

General treats annually, 1,500 are Level 1, severe trauma cases. There is no hospital or group of hospitals, capable of absorbing those 53,000 patients. This has already resulted in severe overcrowding, and since the onset of the “privatization transition,” every emergency room in the District has been closed on several occasions, forcing ambulances to travel as far away as Prince Georges County and Baltimore, Maryland. Patients have been forced to sit in emergency rooms for extended periods of time, waiting to be treated by a doctor. In one case, a man suffering spinal compression, a condition requiring treatment within six hours, or the spinal cord could be severed, causing permanent damage and paralysis, was not treated for two and a half days. Lack of bed space, due to the shutdown of inpatient services at D.C. General, has caused people to lie on gurneys for days in the emergency room, waiting to be admitted to the hospital. Several patients have grown tired of waiting and discharged themselves against medical advice.

- D.C. General is one of only two Level 1 trauma centers in the District, meeting the criteria of the American College of Surgeons. The privatization plan would shut the trauma center at D.C. General and create a new one at Greater Southeast, within three months. A Level 1 trauma unit, which is necessary for gunshots, deep puncture wounds, automobile accidents, etc., cannot be created in three months. The accreditation process alone takes one year. Yet, the trauma center at D.C. General was closed effective immediately, with the onset of the transition, with the rerouting of all ambulances away from D.C. General. Additional travel times, to more distant emergency rooms, have already resulted in at least four deaths.

- D.C. General has one of only two Level 3 (highest level) neonatal-care units in the city: Closing this unit will inevitably increase the rate of death among high-risk and premature infants. There is no plan to replace it.

- D.C. General has one of only two biochemical decontamination units in D.C., vital in the event of a disaster or biochemical terrorist attack in the nation’s capital.

- The Control Board attempted a sleight-of-hand maneuver, to get around the 30-legislative-day Congressional review period, by enacting “emergency,” as well as “temporary” and “permanent” legislation, in order to begin dismantling D.C. General immediately, knowing full well that there was no “emergency,” outside of the one that the Control Board itself was creating.

- All elected officials are bound by an oath to protect and promote the General Welfare. If this principle is to be defended nationally against “shareholder values,” it must be defended in the nation’s capital. Congress can act to reverse this assault on the democratic process and this dire threat to the health and well-being of citizens in Washington, D.C., by passing a joint resolution disapproving the temporary and permanent legislation enacted by the Control Board.

Many Nurses Striking Against RN Shortages

by Linda Everett

The shortage of registered nurses in the United States is now at such a crisis level that thousands of nurses in at least four states are hitting the picket lines or are in active battle with hospital management to address and to alleviate outright dangerous patient-care conditions. The strikes and threatened labor actions in Massachusetts, Ohio, California, and Minnesota are but a glimmer of what we can expect as the economic collapse now hitting the nation — and hospitals — heats up.

The U.S. Labor Department predicts a shortage of 450,000 nurses in just seven years, according to a new Congressional General Accounting Office report. But, even this estimate is considered far too low, according to the Federation of Nurses and Health Professionals. For every five registered nurses (RNs) retiring during those years, only two new nurses are expected to take their place. The immediate crisis is demographic — the majority of U.S. nurses are age 45 and up and cannot endure the brutal physical demands of nursing today, as referenced below. They will shortly retire. On June 5, an American Hospital Association spokesman announced that hospitals nationwide have 168,000 unfilled positions, and 126,000 of these are nurses’ spots.

But, the root of the problem is both historical and systemic, extending back to the “Southern Strategy” political decision 30 years ago to shift the national economic policy from a pro-industrial base to a post-industrial austerity footing. That shift included establishing managed health care as the means to ration and deregulate health care. For over two decades, managed care and HMOs (health maintenance organizations) looted tens of billions of dollars from hospitals, took down the nation’s health-care infrastructure, and maimed and murdered thousands of people by denying them medical treatment. At the time, hospitals cut costs by cutting their nurse staff, and nursing schools were “authoritatively” told to graduate fewer professionals.

The tens of billions lost from Medicare in the Gingrichite Balanced Budget Act of 1997, and the reduced state Medicaid payments to hospitals during the 1990s phony “prosperity,” finished the destruction.

The result is that hospitals have major gaps in their nursing schedules, and force available nurses, no matter how exhausted, to routinely work mandatory overtime — double an eight-hour shift, or 12-hour shifts or more — for days on end —

to fill those chronic nursing vacancies. Available nurses are doing the work of several RNs at a time, as well as taking up the work, such as transporting patients and serving meals, normally done by non-medical hospital personnel who have been laid off to further cut hospital operating costs.

