How one physician’s revolutionary vision paved the way from a 12-bed hospital in the Mojave Desert at the height of the Great Depression to what is today the nation’s largest, most successful nonprofit health care organization — Kaiser Permanente.

Like the architect he always wanted to be, physician Sidney R. Garfield spent most of his life designing and building a model of a new kind of health care. Built on the foundations of group practice (as opposed to solo practice), prepayment (as opposed to fee-for-service), and prevention and health promotion (as opposed to sick care only), it was in many ways the opposite, mirror-image of the way health care was financed and delivered in the rest of America.

In partnership with Henry J. Kaiser, one of the great industrialists of the early 20th century, Garfield stood firm against waves of early opposition from mainstream medicine and went on to build one of the most acclaimed and successful health care organizations in America.

This book tells the story of Dr. Sidney Garfield’s long and eventful career in turning his desert dream into a thriving and enduring reality that continues to offer a practical model for the future of American health care.

Words from Permanente Medical Leaders

Thank you for the advance copy of your new book on Dr. Garfield. I could not stop reading it until I had finished it all. Congratulations on a great book that will help new readers better understand and appreciate Garfield’s genius and persistence.

— Morris F. Collen, M.D., Emeritus Director, Division of Research, The Permanente Medical Group, Garfield colleague and friend

Dr. Garfield was a remarkable man and this book does an excellent job of chronicling his contributions. I am optimistic that as a result of his visionary leadership, Kaiser Permanente is about to become the model for health care in this nation.

— Robert Pearl M.D., Executive Director and CEO, The Mid-Atlantic Permanente Medical Group, President and CEO, The Permanente Medical Group

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Dr. Sidney R. Garfield

The Visionary Who Turned Sick Care into Health Care

TOM DEBLEY
IN COLLABORATION WITH JON STEWART
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Cover:
The painting of Dr. Sidney Garfield by St. John Moran hangs in the Board Room of The Permanente Medical Group in Oakland, California.
Dedicated to the
tens of thousands of
Permanente physicians
who have followed
in the wake of
Sidney R. Garfield, M.D.
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Foreword

The Lasting Legacy of Sidney R. Garfield, M.D.

By Jay Crosson, M.D.

It’s about time. For too long, Sidney Garfield, M.D., has stood in the giant shadow cast by his more celebrated partner and friend, Henry J. Kaiser, the great entrepreneur and industrialist. Mr. Kaiser’s name and fame live on, mainly in association with the only nonprofit organization ever incorporated by the builder of more than 100 for-profit companies — Kaiser Permanente. But the physician whose extraordinary vision and daring innovations in health care delivery gave birth to that same organization remains largely unrecognized beyond the select circle of medical historians and the heritage-minded physicians and staff of Kaiser Permanente.

One needn’t minimize the vital role of Mr. Kaiser in Kaiser Permanente’s story to assert the seminal role played by Dr. Garfield. They were genuine partners, each bringing to the enterprise critical elements lacking in the other: money and organizational genius from Mr. Kaiser; a visionary mind and an unrelenting drive for innovation and quality improvement from Dr. Garfield; and from both a genuine belief in and commitment to human dignity and progress.

The recent centennial of Dr. Garfield’s birth in 1906 provides a timely occasion not only to recall and celebrate his role in creating and evolving the unique model
of health care delivery that would become Kaiser Permanente, but to examine as well some of his key insights and innovations with regard to the current and future state of American health care.

Anyone who has examined Dr. Garfield’s long career will appreciate the difficulty of assessing the historical and/or current relevance of his ideas and innovations. As his diminishing number of surviving colleagues will attest, he was a fount of ideas — virtual intellectual fireworks — admittedly igniting a few duds among the brilliant rockets. The ideas ranged across the entire spectrum of health care, from delivery models to financing to hospital design. In the end, it may fairly be said that he achieved his childhood dream of becoming an engineer (he is said to have broken down and cried when his parents insisted he attend medical school) by engineering our unique model of health care.

But among all his many lasting contributions, which ones constitute the essential core of his life’s work? And what relevance do they have for today and tomorrow?

I believe Dr. Garfield’s lasting reputation will rest on four big ideas that, individually and in combination, powered fundamental transformations in health care. They are:

• the change from fee-for-service to prepayment;
• the promotion of multispecialty group practice in combination with prepayment;
• the emphasis on prevention and early detection to accomplish what he termed “the new economy of medicine,” in which providers would be rewarded for keeping people healthy; and,
• finally — and most presciently — the centrality of information technology in the future of health care.

Significantly, each one of these 20th century innovations, three of which are deeply embedded in Kaiser Permanente’s own genetic code, is at or near a critical crossroads in this first decade of the 21st century, as the nation considers its options for redesigning the American health care system. Let us briefly examine each in turn.
Prepayment

In his work, in the 1930s, at his little fee-for-service Contractors General Hospital in the Mojave Desert caring for aqueduct construction workers, Dr. Garfield was saved from the looming threat of bankruptcy by the discovery of prepayment to the delivery system for comprehensive services. The idea was borrowed from the Ross-Loos Clinic in Los Angeles County and was rooted in the late 19th century traditions of “industrial medicine.” Collecting a dime a day from approximately 5,000 aqueduct workers, Dr. Garfield’s desert office and small hospital prospered under prepayment, and his eyes were opened to the transformation of care made possible when wellness rather than sickness became a revenue source.

