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**From the Bookshelves: “Hospital”  
Kaiser Family Foundation  
May 7, 2008**

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**JACKIE JUDD:** Julie Salamon thank you for joining us today.

**JULIE SALAMON:** Thank you for having me.

**JACKIE JUDD:** I literally want to start at the very beginning of this book and ask you about the title. I do not think I have ever asked an author that right off the bat, but it is called *Hospital* and then the subtitle is *Man, Woman, Birth, Death, Infinity plus Red Tape, Bad Behavior, Money, God, and Diversity on Steroids*. How did you come up with that?

**JULIE SALAMON:** I came up with it through the back door. Originally, at the very beginning, my editor wanted to call the book *Hospital*. And I said, that is too boring, *Hospital*. I am tired of these one word titles. So then I spent months trying to come up with, the idea was to come up with some poetic title and then have a year in the life of an American hospital as the subtitle. Finally all the titles did not work. Everybody hated all of them or some of them. So one day she called me, she said let's flip it around. Let's go back to *Hospital* and then come up with a subtitle.

So I was frantically, because we were getting near the deadline; frantically trying to come up with something and one night, late at night, when my daughter, who is 18 now, was very small used to watch old Ben Casey reruns in the middle night

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and the man, woman, birth, death, life, infinity was at the beginning of the show, Dr. Zorba.

And I thought well and then I just added all that other stuff; bad behavior, money, god, and diversity on steroids red tape because that was what I had seen in my year at the hospital. So I typed this out to my editor and I got back an email from her a few hours later saying I may be punch drunk in the middle of night but I love this. And that is what it ended up being.

**JACKIE JUDD:** And tell us what you did. You spent a year in the life of the hospital. Which hospital and how much access did you really have?

**JULIE SALAMON:** I spent a year at Maimonides Medical Center in Brooklyn. It is a big hospital, 705 beds that puts it in the top 5-percent of hospitals in America. How I got there was through a long series of coincidences, which I will not go into now, but they sort of led me to this hospital in Brooklyn.

And what intrigued me about it was, I have written about different aspects of culture for most of my professional life; and what really intrigued me about Maimonides was it was a hospital that was started to serve the Jewish community of Brooklyn 100 years ago. An immigrant community and now 100 years later it is still a Kosher hospital but now 80-percent of

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the patients are from everywhere. The hospital advertises itself as 67 languages spoken here.

**JACKIE JUDD:** It is true melting pot there.

**JULIE SALAMON:** A true melting pot. And I felt that just when I first heard about the hospital all the kinds of issues of modern life seem to devolve into this one place. Multicultural as technology versus humanity, what is it like to live in the post 9/11 world when the melting pot is a different thing than it was pre 2001.

And as it turned out the president of the hospital, Pam Brier, had always wanted to write a book about hospitals. And she had read a couple of my books, liked my writing. And so when I made this really pretty outrageous proposition, I want to spend a year at your hospital. They were starting a new cancer center so the idea was that I would follow the progress of this cancer center. I want to have complete access and I will let you read the book when it comes out.

**JACKIE JUDD:** You were asking for the moon.

**JULIE SALAMON:** I was asking -

**JACKIE JUDD:** And they gave it to you.

**JULIE SALAMON:** And they gave it to me. They did not just hand it over. It took several months. I was working at the time as a reporter at the New York Times, so in my off hours I would go out to Brooklyn, I live in Manhattan and have negotiations with different people. And I think they started

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to hear what my idea was in doing the book and were intrigued by it.

**JACKIE JUDD:** And what did you tell them? What did you want to find out?

**JULIE SALAMON:** What did I want to -

**JACKIE JUDD:** What were you looking for?

**JULIE SALAMON:** You know I did not know specifically but I think what I wanted to do was several years ago I had written a book called *The Devil's Candy* where I spent a year on the set of Brian De Palma's *Bonfire of the Vanities* where he turned Tom Wolfe's novel into a movie. And what I tried to do that in book was to look at what the reality of the movie making process is. There is a lot of PR, there is a lot of razzle, dazzle but what is the actual process like. And in the course of that book the movie was a tremendous flop and so it was quite interesting.

