vened at one time and in one place.

"Nothing was to be more desired than that every practicable obstacle should be opposed to cabal, intrigue, and corruption," Hamilton wrote. "These most deadly adversaries of republican government might naturally have been expected to make their approaches from more than one quarter, but chiefly from the desire in foreign powers to gain an improper ascendant in our councils. How could they better gratify this than by raising a creature of their own to the chief magistracy of the Union? But the [constitutional] convention have guarded against all danger of this sort with the most provident and judicious attention."

It was hoped that, by spreading the selection of the President out, through bodies of men selected in each of the various states for this singular purpose, that this would minimize the possibilities of corruption. Hamilton believed that the procedure thus designed, "affords a moral certainty that the office of President will seldom fall to the lot of any man who is not in an eminent degree endowed with the requisite qualifications."

This is the procedure set out in the Constitution. It provided a period of calm and deliberation between the popular vote, and the convening of the Electors, and then another period of time before the votes of the Electors were actually considered by the Senate, and, if necessary, that the selection of the President be taken up by the House.

There is no rush. The Constitution does not say that the results of the Presidential election must be determined within a day or two, or even a week or two. We do not face Constitutional crisis; rather, we face a mere election crisis, for which the Constitution itself provides the remedy.

And meanwhile, there are real crises out there, manifested in the financial collapse, the crumbling economy, the danger of war in the Middle East, and so forth. Those are the issues with which the American people should be concerning themselves, and ensuring that we have a President competent to provide leadership in these perilous times.

'NOW COMES THE AFTERMATH'

This *EIR* seminar with Lyndon H. LaRouche, Jr. on Tuesday, November 14, will be webcast live on www.larouchespeaks.com, and will be available afterwards at that website.

To be informed of future webcasts with LaRouche, send a request with your e-mail address to: eirns@larouchepub.com

D.C. Nurses Settle, But Slave Labor in Health Care Expands

by Linda Everett

On Nov. 8, some 1,200 nurses at the Washington Hospital Center (WHC) in the District of Columbia, the region's largest hospital, approved a settlement that brought an end to a brutal seven-week strike "over unsafe patient care conditions." The nurses, who see themselves as the last bulwark against the dangerous hospital policy of mandatory overtime, under which they are forced to work up to 16 hours a day to cover for the hospital's chronic understaffing, are joining thousands of other nurses nationally who are battling to stop the downward spiral of the quality of patient care by hospitals managed according to free-market ethics. The problem is so widespread, that U.S. Rep. Tom Lantos (D-Calif.) is proposing a Federal bill to limit mandatory overtime of for nurses beyond eight hours a day or 80 hours in a two-week period.

Although WHC management in this case agreed—for now—to limit forced overtime and to allow nurses to participate on hospital patient care committees, it is guaranteed that an explosion of such strikes throughout the health care field is imminent. "Managed health care" has a murderous stranglehold over U.S. hospitals and health care policy, and is a critical roadblock to the ability to provide decent patient care.

Consider what happened at the Washington Hospital Center, owned by Med-Star, which is notorious for buying up hospitals only to shut them down. The hospital spends far less on labor costs than the national norm—about 50% of expenses, compared with a nationwide figure of 65-75%. While the hospital already was shortstaffed by 200 full-time nurses, it contracted with Kaiser Permanente health maintenance organization (HMO) to take thousands more patients. Despite teh influx of hundreds more patients, the WHC didn't expand its nursing staff. Instead, it routinely subjected the nurses to "speed-up," forcing one nurse to do the work of two to four nurses, caring for as many as 13 critically ill patients at a time, when only four patients is appropriate. The hospital forced nurses to work mandatory overtime, including two or three consecutive 8- to 12-hour shifts several times a week, and switched nurses from unit to unit helter-skelter, forcing them to take assignments on units in which they lack expertise.

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As the District of Columbia Nurses Association (DCNA), the union representing the WHC nurses, told *EIR,* nurses trained to care for patients on the medical-surgical unit are told to staff the critical care or cardiology units, which require much higher levels of expertise. Yet, if there is a medical mishap, it is the nurse who is ultimately legally responsible for the lives of her or his patients. Continually shifting nurses automatically creates instability in patient care. These are all policies known to increase patient complications and death. As managed care firms and Federal and state governments squeeze hospital with even lower payments, hospitals are buckling to dangerous austerity policies that no sane physician would impose on his or her patients.