Prepayment, he said, “is the old principle of the well paying for the sick; the houses that don’t burn down paying for those that do.” But even more important, he noted, prepayment “brings the patient to the doctor earlier in his illness and more often, which is one of the most important effects because it permits the practice of true preventive medicine. Any plan that sets a barrier between the patient and the doctor by eliminating the first two or three visits, by covering the patient only for hospital or surgical care, or by limiting this coverage in other ways, in our opinion defeats its purpose and is not good.”

Employer-based prepayment led Dr. Garfield inevitably to a focus on prevention and what would come to be known as health maintenance and wellness. It solved for him the critical question of the economics of medicine: “how to keep the people of this country well and healthy and, at the same time, preserve the medical and hospital organization which must do that job, but under our present (fee-for-service) system derives its income out of sickness.”

Prepayment for comprehensive services has served as one of the critical strands of Kaiser Permanente’s DNA since the very beginning of the organization when Dr. Garfield first partnered with Mr. Kaiser to provide employee health services at Grand Coulee Dam and later in the World War II shipyards. Yet 60 years later, in an era of industry-wide cost-shifting and a proliferation of high-deductible plans,
we are confronting a question that Dr. Garfield might have found unthinkable: Would Kaiser Permanente still be Kaiser Permanente without prepayment?

The principle of prepayment for comprehensive services is challenged today, primarily because the growing cost of health coverage has pushed employers to favor insurance plans with high deductibles and to move toward self insurance. Each of these is to some degree in conflict with the concept of prepaid, comprehensive benefits that have long been a defining feature of Kaiser Permanente.

High deductible plans create financial disincentives for patients to seek preventive services and can lead patients to forego coordinated office-based care for chronic diseases such as hypertension and diabetes. What is the right balance between unfettered, out-of-pocket personal liability for health care and open-ended social insurance? Kaiser Permanente, as well as those seeking to design the best model for national universal health coverage are struggling with this question at this time. In the long run, there is good reason to believe Kaiser Permanente can and will adapt to the market and to health care reform by developing more intelligent and clinically sound cost-sharing benefit designs without creating significant barriers to needed care. Such work is currently under way under the term “value-based benefit design.”

**Multispecialty Group Practice**

With the financial security provided by prepayment, Dr. Garfield was able to realize his second great contribution to what would become Permanente Medicine — multispecialty group practice. Here again the idea was not unique to Dr. Garfield, but borrowed from other pioneers, such as the Mayo brothers in Minnesota and, especially, Dr. Garfield’s own experience with a form of group practice at Los Angeles County General Hospital. There he had served as a chief resident with other first generation Permanente physicians, including Wallace Neighbor, M.D., (first Medical Director of what would become Northwest Permanente) and Raymond Kay, M.D., (founding Medical Director of the Southern California Permanente Medical Group). “We grew up at the county hospital,” was how Dr. Garfield put it.¹
“It has always seemed a paradox,” said Dr. Garfield in later life, “that in universities, which teach us medicine, we learn medicine under the highest type of group practice, but when we go out into practice, we revert to the old type of individual private practice.”¹

Dr. Garfield’s great contribution to the evolution of group practice was to layer onto it the additional power of two other elements: prepayment and integration of the medical group with what he termed “adequate facilities” — “bringing the doctors’ offices, laboratory, X-ray, and hospital … all together under one roof.”¹ Group practice alone could be a powerful engine for continuous learning and coordination of care; integrating it with the full range of medical facilities served to align the otherwise conflicting interests of doctors and hospitals; and then layering on prepayment removed financial barriers to care while opening the door to prevention and health maintenance. With all these elements in synergistic combination — first achieved at Dr. Garfield’s Mason City Hospital at Grand Coulee Dam, where Mr. Kaiser first saw and embraced Dr. Garfield’s vision — the young surgeon, still in his mid-30s, had engineered the miracle of Permanente Medicine.

Over the past 60 years, the Permanente Medical Groups, which evolved out of the old Garfield and Associates, have been more successful than any group in the country at exploiting and enriching the possibilities of multispecialty group practice — largely because of the grafting on of prepayment and integrated facilities, as well as our sustaining partnership with Kaiser Foundation Health Plan and a tradition of great physician leadership and professionalism. This unique model has set the standards for both efficiency and clinical quality in most of the communities in which we operate, and it continues to be touted by some of the smartest minds in the country (and not all within Permanente) as the best solution to the multiple crises besetting American health care.

