Belgian doctors strike to block single-payer healthcare, 1964

Time period notes: strike happened in 1964, but the build up was in the late 1950's

roughly 1959-1964
1964
1964

Country: Belgium
Location City/State/Province: Brussels, Belgium

Goals:
fee-for-fee earnings, nonintervention by the government on doctor's judgement in specific cases, and state neutrality in overseeing administration.

Methods

Methods in 1st segment:

- 002. Letters of opposition or support › new chambers wrote letters asking all doctors not to sign anything from the AGMB

Methods in 2nd segment:

- 009. Leaflets, pamphlets, and books › White Paper - criticized Loi Unique and the recommendations of AMI

Methods in 3rd segment:

- 047. Assemblies of protest or support › 1964, they had their first mass meeting in Brussels in order to show how many doctors were in favor of change.

Methods in 4th segment:

- 066. Total personal noncooperation › doctors would not return to work and government had to open up military hospitals

Methods in 5th segment:

- 104. Professional strike › more than 8000 out of 12000 doctors go on strike

Methods in 6th segment:

- 122. Literature and speeches advocating resistance › distributing papers, letters, pamphlets trying to gain more support and alert more doctors

Additional methods (Timing Unknown):
• 180. Alternative communication system  › underground doctors coalition had a very advanced and successful communication system to make sure all 12000 doctors were informed
• 192. Alternative economic institutions  › Since they did not have a office to manage finances and raise funds, they had a staff of lawyers, economists, and tax specialists.

Classifications

Classification:
Change
Cluster:
Economic Justice
Group characterization:

• Doctors and other medical professionals

Leaders, partners, allies, elites

Leaders:
five chambers
Partners:
AGMB (Association Générale des Médecins Belges) and FMB (Belgian Medical Federation) (at particular points in the campaign). National Committee for Common Action (NCAA).
External allies:
not known
Involvement of social elites:
some media newspapers came out in support of the doctors

Joining/exiting order of social groups

Groups in 1st Segment:

• Doctors/medical practitioners
• five chambers
Groups in 2nd Segment:

• created Contact Commission
Groups in 3rd Segment:

• creation of AGMB joined with FMB
Groups in 4th Segment:
Groups in 5th Segment:
Groups in 6th Segment:

- final unification under the National Committee for Common Action (NCAA)

Additional notes on joining/exiting order:
AGMB was involved in the beginning but the first method involves the doctors speaking out against the AGMB and then later separating from them, but they were involved in other protests in the late 1950's early 60's.

Segment Length: 3 days

Opponent, Opponent Responses, and Violence

Opponents:
AGMB (although not initially), Belgian government, Edmond Leburton, l’Assurance Maladie-Invalidité, or AMI

Nonviolent responses of opponent:
AGMB was also fighting for change within the government for medical organization but wanted to negotiate. All of their methods were also nonviolent.

Campaigner violence:
not known

Repressive Violence:
not known

Success Outcome

Success in achieving specific demands/goals:
6 points out of 6 points

Survival:
1 point out of 1 points

Growth:
2 points out of 3 points

During the 1950’s and 60’s, as many countries advanced and became more industrialized, doctors in organized medicine tried to push back against the post-World War II trend of increased state involvement in medical care. The worry was that state involvement would, over time, reduce doctors’ income and self-governance. Belgium was a unitary state in the 1960’s and only became a constitutional federation in 1993. Belgium’s social insurance system was private but also corporatist. At the time, the system consisted of five health insurance funds called mutualités. The funds were organized by political ideologies, including: Liberal, Socialist, and Christian funds. Doctors argued with the government for years throughout the 1950’s against these groupings, but they were not heard, despite their status as members of the social elite.

