Nurses Challenge Whitman’s Destructive Policies
Pushing Back

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Letter from the Council of Presidents

Close to half of all unmarried women over 65 rely on Social Security for 90 percent of their income. That’s just one of the compelling statistics that came to light while National Nurse was reporting this month’s feature story on one of the country’s most beloved social programs.

Social Security has long been taken for granted by many of us who assumed that, having contributed to the fund for years, we would be able to reap its benefits when it came time to retire. But as writer Carl Bloice explains, the program—along with its equally popular cousin, Medicare—is under fierce attack by Wall Street and its representatives in Congress, who want to cut benefits and raise the retirement age, putting future senior citizens in jeopardy.

It’s a scary thought. And it will be up to nurses, who understand the importance of Social Security and Medicare, to lead the fight to defend them. The campaign is one more reminder of how critical it is that RNs become involved politically on issues that affect us and our patients.

One Michigan nurse has taken that message to heart this year, and has launched a grassroots campaign to represent his community in the state legislature. Scott Nesbit, RN says he was inspired to run for office after becoming involved in his union, the Michigan Nurses Association, and realizing he wanted to speak up for other nurses and working people. You can read about his campaign in the news section.

Michigan isn’t the only place nurses are getting active in politics and policy. Members of the Massachusetts Nurses Association saw the fruits of their labor this month when their governor signed into law an MNA-sponsored measure that will help decrease workplace assaults against nurses.

And in California, nurses of all political stripes are giving a lesson in civics to Meg Whitman, the billionaire former eBay CEO who has not regularly voted for much of her adult life and now wants to become governor. Nurses have continued to be the most outspoken opponents to Whitman’s plans to cut thousands of state jobs and weaken key regulations that protect the public health.

One of the most exciting things about the California governor’s race is the way that nurses have come together across party lines to fight on behalf of their patients. “This doesn’t have anything to do with my political party, it’s about me as a nurse,” one longtime Republican RN who opposes Whitman said at a recent rally. “That’s what I am first.”

As we wrap up the primary season and move towards the general election in November, we urge all RNs to take a stand in support of candidates and measures that are pro patient, and against those who seek to undermine our profession—whether that means helping lead a campaign or simply having a conversation with a coworker. When it comes to making a difference on the political stage, nurses’ voices really do matter. Together, we can move mountains.

Deborah Burger, RN | Karen Higgins, RN | Jean Ross, RN
National Nurses United Council of Presidents
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ON THE COVER: More than 1,000 RNs protested California billionaire gubernatorial candidate Meg Whitman’s campaign policies in front of her home July 15.
You may remember Virg Bernero from national television. When the automotive Big Three was on the brink of collapse in 2009, the Lansing mayor made numerous appearances on Fox News, CNN, MSNBC, and CBS and became known as “the Angriest Mayor in America” for his fiery speeches supporting the working people of Michigan. Bernero launched scathing attacks against the titans of Wall Street, accusing them of destroying working Michigan families by sending jobs overseas while lining their own pockets.

Bernero has not lost any of that enthusiasm and has now turned his sights on the governor’s office. On July 9, the Michigan Nurses Association announced its endorsement of Bernero for governor of Michigan during a press conference in Lansing. It is joined by the Michigan AFL-CIO, the Michigan Education Association, and others.

After careful consideration of many candidates, the MNA political action committee and board of directors decided that Bernero was the candidate of choice on both paper and in person. “We’re convinced that Virg Bernero will stand behind the nurses of Michigan,” said MNA President Jeff Breslin. “Virg is committed to increasing safe, quality patient care in Michigan.”

Bernero shared his support for nursing during the 2010 Michigan Nurses MARCH!, MNA’s legislative day at the Capitol, and has been an advocate of MNA’s Safe Patient Care legislation, which when passed will establish minimum RN-to-patient staffing ratios and eliminate mandatory overtime. He is a champion of collective bargaining and unlike his competitors, believes firmly in the need for unions for improving workplaces. A former county commissioner, state representative, and senator in the Michigan Legislature, he has a firm knowledge of state politics and personnel.

“If we care about how our loved ones are treated in the hospital, then we need to pay close attention to how nurses are treated by their employers,” said Bernero at the press conference. “These are the folks on the front lines providing vital care day in and day out. They deserve decent and fair working conditions and compensation. As Michigan’s next governor, I look forward to standing and fighting with our nurses for adequate staffing levels and safe working conditions so they can do what they do best – help the picture of Michigan.” —Ann Kettering Sincox
Nurses in every facility, at every bedside in the state are feeling their collective strength after a long and tumultuous Twin Cities contract campaign. Nurses voted July 6 to ratify a three-year contract, averting an open-ended strike—but RN leaders say their fight for patient safety in Minnesota hospitals is far from over.

