. You say, I wish we could do that. I wish we could have more general practitioners, and I wish we could have fewer cardiologists. I wish we could have more of this because wow that looks great. Their mix looks great and ours looks inefficient. And so the Clinton bill wrote into it limitations on all these things, including

> limitations on specialists. And so, America could then become the country in which you could grow up to be anything you want, except a cardiologist….At that point, you are now tampering with American mythology….It is actually saying this is no longer the country where you can grow up to be anything you want to be.[25]

In recounting this policy misadventure, Moynihan quotes from a 13-point dissent signed by 13 members of Working Group 12, one of the secret task forces set up to design the Clinton Plan:

> To end on a philosophical note, when the proposal to cap training slots was presented to the presidents of the major US universities last weekend, they were incredulous that the US government would advance as sound social policy a proposal to limit access to one of the three learned professions with its millennial history of achieving social good. They further recognized that in America open access to careers in these professions has been a traditional path for immigrant social mobility.[21]

To leave no doubt about his allegiances, Moynihan quoted from a letter from physician-scholar Dr. Walter Reich:

> There's also something profoundly anti-intellectual, even medieval, about the effort to abolish medical specialization. Knowledge, in the case of modern medicine, can result in large expenses. Get rid of that knowledge, some argue, and you can get rid of those expenses. In fact, this approach is so illogical and strange that characterizing it as medieval does a profound disservice to what was….Attempting to dismantle the edifice of specialization seems akin, somehow, to the deliberate torching of the great library in Alexandria. This is enlightened social policy?[21]

Moynihan's friend, economist William J. Baumol observed, "the notion of rationing what fields you could teach in graduate school was self-destructive."[26]

Aftermath, in Trust

By late summer 1994, it was clear that the Clinton Plan was going to fail. The political actors were going through the motions, satisfying constituencies, protecting a flank, or auditioning for a new role. Moynihan was no exception.

On September 14, 1994, he spoke to posterity and history, drawing lessons from a legislative failure. On the floor of the Senate, Moynihan asked whether what had begun as a means to broaden access had become simply a strategy for deficit reduction, "The answers to these questions are important, affecting the health care received by 36 million Medicare beneficiaries."[3]

He then turned to the fate of academic medical centers, "The mainstream proposal makes no mention of academic health centers and graduate medical centers. As such, it appears to be a worse-case scenario for academic health centers and teaching hospitals."[3]

Moynihan worried how the mainstream proposal would affect the poor and elderly who would find themselves without Medicaid and/or Medicare, as well as those who would no longer qualify for subsidies to buy insurance. Central to his concerns were academic medical centers providing care to these vulnerable populations. Moynihan stood his ground, and, again, invoked the Hippocratic Aphorism, "For health care reform legislation I have had one clear guideline in mind at every stage of our deliberations: the first principle of the Hippocratic Oath '*primum non nocere*'—first do no harm."[3]

Once the possibility of health care reform had died, Moynihan began thinking forward, intent on remembering the needs of academic medical centers. In October 1996, he told the *Duke Chronicle* of his continuing commitment to academic medicine, "We must not allow competition to bring a premature end to a great age of medical discovery, largely made possible by America's exceptionally well-trained health professionals, and superior medical schools and teaching hospitals."[27]

He introduced the Medical Education Trust Fund Act of 1996 to provide funds to academic medical centers. He cited the precarious status of teaching hospitals and medical schools, and urged his fellow members to sustain "these national treasures," and called for "explicit and dedicated funding."[28]

The argument was for a public trust for a public good, made necessary by the loss of funds due to the Budget Act of 1995, and the budget resolution for 1997. The legislation was structured to generate educational support from the private sector and government programs. Four billion dollars would come from a 1.5 percent increase in health insurance premiums, $9 billion from Medicare, and $4 billion from Medicaid. Moynihan's floor remarks were notable for a senator who once commented, "In this Senate, you do your work in committees, not on the floor:"[4]

> …these national treasures…the very best in the world…[are] in a precarious financial situation as market forces reshape the health care system in the United States.[29]

His remedy was a dedicated trust to "ensure that the United States continues to lead the world in the quality of its health care system."[29] He also asked, "the Medicare Payment Advisory Commission to study the question and provide options in the Second Annual Plan to Balance the Budget."[29]

The bill did not pass, and Moynihan reintroduced the Medical Trust Fund of 1997 on January 21, 1997 on the floor of the Senate, providing annual payments of $17 billion over five years to academic centers, both medical colleges and hospitals, "…to assist medical schools in maintaining and developing quality educational programs in an increasingly competitive health care system."[30]

This provision also did not pass. Relief for academic medical centers became ever more important because of cuts imposed by the budget reconciliation. Moynihan had the support of Representative Bill Archer (R-TX), Chair of the House Ways and Means Committee. They both received the American Association of Medical College's Public Service Excellence Award.

