

THE DOCTORS STRIKE

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Soon after HMO/managed care came to my state, I got a call from a patient I’d admitted to the 28-day alcohol unit at the hospital. He said that he was being discharged after three days because that was all that the HMO would now pay for alcoholism. “I asked the HMO person on the phone what I should do,” he said. “She said, ‘Go out and get drunk again, and we’ll readmit you for three more days.’” Cutting care for addiction from 4 weeks to 3 days seemed to me to be remarkably cost-inefficient.

How did this happen? Managed care let it be known through massive advertising that either we doctors join up, or be left out—we would lose patients to HMO doctors. This seemed strange: we doctors did the work; without us, there was no “care” to manage. If we stuck together, we could get what we wanted from the insurance industry. Instead, doctors elbowed each other out of the way to make sure they would “get in.” We lost our clout in setting standards for good care for our patients, and a work environment that would allow it.

Now, pretty much everyone agrees that health care in America is a national disgrace. 45 million are uninsured, most are underinsured—one illness away from bankruptcy, poverty, or homelessness. Our private health care system is worse for patients, worse for doctors, and better for the insurance industry. Even the insured are suffering. Their doctors are rushed, mistakes are made, good care is hard to find. Private health insurance spends about 30% on administrative costs; government-run Medicare spends 3%. The single-payer national model seems inevitable.

Yet it has not happened. The health insurance industry is profitable, and a well-funded lobby. Only one of the presidential candidates (Dennis Kucinich) is sponsoring a single-payer system—the others are just whistling past the grave of medical care. However, elements of change are arising—scholars, politicians, media, pundits and the public, and now Michael Moore, in *Sicko* pointing out the relative inadequacies of our system. But one piece, a vital piece, has been missing.

Change will not originate from the top. In any hierarchical system, the only threat to the dominant group is the quality of connection among the subordinate group. This is true of race, gender, class, ethnicity, and sexual preference. In three great movements of my lifetime—women's rights, civil rights and the ending of the Vietnam war—change came from

my generation seeing an injustice, and believing that by organizing together at the grass-roots level we could right an obvious wrong. And now?

I propose The Doctors Strike (or The Healthcare Workers Strike—but I can only speak as a doctor). First we doctors recruit enough of our colleagues to pledge that if, in two years (say, by July 4, 2009), there is not a federal law for a single-payer, universal coverage health system, we will go on strike.

At first we will be dismissed as idealistic or ungrateful nuts advocating that horror of horrors, “socialized medicine.” We may not have many members, and the insurance industry will mobilize in a way that makes the ads against the Clinton health bill look like musical comedy. Six months pass; we remind the public that in 18 months we will go on strike. Our ranks increase—patients, realizing that it is in their interest to directly support the strike, join us—and more attention gets paid. 12 months until the strike, we are growing in membership—other health care workers join, maybe even an industry like General Motors that is sick and tired of paying more for health insurance than for the steel for their cars—and we spell out exactly what we won’t provide and the resulting chaos in our hospitals, emergency rooms, outpatient clinics, etc. Perhaps those in the

government start to notice. At six months, with tens of thousands pledging to strike, we may be taken quite seriously—the public understands that the consequences of a strike would be disastrous. What irony: to protect our patients, we doctors have to go on strike!

I predict that it will never come to that. We will put real health insurance on the books.

We are the ones who do the work. If we care for our patients, and for our Hippocratic ideals, we have no choice but to try. Our efforts, in synch with the rising tide of public and political movements, might just lift us all, leading America into the fold of those rich nations who put first things first: the health security of their citizens. It's just a matter of time.

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