“We’re a force to be reckoned with,” said Fairview Riverside nurse Ken Freed. Twelve thousand nurses were set to strike indefinitely against six different hospital systems in Minneapolis-St. Paul, but reached a last-minute agreement with management after the hospital systems withdrew their demands for cuts in pensions and benefits.

The contract campaign lasted several months and included a one-day strike June 10 and contentious negotiation sessions where hundreds of staff nurses lined up behind the bargaining table to show support for the MNA team.

As they turned out to cast their ballots, nurses vowed to use their newfound unity to press for nurse-to-patient ratios in all Minnesota hospitals, one of MNA’s original demands that was not included in the final contract.

“Our primary gain is our coalescence,” said Freed. “This unified action in a very hostile environment and difficult economic time is a powerful statement about our determination.”

Nurses also discovered the positive energy of community, emerging from a quiet sense of isolation. “That first strike [on June 10] was like a rock concert,” said Mary Watters, RN of HealthEast Care System. “I felt so fulfilled. We are all in this together.”

“We stayed strong,” said Diane LeMay, RN, a bargaining unit representative from United Hospital in St. Paul who was often heard in her unit cheering “Go Team, Go!” LeMay noted how prepared and engaged the nurse group became over the course of negotiations. “I’ve never seen such numbers of people talking, reading, posting online and voting.”

A vote in May to approve the one-day strike drew over 9,000 nurses to the polls. In late June, when MNA leaders asked the membership whether they would authorize an open-ended strike, 84 percent of nurses voting said yes.

MNA’s elected negotiating team chose to drop the demand to include specific nurse-to-patient ratios in order to settle the contract, to the disappointment of some.

Others consider it another step in a long and purposeful journey. “The U.S. Constitution didn’t happen in the first draft,” said MNA negotiator Bunny Engeldorf, RN. “California pursued its ratio legislation for seven relentless years before having it signed into law. Massachusetts is still at it after fifteen years.”

MNA was typically bold in advancing ratios in the Twin Cities contracts, Engeldorf said. The union was the first in the nation to achieve a portable pension plan for nurses, to prohibit mandatory overtime, and to allow charge nurses to close a unit when they determine there are not enough nurses to safely care for patients.

“MNA has a 105 year history of being fiercely dedicated to professional practice and we will continue to advocate for our patients through every means possible,” said Engeldorf. While Twin Cities hospitals claimed throughout negotiations that they had stellar safety records and low turnover rates, collective action by nurses is the key factor in keeping hospitals safe and retaining experienced caregivers, Engeldorf said.

MNA plans to continue the push for safe staffing through the legislature, reintroducing a law the organization sponsored in 2007—this time with new pledges of support from representatives who worked with RNs during the contract campaign.

Staffing committees from all bargaining units will meet regularly and publish comparisons of progress within their hospitals, and MNA will hold workshops on how to use MNA’s Concern for Staffing forms, which RNs can fill out to protest when their unit is understaffed.

“We need to inspire all our charge nurses to stand up and use that unit closure language we’ve earned,” said Watters. All of these efforts will benefit from the increased level of awareness the contract campaign generated among Minnesotans, said Engeldorf.

“The public better understands that their safety is at risk when a hospital doesn’t staff adequately,” she said. “That knowledge won’t go away.” —Jan Rabbers
MICHIGAN

SCOTT NESBIT, RN, was sitting in the balcony of Michigan’s state house last spring, observing legislators conduct official business, when it hit him: He wanted to be down on that floor, advocating for nurses and other working people.

Nesbit, an intensive care nurse since 1997, had come to the Capitol as part of the Michigan Nurses Association’s annual lobby day. It was a tumultuous time: A national Catholic healthcare chain had just purchased the community hospital where he worked in Muskegon and was attempting to take away nurses’ hard-won benefits, pay, and patient safety protections. Nesbit and his wife Bonnie, who chairs the local bargaining unit, were heavily involved in the struggle to protect them.

“We were both becoming more politically aware and finally stepping up to the plate,” Bonnie said. “I turned to Scott that day and said, ‘You know, you’re really good with people, your patients and co-workers listen to you. You could do this.’”

A year later, with MNA’s help, Nesbit is running a grassroots campaign for state representative focused on healthcare reform and bringing economic prosperity back to Michigan’s working-class neighborhoods. He’s personally knocked on the doors of a quarter of the roughly 6,000 households in the 92nd district, and says his message is simple.

