James J. Mongan, Professor of Health Care Policy and Professor of Social Medicine at Harvard Medical School, died in Boston, Massachusetts on May 3, 2011. Jim Mongan was born on April 10, 1942 in San Francisco into a home committed to excellence and public service. His father was the County Clerk of San Francisco County.

Jim attended public high school in San Francisco and subsequently the University of California at Berkeley. After three years at Berkeley he was accepted to Stanford University where he earned both his Bachelors Degree and his MD. Jim did his internship at the Kaiser Foundation Hospital in San Francisco and then fulfilled his military obligation as a medical officer in the U.S. Public Health Service. He was assigned to the Department of HEW, Denver office. There he worked with migrant labor groups establishing migrant health centers.

In 1970 Jim joined the staff of the U.S. Senate Finance Committee under Senator Russell Long and there participated actively as a liaison to other congressional offices. He played an important role in the evolution of Medicaid and Medicare and approaches to national health insurance. He was a key player in the development of end stage renal disease coverage through Medicare, which undoubtedly saved hundreds of thousands of lives.

In 1977 he became the Deputy Assistant Secretary for Health Policy in the Department of HEW and oversaw policy development for the six public health services. In 1979 he moved to the Carter White House where he was Associate Director for Health and Human Resources on the Domestic Policy Staff. He continued his attention to developing programs that expanded access to health care and was a critical resource in interacting with Congress.
In 1981 he was recruited to be the Executive Director of the Truman Medical Center in Kansas City where this multi-institutional public hospital system was the safety net for patients and the teaching hospitals for the University of Missouri-Kansas City School of Medicine. In 1987 the duties of Dean, University of Missouri-Kansas City School of Medicine were added to his responsibilities.

During his time in Kansas, he served in numerous national roles related to health policy. He was a member of the Prospective Payment Assessment Commission of the U.S. Congress from 1983 to 1989, a member of the Board of Trustees of the Council of Teaching Hospitals from 1982 to 1988, a member of the Board of Trustees of the American Hospital Association from 1988 to 1991 and a member of the Board of Trustees of the Kaiser Family Foundation from 1993 to 2001.

In 1996 The Massachusetts General Hospital (MGH) was fortunate enough to attract Jim to Boston and Harvard Medical School. As President of the MGH his accomplishments were remarkable. He was one of the most extraordinary and beloved leaders in the history of the MGH. He believed in leading by examining all reasonable options and building a consensus. He supported a true partnership between hospital leadership and the professional staff. He developed new resources for outpatient care, for basic and translational research and developed the MGH/Partners Institute of Health Policy (which now bears his name).

One of Jim’s great attributes was his sense of humor. Because he had such a quick mind, he was often able to connect the serious subject under discussion with something quite separate and amusing. This not only revealed Jim’s wit and humanity but was frequently effective in relaxing his audience.

Jim did have his quirks. For example, every morning, about 10AM, he had an orange and a chocolate doughnut. Originally, Jim usually had a tangerine and two Oreo cookies, but as problems in health care became larger, so did the snack. He also had a real penchant for Ghirardelli chocolate, but he had great restraint too, only allowing himself to indulge in a few squares per day. And then there’s the beer - another one of Jim’s favorites. He looked forward to the end of each workday when he would reward himself by savoring one cold frosty Budweiser.

Jim moved to the role of CEO of Partners HealthCare in 2003 and over the next seven years in that role, he brought focus and integration to a far flung complicated health care system. Jim never forgot his commitment to the underserved and developed strategies and financing mechanisms, which provided improved access to better care for all. Once again, Jim was a much admired and very effective leader. Partners made great progress under his guidance.

Jim played key roles locally as a leader in the effort to develop the Massachusetts health plan providing universal access. Nationally he led the Commonwealth Fund’s Task Force which developed definitions and metrics for high performance health care systems and evaluated the U.S. performance relative to other countries and state-by-state performances.

Jim’s great strength was his clarity of thought, which he used to bring consensus and progress. Once a decision was made he was quite firm in his resolve to move forward. He was also a very kind and
sensitive man and very modest.

Jim took special pride in his family that included his wife Jean, his children John and Sarah and John’s wife Teresa and his grandson, James. They were a special resource for him during his entire career and were a great comfort to him during his final illness.

Respectfully submitted,

Samuel O. Thier, Chairperson
W. Gerald Austen
Peter L. Slavin