And yet, 74 years after the National Committee on the Costs of Medical Care advocated group practice as “essential” to “meet the modern demands of medical science and technology,”² group practices still occasionally have to defend this style of practice against the tradition of solo and small group practice. What’s more, it is facing
significant challenges from the concept of so-called “high-performance networks,” an insurance-company driven promise of “groups without walls” — and, in most cases, without clinical coordination or any form of economic integration.

Given the disaggregated nature of the delivery system in most communities today, insurers have been able to promote the idea that they can achieve all the advantages of an actual group practice by profiling individual doctors and hospitals, selecting the most efficient providers, and then lumping them all together into a pseudo-systemic “high-performing network” with an external stand-alone disease management component. In a world that still clings tenaciously to Marcus Welby, M.D., it looks to some like a reasonable alternative to genuine group practice. However, performance measurement systems such as the HEDIS measurements of the National Committee for Quality Assurance (NCQA), and academic studies such as that by Gillies, et. al.,\(^3\) show clearly that group practice-based care produces better results for patients.

**Prevention**

As I have noted, preventive health care and health promotion became an early principle of Permanente Medicine as a direct result of prepayment, which put a premium on keeping workers (and, later, whole communities) healthy. Recalling his early experience with prepayment in the Mojave Desert, Dr. Garfield noted that the “financial result (of prepayment) was impressive, but another result impressed us very much — a resulting change in our attitude. Prior to (prepayment), we were anxious to have injured workers come into the hospital, since it meant remuneration … Under the new arrangement, we had the same amount of income whether the workers were injured or not. Obviously, we were better off if they remained unhurt.”\(^1\) And thus began Dr. Garfield’s long and growing interest in safety engineering, preventive health, and health education and wellness programs.

The great tradition and growing sophistication of preventive medicine at Kaiser Permanente since Dr. Garfield’s time would, I am certain, impress and gratify him. Motivated by awareness that preventable illness makes up 70 percent or more of the
total burden of illness and its associated costs, Kaiser Permanente has long embraced an expanding concept of prevention and early detection of disease that includes, in addition to such traditional practices as immunizations and periodic screenings, a broad array of health promotion and patient self-management practices. Through the Care Management Institute and our research units, we have focused on the development and diffusion of evidence-based guidelines for preventive practices and self-care for patients with chronic and complex conditions. And with the implementation of our KP HealthConnect electronic medical record, we are now capable of driving the promises of preventive medicine to an entirely new level of practice, with automated physician reminders and an array of patient-oriented health education and self-management tools.

The concept of preventive care has also had great impacts across the entire health care environment. Most of the NCQA-HEDIS measures by which health care organizations are evaluated for clinical quality are actually preventive and early detection practices, as are many of the measures by which health plans and providers will be reimbursed in most of the new pay-for-performance initiatives.

However, as health care costs continue to push against the limits of middle-class affordability, the importance of many preventive practices is losing ground in some significant ways.

As we know from our own research, whereas some common preventive practices may be cost effective at an employer or social level (by reducing absenteeism, for instance), they may not be for the health care industry in isolation. This fact has led some insurers to underpay primary care physicians for preventive services. The result has been a threatened shortage of primary care physicians coming out of American medical schools. Hopefully the emergence of the “medical home” idea as a basis for enhanced payment for primary care coordination will begin to reverse this trend.

Further, as noted above, early evidence from the introduction of high-deductible health plans in the U. S. suggests lower compliance with needed visits and medications for patients with chronic conditions such as diabetes and hypertension.
Information Technology

Were Sidney Garfield to make an appearance today, I suspect he would be aghast that so many other aspects of American life and work have enjoyed the benefits of sophisticated information systems while large portions of the health care industry remain largely stuck in the Paper Age. Having envisioned and promoted many of the great improvements that computers could bring to medicine back in the 1960s, Dr. Garfield — never a patient man — would no doubt wonder why, more than four decades later, it is still not universal, and may require federal legislation and funding to be achieved.

As early as 1960, Dr. Garfield embraced the idea that computers — those giant punch-card machines of the period — could somehow lead to a fundamental transformation of health care delivery. He assigned the brilliant young physician Morris Collen, M.D., an internist who had a degree in electrical engineering, to look into the possibilities. As John Smillie, M.D., recounted in his history of The Permanente Medical Group, Collen reported back “to confirm that Dr. Garfield was correct: Medical electronics was beginning a period of great innovation and diffusion, and … we should begin to take advantage of the potential of electronic digital computers.”4 Remember, this was 1960.