“I want to shake things up in Lansing,” he said. “People have to put aside their differences and collaborate to solve problems. That’s what I’ve been doing as a nurse for 14 years.”

As a legislator, Nesbit says, he’d work to pass patient protection bills like the NNU-sponsored measures to mandate nurse-to-patient ratios and safe patient lifting, which have stalled in committee. Legislators on those committees, he said, “don’t realize their agenda should be people and not profit.”

Nesbit’s platform also focuses on the broader concerns of working people in Muskegon County, a former lumber and manufacturing area with a 16 percent unemployment rate. His economic plan includes investing in renewable energy and providing assistance to small businesses to bring jobs back to the Rust Belt.

“Good health is not just taking pills and running on a treadmill, it’s a social thing,” he said. “I’m talking about everyone having a safe neighborhood to live in, a decent home, roads that are drivable and well maintained, and a police force and school system that are adequately funded.”

Running in a field crowded with eight other candidates for the Democratic nomination, many of whom have outspent him, Nesbit knows his chances are uncertain. But his credibility as a nurse, supporters say, goes a long way.

“When you knock on someone’s door and say, here’s a nurse from your local hospital that’s running for state representative, they feel that he understands them,” says Lynn Ching, a nurse practitioner and volunteer coordinator for Nesbit’s campaign.

Ching said she got involved in the campaign because she’s frustrated to see young people leave Muskegon because of lack of job opportunities, and felt that Nesbit was “determined enough to stand behind what he says.”

“Scott doesn’t hide anything,” she said. “Everything is out in the open, and he’s not easily influenced. His goal is to represent the working class, and I believe that’s what he’ll do.”

At least one other registered nurse currently serves in the Michigan Legislature: Lesia Liss, an associate member of MNA and the sponsor of the state’s safe nurse-to-patient ratio bill.

“We need people like Scott to go and fight in the Legislature to make sure they don’t ignore our concerns about safe staffing,” said Ken Fletcher, associate executive director for government relations at MNA. “We know the public has a lot of respect for the profession of nursing, and that also carries over to the legislative arena. Other members of the Legislature will listen when they speak, and that additional clout could make them very effective on a whole range of issues.”

Regardless of what happens in the Aug. 3 primary, Nesbit said he feels gratified to have the chance to talk with his neighbors about the future of healthcare and their community. If he doesn’t win, he plans to remain involved in politics “both as a nurse and as a citizen,” and run for office again at either the state or local level.

“I don’t know who is going to win this primary,” he said, “but I will be crossing the finish line and knowing I left it all out there on the field.” —Felicia Mello
Governor Signs Workplace-Violence Bill

Massachusetts nurses achieved a victory in their campaign against workplace violence July 2 when Governor Deval Patrick signed a law that will stiffen penalties for those who physically attack nurses and other health care workers. One of a series of measures the Massachusetts Nurses Association has proposed to address the growing problem of assaults in healthcare settings, the bill was passed by unanimous votes in both houses of the legislature after a determined campaign by MNA members.

“This law gives us the tools to further protect the many healthcare professionals who work tirelessly to ensure the care of all Commonwealth residents,” said Gov. Patrick at a signing ceremony where he was surrounded by scrub-clad MNA members.

“We applaud the Governor and the legislature’s support of this measure, as it recognizes the increasing levels of violence that nurses are facing on the job,” said MNA President Donna Kelly-Williams, RN. “In fact, nurses are assaulted on the job to the same degree as police officers and prison guards, and the Joint Commission, which provides accreditation to health care providers, has issued an alert to the healthcare community specifically highlighting a dramatic rise in the level of violence in our healthcare system.”

Massachusetts law already treats any assault on an emergency medical technician while the technician is providing care as a separate crime with its own set of penalties. The new law extends those same protections to nurses.

Kelly-Williams called the law an important first step in a broad-based effort to make healthcare settings safer for nurses and for patients. She said nurses will continue to urge legislators to pass bills requiring healthcare providers to put in place procedures to prevent workplace violence, and mandating minimum RN staffing levels.

“The lack of staff to adequately respond to patients’ and families’ concerns is a major factor leading to these types of incidents,” Kelly-Williams said. —David Schildmeier

State Labor Board Cites Cambridge Health Alliance for Bad Faith Bargaining

Massachusetts’ State Labor Relations Commission issued a complaint against Cambridge Health Alliance July 13 after the hospital system broke off contract negotiations with its registered nurses after only five sessions, declared impasse and unilaterally cut nurses’ retiree health benefits.

