

A DIFFERENT

Physicians in public office sacrifice their privacy, earnings, and family

routines. What is the gain? For doctors-turned-politicians, it's the chance to

craft policy and share their perspective with other lawmakers.

By Barry E. Katz

BEN GRABER, AN OB/GYN IN POMPANO BEACH, Florida, saw his practice shrivel and his income drop by 10 percent a year. Marvin Singleton, an ear, nose, and throat specialist in Joplin, Missouri, lost four in 10 patients and half his gross revenue. Neither saw very much of his wife and children. Neither had much time for personal pursuits.

Such are the lives of doctor-politicians. Graber spent eight years in the Florida House of Representatives, ending his public career as Health Care Committee chairman. Singleton is the second physician this century to serve in the Missouri state Senate.

"For a physician to go into public service," says Graber, who lost his bid for re-election in 1996, "it's truly a sacrifice."

They serve on local school boards and city councils. Some sit in state legislatures, others hold seats in Congress. John Kitzhaber, MD, is governor of Oregon; Howard Dean, MD, is governor of Vermont.

The price of service

Few physicians who hold public office trade in their professions entirely; most still practice or do volunteer work to keep their skills sharp. But many find that political life comes with a steep price.

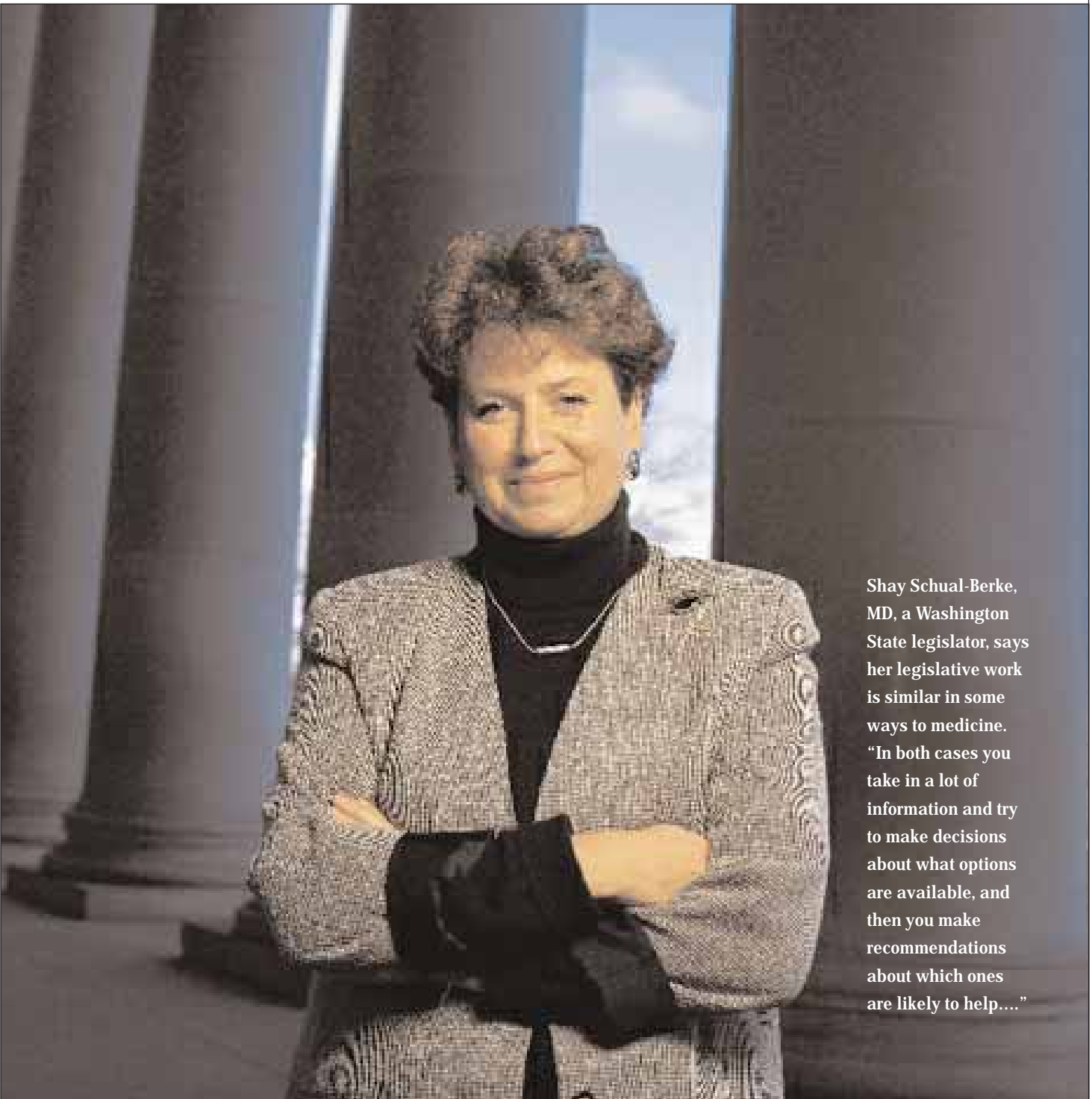
"For most doctors, it's a financial loser," says David Weldon, a Brevard, Florida, internist who was elected to Congress in 1994. "The jobs typically pay less. The state government positions are better in the sense that you can still keep your practice; they're part-time jobs. But they suck you away from your practice a tremendous amount of hours every month, and the reimbursement is negligible."

