Interview: Mark Levy

Doctors' union fights cuts in hospital care

The Committee of Interns and Residents, headquartered in New York City, is a national union which represents doctors in internship and residency in hospitals. Founded in 1957, CIR now has 10,000 members, and is involved in a fight against the cutbacks and austerity-driven policies hitting hospitals under the regime of managed care. Mark Levy, the associate director of CIR, who also represents CIR's sister union, the United Salaried Physicians and Dentists, was interviewed on March 6 by Marianna Wertz.

EIR: Can you tell me about your fight against managed care?
Levy: The pressure is not so much one-to-one on managed care, but it's a whole bunch of things coming all at once. It's not so much that managed care per se is bad, but it's managed care for profit—that's different.

Every society has managed care of one sort or another. You only have so much money and you can only do certain kinds of things. But when it's driven in an unregulated way and the only goal of managing that care is to increase your profit, that's where the strains come from.

If managed care had been under the government, some sort of a national health system, you then at least would have had a role for a popular voice in setting what the priorities are, rather than a lot of little companies competing for their own profit.

EIR: Are the Committee of Interns and Residents and United Salaried Physicians and Dentists organized within the AFL-CIO?
Levy: No, not yet. They will be. Both organizations are independent. Both organizations will soon be affiliating with an AFL-CIO union.

EIR: Is that a recent move?
Levy: Yes.

EIR: Is that in part driven by the situation that's happening with health care in America?
Levy: Absolutely.

EIR: Can you describe that?
Levy: It has more to do with managed care, though managed care is driving certain things in hospitals. One of the things that's going on in the hospitals in the managed care situation is that, when you add on the extra cost of the profit for the private managed-care company, that's got to come from someplace.

Studies that are coming out are indicating that, in fact, managed care is not cutting the general medical care cost: It's driving it up, because there are more administrative costs and there's a level of profit that didn't exist before.

EIR: Can you cite anything on that?
Levy: There should be something coming out in the *New England Journal of Medicine,* probably within the next couple of weeks. I saw a draft that had been accepted and was being circulated. The *New England Journal of Medicine* also published a really good piece on Columbia HCA, which indicated that when Columbia takes over a hospital, in fact, the hospital costs go up. Columbia then starts taking over medical practices in the neighborhood, and then in the community where they bought the hospital; it's basically a monopoly. They say you've got to send your doctors to our hospital. As they control that whole thing, what happens is that the costs start going up.

Columbia HCA sets a quota, I think it is 20%. It has to make a 20% return on investment. So they start cutting back on things like supplies and staffing, so that they can now create this extra 20% that didn't exist. So, you can do a combination of things. You can cut your expenses and you can raise what you charge. The Columbia HCA hospitals do that. Some of that goes into profit, and some just goes into the pool of money that they then use to buy up other hospitals. So it's not going for patient care; it's going for taking over more and more hospitals.

EIR: And that's affecting interns and residents?
Levy: Everybody. It's just cutting the budgets all over the place.

EIR: How do you see the union being able to affect that?
Levy: I don't have a short answer. I wish I had a short, pithy answer. There aren't any locked battles right now. The locked battles you read about in the newspapers are on the right to know, etc. Doctors, along with their other colleagues, want to be able to speak out on the quality of health care without recrimination. That's becoming a big function of what the union does. In some of the poorer community hospitals, we've fought back the closing, or taking over, of hospitals in community areas, quite successfully, actually, at least in New York. In the post-residency, it's sort of just maintaining standards.

Probably the most interesting story—and I can't give you the source for it—is dealing with a group of doctors at a large metropolitan hospital that has community clinics,

where they're basically doing factory-style time, motion, and productivity studies. They have people follow the doctors around with clipboards, they time everything, and then they look at productivity charts. Time-motion study can then be enforced when you establish a piece-work and quota plan.

EIR: As though it were an automobile factory.
Levy: Right, exactly. So, what they've said to doctors is: "We've now studied everybody. We think you should see X number of patients in this period of time. Here's what you used to earn as salary. If you hit 80% of what we determine as productivity, you will get a paycut. If you hit 90% of the productivity, you'll earn 100% of your salary. If you hit 110% of your productivity, we'll give you a bonus."

Like any factory worker, you don't have to be very swift to figure out, okay, so I'll hit the target amount for six months, just to make sure I'm getting my 100%. Then some people, for one reason or another, are able to hit 110% and, lo and behold, they change the target level on you.

EIR: Is this now standard?
Levy: It's being instituted in more and more places. Those quota systems, those productivity levels, I've heard about them in Philadelphia, New Jersey, New York, and Florida.

EIR: I spoke with the nurses in Massachusetts. Their press relations head there told me that he saw it in Texas, and that was why he stopped working in Texas.
Levy: It's happening all over. I don't read some of the hospital journals, but if you walk into any hospital, [you will see] 20 different slick magazines, Hospital Association "This and That," and what happens is some management guy devises a plan and then they start pushing it and getting it reported.

EIR: So, your union has gone into some of these situations?
Levy: Basically, those are situations where the doctors never thought about joining a union and never thought about organizing.

EIR: It doesn't come naturally to a doctor, does it?
Levy: No, it doesn't. Partly because doctors used to be just private practitioners; they used to just do their own thing and work in their own little office.

EIR: In order to join a union, does a doctor have to present himself as an employee of a managed care company or hospital?
Levy: Yes, that's a real dilemma. There are some doctors who are straight salaried, and it's easy for them to join a union. There are some doctors who just sign private contracts, like with managed-care companies. As of now, those doctors are covered by the Sherman Anti-Trust Act and some other anti-trust acts, which forbid them to join together as solo practitioners. It's called restraint of trade. It's bonkers. You have huge corporations that join together, and it's not called price-fixing or anything. Then you have two independent doctors, and they're not allowed to get together.

EIR: Is this something that you're challenging?
Levy: We're not doing it now, because there were some bad decisions along this line. But there are a whole bunch of people who are looking into how to do it, where to do it.

EIR: It's similar to the application of the Employee Retirement and Income Security Act (ERISA) law, which allows managed care companies to get out of responsibility for what they do.
Levy: Yes, absolutely. It's sort of an historical quirk that's been applied, and you have to figure out the best way to attack it. One of the ways that we're thinking about attacking it, is as an independent union; it's very hard to do something like that. So, if you're part of the AFL-CIO, you can begin to look at the whole structure of laws.

EIR: I receive the AFL-CIO's publications and I've noted that they're very happy about the development of physicians affiliating with the AFL-CIO.
Levy: Right. My only question is that some of the ones who are affiliating and saying they're union doctors, are not doing it in such a way that it's really appropriate. They're more like associations.

EIR: Is that like the podiatrists?
Levy: Like the podiatrists and also like the group in New York, MD-NY. It's not the kind of thing that will lead to collective bargaining and contracts.

EIR: Is that what you prefer in terms of your associations?
Levy: Yes. That's really what happens. You can't just go hand out the union label or put a stamp on somebody because they say, "Hey, I want to be in the union." It means that they have to act in certain kinds of ways where they're influencing what happens to them.

EIR: Let me just ask one other thing with respect to New York. We reported in the Feb. 28 issue of *EIR* on the decision by Queens Supreme Court Judge Herbert Posner not to allow the privatization of Coney Island Hospital. Were you involved in that?
Levy: We were very much involved in that. I think it was an important victory for the community, and it's parallel to a lot of the things that the doctors are fighting for. You cannot dramatically change the quality of health or the quality of a hospital without the voice of the community, without the voice of the people who work there.