The commission was acting on an unfair labor practice charge filed by the Massachusetts Nurses Association, which represents nearly 400 nurses at the health system’s Cambridge Hospital campus.

Nurses say the hospital’s decision not only breaks the law, but also harms experienced nurses who have worked for years at the public facility, forgoing higher wages at nearby private-sector hospitals in exchange for more generous retiree health and pension benefits.

“The hospital’s decision means that hundreds of our members, including 60 of our most senior nurses who have never paid into Medicare, could see their health benefits slashed and their retirement security severely compromised,” said Donna Mondeau, RN, co-chair of the nurses’ bargaining unit. “It’s time they showed respect, not only for the nurses, but for the law.”

Negotiations on a new contract for the RNs began in May. On June 24, about a week before the old contract was set to expire, management abruptly cut off talks and issued its “last and final” offer, which included a 40 percent cut to the retiree health benefit.

State labor law requires parties to go through a mediation and fact-finding process before declaring impasse. The next step is for the labor commission to schedule a hearing on the complaint.

“We are encouraged and vindicated that the labor commission has sided with the nurses and is holding the hospital accountable for its illegal and reprehensible behavior,” said Betty Kaloustian, RN, another bargaining unit co-chair. “It is our hope that our management will finally do the right thing, restore our rights, and get back to the table to negotiate a fair settlement.” —Staff Report
MORE THAN 1,000 registered nurses from across California made a house call July 15 to billionaire gubernatorial candidate Meg Whitman to spotlight how her campaign platform threatens bedside nurses, patients, and other working people.

For months, California Nurses Association members have been publicly challenging Whitman’s positions against corporate regulation, such as RN-to-patient ratios or guaranteed meal and rest breaks for RNs; against secure pensions for state employees; against expansion of healthcare coverage to more Californians; and against union representation for workers. RNs say they are afraid that the former eBay CEO will try to balance California’s budget on the backs of its most vulnerable citizens, while cutting taxes and costs for corporations and the wealthy in the name of job creation.

“Meg Whitman wants to bring a big-business model to the public sector, taking away what we as nurses have worked for for so long,” said Rhonda Watts, an RN at Arrowhead Regional Medical Center in San Bernardino, Calif. “Over the last five years, there have been a lot of positive changes in nursing. I don’t want to see us go backwards.”

According to news reports, Whitman has already spent a record-breaking $81 million in her bid for governor, and may ultimately spend up to $180 million. The nurses of CNA have dubbed Whitman “Queen Meg” to highlight how she is trying to use her wealth
MICHIGAN

Capping months of frustrating contract negotiations with a recalcitrant employer by RNs, the National Labor Relations Board has, after three months of intense investigation, filed a formal complaint against Borgess Medical Center in Kalamazoo, Mich., an Ascension Health-owned company. The complaint, based on an unfair labor practice charge with 32 violations filed by the Michigan Nurses Association, was issued after Borgess Medical Center refused to accept the settlement proposal offered by the NLRB.

The complaint charges illegal restraint, interference and coercion of employees, as well as unlawful discrimination against employees. Significantly, the NLRB has concluded that Borgess adopted an illegal bargaining strategy at the start of negotiations, and that it insisted on contract proposals that violated the duty to bargain in good faith.

A hearing has been scheduled for Oct. 4 before an administrative law judge to determine whether Borgess has been guilty of breaking labor law.

In addition, the unfair labor practice charge filed by Borgess against Michigan Nurses Association has been found to be “without merit” and dropped.

Borgess has taken a public stand of no culpability for any of the violations. In a statement on Borgess’ intranet by Shahin Motakef, executive vice president and chief operating officer of Borgess Hospitals and Extended Care Division, Motakef denies the charges.

“This case has now become the United States government versus Borgess Medical Center and Ascension Health for serious corporate violations of federal labor law,” said John Karebian, MNA executive director in a recent press release. “Once again, nurses call on Borgess’ management to stop its unlawful activity and return to the bargaining table to negotiate a fair and just contract.”

On July 15, the workers’ rights group Interfaith Workers Justice released a report, “Ascension Health: A Fall from Grace,” citing numerous labor rights abuses at Borgess Health and other Ascension Health hospitals in Michigan. “We welcome the attention of these religious leaders on Borgess’ human rights abuses,” said Jeff Breslin, RN, president of the Michigan Nurses Association. “It is time for Borgess and its parent company Ascension Health to return to their roots and commit to Catholic social teaching of compassion, justice, and respect for workers’ rights.”

“The damage being created by Ascension Health hurts all of us,” said Jean Ross, RN and co-president of National Nurses United. “When hospital management is allowed to disrespect nurses, who are the backbone of the hospital, safe patient care is at risk. Our union won’t back down from our support for these courageous nurses.”