More than pork

Moynihan's advocacy for academic medicine met with skepticism, if not outright cynicism, by many including the press. They saw it as nothing more than deference to an influential political constituency. When the bill came out of Moynihan's committee with the provision establishing the Graduate Medical Education Trust Fund, a reporter with *The New York Times* wrote:

> He is often accused of disdaining pork, but he is larding his bill with $40 billion in extra help for the crown jewels of New York's and the nation's medical establishment—academic medical centers—and revising the Federal matching formula for Medicaid to help New York in a way that would hurt so many other states it has virtually no chance of passing. Whatever the substantive effect of the draft, the political effect was to make Mr. Moynihan, more than ever, the man to see.[31]

Another article charged that he and the New York academic medical centers were responsible for the defeat of the Clinton Plan, stating that the leadership of New York's elite hospitals had "persuaded legislators like Senator Daniel Patrick Moynihan to revoke their support of the Clinton Plan".[32]

Moynihan responded:

> I have to tell you this is libel. The presidents made no such attempt, I made no such revocation. As you know, Todd Purdum never called any of us…The point to assert, with insistence, is that at no time did the heads of "New York's elite medical centers" seek to persuade me to "revoke" my support for the Clinton plan. This is a terrible charge to have on record in a lead story of *The New York Times* that I must tell you I am confounded….[22]

Purdum described Moynihan's work on behalf of academic medical centers as an "enigma" because it would alienate voters in his upcoming election, and be "guaranteed to anger that most vociferous of constituencies, the elderly,"[31] making his advocacy more than a simple political calculation.

On the commodification of medicine

Moynihan the politician was also Moynihan the social scientist and political thinker. His views on protecting the mission of academic medical centers were part of his overall political philosophy—a blend of liberalism and conservatism; idealism and practicality honed through years of public service as a participant and a student of American efforts to address its social problems.

Moynihan was concerned that medicine would be reduced to a commodity. When asked by Susan Dentzer, of PBS, about his intent to provide resources to academic medical centers when it was not clear that all the market efficiencies had been realized, Moynihan responded analytically, defending the institutions and practices he had come to admire:

> Well, we don't know, but we dare not take the risk of being wrong. And these are, after all, universities. These are teachers. These are people that give their lives to research. They are healers. This is not NASDAQ. These are people who devote their lives to the science of helping human beings who need their help. And the results are so extraordinary.[33]

In a 1998 essay entitled, "On the Commodification of Medicine," Moynihan addressed the fundamental question of how to fund medicine as a public good that could support a great age of discovery. In his view, there had been too much of an emphasis on payment schemes, and not enough on the goals of medicine.[23]

He identified an Aristotelian telos, health and discovery, as goals of medicine that transcended the market place noting, "health insurance is important, but health is more important. It comes out of discovery, and we are in a great

age of discovery."[23]

Moynihan's concerns about commodification began with the testimony of Monsignor Charles Fahey of Fordham University before the Senate Finance Committee in 1994, "We want to alert the committee that the not-for-profit mission in health care is being seriously threatened by the increasing commercial environment in which we find ourselves operating; a real commodification of health care if you will."[23]

Msgr. Fahey suggests that Moynihan might have come to see health care's public good "even as a ministry broadly speaking."[34]

Moynihan lamented, "There was a time, surely, when the advent of a new 'wonder drug' would have been approached in terms of health care. Now it becomes an affair of share price."[23]

He cited the fate of New England Medical Center which "began as a charity supported by Paul Revere that sent doctors out to the poor. It evolved into the New England Medical Center at Tufts University, a research powerhouse…the biggest health maintenance organization in Boston threatens to starve New England Medical by refusing to pay for its patients to go there…"[23]

Conclusion

Although Moynihan was frustrated in his effort to secure a trust fund for medical education, his arguments remain important and timely. Like perhaps no other senator, he was looking ahead, appreciating that medicine was a public trust upon which each of us depends, and which each of us should sustain.

In 1999 on the Senate floor, Moynihan noted, "Medical education is one of America's most precious public resources. Within our increasingly competitive health care system, it is rapidly becoming a public good—that is, a good from which everyone benefits, but for which no one is willing to pay."[35]

His words remain relevant today as federal funding for biomedical research is regularly decreasing. According to the Federation of American Societies for Experimental Biology, from 2003 to 2015, the National Institutes of Health lost 22 percent of its capacity to fund research.

