

can we say to the entire world that we are a democratic society concerned with the general welfare, when we see the general welfare being torn into tatters in the nation's capital?" he asked. "We must stand up for these principles."

Among the dozen members of the U.S. Congress contributing to the hearing were Reps. Dennis Kucinich (D-Ohio), John Conyers (D-Mich.), Donna Christian-Christensen (D-V.I.), Jesse Jackson, Jr. (D-Ill.), Ciro D. Rodriguez (D-Tex.), and John Tierney (D-Mass.). They, along with representatives of state organizations, presented a plethora of Federal and state bills for a single-payer health-care system or for some form of expanded health-care coverage for the country's estimated 79 million uninsured or underinsured people. As *EIR* has documented, uninsured Americans suffer higher rates of death and disease, and even brief gaps in insurance coverage are harmful, especially for children. Some 40-50% of personal bankruptcies, amounting to about 600,000 a year, are due to the costs of serious illness or medical debts among those who are uninsured, underinsured, or whose managed care plans deny them needed medical treatment.

Highlights of the Testimony

Representative Kucinich opened the Universal Health Care Briefing, saying that 75% of uninsured people live in families where at least one person is working full time, and 20% of the uninsured are in families where two people work full time. "Most uninsured adults say the main reason they don't have insurance is because they cannot afford the premiums. Today, in America, health insurance is rationed according to one's ability to pay. . . . As Chair of the Progressive Caucus, I'm here to say that we have a moral obligation to restore health to our health-care system."

Robert Reich, Secretary of Labor under President Bill Clinton, told the hearing that in 1993, some 37 million Americans did not have health insurance. Now, there is "a groundswell of support for universal health care." A recent ABC poll shows "more Americans wanted universal health care than wanted a tax cut. . . . Survey after survey shows that Americans with health insurance can barely afford it. They're doing without, because the co-payments are going up, the deductibles are going up, and the premiums are going up. . . . If this economy continues to slow, if a lot of people lose their jobs and that health insurance is connected to their job, that 44 million Americans without health insurance is going to increase, and it's going to increase faster than it increased between 1993 and today."

Representative Christian-Christensen, Chair of the Congressional Black Caucus's Health Brain Trust, called for making health care the civil rights issue of the 21st Century. She reminded listeners of the words of Dr. Martin Luther King: "Of all the forms of inequity, injustice in health care is the most shocking and inhumane."

"More than 60 years ago, the National Medical Association (NMA) was the only physician organization that supported single-payer, national health insurance," said Dr.

Rodney King, president of the NMA. "In a diverse country such as ours, full of resources and ingenuity to unravel the mysteries of the human genome, there is no acceptable reason for Americans of any race, ethnicity, or economic background to be barred from accessing the health-care services they need. It is clear that Americans want health coverage that is affordable, accountable, and equitable."

Leaders from the National Black Nurses Association, the American Psychological Association, the Massachusetts Nurses Association, the Sickle Cell Diseases Association of America, among others, detailed the daily crisis encountered in which human life is endangered because of a system-wide breakdown of the hospital and health-care system.

However laudatory the above proposals may be, they can only work within a framework that completely reverses the post-industrial economic policies that have plagued the nation and world for the past 35 years—and which drove this genocidal "free-market" health-care debacle. The second critical component of any health-care-for-all program is a massive buildup of the nation's health-care infrastructure, from building more hospitals to increasing the number of registered nurses per hospital patient. *EIR* has repeatedly asked health-care professionals of all levels the simple question: If we, as a nation, could overnight fiscally provide all the health care, all the treatment for tuberculosis, AIDS, and other diseases that the country needs, would we have enough hospital beds, medical staff, doctors, nurses, rehabilitation therapists, or home-care workers? For more than 15 years, the answers have always been the same: "No, no, no, and no."

Worst Nursing Shortage Threatens Hospitals

by Linda Everett

If recent surveys and reports of U.S. nurses are any indication, the nation's hospital system is about to collapse, as thousands of nurses leave the worsening working conditions in America's hospitals—conditions proven so dangerous, that they threaten the lives and safety of tens of thousands of hospital patients daily.