The story of Kaiser Permanente’s pioneering work with information technology under the sponsorship of Dr. Garfield and the direction of Dr. Collen is a remarkable tale. Not more than half a dozen places in the world were doing comparable research in health care. As early as 1968, Dr. Garfield could confidently write that “the computer cannot replace the physician, but it can keep essential data moving smoothly from laboratory to nurse’s station, from X-ray department to the patient’s chart, and from all areas of the medical center to the physician himself.”1 Two years earlier, Dr. Collen had declared in a speech to the Minnesota State Medical Association that “the computer will probably have the greatest impact on medical science since the invention of the microscope.”1

By 1970, when Dr. Garfield spelled out his grand vision for the future of medicine in *Scientific American*,5 he included a series of diagrams of the evolution of health
systems through the decades, beginning in 1900. At the center of each diagram up to 1970 was the hospital — the central axis of the system. In his diagram of the system of the future, the hospital is replaced by the “computer center” — an amazingly prescient vision for the time. He began telling his Permanente colleagues that they had all the elements of a “jet-engined plan” for health care, but without the computer and other innovations, such as health education centers and expanded use of nurse practitioners, they remained hitched to a “buggy” of traditional medical practice.

Despite the many fits and starts, leaps and stumbles along the almost half century-long path to KP HealthConnect, I am certain Dr. Garfield would be proud of the organization today for the leadership it has continued to show by implementing the largest and most sophisticated health information technology system in the world at a time when much of American health care is still debating the “business case for IT.” Although Dr. Garfield would be on familiar ground with many of the capabilities of KP HealthConnect, he would have to be impressed by at least one major feature: that of rapid, asynchronous two-way communication between doctors and patients, and doctors and doctors, and the ability of patients to input data into their medical record and access information from it. In the pre-Internet era, Drs. Garfield and Collen could only glimpse the full potential of the technology to “virtualize” many elements of the physician-patient relationship, moving much of the interaction downstream in the interests of efficiency and improved service.

Conclusion

As I have noted, the four great ideas on which so much of Dr. Garfield’s enduring and future reputation rests are under varying degrees of challenge today. That fact is of legitimate concern to many of us — and to many outside Kaiser Permanente, as well. But perhaps we should also look at these challenges as opportunities — something both Dr. Garfield and Mr. Kaiser were famous for doing. As Dr. Garfield told The Permanente Medical Group executive committee in his annual report in 1964, “Opposition by organized medicine to
our program was good for us. It kept us intellectually honest and stimulated us to do better continually.”

Just as Dr. Garfield and his fellow Permanente physicians were forced by skeptics and outright powerful opponents to prove the value of group practice and prepayment, the current generation of Permanente doctors and Kaiser Foundation Health Plan leaders and employees are being challenged to bring greater proof of the value of our model to the claims and promises we make to employers and members. In meeting these challenges, we should remember that the principles that Dr. Garfield laid down almost 60 years ago are not so rigid as to be unadaptable to changing realities. In fact they have all evolved in significant ways since they were first articulated. As he warned at an interregional meeting of Permanente physician leaders in 1974: “Institutions tend to become static; they build walls around themselves to protect themselves from change and eventually die. You should fight that [tendency] by opening up your thinking and your ideas, and work for change.”

Equally important, however, is the need to understand the contributions of each of these four principles to the evolution of what we have collectively created over the last six decades. We commonly call this Permanente Medicine. The power of prepayment to a multispecialty group practice is, in fact, the engine of Permanente Medicine, an engine that has driven and continually refreshed Kaiser Permanente through good times and bad. We should always strive to preserve and protect the power of this engine.

References

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Henry J. Kaiser is the name most often associated with Kaiser Permanente, the medical care program that was, in his own view, his greatest achievement. He once said, “I only expect to be remembered for … filling the people’s greatest need: good health.” He also was always careful to acknowledge that he could never have done what he did in health care without his co-founder, surgeon Sidney R. Garfield, M.D.

It was Garfield, starting in the 1930s, who collected three ideas into a single system of medical care: prevention of illness, group medical practice, and facilities under one roof. Garfield advocated for a not-for-profit foundation as the basic financing structure and believed that ideas from academic medical centers — including the linkage of research to care delivery — could be part of a health care program for average patients, not just the elite. In 1938, Henry Kaiser met Garfield for the first time, listened to his ideas, and declared, “Young man, if your ideas are half as good as you say they are, they are good for the entire country.”

In 2003, when Kaiser Permanente created the Heritage Resources Department and started its historical archive, there was a manila folder marked “Sidney R. Garfield” with a paltry amount of material, perhaps a quarter inch thick. Fortunately, archivist Bryan Culp soon joined the department and turned that small file into a still-growing mountain of documentary material. Today, our archive holds thousands of pages of Garfield’s own words: papers, speeches, interviews, surgical notes, and more. For the first time, a comprehensive collection of invaluable original research material exists about the life, ideas, and contributions of Sidney Garfield.
This book is based upon these collected and reassembled documents — his own and others relating to him. It represents the first time that Garfield’s story has been told in a form that puts him in the foreground and Henry Kaiser in the background. This is not, however, a definitive biography — that awaits the work of some future scholar and medical historian. In the following pages I have tried to offer readers a story that provides a comprehensive overview of Garfield’s life and contributions. To that end, I chose to use a narrative style uncluttered by footnotes. I am, however, appending a list of works authored and coauthored by Sidney R. Garfield that can be found in the Kaiser Permanente Heritage Archive. These are the specific materials upon which I drew for this story. It is important to point out that every direct quotation in the book is real; I engaged in no literary license. Likewise, every factual statement made here is rooted in one or more reliable historical sources.