To read the report, visit www.iwj.org.

—Ann Kettering Sincox

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California

The legislature’s Assembly Health Committee in late June approved the California Universal Healthcare Act, California Nurses Association-sponsored legislation that would establish a private-public partnership to provide quality healthcare for all Californians. A companion bill, SB 810, was approved by the state Senate in January.

The legislation would take the approximately $200 billion that California spends annually on healthcare and redirect it into a “Medicare for all” system where care would be paid for by the state but delivered by private providers.

“Now, more than ever, we need to improve the delivery of our health services so we can guarantee care for every patient, and do so in a humane and targeted manner,” said Geri Jenkins, a co-president of CNA. “The only way to achieve that for our state is through passage of SB 810, which will make sure that our patient care dollars are actually spent on patients instead of insurance company executives and their outsized bonuses.”

The bill must be heard and ratified by the full Assembly before it can become law.

Florida

Florida NNOC nurses are pushing for safe RN-to-patient ratios on many fronts, including at the local government level. In July, RNs testified before the Gulfport City Council to ask that members pass a resolution calling on the legislative delegation that represents Gulfport to support the NNOC-sponsored ratio bill.

Once these resolutions are passed, RNs can use them as evidence of community support when lobbying at county level legislative hearings this fall and winter before the state legislative session opens in Tallahassee this spring.

Ohio

Ohio is notorious for its weak or nonexistent regulation of hospitals, and is the only state which does not license hospitals. Since 2006, the state Department of Health has begun requiring hospitals to disclose more data about safety and care and posting the information to a website titled Ohio Hospital Compare, but numbers about RN staffing are still missing. Registered nurses in Ohio with NNOC/NNU have stepped in and been campaigning since January for mandatory posting by Ohio’s hospitals of their actual RN-to-patient ratios.

NNOC Ohio is now participating in a nurse staffing workgroup which will make recommendations to the Department of Health in September. While RNs in Ohio are working to pass true mandatory ratios, their short-term goals are to: require posting of all hospital RN-to-patient ratios, unit by unit, shift by shift; require posting of the hospitals’ rates of “failure to rescue,” often linked to poor staffing; and require posting of the hospitals’ adverse events, including “never events” and “sentinel events.”

Thanks to Michelle Mahon, RN of Cleveland, and Beth Stevenson, RN of Columbus, and others for representing the nurses well in the workgroup.

Texas

Newly organized Texas HCA nurses have made tremendous progress in a little more than a month toward growing their union. Facility bargaining committees have been elected at all locations, and some 166 RNs now serve as elected FBC members to support contract negotiations and as nurse representatives in their units. Negotiating committees have also been elected at each location. FBC members are receiving training, bargaining priorities are being discussed, and membership drives are under way in all of the facilities.

NNOC-Texas is also strengthening its organization at the state and national levels. In late July, the NNOC/NNU National HCA Bargaining Council convened in Houston and the first-ever NNOC-Texas Bargaining Council met the day after. The new Texas council includes RNs from each of the five HCA facilities, from Tenet’s Cypress Fairbanks, and from each of the six NNOC Metro Committees in Texas.

Nurses at Tenet Healthcare’s Cypress Fairbanks Medical Center in Houston ratified in late June the first collective bargaining agreement for private-sector hospital RNs in Texas history. The contract guarantees RNs the right to serve as patient advocates, including refusing to accept an assignment that would put patients at risk. It also gives staff nurses the right to select the majority of members on the hospital’s state-mandated staffing committee, provides paid educational leave, and boosts RN pay by 11 percent over the three-year term. —Staff report
For some who take our most basic rights for granted, it may be hard to imagine that for nearly 150 years in our republic, American women were denied the right to vote.

After decades of struggle, with nurses frequently in the forefront, standing up against arrests, physical attacks, verbal abuse, harassment and retaliation against women for advocating suffrage, Congress finally acted, passing the 19th Amendment, which became law on Aug. 26, 1920.

The California Nurses Association/NNU will honor that tradition with a special celebration marking the 90th anniversary on Aug. 26 in Sacramento, Calif. We’ll be marching to the Capitol at 3 p.m. and rallying on its west steps at 4 p.m., joined by other labor and community groups, and other women and men from across the state, and hopefully many of you. (See back cover for details)

We will also highlight the disgrace of a billionaire, who happens to be female, who has the audacity to run for the highest office in California after having squandered the opportunity to vote for much of her adult life.