And in this case we hear a lot of about health care. We hear a lot about health care policy. We hear a lot of horror stories of patients maligned by the system but I think very few people are really aware of what goes on in this big complex organism that is a hospital. And I had the audacity, now in retrospect, because I do not think I even knew what I was getting into.

But I wanted to look at the organism. How does this thing operate? And I guess my idea from the beginning was to

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look at it almost as you would look at a novel with a bunch of different characters in different aspects of it. But what is their work like, what are the obstacles to trying to do the thing that they are trying to do which is to deliver health care. And that was really what I, that is what I sold the book as and I think that is what the book actually is.

**JACKIE JUDD:** In another industry it would be called a book that is very character driven.

**JULIE SALAMON:** Yes.

**JACKIE JUDD:** This is all about the characters that populate the hospital in the executive rooms and in the patient rooms.

**JULIE SALAMON:** That is right. Because I think what we tend to forget and I think one of the reasons - I went on the website of all the political candidates to look at health care policy and a lot of times your eyes just glaze over unless you are in the health care business or a policy person. It is very hard, often, for lay people to understand what these things mean.

When you talk about bureaucratic entanglements or Medicaid payments or DRGs, all of this kind of technical terminology that is used; the average person does not know what it means. And what we really do not know what it means to the people working in that industry and even to call it an industry is such a funny idea. It is just delivering medical care.

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**JACKIE JUDD:** And I am not sure where you want to start with this question. But when you step back from it, we so often hear the health care system is broken, what did you find broken? What did you find worked well?

**JULIE SALAMON:** Big question.

**JACKIE JUDD:** I know.

**JULIE SALAMON:** Well, broken - broken is just the - at some point along the way the system got perverted. So now what I would find is that at the hospital. Take a very simple example. It is used to be that in the finance office they dealt with seven different insurance payers or maybe five. Now they deal with 25.

They all have different requirements. There is something very wrong when the first question asked of a patient when they are about to go to the hospital, unless they go through the emergency room, is who is your insurance carrier. That is the wrong first question. It should be what is wrong with you. And so that is terribly broken.

And I do not mean to say that money has not always been a part of medicine but like money everywhere else in our society, the profit motive has just ratcheted up and where are most of the profits going. This really is not so much a part of my book but it is working in the background because patients, there is an intensity to move patients through this system.

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And I have a whole chapter called safety net which really tracks what takes so long for a patient to get from the emergency room into a hospital. And then what is the process of getting the patient from that bed through the system, i.e. trying to cure what ails them, and then getting them discharged.

So you see nurse after nurse after nurse who used to work at bed side now working behind computers. Working on is there a rehab place that will take this patient's insurance so that we can discharge them. And why is it so important to get them through the system because the insurance payments very according to how long the patient stays in the hospital. So that is one thing that is terribly broken.

**JACKIE JUDD:** And again the characters you focused. What were their responses to what you have just described; acceptance; push back; frustration?

**JULIE SALAMON:** All of the above. And then the flip side of it is this is where the system is really broken. On the one hand there is this incredible push to move patients through the system. Then I focus on the patient called Mr. Zen, an illegal immigrant; a guy who shows up in the emergency room, a 41-year-old male with a horrible cancer. He had never been to a primary care doctor and he spends months in the hospital building up an over \$1 million bill which will never be paid because he is uninsured.

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And so the disconnect of reality is just kind of crazy and what that \$1 million bill means that other patients will not get treatment. Or they will be stressed - not that he should not get treatment - but there is an irrationality built into the system.

And I think with the characters what you would see is just the stress. There is a chapter called the code of mutual respect. And what it is about is that is something else that is broken. The way, there is so much pressure on everybody from morning until night, financial pressure, medical pressure, fear of malpractice, that people start misbehaving towards one another.

And one of the major goals of the hospital president and it sounds crazy is to get the doctors, nurses, staff people to be civil to one another. And as crazy as that sounds the lack of respect is something else that is broken in the hospital. Lack of respect for patients for their doctors and their nurses vice versa. The level of the sense of stress and harassment is sort of out of control.

**JACKIE JUDD:** And do you think that the hospital made progress in trying to fix that problem during your time there or in the, almost two years since you left the hospital?