Many people deserve thanks for their contributions to this work. Bryan Culp’s dedication to finding and archiving materials has, as noted, created the first and only comprehensive collection of Garfield history, now preserved for future research. Steve Gilford, a consulting historian to our archive, spent many years collecting materials and photographs relating to Kaiser Permanente history, often rooting through trash or recycling bins and eBay to salvage and preserve valuable documents. He interviewed scores of individuals with intimate recollections of many of the events recounted here. He also provided excellent commentary and fact-checking on early drafts. Jon Stewart, Communications Director for Government Relations and Health Policy at Kaiser Foundation Health Plan, Inc., deserves special thanks for editing the manuscript, making sense of convoluted passages in the first draft, and for significant rewrites and revisions. Thank you to Max McMillen for editing services and Virginia McPartland for her help with proofreading. Special gratitude goes to the Regional Oral History Office at The Bancroft Library of the University of California at Berkeley, where past and present scholars and oral historians have been documenting the history of Kaiser Permanente. Thank you, too, to Tom Janisse, M.D., publisher of The Permanente Press, for his support.

— Tom Debley, Director, Heritage Resources, Kaiser Permanente
It was an inauspicious beginning — as it would have been for any new physician, let alone a young man of great vision and ambition. The year was 1933, four years into the desperation of the Great Depression. Sidney R. Garfield, having completed his surgical residency at Los Angeles County General Hospital, launched his medical career by leaving the growing metropolis and constructing a compact, 12-bed hospital in the southern end of the desolate Mojave Desert east of Los Angeles, California. His father, Isaac, helped the 27-year-old with a $2,250 loan, about $35,000 in today’s dollars. His prosaically named Contractors General Hospital, a mile or so off the then new, two-lane transcontinental U.S. Highway 60, was about halfway between Los Angeles and Phoenix. The nearest town, a roadside outpost called Desert Center, was about six miles to the east. The locale, as described by one observer, was a “hot, dusty region never meant by God for human activity or habitation.”

With jobs almost impossible to find, even in medicine, Garfield looked to this remote spot when he learned about construction of the Metropolitan Water District of Southern California’s aqueduct designed to bring Colorado River water
to Los Angeles. Thousands of men were laboring under dangerous and physically demanding conditions in the harsh desert environment. Garfield reasoned they would need on-site medical care.

Desert Center had been founded about a dozen years earlier by an itinerant preacher and cotton farmer at a spot where his car had broken down. It was an aptly named dusty and lonely wide spot on the highway where a traveler could get a meal at the 24-hour café, buy gas, and refill the canvas water bags to use if the car engine overheated while crossing the desert. It was about 50 miles east of Indio, the largest city in the region, where Dr. Gene Morris, former intern at Los Angeles County General Hospital, had grown up and had returned to set up a medical practice. Morris told his friend Garfield about the construction project with thousands of aqueduct workers covered by California’s progressive system of workers’ compensation, but with no medical or hospital care available near their work camps. The two young doctors formed a partnership and built their wood-frame hospital on the edge of a construction camp. Garfield named it Contractors General Hospital and ensured that it was modern and well-equipped with creature comforts, including air conditioning — an innovation installed in the White House in 1930 but not in widespread use, especially not in rural hospitals.

With 5,000 aqueduct construction workers now at jobsites spread across 150 miles of desert, getting patients, they figured, would not be a problem. The two young doctors were gambling that on-the-job injuries alone would bring them plenty of patients insured for industrial accidents — enough to make the hospital an economic success. They were right. Men suffering from on-the-job injuries did come, but Contractors General tended to get only the relatively minor cases. Insurance companies shipped serious cases — the ones that provided the most significant income — to hospitals in Los Angeles. To make matters worse, the
insurance companies discounted the physicians’ bills for the care they did give, claiming they over-treated patients. “We got a patient,” Garfield explained, “and we would treat him with tender loving care and we would bill the insurance company, and more often than not, they would come back and discount our bills, saying that we treated the patient too many times.” Even when the insurance companies did pay, they were slow in paying.

Another problem arose when the aqueduct workers came in with all sorts of illnesses clearly not covered by their workers’ compensation insurance, including venereal diseases from prostitutes who also set up shop near the work camps. That would not have been a problem, except that few of the men could pay their medical bills. The cost of treating non-paying patients soon put a major financial strain on the busy little hospital. Discouraged, Dr. Morris sold his share of the partnership to Garfield. Garfield was now on his own, with just one nurse, a housekeeper/cook, and her husband, who served both as orderly and ambulance driver.

As if non-paying patients, slow-paying insurers, rattlesnakes, scorpions, and scorching summer temperatures that rarely dipped below triple digits were not discouragement enough, a new threat to his struggling enterprise arose. One day a sedan turned off Highway 60 in a cloud of dust and headed up the dirt road toward Contractors General. Two men got out and identified themselves as representatives of a finance company. They had come to seize Garfield’s Ford panel truck, which had been outfitted as an ambulance.