After his election, Weldon left his group practice. "I've liquidated all of my investments that were not in my 401-k," he says.

"I had been setting aside money for my kids' college tuition, and I had to raid all that money. I essentially live from paycheck to paycheck now, like most working Americans. And it's primarily the burden of the costs associated with two households. I've got a house on Capitol Hill that I stay in when I'm up here; I had to buy one that's big enough so that if my family wants to come up and stay for a week or two, they could do that. And then I still have my home in Florida, and I have all the associated carrying costs with that: mortgage payments, insurance,

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KIND OF OATH



Shay Schual-Berke, MD, a Washington State legislator, says her legislative work is similar in some ways to medicine. “In both cases you take in a lot of information and try to make decisions about what options are available, and then you make recommendations about which ones are likely to help....”

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telephones, cable television bills, etc. And when you factor all that in, it's just difficult."

Sound awful? Perhaps, but it's rare to find a doctor-politician who regrets his or her decision to enter public service. Weldon and Singleton intend to seek reelection. Graber left the state legislature only after he lost his last bid for office; he says he'd run again in a heartbeat. "It's a very rewarding experience."

No one knows how many physicians are among the thousands of local, state, and federal elected officeholders. A recent survey by the American Medical Association found at least 44 physicians (and 61 physicians' spouses) held elected positions in state legislatures. Nearly 190 state legislators come from medical professions of all types, according to the National Conference of State Legislatures. Eight doctors sit in the U.S. House of Representatives; another, Bill Frist, a 47-year-old heart surgeon from Tennessee, is a U.S. senator.

Physician-politicians say they bring critical skills and a unique perspective to public service.

All the doctors in Congress, for example, have experienced the same frustrations working with Medicare and Medicaid, and most have some very practical ideas about how to make the system better, says Greg Ganske, 50, a reconstructive surgeon who left his Des Moines solo practice in 1994 to become a congressman.

Doctors in public office tend to approach issues "from a problem-solving angle rather than a disputatious angle, like you might if you were an attorney," Ganske says. "You tend to look at things analytically."

After he began his second year as governor of Oregon, John Kitzhaber compared his work as an emergency-room physician to running a state. Both jobs, he said, require making quick decisions,

taking risks, and not being afraid to make mistakes.

Washington state Rep. Shay Schual-Berke, 47, a retired cardiologist, also sees similarities between medicine and her political job.

"In both cases, you take in a lot of information and try to make decisions about what options are available, and then you make recommendations about which ones are likely to help and what the pros and cons are," she says. "When you're practicing medi-

Graber left the state legislature only after he lost his last bid for office; he says he'd run again in a heartbeat. "It's a very rewarding experience."

cine, you're doing it on a case-by-case basis; when you're developing public policy, you're doing it for a much larger constituency. But I think the idea is very much the same."

Schual-Berke, who is vice chairwoman of the state House Health Care Committee, says she is sought out by fellow legislators as an expert on health issues.

"I am the only MD in the legislature," she says.