After a scathing report on her shoddy voting record in the Sacramento Bee last fall, Meg Whitman went on Fox News to concede that “I voted in the 1984 election in California. I remember it clearly.”

In another interview, among the few she does, Whitman, the CEO billionaire, acknowledged, “I was not as engaged in the political process as I should have been. I was doing lots of other things” such as “building companies” like eBay where, among other priorities, she laid off scores of employees and outsourced 40 percent of the work overseas.

Now she is finally voting this year, so she can vote for herself.

Nor is she validating her credentials as a woman who could lead a unified California, but instead cynically exploiting her wealth to own the airways and denounce any opposition to her royal privilege with pledges to spend up to $180 million out of her own purse by November.

The absurdity does not end there. A central plank of her campaign is to slash 40,000 public service jobs, a majority of them held by working women, and further cut the social safety net, which will also disproportionately affect those most in need of social services, single mothers.

And yet another badge of honor is her treatment of women employees as a corporate CEO, including the massive outsourcing of jobs and the notorious pushing incident involving a subordinate woman to whom Whitman had to pay a settlement of $200,000 after an altercation about which Whitman is still not telling the full story.

Not exactly the model for women in this historic anniversary year.

Contrast that record with the struggles of women like Susan B. Anthony, Elizabeth Cady Stanton, Sojourner Truth, Lucretia Mott, Ida B. Wells, Mary Church Terrell, Carrie Chapman Catt, Alice Paul, and so many others who were jailed, beaten, spat at, threatened, and yet defied it all while working day after day and year after year for the simple, yet powerful, right of women to exercise their franchise.

These women linked the fight for suffrage to other progressive causes. In a 1912 speech, Rose Schneiderman, suffragist and trade union leader, mocked those who opposed suffrage as un-ladylike. “Surely these women won’t lose any more of their beauty and charm by putting a ballot in a ballot box once a year than they are likely to lose standing in foundries or laundries all year round. There is no harder contest than the contest for bread.”

Nurses were prominent in the suffrage drive, as they were in other democratic, social justice, and progressive movements of the 19th and 20th centuries. It makes sense.

As early RN pioneers were struggling with mostly male hospital administrators and doctors to establish the professional recognition and accreditation of nursing and win improvements in nurses’ professional standards, compensation, and working conditions, so too were many of these same RN leaders in the foreground of campaigns for unions, public health, social welfare, and many other causes.

Consider Lillian Wald. A public health nurse and one of the most noted social reformers of the early 20th century, Wald opened the Henry Street Settlement House in New York City to provide healthcare and other services to immigrant women and other poor residents. She was also a founder of the Women’s Trade Union League at a time when most unions were closed to women, and a prominent peace activist. And she was an outspoken suffragist.

In her 1915 book, The House on Henry Street, Wald talks with pride about a famous suffrage march she helped organize in New York City in 1913 behind the Henry Street banner “with its symbol of universal brotherhood” and a “goodly company carrying flags with the suffrage demand in ten languages.”

With Wald was her close friend Lavinia Dock, another public health nurse, one of the foremost nurse writers and educators of her era, and a major suffrage activist. Dock was arrested for trying to vote in 1896, was among 13 women who made a 13-day “suffrage hike” from New York City to Albany in 1912, and a frequent pamphleteer for suffrage.

By 1917, Dock was in Washington working with noted suffragist Alice Paul where she led the first suffrage pickets from the National Women’s Party headquarters to the White House and was jailed three times for participation in suffrage protests.

In an interview years later Paul recalled one of the most famous suffrage marches in Washington in 1913. “One of the largest and loveliest sections was made up of uniformed nurses. It was very impressive,” Paul recalled.

Nurses, marching and singing for their rights, and justice for all. It’s a proud tradition, one that Whitman has blotted, but one we will celebrate Aug. 26 once again.

Rosie Ann DeMoro is executive director of National Nurses United.
The reference to pet food was a bit startling. A veteran nurse activist was speaking of the recently established Congressional deficit-reduction commission that has set its sights on making major changes in Social Security and Medicare.

“We got Medicare partly because it was discovered that in order to pay their medical bills some people were being reduced to eating pet food—and now we are threatened with returning to such a situation,” she said.

It wasn’t the first time the image has been evoked. Since President Barack Obama set up his “bipartisan” deficit reduction commission back in February, some people have taken to calling it the Cat Food Commission. Extreme perhaps, but there are often credible reports of older people going without adequate nutrition because of high medical expenses, splitting pills in half to make them last twice as long and, in some cases, eating products not intended for human consumption.