Garfield had not been able to afford an ambulance, and a local undertaker in Indio had offered him a deal: He would rent the ambulance to Garfield for $25 a
month if Garfield would help him get undertaking work from the aqueduct project. But after more than a year, there had been few deaths. The unhappy undertaker wanted out of the ambulance lease, so he went to a finance company in nearby Riverside, took out a loan using the ambulance as collateral, and then neglected to make the payments. When the finance company complained, he told them to repossess the ambulance.

Without an ambulance to pick up the sick and injured, the hospital would be out of business. Desperate, Garfield telephoned an attorney friend in Los Angeles, who called the finance company’s attorney. The finance company called off the repo men, who drove away leaving a very relieved Garfield in their dust. The victory was short-lived. The next day, the repo men returned and again demanded the vehicle. Garfield again called his attorney, who said, “No, don’t let them do it. They can't take it away.” Garfield hung up the phone, went outside, reached through the window of the ambulance and yanked the key out of the ignition. Now unable to start it, the repo men tied a rope to the ambulance’s front bumper to tow it away. Garfield slashed the rope with a knife. When they started to retie the rope, Garfield called to a staff member to bring out the rifle they used for recreational target practice.

“Go ahead and shoot,” said one of the men defiantly, calculating that a physician would not pull the trigger.

“They had me stumped there,” Garfield said later. Instead, he again sliced the rope. Finally, the men left, again without the ambulance. But they reappeared two days later with the county sheriff, who carried a warrant for Garfield’s arrest for assault with a deadly weapon. The sheriff, a good friend of Garfield’s, explained he
had no choice but to take Garfield to jail because of the warrant. His plight had
gone from bad to worse. The ambulance was gone, and Garfield, if convicted of
assault with a deadly weapon, could lose his medical license.

Fortunately, he rejected his first attorney’s advice to plead guilty and pay a fine.
With a second attorney, he instead went to trial and won a not-guilty verdict. But
being found not guilty was not enough for Garfield, whose honor and reputation
were at stake. He sued the undertaker, the finance company, and their attorney
for malicious prosecution and won. He was awarded $3,000, a portion of which
he promptly used to finance a new ambulance.

The ambulance incident was, in some ways, emblematic of the first phase of
Garfield’s extraordinary career — the daring desert years of creating something
from nothing, of struggling against daunting odds to achieve his ends. Given his
determination to succeed, whatever the obstacles, he exhibited a characteristic refusal
to allow second thoughts to give him pause. Indeed, Garfield, in these early years,
had a vague sense he was working toward something larger than personal success.
Today, across the road from old U.S. Highway 60 and the still operating Desert
Center Café, where Garfield could celebrate his legal victory with a 50-cent roast
beef dinner, stands California Historical Marker No. 992, in Garfield’s honor, to
announce to occasional visitors that something very special and enduring was born
in this lonely corner of the desert.
group medical practice — a form of physician organization and cooperation that the AMA still equated with socialism. “We recognized,” said Kay, “the importance of being able to provide all necessary medical studies and treatment with no economic barriers. We also appreciated the fact that we were able to develop professionally through sharing patients and learning from the other physicians with whom we worked.”

Garfield later made the case for the virtues of group practice to physicians in Portland, Oregon, when he told a meeting of the Multnomah County Medical Association in 1945: “It has always been a paradox that group practice is the method used to teach medicine of the highest type — all university medical schools are group practice operations — yet the individual physician is taught to go into solo practice. Group practice is essential because as medical knowledge increases in mass and complexity, no one doctor can learn the entire field … This produces both quality and economy. Quality, because the doctors participating are specialists, because consultation is easy, and because of the stimulus resulting from working with well-trained [physicians] in various fields. Economy results from the use of common facilities, records, office space, and equipment, and elimination of waste of travel.” But perhaps most important was the power this could bring to preventing illness. It was here that Garfield summed things up from a patient point of view in a simple phrase, “The people of this country … don’t want to get sick.”

It was with some irony, then, that the medical establishment saw Garfield’s vision of widespread group medical practice as unethical and socialistic when Garfield saw it as an extension into the community of the university teaching hospital model, bluntly telling the annual meeting of the AMA in Chicago (Appendix 1)
support the American fighting force. Sidney Garfield was among them, immediately enlisting with the 73rd Evacuation Hospital organized by USC’s volunteer clinical faculty. First Lieutenant Garfield, who because of an allergy to wool was outfitted at his own cost in a custom-tailored Army uniform, reported to his mentor, Dr. Berne — now Colonel Berne. They prepared to ship out for Burma.