Like the canaries in the mineshaft, the nation's nurses are the front-end witnesses to the complete degradation of our hospital and health-care system. They are now warning in every conceivable way that the nation's hospital system can no longer continue to function under predatory "free-market" managed health care. This system of unregulated health care is decimating the most basic protections of vulnerable patients, and is a betrayal of the fundamental principle of providing for the general welfare.

The nursing crisis stems both from years of looting by



Nurses on strike in Worcester, Massachusetts, against Tenet Healthcare Corp., April 2000.

managed care companies, which forced hospitals to accept low reimbursement rates, and from the government's austerity policy, enforced by the Balanced Budget Act of 1997, which deeply slashed Federal payments to hospitals for Medicaid and Medicare. As wave after wave of these combined policies hit, hospitals responded by driving out highly skilled, highly paid nurses and slashing other staff, while forcing remaining nurses to take on other custodial duties. Now, with fewer registered nurses available to care for many more, and sicker patients, hospitals are routinely ordering nurses to do the job of two or three.

On May 1, Dr. Hilda Richards, EdD, RN, FAAN, President of the National Black Nurses Association, which represents 105,000 African-American nurses, testified before Congress that employers are now requiring nurses to work 16-hour shifts, and many employers are trying to enforce triple time—24 hours.

Under such conditions, it is hardly surprising that nursing morale is collapsing nationwide. The May-June issue of *Health Affairs* reports a new survey by the Center for Health Outcomes and Policy Research of the University of Pennsylvania School of Nursing. It found that one of every three U.S. nurses under 30 years old, plans to leave the job within the next year; and 44.8% of the nurses in the United States report that the quality of care at their hospitals has deteriorated over the last year alone.

The survey, which queried 13,471 acute care nurses in the United States (nurses in all hospitals in Pennsylvania were surveyed) also found that 41% of nurses are dissatisfied with their jobs, and many reported that they bear the brunt of "ward rage," because they are the only professionals there around the clock. While 83.2% of the Pennsylvania nurses report an increase in the number of patients assigned to them, 40% say they must do such tasks as food delivery and transport of

patients, while being forced to forgo necessary nursing tasks—all due to widespread staffing shortages.

Hospitals in Bankrupt State

The crisis is typical of today's hospitals. Three out of four hospitals in Pennsylvania, for example, are losing money, according to the Pennsylvania Hospital and Healthsystem Association reports. This is due to low reimbursements from insurance companies, managed care organizations, and HMOs, and to reduced hospital payments from Medicare (the federal insurance program for older and disabled Americans) and Medicaid (the federal-state insurance health program for the indigent and disabled).

On May 3, the American Federation of Teachers, which represents 55,000 nurses, released yet another survey that found that one in five U.S. nurses plans to leave the profession because of increasingly intolerable working conditions that threaten patient lives and safety. Again, nurses specify understaffing, and mandatory overtime, such as working two or three consecutive eight-hour shifts. The study also found that half of current nurses under age 39 have thought about leaving the profession.

Consider also, the newly released U.S. government National Sample Survey of Registered Nurses, which found that one-third of the current workforce will be retiring in the next 10 to 14 years.

If any one of these surveys is borne out, there will be a cataclysmic impact on hospital care, given the already serious national (and worldwide) nursing shortage. For instance, in California, the most managed care-saturated state in the nation, 470 hospitals there already average a 20% vacancy rate for nursing positions. In upstate New York, the Winchester Medical Center in Valhalla, the largest and busiest hospital between New York City and Albany, needs over 200 regis-

tered nurses. It lacks 25% of nurse positions in its operating room. When new nurses are found, it takes months to train them. As one nurse explained, you have to do their job and yours: "You're up to your elbows in hepatitis blood and AIDS blood. It's dangerous."

