
Interview: Dr. Barry Liebowitz

'We are the Rosa Parks of medicine'

Dr. Barry Liebowitz is president of the Doctors Council which represents 3,000 New York City physicians.

EIR: I understand that conditions at Kings County Emergency Room have gotten so unfavorable for health care that the staff threatened to resign.

Dr. Liebowitz: As of Feb. 8 the staff were ready to resign. That Tuesday Feb. 6 they met with officials of the HHC [Health and Hospitals Corp.] who created a debacle. Their behavior was totally inappropriate. But the next day there was a meeting which included big guns of the city, such as Deputy Mayor Steisel. After this five-hour meeting, the city agreed to provide 18 more beds for people being boarded in the emergency room, additional staff were to be hired, and a salary of \$97,000 was to be paid to attending physicians.

EIR: What are the conditions like in the emergency room?

Dr. Liebowitz: Patients are being made to wait in the emergency room for days. My father had to wait three days in the emergency room at Lenox Hill Hospital in Manhattan before being admitted for a myocardial infarction. This sort of thing never used to happen.

EIR: So you feel that a victory has been won?

Dr. Liebowitz: Doctors are not starting to leave. We opened the political channels we know so well. If the doctors in the emergency room had resigned, the hospital would have been closed down. This is the first time this has ever happened. We were the Rosa Parks of medicine. The doctors just said, "No! Either make it better, or take the job!" Now other hospitals are starting to look.

A lot of the resolution of the situation is simple. These doctors found hospital beds elsewhere in the hospital. For example, the surgical service there consistently has empty beds and these beds are all staffed. All the emergency room doctors wanted was to relieve the stress in the emergency room by filling these staffed and vacant beds. However, they ran into the fiefdoms of the medical and surgical departments. As a result of our confrontation, the city intervened and overruled them.

The second area that needs to be addressed is the financial relationship of the city hospitals and the affiliates, i.e. the medical schools. Two and a half billion dollars has been given to the affiliated hospitals to staff the city hospitals, with only

a scandalous return. With the present crisis, the city will be forced to return to the old system; \$2.5 billion would solve the city and state hospital crisis right now. These affiliates use the city hospitals as a colony to reap and exploit the money. They were never involved in the care of the patients, they did not protest the outrageous conditions, they never uttered a word. The medical schools have created a generation of passive doctors and students. We have a somewhat crippled generation of doctors. I await the day of reckoning for these people. I teach medical students, so I see their passivity.

EIR: What did you really win?

Dr. Liebowitz: We showed what could be done in only 48 hours. This has given hope to others. These emergency room doctors have been batting their heads against walls for three years. People are dying, getting hurt. This nucleus of doctors said: "No more!" What this showed other groups is that something can be done. Now a dialogue has begun. Someone went through the sound barrier. I tell people, "Don't walk out immediately. Go through channels first, follow the *pro forma*."

EIR: Were there sympathetic responses in the nursing staff?

Dr. Liebowitz: Yes, if these doctors had walked, there would have been a show of support from doctors and nurses throughout the hospital. There would have been a short sympathy walkout in other facilities as well as here. What about the non-professional staff? Other workers would have acted, too. The Taylor law makes it illegal for city employees to strike. However, those who walked out in sympathy would have lost pay, but not their jobs. The city very astutely responded, more rapidly than any bureaucracy I've ever seen thus far. They came not to blame, but to resolve. If [New York Mayor David] Dinkins continues this way, it will be wonderful. We haven't had this in ten years.

EIR: What are the aggravating factors?

Dr. Liebowitz: 1) The affiliations grabbing \$2.5 billion in a decade. 2) Underfunding health care while the patients' requirements increased; these include AIDS, poverty, and factors which we still don't even see.

EIR: If you were the mayor, what would you do?

Dr. Liebowitz: The most important thing is to get good administration. We want a HHC president who knows the business and has a philosophy. Ray Baxter, the acting president of HHC, is quite good. This is the first time since I've been there that we've had a real professional. The mayor must make his own executive directors at these institutions responsible to the center itself. He should raise the salaries of the executive directors. I think they should get about \$200,000. I would restore fiscal soundness by getting the money back from the affiliates.