**JULIE SALAMON:** I do. At first I was very dubious because I had to take actual courses. It was a course requirement that once a week the entire perioperative staff

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would have to take this training. It was on hospital time and at first everybody was incredibly dubious and especially me because it was sort of in this management guru babble kind of talk and I was very skeptical of it. But I think what it did was forced people to step back and think about their own behavior because when this is sort of to answer what goes right.

What astonished me throughout was how many people in the hospital under all this stress and very difficult work, they really cared. That was the thing, even the ones who were the biggest jerks sometimes and who were concerned about money too much and did get involved in crazy feuds they really did somewhere, in their hearts, care a lot about patients and care a lot of about doing their jobs really well.

And I think that, I think if you ask again what is broken as one of the doctors says that at a certain point, insurance companies reimburse you for procedures which are why operations and radiations and all of those kind of technology driven pieces of medicine are very popular but you do not get paid for being a doctor for sitting there and talking, for getting to know your patient.

And so one of the things that worked very well there, was it was one of the doctors I was following, Dr. Astro [ph 11:47] is very concerned about these issues of spirituality, of being a good person for lack of better term. And he would meet

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every week with the fellows in his program for a program that actually had been started by another doctor called Biopsych Social. And what they focused on were the psych social parts.

**JACKIE JUDD:** And you were skeptical about that?

**JULIE SALAMON:** And I was skeptical about that but every week you would meet with these doctors, nurses, social workers and they would bring up patients' cases not so much to talk about the illness part even though that also informed the discussion but to find out about what were the other pressures coming to bear on that patient. What were they thinking about? Was it a single mother with two young?

One of the cases was a single mother with two young kids who had cancer. And watching these young doctors realize that yes part of their job is to be good technicians and read x-rays and do procedures but they also have to perform this much harder function of actually caring for somebody who is sick.

**JACKIE JUDD:** And were you able to see examples of where that kind of seminar played itself out in the patients' rooms?

**JULIE SALAMON:** Very much so throughout. There was a one case that I followed which was this young woman with the two children. And it was incredibly moving because she did not speak English so translators were involved and the young doctors going through you could see that all of this was making

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an imprint on them. And these were, Maimonides is a teaching hospital, so one of the things that came out over and over again in my conversations with the young doctors who I followed through the system was you could see these things were making an imprint.

Whether they realized it so much then at that moment, you felt these people will be better doctors for this. These will be better nurses for this later on. Now, they were also very blunt in their opinions about multiculturalism and they were very blunt about their feelings about their patients not speaking English. So this is not, this is real life.

So it is not all sweet talk and roses but I think what I saw there, very vividly were how the kinds of things we hear about in sort of broad technical terms played out on the ground with real people. And it is all not just romance as it is on Grey's Anatomy. They actually do something besides flirt with each other.

**JACKIE JUDD:** Although part of your book did have to deal with the personal lives of some of the people at the hospital particularly the administrators. And I guess the point you were trying to make was that, to a certain degree, hospitals reflect the personalities, the priorities of the people who lead them. Can you give us an example of that?

**JULIE SALAMON:** Many examples. In fact so many examples that I started to think I had wandered into a movie

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set because the guy who, the doctor, who is the medical director of the hospital is an oncologist. His dream, forever, was to start this cancer center.

During the year I was at the hospital, his own wife got, had cancer and was dying of cancer and ultimately dies. When he was talking to me about what it is like to be a doctor, not just a doctor, an oncologist, and have to watch and diagnose and try to not to interfere but cannot help to interfere in your own wife's treatment and your attitudes towards what good medical care, how it changes you.

One of the reasons he wanted to start the cancer center so badly, his wife had had an earlier bout of breast cancer which she came through very well several years before. And it was then that he realized the hospital's radiation facilities were horrible. And so it took that personal moment of being on the other side of the bed to make him realize what it was.

The hospital president, two weeks before she took over as president, she had been the number two to the previous president. She and her husband were in an absolute life threatening car accident. Her husband, broke they thought, 28, 29 bones in her body. She could not walk well for months and months and still has pain left over from this accident, which was now five years ago.