'A Shifting of Gears'

The change that we see today in U.S. hospitals is akin to that enforced by the Third Reich, where Nazi leaders acknowledged that they had to force the medical profession to undergo a reorganization, a *Gleichschaltung,* or synchronization—a "shifting of gears"—in the perspective of the medical profession, in order to enforce Nazi policies of slave labor and genocide. On Dec. 29, 1973, when President Richard Nixon signed into law the "The Health Maintenance Organization and Resources Development Act," exactly that sort of "shift in gears" in U.S. health care began. The shift was from the original Hill-Burton mandate to provide sufficient health-care infrastructure, including doctors, nurses, number of beds, and so forth, in order to ensure that the population received needed medical attention no matter what their ability to pay, to the era of "managed health care," in which health care was reoriented for post-industrial America, i.e., dictated by "cost-containement," defined by "free-market" competition, and targetted for deregulation.

The health insurance industry's managed care organizations and HMOs, and the accounting firms that devised and enforced their treatment protocols, told the population that in order to slash the nation's health care costs, they would have to accept sacrifices—which meant HMOs should get away with killing or disabling patients by denying them needed medical treatment. (In fact, the HMOs and managed-care firms just shifted the costs of medical services and their onerous administrative paperwork to doctors and hospitals, driving hundreds of hospitals out of business in the process.) But, unnoticed to most, the HMO polices, as did the Nazis, also instituted an era of slave labor; in this case, hospital nurses are put through a meatgrinder, and patients are endangered as a result.

Indeed, the most recent study by the American Nurses Association (ANA) found that five adverse outcomes measures (length of hospital stays, and hospital pneumonia, urinary tract infections, post-operative infections, and bedsores) can all be mitigated if adequate staffing is provided. Washington Hospital Center management uses austerity policies typically employed nationally to bypass the costs, i.e., a permanent nursing workforce, associated with providing a critical part of hospital and health-care infrastructure. In order to avoid the costs associated with hiring a permanent skilled workforce, such as paying a living wage, benefits, and cost-of-living increases, the hospital hires temporary nurses and forces its regular nurses into "burnout."

As Patricia Underwood of the ANA told the September National Summit on Medical Errors and Patient Safety Research, "Don't we know enough about the impact of fatigue on human judgment, and on cognitive abilities, to recognize that having 47-year-old nurses working 16-hour shifts for three or four days in a row is dangerous?"

While the U.S. and globalized economy is blowing apart fast, tens of thousands of California transportation workers, clerks, nurses, actors, and teachers held "rolling strikes" over exactly this issue in recent weeks. In July, Wesley Medical Center in Wichita, Kansas agreed to pay a $2.7 million settlement to a family who said that their relative suffered a paralyzing stroke due to nursing shortages at the hospital. Also in July, the State of New Jersey fined the General Hospital Center of Passaic, for having insufficient nurses in its emergency room.

RN Scabs Are a National Trend

It is exactly the principle of patient safety on which the 1,200 nurses refused to compromise, in their strike against the Washington Hospital Center. From the start, as in many other hospital strikes, it was clear that the hospital intended to break the union over the issue of forced overtime—not pay increases. When the strike started on Sept. 20, Washington Hospital Center brought in 600 scab replacements on contract with the Denver-based U.S. Nursing Corp., a lucrative privately held business created exclusively to supply nurses, paid to cross picket lines anywhere in the country. (HPO Staffing and Travel Nurse International run similar operations.)

The temporary nurses are paid as much as three times ($2,700 to $5,000 a week) their regular payscale, to work 12-hour shifts or more. Hospitals such as Washington Hospital Center pay a hefty sum to the agency they contract with, along with airfare, lodging, meals, and other expenses. (All of this cost Washington Hospital Center about $1.9 million for each week of the strike.) Replacements, typically hired from lower-paying hospitals and regions of the country, make more crossing picket lines for a few weeks than they could earn in nearly a year as regular hospital nurses.