Sandy Ellis of the Massachusetts Nurses Association says, "No patient deserves a nurse in her 15th or 16th hour working." Some nurses fall asleep at the wheel as they drive home, after double shifts. Others stay awake nights, worrying that they might have missed a critical treatment for one of their patients, because of the avalanche of work. More than a few leave work in tears, or vomiting, after their shift. Nurses are fleeing the field in droves, exacerbating the crisis.

What is at issue now with RNs from coast to coast, is that these intolerable strategies, as responses to murderous national policies, are grinding down another core part of the U.S. health-care infrastructure.

Strikes in Minnesota, California

On May 17, close to 8,000 RNs from the Minnesota Nurses Association voted to reject contract offers from 12 area hospitals. The major issue is that more and more patients with higher acuity, or sickness, levels are being cared for by fewer and fewer nurses. Because hospitals focus on increasing the number of their patients to increase their revenues, nurses at hospitals in Twin Cities, St. Paul, and Minneapolis asked for the right to stop hospitals from admitting new critically ill patients, when local nursing staffs are overwhelmed and unable to care for patients already assigned to them.

Late on June 2, the nurses at all but two hospitals averted a strike by a very narrow vote (which is being contested at four hospitals), when hospital management agreed to allow nurses input into controlling patient flow. However, 1,350 nurses at Fairview Riverside and Fairview Southdale Hospitals are now striking.

The Minnesota Nurses Association says the hospitals, in all cases, hired replacement nurses—strikebreakers—from the infamous companies U.S. Nursing and Travel Nurses International, to replace picketing nurses (see *EIR*, Nov. 17, 2000, p. 17). Within hours of their arrival, the replacement nurses called the union to complain that they were being mistreated, and some have now joined the picket lines.

On May 23, the Sharp HealthCare Registered Nurses/United Nurses Association of California, an affiliate of the American Federation of State, County, and Municipal Employees (AFSCME) submitted a ten-day notice of intent to strike. The contract for the 2,600 registered nurses in Sharp acute-care hospitals in San Diego County expired on May 31, 2001. The union has been in mediation since. Sharp is the biggest hospital chain in San Diego County, with 10,000 employees, 2,600 of them registered nurses. Sharp, with seven hospitals, numerous clinics, home health-care and other community services, has a 20% annual nurse turnover rate, and 10% of its nursing jobs are vacant. The union demands a

prohibition of mandatory overtime (known as mandatory "on-call"), safe nurse-patient ratios, and better quality of patient care. In all of Sharp's hospital operating rooms, registered nurses are required to work up to 160 hours overtime in a two-week work cycle—in addition to their 40 hour work week! The five registered nurses employed in eight-hour units at one Sharp endoscopy unit are required to be "on-call" 24 hours a day, seven days a week. In the words of one RN, "You have no life."

Over the last three years, Sharp's CEOs have received a 64% pay increase.

Since May 1, seven hundred and seventy members of the Youngstown General Duty Nurses Association, an affiliate of the Ohio Nurses Association, have been on strike against mandatory overtime. Nurses at the the Western Reserve Care Center/Forum Health in Youngstown are calling for safer staffing levels, with support from hundreds of community organizations, doctors and individuals.

Some 450 nurses struck Brockton Hospital in Massachusetts on May 25, with hundreds from the local and political community joining them in rallies, to protest understaffing of nurses and forced mandatory overtime at the hospital. The Massachusetts Nurses Association (MNA), which represents the nurses, told *EIR* that since the hospital hired 20 replacement-strikebreaker nurses from the U.S. Nursing Corp. of Denver, Colorado (to replace 450!), there have been reports of errors and poor nursing care at the 268-bed hospital.

Federal, State Bills Proposed

The MNA is working on both the state and Federal level to pass bills to address the crisis. Because each state has different intensities of patient needs, the MNA is calling for legislation on the state level to ensure appropriate, safe nurse-patient ratios in all health-care environments. Fifteen states are considering some form of this legislation.

Right now, registered nurses in hospitals are ordered to care for as many as 12 acutely ill medical-surgical patients at a time; nursing home RNs oversee the care of 30-40 patients at a time. A *Chicago Tribune* investigative report says at least 1,720 hospital patients have been accidentally killed, and another 9,584 injured, due to actions or inactions by exhausted registered nurses across the country. U.S. Reps. Tom Lantos (D-Calif.) and James McGovern (D-Mass.) are addressing the issue in a Federal bill that amends the Fair Labor Standards Act to ban mandatory overtime beyond eight hours in a work day, or 80 hours in any 14-day work period, except in a natural disaster or declaration of emergency.