Indeed, both doctors and nurses report that they are increasingly witnessing medical mistakes by harried staff trying to do the work of several people. While past studies prove that having too few registered nurses has a dangerous impact on patients, a new study published in *Modern Healthcare* (April 24) reports that having a higher number of registered nurses, and having higher ratio of nurses to patients, are both strongly linked to lower mortality rates from pneumonia, sepsis (infection), shock, upper gastrointestinal bleeding, and urinary tract infections among medical and major surgery patients. The study analyzed 1997 data from more than 5 million patient discharges from 799 hospitals in 11 states.

National Political Battle

Some 15 states are weighing bills that would prohibit forced overtime for nurses as dangerous. From coast to coast, nurses were out in force throughout Nurses Week (May 6-12), in order to gain nationwide political support to reverse the crisis. On May 8, some 250 front-line nurses in the Service Employees International Union from across the United States rallied on Capitol Hill, to call upon Congress to take immediate action to tackle the problem. In visits to Congressional offices, the SEIU Nurse Alliance called on lawmakers to pass legislation that would establish safe staffing standards and ban mandatory overtime. Among the other legislators present at the rally, Senators Ted Kennedy (D-Mass.) and John Kerry (D-Mass.) announced their proposals to ban mandatory overtime.

On May 5, over 200 nurses rallied on the capitol steps in Harrisburg, Pennsylvania to demand an end to mandatory overtime requirements. Fred Hyde, CEO of Aliquippa Community Hospital (recently saved from privatization on the initiative of the Coalition to Save D.C. General Hospital in Washington), told protesters that Aliquippa was one of the first hospitals to outlaw mandatory overtime, a practice he called "involuntary servitude." State Rep. Dan Surra (D-Clearfield), who introduced a bill to ban the practice, said, "Truckers, pilots, and flight attendants have limits on the number of hours they can work, but people who work with the most vulnerable do not."

SEIU leader Eileen Connolly, representing 15,000 health-care workers in the state, said that hospital administrations routinely require nurses to work overtime, and noted that forced overtime does not solve the real problem—the severe nursing shortage. Rather, she said, this requirement is worsening the manpower problem in a self-feeding manner, by contributing to nurses' decision to "leave the profession. The cycle must stop."

Interview: Jan Kregel

The World Economy Is Staring into a Precipice

Dr. Kregel is an economist with the United Nations Conference on Trade and Development (UNCTAD), headquartered in New York and headed by senior Brazilian diplomat Rubens Ricupero; and is one of the authors of the UNCTAD report, "International Trade and Development, 2001," issued in late April.

The report's covering press release states that "the international economy is staring into a dangerous precipice," and recommends urgent changes in the international monetary and financial system to provide for international bankruptcy protection of unpayable debts.

The interview which is excerpted below, was conducted by Paul Gallagher on May 9.

EIR: In the report, you talked about the use of international bankruptcy procedures in order to protect debtor countries which have this unpayable debt. This is something which has been called for by Lyndon LaRouche and by *EIR* for years—for the advanced sector as well. Can you elaborate more, what the requirement for bankruptcy procedures is, as UNCTAD sees it now.

Kregel: Basically, this is linked to our attempt to introduce some sort of acceptable regulation for "debt standstills." If you look at the financial crises which have occurred, say, over the last 20 years, in particular the Asian financial crisis: Korea provides a very good example of this process at work. Korea had a position in which its outstanding short-term obligations, were in excess of its ability to pay out of its reserve position. Now, the question was—since these were short-term debts—did it mean that Korea was insolvent, in the sense that it could never pay?

Well, if we look back [over 1998 and 1999—ed.], we discover that Korea, in the space of something less than 18 months to June of 1999, managed to generate \$60.4 billion in net export earnings. The short-term exposure that they had was in the range—if memory serves me right—of around \$26-27 billion. So quite clearly, Korea was not insolvent. This was debt that Korea *could* pay. The problem was, it couldn't pay in terms of the [debt] maturity structure that existed.

Now, this is simply a problem of inter-temporal allocation of payment flows. Efficient markets are supposed to bring about an equilibrium in terms of these payments flows. The