The public institution for these five funds was called l’Assurance
Maladie-Invalidité, or AMI. This institution set a fixed fee for all doctors, medical specialists and general practitioners. In 1959, Edmond Leburton was appointed the new chair of the Socialist health insurance fund. He campaigned for a health service modeled after the British system. He believed that growing deficits in salaries resulted from high administrative costs due to the division into the five funds and the inflationary manner in which the fee-for-service system worked. By 1960, a huge recession hit Belgium, and in response the government decided to cut spending. The Christian-Liberal coalition government introduced a new law, Loi Unique, that kept the fee-for-service system. In response, doctors protested in the streets along with civil servants. Loi Unique applied stricter controls on the five funds, and created harsher fixed fees. Article 52 specifically stated that doctors who did not follow the maximum rates would face a fine, or at worst, imprisonment. In response, the doctors banned together and started the Contact Commission to consolidate their voices against the new law. The government ignored them. During the 1961 elections, a new Socialist-Christian government, including Leburton’s former partners, was put in place, and it appointed him Minister of Social Health Care. Health professionals were outraged since they had no choice in electing Leburton. Consequently, an even worse relationship between the government and organized medicine followed.

In order to be heard, they needed a powerful political organization, good communication among all doctors and supporters, public information, and funding. In 1964, doctors against the new law held their first mass meeting in Brussels in order to show how many doctors were in favor of change. Combining with already existing doctor groups, including FMB (Belgian Medical Federation), they joined together to create a new national organization called the Association Générale des Médecins Belges or AGMB. Together, they published a public guide to help people understand the problem, called a White Paper. The paper criticized Loi Unique and the recommendations of AMI. They issued their own AMI reform proposal, and asked to be included in any and all future negotiations over AMI. With all the upheaval and the bad press, Leburton agreed to negotiate with five members of AGMB. On 20 October 1961, these five members came to an agreement with Leburton without involving the majority of the other AGMB members. The majority began to attack the negotiations publically and show their discontent. The negotiations were not approved.

The older and younger doctors divided, since the older doctors preferred to work out a compromise with the government, while the younger members remained unwilling to compromise. The younger doctors began to hold secret meetings, issued letters asking all doctors not to sign anything from the AGMB, and most importantly, on 30 May 1962, created syndical chambers of medicine. The format of these chambers borrowed from earlier Belgian resistance during WWII. They divided the members, which
represented 94% of all doctors, into cells of ten, each one having a representative, who relayed messages to and from the direction committee. They stressed equality and unity among the doctors, treating all generalists and specialists equally, as well as distributing communication in both French and Dutch. Since they did not have an office to manage finances and raise funds, they hired a staff of lawyers, economists, and tax specialists. They operated completely underground without the knowledge of the government or AGMB. When AGMB dissolved from little support or membership, the government assumed it was due to disorganization. The chambers wanted to affect conversation, so they created a new public national emergency organization named the National Committee for Common Action (NCAA), which represented all medical associations, including their secret underground one.

A new law, Loi Leburton, was finalized by August 1963, and the chambers were still trying to delay its implementation. On 19 October, 1963, 4,500 out of 12,665 doctors initiated a strike. In January of 1964, CNAC abolished itself due to lack of involvement and agreement, and the chambers came out of hiding. By the end of March, 8,000 doctors took to the streets, and the government chose to delay the bill. The strike lasted 18 days. The government held a meeting to negotiate on March 31st, but the doctors were not willing to negotiate. They announced their total and unlimited strike later that day. A large media presence further destabilized the government. Hospitals became overcrowded within two days, and the government had to open the military hospitals. Both sides invoked the need for Health Care to argue that their opponent should back down.

On 9 April, rectors of four Belgian universities offered to mediate negotiations between the government and the doctors. The original negotiations were supposed to be held on 7 April, but after a snide comment by the Prime Minister, the doctors refused. The government, in response, became nervous, and demanded that all doctors return to their duties or face repercussions. In response, the media and citizens alike criticized the government, and the government gave in. The negotiations were rescheduled for 17 and 18 April, when they revisited and changed their positions based on the demands of the doctors. In the end, the doctors received their fee-for-fee earnings, nonintervention by the government on doctor’s judgement in specific cases, and state neutrality in overseeing administration.

Research Notes

Influences:
Belgian resistance during WWII

Sources:


Name of researcher, and date dd/mm/yyyy:
Clare Perez, 2/24/2015

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