Ganske told of lobbying his congressional colleagues to allow for the irradiation-sterilization of red meat. He says he had to fight a public perception that food irradiation was dangerous—a view held by many members of Congress. His view carried more weight among other members, he says, because he was a physician.

In his first term, Weldon served on the House Education and Labor Committee, which has some health-care jurisdiction. He also was appointed to the speaker's Task Force on Health Care. He says other congressmen often seek out

his opinion or ask him to explain how things work on health issues.

In last year's debate over whether to allow patients to sue HMOs, Weldon's opinion swayed many other congressmen.

"A lot of members don't understand why doctors would support more lawsuits, because doctors have traditionally crossed swords with the trial bar," he says. "I simply explained to my colleagues what it's like, how I could be making rounds in the morning on a patient, and my medical opinion could be that the patient needs to stay in the hospital for one to two more days. And the plan's decision is the patient goes home today. The plan can do that without any risk of malpractice litigation. But if I did that and something went wrong, I would be subject to suit. I have changed the attitudes of dozens and dozens of members of the House, basically by just explaining that fundamental principle to them."

Making the decision

The decision to change careers doesn't come lightly. Some weigh the pros and cons for weeks or longer before taking the big plunge.

"I went back and forth in my mind for several months before making a decision, talked to my wife a lot about it," says Ganske, who holds an undergraduate degree in political science. "Obviously, when you run for office, you lose personal privacy. You have to be careful what you wish for, because you might actually win! If you win, what will the effects be on your life? I'd be traveling back and forth to Washington. This is a full-time job; I'd be closing my practice. Did I want to do that?"

"I enjoy taking care of my patients very much. I don't see myself as a lifetime legislator. I've kept my hand active in surgery, and the day may come when I go back to it. So it wasn't a matter at all

of being bored with the practice of medicine. In fact, I miss it a lot.”

Ganske, who periodically goes on surgical missions overseas to keep his skills honed, says he ran because he was dismayed about the welfare system and concerned about the federal deficit.

“I didn’t want to leave that for my kids,” he says. “So I decided that I would do something personally on it. I guess I just got tired of hearing all the doctors complain about things in the doctors’ lounges, and I just decided that I’d try to do something myself.”

John Phillip Gingrey, an ob/gyn in Marietta, Georgia, was serving the last year of a four-year term on the Marietta Board of Education when his local state senator announced that he was running for higher office. Gingrey and his wife talked long and often about whether he should seek re-election to the school board or run for Senate.

“She was really involved from the very outset,” says Gingrey, who became a senator in 1998. “In fact, when I seemed to waver a little bit about running for the state Senate, it was my wife who finally talked me into it.... She’s been great. I don’t think without that support I could have done it.”

Weldon says he had supported other candidates for years. But in 1994, in the waning days of the Clinton health-care plan debate, he couldn’t find a candidate he liked.

“I was encouraged by some of the senior members in my medical group to run,” Weldon says. “I did, and I ran with some very, very strong convictions about



“One doesn’t go from private practice to public office for financial reasons, says congressman Greg Ganske of Iowa. He says he ran for office because he was dismayed about the welfare system and concerned about the federal deficit.

what needed to be done in Congress. But I also ran with the attitude that I was a doctor, and if I lost, I could still go back to being a doctor. I was not exchanging my profession necessarily.”

Sometimes, partners aren’t so encouraging. Weldon, a Republican, found a few of his partners were less than enthusiastic when he announced he was running for Congress.

“It was really driven by politics,” he says. “The guys who were Republicans, who were the majority of the members and thought the things I was running on were good things, were by and large supportive. And most of those who I was close with, Republicans and Democrats, were very supportive. There were just a

few who grumbled about it. And even their grumbings weren’t that loud. They were all pretty much gentlemen about the whole thing.”

The partners, of course, have to pick up the slack as the physician-candidate spends more time on the campaign trail. Some might be annoyed by that.

Gingrey, who had four partners when he decided to run for the Georgia Senate, says he made the mistake of not consulting his partners early in his decision-making process. “While I was very alert to the need of discussing my decision with my family and getting my wife’s enthusiastic support, I pretty much made my decision that I was going to go for the

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state Senate seat before I talked to my partners in the practice," he says. The partners never really said so, but Gingrey believes they felt they should have been the first people with whom he should have discussed the possibility of running—especially on how it would affect the practice.