We—i.e., labor and management—must develop a collaborative spirit. We can no longer afford to be adversaries.

If I were mayor, I would bring labor and management into a room, without press, and say, "Stop the crap." Each has responsibility. We can't have responsibility on one side and authority on the other. You need a head to be a peacemaker. We went through many years of the former mayor [Ed Koch, who failed to win the Democratic nomination to run for a fourth term in last year's primaries—ed.] without any cooperation. I know Dinkins. The first step is to trust each other, help each other. Then we'll delineate the money, what is essential and what can wait. We have to triage our system. There are old plants and facilities. What can we do about them? There may be money in bonds allocated for rebuilding but these are things which will take years. What can we do now? It requires a philosophy of how we do business. New York represents the politics of failure.

EIR: Suppose you could really do the things you wanted and had billions of dollars at your disposal?

Dr. Liebowitz: The most adequate kind of health care requires continuity of care. Take Cuba. They have assigned 1,000 patients to every internist, 2,000 to every pediatrician. You staff it as you would a regular facility. You thereby unburden the emergency rooms. Instead of ships passing in the night, you do what you do in private practice. Then people don't run to an emergency room. Your office is downstairs in the hospital. You see the patient there and you can admit him directly to the hospital. That's how it was at Kaiser in California.

Also we should reopen our nursing schools. Why are we going to the Philippines, Indonesia, and India when we have schools summarily closed? I don't understand this. Then we can build a career ladder. There are lots of people out there not working. Teach them. Start with emptying a bedpan. Some may ultimately want to go to medical school. They don't have to smoke crack. Some will leave, some will stay. From them we can start a pool of workers. That way we add to the community.

I'd like to rebuild some hospitals. Kings County Hospital has two towers, each of which has only two elevators. There is no direct way to get from the new tower to the other, and these elevators don't work. There are dead-end corridors. What if you're stuck in a fire? We've also exposed the flies in the operating room. There were flies landing on the brains of neurosurgical patients! One brave doctor exposed this. He sent his patients to other hospitals and a great furor arose. The hospital tried to fire him, but we protected him. We got screens installed to keep out the flies and a promise to rebuild the operating rooms at a cost of \$1 million.

That also spawned an incident whereby we demanded a bill to license hospital administrators. The bill is supported by 1.2 million state workers. We want the administrators to be subject to responsibility and accountability. For example if you sue me, I'm responsible. When flies light on a surgical patient's brains, that should open up a suit against the person

who is responsible.

More than anything, what's missing is an appropriate dialogue between administrators and institutions and the people who deliver the health care, and even a dialogue with the patients. We must establish a new way to do business so that each one feels responsible and involved and everyone has authority. No one consults patients. Maybe they want clinics

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at night, in certain areas of the city.

By restoring the continuity of health care you get the neighborhood doctor. Presently there is tremendous alienation in our institutions between doctors, staff, and administration. War between us results in a wasting of resources. We can't afford to let that happen.

EIR: What has been the impact of the present crisis on clinical research?

Dr. Liebowitz: Most doctors who do research continue to do it. They get their requests for pharyngeal swabs carried out. But if you're burdened, patients are screaming and yelling, the last thing on your mind is someone's research project.

So, obviously research will falter on the basis of time and resources limits. Doctors are putting patients on gurneys and wheelchairs. They personally deliver blood samples to the lab. They are responsible for a diagnosis and a treatment plan. They can, therefore, no longer be responsible for the quality of the treatment.

We need 1,000 Sister Therasas to give care on the street, in front of the hospital. The emergency is now the principal intake process, because the other channels for health care are blocked. We may need to go to India to get the Sister Therasas. People discuss this, but then they run from the problem. They go to Kings County Hospital, and that includes the media, but they don't come back. It's too painful to look at.

EIR: How is the crisis affecting the recruitment of staff?

Dr. Liebowitz: Getting residents and attendings? It's getting worse and worse. The prestigious hospitals are not filling

their positions in internal medicine. I expect the same thing to follow in my department, pediatrics. Ostensibly it's because of the crowded conditions. AIDS is a factor. Doctors say, "I want to see other diseases." They migrate out of New York into other areas where they'll get a better job under other conditions.

EIR: What do you see as the future of health care in New York?