And so she had been a patient a lot and a lot of the things that sometimes seem to me sort of like small things she

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would go insane if she saw, not go insane but she would get really angry if she saw a hospital worker who did not have their badge displayed. But then she said when you are lying

**JACKIE JUDD:** A dirty door -

**JULIE SALAMON:** Or dirty door. Or dirty floor is even worse. But she said when you are lying in bed in a hospital room and somebody comes in and they start asking you a bunch of questions or tell you to take your clothes off and they do not identify themselves, you do not know who they are. It is very frightening and it is very frustrating.

And I think a lot of her attitudes towards medical care were very much informed by her own experience as a patient. She has finally read the book a couple of weeks ago and she was mortified because there is a section in the book about constipation. She declared the foremost expert on constipation in the world Brooklyn and she, as a patient, said that is one of the dirty little secrets nobody talks about at a hospital. When people are in the hospital they suffer from constipation. Nobody wants to talk about it.

Pain medication; how it is a very controversial subject in hospitals. How much are you supposed to suck it up? And how much, because you might become addicted, it slows down the recovery process? And how much are you not supposed to suffer?

**JACKIE JUDD:** Julia I want to ask you something that takes you outside of the book per say. We are in the middle of

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a Presidential campaign, you mentioned it a moment, having the spent the year that you did, do you find a connection between what the candidates talk about as healthcare policy proposals and the reality on the ground of the healthcare system? Or is there disconnect?

**JULIE SALAMON:** I think both. I think the disconnect, I think, is that yes whether you talk about a single payer system or universal health coverage whether it is Hilary Clinton's plan that it is mandatory or Barack Obama's plan that it is not mandatory except for children. That is all well and good. It does not solve the problem in the hospital.

It is great to have more people ensured but it means more people are coming in and so I think, as with any kind of big sweeping change, every action sets off a million opposite and unexpected reactions. And I think it is too complicated probably to talk about on the road. But they may not even realize it.

I mean in Massachusetts they are already having that situation where they have put in universal healthcare and there was a story in The Times a couple of weeks ago that now you cannot get in to see a primary health care physician because they are overwhelmed with people making appointments. Doing what they are supposed to do.

Nobody wants to address the really hard truth which is how do you encourage people to go into the medical profession.

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People do not want to become doctors and nurses because they do not get the same respect. They often graduate from medical school with bills up the wazoo that they can never payoff well. Their classmates go off and become investment bankers and make a zillion dollars.

So I think that as important as, yes, universal healthcare coverage is wonderful but then are we going then bite the bullet and say this is something very important. This is as important as national defense. This is as important as anything else that we have to allocate the resources to take care of all those extra people who are going to be coming into the system.

**JACKIE JUDD:** I have a final question. I do want to bring it back around to the book. It was one of the final questions you posed in the book and it was one that was asked of you by Dr. Astro. Looking back on your intense year in this challenging hospital did you know what you were getting into?

**JULIE SALAMON:** Absolutely not. I think that, as foolish as it sounds, I certainly did not anticipate the amount of emotion that I would feel. How many people would die which was really crazy for me not to realize that. I was following an oncologist around. And one thing that has happened in hospitals in the last few years with the advance in the medicine that allows so many procedures to be taken care of as outpatients; it means that people in hospitals tend to be much

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sicker. And so I was not anticipating how sick people were going to be. So that was on the one hand.

On the other hand and this may sound terrible. I did not realize how exciting it would be. These are people, both patients and doctors and nurses and technicians, who are, they are really living on the edge. They are working in a profession that actually means something and I guess for me the sad thing was that sometimes the pressures that come to bear because in society we do not value taking care of our sick, just like we do not value our teachers in the same way. These are the old pillars of the community.

This is a pillar of the community and so, to sort of bring together my book and your question about the larger health care system. Marty Payson who is the chairman of the hospital said something very profound at the end. And we have seen it in New Orleans. We have seen it where the healthcare system was destroyed that we can talk about national healthcare policy but the truth is healthcare is still local, it is personal and we should not forget that. And I think that sometimes that is something that does get lost in the equation that communities do have responsibility to take care of their sick.

**JACKIE JUDD:** Thank you so much Julie.

**JULIE SALAMON:** Thank you.

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**JACKIE JUDD:** Julie Salamon author of *Hospital*.

Thanks.

**JULIE SALAMON:** Thanks so much.

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