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## **Health Care System of the United States and Its Priorities: History and Implications for other Countries**

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The health care system of the United States is examined from the end of the 19th century to the present, using secondary sources on labor and health care. During that period, several actors, each with its own priorities, exercised control over the United States (US) health services: physicians (from the 1900s on), hospitals and not-for-profit insurance (from the 1930s on), governmental regulators (from the 1960s on), and, lastly, for-profit managed care enterprises (from the 1980s on). A class contest between corporations and labor was involved at two critical points. In the 1870s to 1890s (with further steps in the 1920s and, with the Taft-Hartley law, in 1947), it weakened the labor movement that was unable to mount a successful effort for a national health program in 1972 and 1992. In the 1980s and 1990s, as health services developed into a major industry, two contending business groups (health plans and payers) took commanding positions over consumers and employees. Market-oriented, for-profit managed care organizations came to play a dominant role. During that period, access to, and, by some measures, quality of care has declined. The rise in health care costs has been interrupted, but it is not clear how long this will last. European nations that are reforming their health care system, should be wary of such profit-oriented market approaches to bring costs down.

**Key words:** American Medical Association; health legislation; insurance, health; labor unions; legislation, medical, USA; managed care programs; Medicare; USA