U.S. Nursing boasts of supplying scabs used in the 49-day Worcester Medical Center strike in Massachusetts, the five-month strike at a Nyack, New York hospital, and the one at the Stanford University Medical Center strike in California in June. But, patients suffered as a result. As the Washington Teachers Union told the Washington Hospital Center about the past history of the U.S. Nursing Corp.: "Public health officials in California, New Jersey, Vermont,

and Massachusetts have cited the company's nurses for violations such as leaving patients unattended, injecting patients with dirty needles, and serious dosage and medication errors." The situation was so dire in Massachusetts, that state legislators introduced a bill requiring that the state Board of Registration in Nursing perform extended work-history and criminal-history checks on all replacement nurses coming into the state.

At least one replacement nurse called DCNA over problems and irregularities with the scab nurse replacements because they endangered patient care. The replacement nurse first alerted the union over misgivings about how nurses were hired by U.S. Nursing without health or drug tests or criminal background checks. In other words, the nurses willing to cross the picket line made up their own references, which neither the company nor the hospital ever checked. Another concern was that, despite a District of Columbia Board of Health requirement that every nurse working in a District hospital must have a letter signed by a supervisor stating that he/she is overseeing that nurse's practice, one nurse's letter of "supervisor of practice" was signed by someone who never saw her. When the nurse raised this as a concern, hospital management used heavy-handed intimidation tactics against her, claiming that she was endangering their hospital license. Before she was able to meet with DCNA and the press, two hotel security guards, on orders from U.S. Nursing Corp., showed up at her room to escort her from the hotel.

A Strike for Nurses All over the Country

When the hospital stopped paying premiums for the regular nurses' health insurance, leaving hundreds without coverage for medications and forcing one nurse to cancel scheduled surgery for breast cancer, members of the American Nurses Association, the American Federation of Teachers (AFT), the American Federation of State, County, and Municipal Employees, the Ironworkers, and the Service Employees International Union, joined the DCNA nurses on the picket line. At one rally, AFL-CIO President John Sweeney told the striking nurses, "Your struggle is not just about your own hospital and your own work. This is about nurses all over the country."

The strike intensified when representatives of the ANA from other states joined the picket line, and when the leadership of several different major unions, including Sweeney of the AFL-CIO; Sandra Feldman, president of the AFT; Mary Foley, president of ANA; and Josh Williams, president of the Metropolitan Washington Council of AFL-CIO, blocked traffic around the hospital. At least five DCNA nurses were on a hunger strike to protest the hospital's refusal to allow nurses to participate on hospital committees dealing with patient care—despite the fact that nurses are the 24-hour direct care-givers of patients. Here, the nurses won a breakthrough provision, gaining seats on hospital committees that directly relate to patient care practices and policies. The nurses, who asked for a 10% cost-of-living pay raise, won a 14% pay increase over three years.

In Virginia, the once union-free Inova Health System, Virginia's largest non-profit care system, despite its intense resistance, now has a new union, the Organization of Home Care Professionals (OHCP), an independent union composed of 110 physical, speech, and occupational therapists who work with Inova's VNA Home Health. The union was formed soon after Inova's VNA imposed a 20% pay cut on the therapists. Most of the 1,500 people treated by OHCP through VNA are elderly hospital patients covered by Medicare who have been released from hospital care. OHCP's services allow these people to stay in their homes and to be independent. Yet, Medicare slashed its reimbursement rates for home health care services by 20% in the last two years, and intends to level another 15% cut soon. Managed health care companies and HMOs pay at below-cost rates.

A sign of the worsening working conditions in hospitals, is that the number of petitions for unions in health care has jumped dramatically in recent years. In 1995, for example, unions filed 392 petitions with the National Labor Relations Board seeking to gain recognition as bargaining representatives in health care. Just four years later, the number of union petitions in health care nearly doubled to 770. For example, in October, 90 Tennessee-based self-employed physicians joined the Office and Professional Employees International Union (with the Florida-based Federation of Physicians and Dentists, which is affiliated with the AFL-CIO), primarily to better assure insurance coverage for their patients and to negotiate better payment rates. In one case, a specialist in gynocological oncology had been fighting an insurance company for ten weeks to get approval for the procedure necessary to tell whether a "very sick" patient has cancer. It is basical medical practice that attacking cancer in its earliest stages is best for the patient and is the most cost-effective. But, this case clearly shows that behind managed health care's promises of "preventive" care, its intent is to cut health care costs.

Now is the time for the medical profession to join the battle nationally to eliminate managed care, or, we shall watch the nation perish in a Nazi *Gleichschaltung*.

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