Meanwhile, on the eastern shore of San Francisco Bay, in the sleepy little town of Richmond, Clay Bedford, who had worked for his old friend Edgar Kaiser as chief engineer on the Grand Coulee Dam, was running a new shipyard built by Henry Kaiser. The Kaiser Company had a head start on the American Home Front war, having begun building ships for the British before the attack on Pearl Harbor. The Permanente Metals Corporation, the business entity that ran the Kaiser Shipyards, would quickly expand to four yards and employ almost 100,000 workers, turning Richmond — just a dozen miles north of Kaiser’s headquarters in Oakland — into an overnight boomtown. Edgar Kaiser was mounting an identical effort on the Columbia River at Vancouver, Washington, and then across the river in Portland, Oregon. In Fontana — a Southern California desert community 45 miles east of Los Angeles — Henry Kaiser was building his own mill to produce steel for the ships.

Among the early shipbuilders in both Richmond and Vancouver were workers who came from the Coulee job, along with heavy equipment that was moved from Coulee and adapted for shipbuilding. As a Kaiser executive once described the company’s wartime shipbuilding attitude: “A ship was nothing but a dam that wouldn’t stay put.” By the end
FDR TO GARFIELD: “YOU’RE NOT IN THE ARMY NOW!”

It fell to Sidney Garfield and the doctors, nurses, and other staff he hired to keep the shipyard workers healthy as they opened the Permanente Health Plan in 1942.

Kaiser West Coast Shipyards launched a ship a day and broke all shipbuilding records. Here (top) a prefabricated deckhouse is hoisted into place in Portland, while a ship (bottom) is launched at Richmond.

**BE A HEALTHY SHIPBUILDER**

*Sign up today, stay healthy for 50¢ per week.*
Center of Excellence for Culturally Competent Care for members with disabilities. (Henry Jr. died in 1961 at age 44, having maintained a busy and active career that included spearheading Kaiser Permanente’s first forays into public relations.)

Garfield’s growing emotional bond with Kaiser Sr. intensified still further when Bess Kaiser, who had been suffering for years with chronic high blood pressure, began to grow weaker with the added complication of progressive kidney failure. Although Garfield knew her condition was probably terminal, he sent cardiology and renal disease specialists in search of the latest treatments during the final months of her life. At Garfield’s request, Dr. Cutting, the future executive director of The Permanente Medical Group, took a leave of absence from his surgical duties at the Oakland hospital and actually moved into the Kaisers’ penthouse overlooking Lake Merritt in downtown Oakland to care for Bess.

Garfield also asked a nurse at the Permanente Hospital, Alyce Chester, to move in to provide nursing care for Mrs. Kaiser. Described by those who knew her as a brilliant nurse, Chester had joined the staff during the war years. She was an attractive woman, divorced, and the mother of a young son, Michael. Garfield had mentored her and, impressed with her abilities, made her a part of his executive team and increasingly came to rely on her. However, his decision to have Chester care for Bess would prove far more fateful than he could have imagined.

With Mrs. Kaiser’s needs attended to with expert 24-hour care, Garfield was busy on another front. To handle the medical needs of the burgeoning number of health plan members in California, he made plans for the expansion of the Oakland and Vallejo hospitals and construction of two new, 210-bed hospitals — the first in Los
Bibliography


Daniels, Mark. “The Permanente Foundation Hospital.” Architect and Engineer May 1945, 10ff.


———. “Think the Unthinkable, Dream the Impossible.” An address delivered at The History of Medicine Society at The Oregon Health & Science University, Portland, OR, January 2006.


Kaiser, Henry J. Address to Physicians at the St. Francis Hotel, San Francisco, CA, June 9, 1948.


Ordway, Alonzo B. Interview by Dan Scannell, Oakland, CA, 1967.


Shelby, Betty. "The Modern Hospital of the Month [Kaiser Foundation Medical Center, Honolulu, HI]: Central Work Corridor Simplifies Nurses' Work." *The Modern Hospital* 93 (December 1959): 65-70.


Selected Works

Authored or Coauthored by Sidney R. Garfield, M.D.

Collected together for the first time, the Sidney R. Garfield, M.D. Papers at the Kaiser Permanente Heritage Resources Archive support research into Garfield’s role as co-founder of Kaiser Permanente and his contributions to the theory and practice of health care delivery systems. These papers are available for review at the Heritage Resources Archive by appointment.


———. “Address to the Multnomah County Medical Association.” Portland, OR, April 4, 1945.

———. “Group Medicine: A Discussion of the Economics of Medical Care—It Works at Permanente.” Modern Hospital 45 (November 1945): 53-5.


Commemorative address on the occasion of the fifteenth anniversary of Kaiser Foundation Hospitals of Northern California, Berkeley, CA, October 19, 1957.

———. Address to the Kaiser Foundation Hospitals Panel, the Monterey Management Conference, Monterey, CA, May 11, 1960.

———. Address to the Pack Forest Conference, the University of Washington, Seattle, WA, October 3, 1964.


———. Address to the Medical Entities Management Association, Kaiser Foundation Hospitals of Southern California, February 1969.


———. “What We Must Do Before National Health Insurance.” Medical Economics, October 12, 1970.


———. “Health Evaluation’s Great Promise for Medical Care of the Future.” Address, audience unknown, November 5, 1974.