"I should have sat down with them first and said, 'Well, I haven't made my decision, I'm just thinking about this, and what do you guys think?' I didn't do it that way," Gingrey says. "But I would advise any physician running for office to do that. It's only fair. You owe them that courtesy.

"If they had early on said, 'We don't want you to do this, this is going to hurt the practice,' I would have definitely had a tougher decision to make, and frankly, I may have decided not to run."

In any case, running for public office is not for the faint of heart. Politics, Singleton warns, can get a little rough.

"Political (character) assassination has become the new tool for elections," he says. "A physician has to look at whether he's going to tolerate that."

And as the weeks draw closer to election day, campaigning often becomes more tense.

"You've given months of total effort," says Schual-Berke. "You've exposed yourself. Running for public office makes you incredibly vulnerable. You become a public figure, and people can say anything they want to about you. You worry about your family, how your children are taking things."

Schual-Berke said campaigning was a lot like a medical internship. "You work countless hours, you're doing things you don't know how to do, and you never know when you've done enough or well," she says. "And the only way you know is when your election comes." Candidates discover quickly that it takes money to run for public office. Postage, printing, advertising, telephones—it all adds up.

And depending on the type of campaign and level of competition, it could be quite a sum. Gingrey, for example, raised and spent more than \$128,000 for his state legislative race. Weldon raised more than \$676,000 in 1997-98 and spent about \$508,000. For his last election, Ganske collected \$1.5 million in contributions and spent \$1.3 million.

"You feel incredibly responsible to all the people who've given you their money," says Schual-Berke. "My campaign cost \$126,000. It was a very contested race. You feel a great deal of responsibility to make those people's contributions succeed. It was a difficult time." Campaigning can mean months of stress, frustration, and exhaustion. The long, often bumpy road to public office can leave little time for a meaningful social, professional, or family life.

Graber says he was out campaigning every night for at least six months. Then in the last month before the election, he was out of his medical office more than in. Once in the legislature, he could only see patients on Fridays and Saturdays. Eventually, he dropped the obstetrics side of his practice.

Ganske continued his practice until about four months before his first election, then cut back to campaign full time. He closed his practice altogether after the election.

Singleton tried to continue his practice after voters sent him to the state Capitol, but his patient load continued to plummet. He cut his staff of eight, including an audiologist and several nurses, to one LPN and a part-time receptionist. The more Singleton was away, the harder he found it to get referrals. "Physicians are not unlike a lot of things—out of sight, out of mind," he says. "If I'm not in the doctors' lounge every day, they forget who I am. To be successful in the medical arena, you go to the doctors' lounge. That's where you get referrals. I guess I've been too successful in the political arena."

Weldon announced he was running in May 1994 and kept seeing patients full time until June. He expected a decline in income, but found himself squeezed for cash nonetheless.

"There's about a three-month lag between the work you do and the collections you receive," he says. "I started seeing patients part time in July and stopped seeing patients completely in August, but my revenue didn't start to really fall off until October. And by November, by the time of the election, I was having a real cash-flow problem, so I went back into my office at that point and started seeing some patients again. But it didn't really help me that much in the cash flow because, again, there's a three-month lag. The revenue from that didn't really start showing up until January and February, but by that time I was already sworn in as a congressman."

Once in elected office, physicians typically find their new salaries are just a fraction of what they made in medicine.

"One doesn't go from private practice to public office for financial reasons," says Ganske. "I'm not complaining about the congressional pay," he adds. "But it is true that congressmen who live in their districts and maintain homes there also have to maintain a place to stay here (in Washington). And it's not inexpensive living in Washington. Fortunately, my wife has a good job. But I think for some of the younger members who have children and whose wives may be at home taking care of them, and who have to maintain two places of residence, it does tend to cut into their ability to save."

Weldon says he's struggling. "The typical profile of a doctor who should get involved in politics is a doctor whose kids are grown, married, out of college, and who has essentially fully funded his retirement and investment portfolio and can now dabble in politics," he says. "But if you're like me, where you are only practicing for eight years and you still have

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small kids at home and a mortgage payment, brace yourself—you're going to pay a price."

Singleton, who is the deputy minority leader in the Missouri Senate, makes \$26,000 in that post.