The MNA is also working with Sens. Ted Kennedy (D-Mass.) and John Kerry (D-Mass.) on Federal legislation that would prohibit mandatory overtime for RNs as well as for other licensed professionals, such as licensed practical nurses (LPNs). This proposal may provide some financial assistance to hospitals to assure adequate nursing staff, to keep nurses in the profession.

Right now, 90% of nurses surveyed say they intend to leave the profession because of the physical demands of nursing today. Also, it is estimated that some 500,000 experienced registered nurses are not practicing in their field. The Kennedy-Kerry proposal may also make adequate hospital nurse staffing a condition of a hospital's participation in Medicare and Medicaid. Initiatives are also being proposed by Sen. Jim Jeffords (I-Vt.), who held hearings on the nursing shortage in the Senate Health, Education, Labor, and Pensions Committee at the end of May, to provide educational funding to draw more people into the nursing profession.

Political activists in nurse associations in five states have formed a new organization to fight for nurses on the front lines. The group, which does not yet have a name, is made up of organizations that have split with the national organiza-

tion of the American Nurses Association (ANA). *EIR* was told the ANA "is not progressive enough," and is not ready to do what must be done to accomplish safe nurse-patient ratios in all health care settings. The new group, so far, is comprised of the California Nurses Association; the Massachusetts Nurses Association; Pennsylvania Association of Staff Nurses and Allied Professionals; Maine State Nurses Association; and United Health Care Workers of Greater St. Louis.

The nursing shortage is, in fact, a national crisis endemic to the general post-industrial, free-market predatory attack on U.S. health care overall. Only a revival of the U.S. and world economies, and a return to the 1996 Hill-Burton act approach, which ensures the necessary hospital facilities and staff, can return the general welfare to health care.

LaRouche: McCain Bolt From GOP Would Be Lawful

The following release was issued by LaRouche in 2004, the campaign committee of Lyndon H. LaRouche, Jr., a candidate for the 2004 Democratic Party Presidential nomination, on June 2. It was entitled, "LaRouche Says McCain's Possible Bolt From GOP Is Lawful, in Light of 200 Years of American History."

Today, Lyndon LaRouche offered his assessment of the weekend meeting between Sen. John McCain (R-Ariz.) and incoming Senate Majority Leader Tom Daschle (D-S.D.), which has provoked speculation that McCain may soon leave the Republican Party and announce his intentions to run for the Presidency in 2004 as an independent. LaRouche noted that the McCain development is lawful, when considered in light of more than 200 years of American history. LaRouche drew the parallel to the situation at the time of the War of 1812, when the first edition of Mathew Carey's book, *The Olive Branch*, played a key part in the work of collaborators such as Henry Clay, in forging the formation of the Whig Party. This was done in response to the crisis of failure of existing party institutions, both the Federalist Party and the Jefferson-Madison Democratic-Republican Party, and the failure of existing political institutions to address the crises. That action by the Careyites, in turn, led to the later founding of the Republican Party of President Abraham Lincoln, which saved the Union from the British-sponsored Confederate secessionist plot.

Today, the horrible performance of the Bush Presi-

dency in the first 100 days in office, combined with the tendency among some pro-Confederate elements in the Democratic Party to split with traditional Democrats, and pursue a sectional political agenda, has provoked a political crisis. No decent American, particularly no decent elected political official, can accept this situation, particularly in the context of a worldwide financial breakdown crisis now rapidly unfolding. Thus, we saw last week's action by Sen. Jim Jeffords (I-Vt.), in breaking with the Bush-Lott GOP, and delivering control over the U.S. Senate to the Democrats. This is a manifestation of growing recognition, internationally, and within the United States, that the Bush Presidency is a disaster for humanity.

How, then, are American political currents to respond to this crisis? Many who did not agree with Lyndon LaRouche, as late as December 2000, now find themselves agreeing with him, about the nature of the unfolding global crisis and the dangerous incompetence and venality of the Bush Administration. There is thus a lawful re-juggling of the American political spectrum now under way. There is now a tendency to form what might appear to be a third-party movement, which will impact significantly on the 2002 Congressional elections and on the 2004 Presidential race. A sweeping restructuring of American party politics is now under way, LaRouche declared. However, he cautioned against any simple-minded conspiratorial conclusions respecting the McCain-Daschle discussions.

This is, LaRouche emphasized, a lawful process, as seen in the context of over 200 years of American political history. It is not possible, at this time, to say which way McCain and others will jump. But, what is clear is that a sea-change in the political party alignment and in the policy agenda, is now under way, and that is a healthy development that LaRouche had uniquely anticipated and has decisively helped to shape.