



Features

Chroniques

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Furious passion confronts the cool logic behind a CEO's hospital appointment

Charlotte Gray

In brief

FIRST, ONTARIO DECIDED it would close or reduce the operations of 3 Ottawa hospitals and combine 2 others. When the board for the combined hospital named a Parti Québécois confidant the new hospital's CEO, it hoped David Levine's background would go unnoticed. As Charlotte Gray reports, it didn't, and Levine became the lightning rod for a lot of anger.

En bref

TOUT A COMMENCÉ LORSQUE L'ONTARIO a décidé de fermer ou de réduire la taille de trois hôpitaux d'Ottawa et d'en fusionner plusieurs autres. Le nouveau conseil d'administration de l'hôpital fusionné a ensuite choisi comme directeur général un proche conseiller du Parti Québécois, en espérant que les antécédents de David Levine passeraient inaperçus. Or, comme le rapporte Charlotte Gray, les choses ne se sont pas déroulées tout-à-fait comme prévu, et M. Levine est devenu la cible de beaucoup de colère.

The crowd was pumped before the meeting even began. On a hot May evening, the newly selected board of the new Ottawa Hospital filed into a crowded auditorium to face its critics over the selection of the hospital's CEO. There were lots of critics.

As soon as the 20 board members appeared, the audience of 200 erupted. First came chants of "Resign!" and then angry altercations started in the upper rows. White-haired men and women waved Canadian flags for the cameras and snarled at anyone who acted surprised at their wrath. From outside the auditorium, where dozens more people congregated, there were more chants. "Out! Out! Out!"

Aging pit bulls

A man who obviously disliked the flag-waving aggression said he heard the "sound of jackboots in the hall," but his neighbours weren't impressed with the observation. They immediately turned on him. Most of the elderly pit bulls in the crowd rose to sing *O Canada* (English version only) with furious passion. I had never heard our national anthem sung as a war cry before.

The national capital is accustomed to this type of passionate demonstration on Parliament Hill. While Brian Mulroney was prime minister, permanent riot barriers were installed in front of the Centre Block. But the outrage was almost always limited to the federal stage, and a sleepy city merely looked on. That's why the furore surrounding the appointment of David Levine to run the Ottawa Hospital has shaken the self-image of a city accustomed to being painted, depending on the bias of the commentator, as either stoic or apathetic. As the story continued to unfold, it became evident that the selection of a Parti Québécois confidant to the \$300 000 post had triggered passions that had nothing to do with getting the best administrator available.



Levine faces an enormous task. He must implement the decisions of the commission Premier Mike Harris appointed to restructure the provincial hospital system. In Ottawa, this involves amalgamating 2 teaching hospitals that represent 2 different languages and cultures and have never got along very well. The Ottawa General has its origins in the French-speaking Catholic community, while the Civic has always catered to the English-speaking Protestant side of the city. Since the early 1990s, CEOs of the Civic and General have barely spoken to one another.

In addition, the new hospital must absorb the clinical program from the Riverside, a community hospital that, a year before it was told to close, was named one of the best community hospitals in the country. The new hospital has also been given some programs from the Salvation Army's Grace Hospital and from the east-end Montfort Hospital, which serves the city's francophones. Integrating the personnel, programs, egos and hopes found in these 5 institutions into a new and happy team is already a huge challenge for Levine. And he has no wriggle room. He cannot buy himself out of any particular problems, since he must also cut a sizable chunk from the combined budgets of the component hospitals.

The bitter complexities of the new job must have been recognized by every one of the approximately 40 Canadians with the right skill set to fill the job. But most of these experienced administrators were already disqualified because one of the requirements was "bilingualism essential." Had the advertisement read "bilingualism preferred," the board would have had a wider choice. "The job specs could have been written for David," a former Ontario deputy health minister, who knows Levine, told me.

He comes to the job with the right experience. A McGill graduate, he has a master's degree in biomedical engineering from London's Imperial College and in health administration from the Université de Montréal. From 1982 until 1992 he ran the Verdun Hospital in the Montreal area, and then moved to Montreal's Notre Dame Hospital and oversaw its absorption of 2 smaller community hospitals, St. Luc and Hotel-Dieu.

Levine is therefore comfortable in both English and French, sensitive to the different foci of teaching and community hospitals, and well-versed in the tensions between the clinical, teaching and research aspects of a major hospital. He has dealt with unhappy unions and disgruntled doctors, and kept his budgets balanced. Serge Menard, a former board member of the Verdun hospital, calls him "one of the best administrators I have ever met." Scott Rowand, a representative of the Association of Canadian Teaching Hospitals, describes him as "a competent, committed and highly professional health care executive [with] the skills, attributes and knowledge necessary to provide the leadership required by the Ottawa Hospital."

Dr. John Fowles, head of orthopedics at the University of Montreal Hospital Centre, recalls him during his years at Notre Dame as "by far the best CEO we have ever had. . . . No CEO has ever been as popular and respected with all employees in a hospital as was David Levine."

Levine impressed the Ottawa Hospital board with his enthusiasm for getting the job done, as well as his experience, and no one else on the 4-person shortlist could boast his qualifications.

So why the outcry?

The reason for the rage at the May meeting had nothing to do with quality health care and everything to do, in the words of the *Globe and Mail*, with "fear and loathing in Ottawa." The ostensible reason for resistance was that in the 1970s Levine had worked for the Parti Québécois, and in 1979 he ran as a PQ candidate in Montreal, failing miserably. In 1997 he accepted a PQ patronage appointment as the province's agent-general in New York.