Family demands

"You've got to look at where you are in life and whether you can afford to take a hit," Singleton says, adding his job takes him away from his family three nights a week, four months a year. "You've got to have a family who's willing to let you go."

Schual-Berke lives with her husband, Dan, and two sons, Alex, 15, and Jake, 10, in Seattle. She commutes to the capital, Olympia, about an hour's drive away.

"During session, it's much like being in practice," she says, explaining the legislative session lasts two to four months a year. "You work for 12-14 hours a day, and you may continue to get called outside of those hours, and you may work weekends, as well."

She says her family has adjusted well to the demands on her time. She served as an elected member of her local school board before being elected to the legislature, and remained on the board through her first year as a legislator.

"I don't think my children know any other type of life," she says. "I'm always in session when my children have their major vacations from school. So my husband winds up taking them away on vacation. I usually can't join them. Every other year, I'm campaigning, which is a very intense process. That means I miss a good deal of my children's summers. Those are very real sacrifices if you have young children."

Schual-Berke, who makes \$28,300 a year, says she doesn't regret her career move. The opportunity to shape public policy has made it all worthwhile.

"One wonders what kind of tradeoff I made," she laughs. "A relatively lucrative, high-status career for a very low-paying, questionable-status career. Yes, there have been sacrifices, but not to the extent as

when I was in private practice."

Ganske goes home from Washington to Iowa every weekend. "Because I was in solo practice, I was on call 24 hours a day every day that I was in town," the surgeon says. "So there were times when my kids would have events and I'd get paged away to the emergency room. Now, even though the schedule is very busy, it is a schedule. I can schedule in my little boy's soccer matches, and I know I'm not going to get called to the emergency room."

Weldon says he and his wife decided to home-school their 13-year-old daughter, Kathryn, so the family could spend more time together in Washington. The couple also have a year-and-a-half old son, David. Nonetheless, separation is very difficult.

"Just now I gave a speech on the floor of the House, and my wife turned on C-SPAN, and (my son) saw me, and he started crying," Weldon says. "So how do you explain to a 14-month-old your father's in Washington, DC?"

Weldon says the emotional transition from being a doctor to being a politician was rough at first.

"When I ultimately won, I found myself curiously experiencing a considerable amount of grief and remorse over having to leave my patients, having to set my profession aside, having to leave my partners," he says. "It was kind of curious. I only had given casual thought to that issue. It was tough. It was actually tough for the first two years. Monday morning, I would be driving to the airport, and I'd be saying to myself, 'I should be going to my office and seeing patients. Why am I getting on an airplane and going to Washington?'"

Despite the sacrifices, Weldon has few regrets. He plans to run for re-election.

"For me, it's been an absolutely wonderful experience," he says. "Yeah, it's cost me, but, boy, I have really had a tremendous amount of satisfaction being here. We've done a lot of historic things while I've been here: balancing the budget, pass-

ing welfare reform, a lot of other things. It's been a tremendous experience."

Other physicians thinking about running for election often consult their colleagues in public office. Weldon says he's blunt with them.

"I tell them the facts," he says. "The year I ran, there were 52 doctors who ran for Congress. Eleven of them made it through the primaries and were on the November ballot, and three of us got elected. Those are the facts. It's really tough."

Graber says he meets with two or three doctors a year—most from Florida—to discuss the pros and cons of running for office. Most are in their late 40s to early 50s, he says. He says he tries to make them understand what they'll be giving up.

"If you're not willing to make the sacrifice, you'll wind up leaving after one term," Graber says.

Ganske says he warns doctors about the frustrations of legislating. Sometimes it takes years to get things done. "Things move slowly when you're in the political domain," says Ganske, who also intends to seek re-election. "It's not like being in the operating room, where you put out your hand and you get an instrument slapped in the palm, and in three or four hours you've corrected a birth defect, and the problem is solved. In the political arena in a democracy, it's give and take, it's compromise, and it can take a long time. I think I learned to listen better since I've been in Congress, and I think I've learned some patience."

Schual-Berke says she, too, will run for re-election to another two-year term.

"It's been a very satisfying thing for me to do," she says. "And I can't help but think that if more physicians were more politically active in general, we might not find ourselves in some of the situations we're currently in." ■

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