As the commission deliberates, cuts in the two programs vital to the well-being of millions of seniors will figure front and center. And most of the maneuvering around them has been and will continue to be carried out by a hand-picked elite group operating mostly behind closed doors.

Organized nurses are helping lead an effort to expose the maneuver and head it off.

“It’s terrible what’s happening,” says Kay McVay, RN, past president of the California Nurses Association. “It is the top one percent of people in this country, who control over a third of all privately-held wealth, that are agitating the hardest to cut the lifeline that makes it possible for older working people to live with some measure of security and comfort.”

Two of the most popular social programs in United States history, Social Security (adopted in 1935) and Medicare (1965) have been credited with dramatically reducing the poverty rate for senior citizens. Both were created during times of social unrest but have become well-established symbols of America’s commitment to care for its most vulnerable, withstanding numerous attempts by business interests to dismantle them. But the recent onslaught, coming amidst an economic crisis and growing hysteria over the federal budget deficit, is especially dangerous—and it’s being spearheaded not just by Republicans as during the George W. Bush years, but by both major parties.
Here’s how the ruse works: When a matter is politically sensitive—meaning certain to evoke widespread opposition—the powers-that-be set up a commission. Usually such bodies are creatures of Congress and are empowered to come up with recommendations that are then brought back to the Senate and the House of Representatives for a “fast track,” up or down, no-amendment vote with little opportunity for debate. This means that no matter how much public opposition there is to the proposals, neither of the two political parties bear responsibility; thus, the label “bipartisan.”

Earlier this year, in a move supported by the White House, Congress took up a proposal by Senators Kent Conrad (D-N.D.) and Judd Gregg (R-N.H.), to create just such a commission, ostensibly focused on the nation’s budget crisis. At the time Sen. Max Baucus, chair of the Senate Finance Committee called the proposed commission a “roll of the dice for Social Security and Medicare,” that would have “painted a big red target” on the two programs. The Conrad-Gregg measure drew opposition from over 50 major organizations, including the AARP, NAACP and the AFL-CIO, and was shelved after some Republicans said they would not vote it.

Then something truly startling occurred. President Obama created the commission by Executive Order. Citing the need to do something about the growing national debt, he decreed an 18-member body to propose ways to do so. He named as the Commission’s co-chairs Republican former Wyoming senator Alan Simpson and Democrat Erskine Bowles, from North Carolina, who served as White House Chief of Staff under President Bill Clinton. Republican leaders agreed to participate in the process while making it clear that in their view trimming the deficit should be realized through cuts in spending and not tax increases. Senate Republican leader Mitch McConnell said right out that the deficit should be dealt with deferred, “There’s some on the left who believe that this issue can be deferred,” Obama said at the time. “There are some on the right who won’t enter into serious discussions about deficits without preconditions. But those who preach fiscal discipline have to be willing to take the hard steps necessary to achieve it.”

The plan is for the commission to make its report and recommendations December 1, after the November election, to be acted upon by what will essentially be a lame duck Congress. “The people, once again, are kept in the dark,” William Greider wrote recently in The Nation. “The Obama commission will not report its recommendations until after this fall’s elections-too late for voters to express objections. Both parties assume they can evade blame by holding hands and jumping together.”

A principal driving force behind the assault on Social Security and Medicare is Republican conservative and Wall Street billionaire Pete Peterson, a longtime critic of Social Security, who has waged a multimillion-dollar campaign against it, doling out resources to think tanks, major media economic writers and various groups to push his cause. His consistent message has been that Social Security is a major factor in the rising federal budget deficit. Actually, it isn’t. Established in 1935 as part of the New Deal during President Franklin Roosevelt’s first term, Social Security aims to reduce economic insecurity among seniors and poverty resulting from the death of wage earning spouses or parents, or the onset of serious physical disabilities. Today, the program shields an estimated 40 percent of all Americans 65 or older from abject poverty. Last year over 50 million people received $650 billion in Social Security benefits.

“Social Security is one of the truly great achievements of the New Deal,” says National Nurses United Co-president Jean Ross, RN. “So many people rely on it. We know that we can’t rely on it completely to cover our retirement but it provides assurance that people don’t have to live out their lives in poverty. It’s a good principle: Everybody helps a little so that everybody can be assured of food and shelter in their senior years.”

As an insurance program, Social Security is involuntary, in that everyone employed in the private sector must pay into it and is entitled to its benefits upon retirement or disability. Contrary to the claims of those who seek to “reform” Social Security, the program’s financing is not part of the federal budget paid out of tax receipts. Instead, monies collected through payroll deductions are held by federally administered trust funds. Currently, those separate accounts hold $2.5 trillion, a surplus that is expected to increase to $4.3 trillion by 2023-enough to cover all claims at current rates until sometime in the 2040s.