Dr. Liebowitz: Up the pipe? You decrease house staff, look at the burden on the attendings. You give them no nurses and do away with outpatient facilities. Our profession is unable to deal with this. Our medical societies deal with standards. They can't mount an offensive by making a cry in the night to their constituencies. We consider ourselves the activists, confrontationists. We'll fight with our own profession to wake up. This is due to the passivity of our profession. This began around 1950. You can't assign committees when the situation is so destructive. You have to get out in the street and organize. It's a crazy time in medicine. The stories which come out are going to be incredible. More and more will be coming.

Do you know about the Peer Review Organization Point System? If you get 25 points of infractions on your medical chart your license comes up for review by the state. You can easily pick up 25 points in one day's work in the emergency room. What would happen if you practiced medicine by the book? The more I cut corners, the more I make myself vulnerable under this system. But on the other hand they tell me to practice medicine in a closet, from the rafters. We have put out this little booklet to advise house staff what they can do to protect themselves.

[Reads from booklet:] "This brochure was prepared by Doctors Council to assist its members in coping with the complexities of burgeoning state and federal bureaucracies charged with the task of passing judgment on the quality of care provided to patients. . . . The peer review programs are intended to contain health care costs. That goal can often collide with the physician's concern to provide medically appropriate and humane treatment. Doctors may be denied reimbursement based on guidelines which cannot possibly be applied appropriately in every case. But more importantly, your license may be on the line if a patient's chart does not support in every detail your medical decisions. Physicians' professional reputations, and their licenses, are at the mercy of a small pool of registered nurses, doctors hired by the hour, and a contracted organization with little or no experience in managing the bewildering array of codes and regulations established by the Health Care Financing Administration, a federal agency, and the New York State Department of Health."

EIR: Does the public understand what the doctors are going through?

Dr. Liebowitz: No, because there is an image of invincibility, of doctors being upper-class. It is seen as a sign of weak-

ness [to have problems]. My function is to destroy that myth. If you can tell me the hospitals in New York are functioning, let's go down together and see whose eyes we're looking through.

EIR: What are the medical societies doing?

Dr. Liebowitz: Nothing. I haven't heard a word from them. Will things change? No. Look at their age—its average is 65-70. These are the spokesmen for the medical societies. They lived through the golden age of medicine. It's up to the next generation to take on the roles. How many people are in the medical societies? They're obstructionist. When I brought them our bill to license medical administrators, I got no response. We should at least have a dialogue. We have a confrontational approach. I have no patience with people who take two decades.

You walk into any of the New York hospitals and you'll get quite an education. We have prisoners in shackles sitting in the emergency room. They're clanking their chains next to the elderly. So the doctors at Kings County demanded a prison van to hold them. You haven't seen the press on this.

On the first day, when the city showed up, they got the van. And they got concessions on EMS [Emergency Medical Service] diversion—the right to say, we can't take any more [new emergency patients, who are then diverted to a less-burdened emergency room—ed.].

And in psychiatry it's a much worse situation, which no one talks about. They had a 40-person ward in the emergency room, with patients getting their thorazine [anti-psychotic medication] for four days. They had no place to go. There are no beds on the psychiatric ward.

They've cut the beds of both psychiatry and medicine. We're seeing the spinoff of what we didn't want to happen, the cutting of 5,000 beds beginning five years ago. When we ask for the beds, we are told there are no personnel to staff them. Solving this will be up to the leadership. I can't just scream that there's a health care crisis, I need someone from the government. The *Washington Post* ran an article, "New York City Health Care Crisis, Flashpoint for the Entire Nation." The *New York Times* didn't carry it, they missed the entire story.

EIR: So if you had your way, i.e. enough funds, you would restore 5,000 medical, surgical, and psychiatric beds?

Dr. Liebowitz: Yes. Everybody's against it, but maybe we need a separate AIDS facility. It would help us to develop all the expertise we can and alleviate the real and acute stress on our hospital system. We did it for TB when we had the sanatoriums. If we could get all the people with AIDS together, maybe we could do good for both sides.

I want the money back from the private sector. They exploited the public sector. They ran it irresponsibly. They sullied the name of doctors. They did it in the name of their own research.