Moynihan sought to sustain medicine as a public good for generations:

> …the services provided by this Nation's teaching hospitals and medical schools—ground breaking research, highly skilled medical care and the training of tomorrow's physicians—are vitally important and must be protected in this time of intense economic competition in healthcare….a public good, medical education should be supported by dedicated, long-term Federal funding.[35]

Even as his Senate career drew to an end, Moynihan persevered in his advocacy. Joined by Senators Arlen Specter (D-PA), Bill Frist (R-TN, ΑΩΑ, Vanderbilt University, 1989, Faculty), and Kennedy, Moynihan held a briefing session with hospital leaders June 22, 2000. He recounted the history of how cuts made in the Balanced Budget Act of 1997 were greater than expected, and how he and Senator William Roth (R-DE), along with Representative Charles Rangel (D-NY) in the House, had forestalled some of the deeper cuts in indirect medical education payments. He told the group that a more enduring solution was needed.[35]

The New York Senator's valedictory might have occurred on March 1, 2000, when the AAMC and Columbia University held a forum in the Caucus Room of the Russell Senate Building. It was a luncheon, presided over by Pardes in his new role as President and CEO of New York-Presbyterian Hospital.

Moynihan was finishing his term and spoke of the work left undone. Part farewell, part admonition, Moynihan reminded his audience what they all knew—soon he would leave the Senate and they would have to carry on:

> As you know, after this year, I will not be there fighting in the last hours of a legislative session to preserve funding for Graduate Medical Education. The vehicle to preserve that funding, I would maintain, remains the all-payer bill that I first introduced in June 1996. Ladies and gentlemen, it is time for you to redouble your efforts and demonstrate your support to preserve funding. Funding for Graduate Medical Education is most certainly worth fighting for.[36]

Not all of Moynihan's arguments were widely accepted during his time in office. On reflecting on Moynihan's counsel, then-Senator Hillary Clinton wrote her predecessor, "If I had listened to you about health care in 1994, I would be far better off today—but more importantly—so would the nation's health care system."[22]

He may have misunderstood primary care's threat to specialty medicine, but most of his arguments remain highly cogent and relevant.

American academic medical centers are far from perfect institutions, but they have evolved as an integrated, successful model of education, research, and patient care that has led the world in medical progress. As we continue to work through another round of health care reform, and

Sen. Daniel Moynihan, center, and Alan Greenspan, left, at meeting of the National Commission on Social Security Reform, May 1982.
Photo by Diana Walker/Time & Life Pictures/Getty Images

seek to improve the efficiency, quality, and effectiveness of our health care system, we would do well to keep in mind Moynihan's reminder that a first principle and an obligation of social policy should be —*primum non nocere*—first do no harm.

Acknowledgments

We thank Mrs. Elizabeth Moynihan for graciously granting access to the Moynihan Papers at the Library of Congress, and allowing us to reproduce her correspondence; Everett Raymond Kinstler for permission to reproduce his portrait of Sen. Moynihan; and Jonathan Harding, curator, The Century Association; Lawrence O'Donnell for an extensive interview regarding his tenure as Senator Moynihan's Chief of Staff on the Senate Finance Committee; and Dr. Oliver Fein who served as a Robert Wood Johnson Health Policy Fellow in Senator George Mitchell's office as the Clinton Plan was being debated. We gratefully acknowledge the assistance of the remarkable librarians at the Library of Congress, the Wesleyan University Archives, and Villanova University. We also thank Jonathan Gordon and Amy B. Ehrlich for their astute editorial comments. This work was supported, in part, by the New York-Presbyterian Hospital Foundation.
This paper is dedicated to the memory of Herman E. Fins.

References

1. Personal Communication from Mrs. Elizabeth Moynihan to Dr. Joseph J. Fins. October 13, 2012.

2. Clymer A. Daniel Patrick Moynihan, Former Senator From New York, Dies at 76. The New York Times; March 27, 2003. http://www.nytimes.com/2003/03/27/obituaries/27MOYN.html?src=pm&pagewanted=1.

3. Moynihan DP. Concern over Mainstream Coalition's Health Care Policy. Congressional Record Volume 140, Number 128; September 14, 1994. http://www.gpo.gov/fdsys/pkg/CREC-1994-09-14/html/CREC-1994-09-14-pt1-PgH29.htm.

4. Barone M. A Renaissance man in the Senate. In, Daniel Patrick Moynihan: The Intellectual in Pubic Life. Katzman RA, editor. Published jointly, Washington(DC): The Woodrow Wilson Center Press, and Baltimore: The Johns Hopkins University Press; 1998.

5. Purdum TS. The Newest Moynihan. The New York Times Magazine; August 7, 1994. http://www.nytimes.com/books/98/10/04/specials/moynihan-mag94.html.

6. Purdum TS. Obama's Price of Victory. POLITICO; October 2, 2013. http://www.politico.com/story/2013/10/government-shutdown-barack-obama-obamacare-aca-97687.html.

7. Hodgson G. The Gentleman from New York: Daniel Patrick Moynihan: A Biography. New York: Houghton Mifflin Harcourt; 2000.