———. Remarks upon receiving an award from the American Planning Society at the American Hospital Association Annual Meeting, Anaheim, CA, August 26, 1977.

———. Remarks on receiving the Lyndon Baines Johnson Foundation Award, New York, October 27, 1977.


———. “Health of a Nation.” Address at Riva de Gauda, Italy, April 1978.


———. Remarks on receiving an award from the American Association for Hospital Planning, August 25, 1979.


———. Interview by Joan Trauner, Oakland, CA, not dated, c. 1981.

———. “50 Years With HMO’s.” Private Practice, April 1981.

———. Address to the 55th Annual Medical Group Management Association Conference, New Orleans, LA, October 13, 1981.

SELECTED WORKS

———. Interview by Mimi Stein, Oakland, CA, February 17, 1982.
———. Address on the subject of “Total Health Care” at Coto de Caza, CA, December 10, 1982.
———. “Worthy of Being Copied.” Address to the Kaiser Family Foundation Board of Trustees, [Oakland, CA], June 26, 1983.
Garfield, Sidney, Cecil Cutting, and Morris Collen. “Historical Remarks Presented to the Executive Committee.” Address delivered at the TPMG Executive Committee, Oakland, CA, April 24, 1974.
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A Timeline of the Life of Sidney R. Garfield, M.D.

1906 – Sidney Roy Garfield is born in Elizabeth, New Jersey.

1928 – Garfield earns his M.D. from the University of Iowa Medical School and completes a one-year internship.

1929 – Garfield begins first residency training in general surgery at Los Angeles County General Hospital.

1931 – Garfield begins a second, two-year residency program as Head Resident in Surgery at Los Angeles County General Hospital.

1933 – Garfield opens a small, 12-bed hospital near Desert Center, California, to serve workers building the aqueduct bringing Colorado River water to Los Angeles.

1934 – Garfield adds prepayment and accident prevention to his practice and is able to build and staff two additional hospitals for aqueduct workers.

1938 – Edgar Kaiser, son of industrialist Henry J. Kaiser, convinces an initially reluctant Garfield to create a similar medical program for the workers building the Grand Coulee Dam in Washington.

1939 – Garfield opens the Grand Coulee plan to workers’ families and adds group medical practice, organizing all care “under one roof.”

1941 – With the U.S. entry into World War II, Henry J. Kaiser creates record-breaking shipbuilding operations in Richmond, California, and on the Columbia River in Portland, Oregon, and Vancouver, Washington, with steel produced in Fontana, California.

1941 – Kaiser again calls on Garfield to create a medical care program. Within a year, he has built the largest civilian medical care program on the World War II Home Front.

1945 – Garfield states that “maintenance of health” is the central mission of his program and attributes his success to combining prepayment, group practice, prevention, and facilities “under one roof.” With Kaiser, he opens the medical care program to the public.

1948 – At the height of opposition from the medical mainstream to Garfield’s prepaid group practice model, he successfully defends himself against numerous charges brought before the Alameda-Contra Costa Medical Society to try to shut down his medical care program.

1950 – Garfield’s medical care program expands to tens of thousands of members when the West Coast International Longshoremen’s and Warehousemen’s Union joins, followed by 30,000 Retail Clerks Union members in Los Angeles within the year.

1955 – The “Tahoe Agreement” resolves governance disputes among Permanente Medical Groups and the Kaiser Foundation Health Plan and Hospitals, though Garfield loses his leadership role and becomes vice president of facilities and planning.

1960 – Garfield challenges Kaiser Permanente to find new methods of providing health care, rather than just sick care, by using emerging computer technology. He triggers a revolutionary research program that develops prototypical electronic medical records.

1970 – Garfield publishes “The Delivery of Medical Care,” the most important paper of his career, in Scientific American. It is a blueprint for the modern Kaiser Permanente.

1984 – Sidney Garfield dies while working on his last research project — “Total Health” — which colleagues complete in 1987. Its name is the basis for the modern description Kaiser Permanente uses for itself — a “Total Health” organization.
How one physician’s revolutionary vision paved the way from a 12-bed hospital in the Mojave Desert at the height of the Great Depression to what is today the nation’s largest, most successful nonprofit health care organization — Kaiser Permanente.

Like the architect he always wanted to be, physician Sidney R. Garfield spent most of his life designing and building a model of a new kind of health care. Built on the foundations of group practice (as opposed to solo practice), prepayment (as opposed to fee-for-service), and prevention and health promotion (as opposed to sick care only), it was in many ways the opposite, mirror-image of the way health care was financed and delivered in the rest of America.

In partnership with Henry J. Kaiser, one of the great industrialists of the early 20th century, Garfield stood firm against waves of early opposition from mainstream medicine and went on to build one of the most acclaimed and successful health care organizations in America.

This book tells the story of Dr. Sidney Garfield’s long and eventful career in turning his desert dream into a thriving and enduring reality that continues to offer a practical model for the future of American health care.