Those facts were all gasoline for a potential fire in Eastern Ontario, where it is frighteningly easy to trigger antiseparatist feelings. Large blocs of those singing *O Canada* with such venom that May evening belonged to the Association for the Protection of English in Canada.

Moreover, linguistic ill-will has simmered in Ottawa since the restructuring commission initially decreed that the city's only French-language hospital, the Montfort, should close. There was such an outcry among area francophones that the commission backtracked and decided that some services should remain at the Montfort. Since then, resentment among English-speaking hospital employees and fears that all health care jobs may be designated bilingual have festered.

Whoever was offered the top job at the new hospital would be walking on eggshells every time a decision involved language skills, treatment of patients from Quebec or the balance between services originating in different institutions. Any decision will be regarded by a section of the CEO's constituency as a sell-out to "them."

However, what was most shocking about the whole Levine affair was the way opinion leaders, who have absolutely no interest in health care, waded into the fray. Opponents of the appointment paid scant attention to Levine's professional record. Instead, riding the wave of local discontent that erupted at the May meeting, they insisted that his former membership in a democratic party that has legal standing in Canada made him unfit to work here. The *Ottawa Citizen* demanded that the board get rid of Levine because, on the strength of the *O Canada* anger, "he doesn't enjoy the confidence of the public." An editorial in the *Ottawa Sun* demanded that the board "must revisit the hiring and rescind it." Jim



Watson, the mayor, suggested that the board should have chosen someone else. Local radio host Lowell Green, who prides himself on saying the unsayable, revved up the wrath against “that separatist” at every opportunity. He asserted that Levine had worked “day and night” for the pro-independence cause in the 1996 referendum, but Levine kept completely away from that campaign. Most egregiously, Premier Mike Harris suggested that the board would have done better to select a “non-Canadian who believes in Canada and keeping Canada together” than someone of Levine’s background.

In the end, the uproar proved counter-productive. There was a strong, pronounced backlash against the screaming seniors who were baying for Levine’s head, and against opportunistic newspaper editors, talk-show hosts and politicians who thought they had read the public mood right. Although the *Ottawa Citizen* continued to editorialize that Levine must go, its letters page was filled with contributions from Ottawans appalled at their fellow citizens’ behaviour. Phrases like “irrational frenzy,” “xenophobic hysteria,” “redneck lynch mobs” and “bigotry and intolerance” littered the pages. The telephones of board members rang repeatedly, with calls from hospital users telling them to stick to their guns. Within 2 days of the public meeting, the board’s chair confirmed the Levine appointment.

1200 doctors, 800 positions

However, the uproar has left a sour legacy. Opinion within the city and within the new hospital has been deeply and permanently polarized, and polarization will make a difficult job even more difficult for the new CEO. Moreover, Levine must immediately sack about 2500 hospital employees and shoehorn 1200 doctors into 800 positions. The result of the restructuring is a dramatic loss of bed capacity and operating room time, which will aggravate the uneasy relationships between community physicians and their university-affiliated colleagues, and between specialists. .

Moreover, some of the campaign against Levine was financed by the Civic Hospital Foundation, and several of its donors announced that they would no longer give to the foundation if Levine’s appointment stood. After the Harris cuts and restructuring, Ontario hospitals are more

dependent on donations and community support than ever before, and David Levine will have to do an awful lot of sweet talking.

And the Levine affair has done nothing for national unity. Quebec pollster Claude Gauthier estimates that the angry reaction to Levine’s appointment, and television footage of the May meeting, was worth 2 or 3 points to the PQ in the opinion polls. On Parliament Hill, the leader of the Bloc Québécois seized on the hostility as evidence that a united Canada doesn’t work, and that even English-speaking Quebecers are not welcome outside their own province. No wonder that both Prime Minister Jean Chrétien and Stéphane Dion, the federal minister of interprovincial affairs, hastened to downplay the issue. Both insisted that

Levine must make painful trade-offs and tough calls, and he must do it in an atmosphere rife with deep distrust, not goodwill and respect

political affiliations should not affect hiring policies.

Levine was due to start work in Ottawa in mid-June, 6 weeks ahead of schedule, partly because the restructured institution had been floundering without strong leadership and partly because postponed budget and service decisions can be delayed no longer. His quick start is also designed to short-circuit any further rumblings of dissent by allowing him to prove to staff and doctors that he is the best person for the job.

He himself downplayed the furore. When talking to reporters, he attributed the anger to frustrations with hospital restructuring and suggested that he was just “the lightning rod.” He described with pleasure the dinner given for him and members of the University of Ottawa medical faculty by Dr. Peter Walker, the dean of medicine. The restaurant owner arrived at the table with 2 bottles of champagne for Levine and the other diners — on the house.

At the public meeting, the most appropriate reaction to Levine’s appointment may have been provided by one of the few speakers who did not trigger a round of applause from the angry majority. This frail man, supporting himself with a crutch, slowly made his way to the microphone and said that he had undergone a liver transplant in Notre Dame Hospital while Levine was its CEO. He said he had received care from separatists and federalists, Christians and Buddhists, straights and gays.

“Not once did I ever feel that I was ever given anything but the best of care. I owe my life to that hospital. If he can bring that kind of care to the Ottawa Hospital, then I say: ‘Mr. Levine, welcome aboard.’” ?