8. Meehan T. Moynihan of the Moynihan Report. The New York Times Book Reviews; July 31, 1966. http://www.nytimes.com/books/98/10/04/specials/moynihan-report.html.

9. Moynihan DP. The Professionalization of Reform. The Public Interest. Fall 1965;Number 1: 6–16.

10. Littlefield N, Nexon D. Lion of the Senate: When Ted Kennedy Rallied the Democrats in a GOP Congress. New York: Simon & Schuster; 2015.

11. Weiner G. Moynihan and the Neocons. National Affairs. Number 26;Winter 2016: 155–67.

12. Traub J. Daniel Patrick Moynihan, Liberal? Conservative? Or Just Pat? The New York Times Book Review; September 16, 1990. http://www.nytimes.com/books/98/10/04/specials/moynihan-mag90.html.

13. Weiner G. The Uncommon Liberalism of Daniel Patrick Moynihan. Lawrence (KS): University of Kansas Press; 2015.

14. Moynihan DP. Congressional Record Senate. Proceedings and debates of the 106th Congress, First Session, Washington, DC, January 20, 1999. Volume 145;Number 9: S651–7.

15. Moynihan DP Congressional Record Senate. Proceedings and debates of the 106th Congress, Second Session, Washington, DC, April 11, 2000. Volume 146;Number 45: S2534.

16. Clinton HR. The Health Security Act and academic medicine. Academic Medicine. 1994;69(2): 93–6.

17. Testimony of Hillary Rodham Clinton before the Senate Labor and Human Resources Committee, September 29, 1993. https://www.c-span.org/video/?50939-1/presidential-health-care-proposal.

18. United States Senate Committee on Finance. Academic Health Centers under Health Care Reform, April 14, 1994.

19. Senate Finance Committee. Press Release No. H 24, April 8, 1994.

20. Interview with Dr. Oliver Fein, Associate Dean for Affiliations, Weill Cornell Medical College, by Dr. Joseph Fins, February 5, 2014.

21. Moynihan DP. Miles to Go. Cambridge (MA): Harvard University Press; 1996.

22. Weisman SR. Daniel Patrick Moynihan: A Portrait in Letters of an American Visionary. New York: Public Affairs; 2010.

23. Moynihan DP. On the commodification of medicine. Academic Medicine. 1998;73(5): 453–9.

24. Cooper RA. Perspectives on the physician workforce to the year 2020. JAMA. 1995;274(19): 1534–43.

25. Personal Interview conducted with Lawrence O'Donnell by Dr. Joseph Fins at his MSNBC office at Rockefeller Center. August 21, 2013.

26. Krueger AB. An Interview with William J. Baumol. Journal of Economic Perspectives. 2001;15(3): 211–31.

27. David K. Senator Proposes Bill to Aid Medical Schools. Duke Chronicle; October 2, 1996.

28. Moynihan DP. Senate: The Medical Education Trust Fund Act of 1996 S. 1870. Congressional Record. June 13, 1996. S6228–30. Library of Congress: Moynihan Papers. Podoff, David. II; RC-4: Folder 11.

29. Moynihan DP. Senate: Second Annual Plan to Balance the Budget. Congressional Record. Proceedings and debates of the 105th Congress, First Session. Washington, DC; January 21, 1997. Volume 143; Number 4: S571. Library of Congress: Moynihan Papers. Podoff, David. II; RC-5: Folder 1.

30. S.21 Medical Trust Fund Act of 1997. 105th Congress. First Session. Library of Congress: Moynihan Papers. Dan Maffei. II;2811: Folder 9.

31. Purdum TS. Moynihan Health Bill is a political enigma. The New York Times; June 16, 1994. http://www.nytimes.com/1994/06/16/us/moynihan-health-bill-a-political-enigma.html.

32. Rosenthal E. Elite hospitals of New York City in financial bind. The New York Times; February 13, 1995. http://www.nytimes.com/1995/02/13/nyregion/elite-hospitals-of-new-york-city-in-financial-bind.html?src=pm&pagewanted=1.

33. PBS News Hour. Extended interview: Senator Daniel P. Moynihan. September 15, 2000. http://www.pbs.org/newshour/bb/health-july-dec00-amc/.

34. Personal e-mail communication, Msgr. Charles Fahey to Joseph Fins, MD. April 12, 2014.

35. Moynihan DP. Congressional Record Senate. Proceedings and debates of the 106th Congress, First Session. Washington, DC; January 20, 1999. Volume 145;Number 9: S651–2.

36. Talking Points for Senator Daniel Patrick Moynihan. Association of American Medical Colleges and Columbia University Forum. Caucus Room, Russell 325. March 1, 2000. Library of Congress: Moynihan Papers. Committee on Finance. Podoff, David. Medical Education, Graduate.

The authors' e-mail address is:
jjfins@med.cornell.edu