Even if a shortfall were to arise then, experts say, it could be easily remedied through relatively minor changes, such as raising the cap on earnings subject to payroll deductions (currently $106,800) so that wealthier people pay more into the system—a solution that polls say an overwhelming majority of Americans support. “Because the projected shortfall in Social Security is much smaller and more manageable than is often presented, eliminating the cap on taxable earnings would bring in sufficient funds to close the projected Social Security shortfall over the next 75 years, solving the entire problem,” Ross Eisenbrey, vice president of the Economic Policy Institute, a think tank that focuses on low- and middle-income workers, wrote in a recent report.
Women represent 57 percent of all Social Security beneficiaries age 62 and older and approximately 69 percent of beneficiaries age 85 or older.

But don’t expect to hear these facts from the Commission, which may be bipartisan but is anything but neutral. Both the chairs have already shown antipathy toward Social Security and Medicare. As a senator, Simpson previously tried to cut Social Security benefits by reducing the cost-of-living provision, and once attacked the American Association of Retired People because of its defense of Medicare, threatening to launch a Congressional investigation of the senior advocacy group. More recently, Simpson—who sits on BP’s External Advisory Council—chastised seniors for “howling and bitching” about potential benefit changes that would only affect future generations of retirees.

Democratic Co-chair Bowles, a venture capitalist and a member of the boards of both Morgan Stanley and General Motors has said of the commission, “We’re going to mess with Medicare, Medicaid and Social Security” because otherwise “America will turn into a second-rate power.”

Noting the co-chairs’ corporate ties, Ross said, “Wall Street has been salivating for years looking at the money in the Social Security system.”

Equally troubling, writes Greider, is that Social Security’s detractors in the business community have found allies in both parties. “This is a seminal fight with the potential to scramble party politics,” he writes. “If Democrats can no longer be trusted to defend Social Security, who can be? The people from left to right have overwhelmingly support the program (88 percent), and a majority (66 percent) believe benefits should be increased now to cope with the loss of jobs and savings in the Great Recession.”

“Citizens can win this fight if they mobilize smartly,” Greider continues. “We can do this by arousing public alarm right now, while members of Congress face a treacherous election and before Obama can work out his deal.”

What Greider suggests is happening. National Nurses United is working with a coalition of organizations, including the AFL-CIO, the National Organization for Women, and the Campaign for America’s Future among others, to oppose any effort to scale back the two programs. NNU has launched a petition drive to insist that candidates from both major parties running in the November election promise now to leave Social Security and Medicare alone.

The petition reads in part, “Whereas we wish to pass on to our children the rock-solid security that current retirees enjoy, and we wish to pass on to our children a society where we are all in it together and where we keep our promises to senior citizens, people with disabilities, and widows and orphans... We the undersigned demand that you sign the attached pledge indicating that you oppose, and will work to defeat, ANY cuts to Social Security and Medicare now and in the future.”

McVay says nurses have a special impulse to be protective of the two programs. “The awful irony of all this is that the people in congress who are plotting all this behind our backs have for themselves, just for being elected, the best guaranteed retirement and medical benefits available. These people are so removed from reality, so removed from the way people actually live,” she says. “The RN is not removed from reality. Most of us see it up close and feel it all the time. Moreover, in this recent period, many of us have seen our friends and relatives lose their pensions, their homes or their jobs. It really hits home.”

Responding to critics of “entitlement” programs like Social Security and Medicare, McVay says, “Well, it’s true. We are entitled. We pay into the system and we are entitled to benefit from it.”

Meanwhile, the commission continues to meet privately, with options under consideration rumored to include cutting Social Security benefits, raising payroll taxes, or raising the retirement age.

Some political observers and consumer activists in the nation’s capital say there is little chance that the commission will propose major changes in Medicare, after the brutal Congressional battle over healthcare reform. Others say don’t bank on it. Opponents of Medicare and Social Security don’t need an excuse to go after the two programs, critics say. They’ve been at it since they were enacted.

Any proposal the commission makes to Congress will have to be approved by 14 of its 18 members—a hurdle that will not be difficult to overcome, say some analysts who have surveyed the views of the commission members. Six panel members were appointed by the president, the others by the two parties’ leaders.

Nurse activists say they don’t see why Social Security should be on the table at all and they worry about any scheme that would privatize the program—in whole or in part. There is no reason, they say, to touch the program unless it is to strengthen and extend it. Problems with Medicare, they contend, stem principally from the escalating cost of medical care. It’s a crisis that Congressional leaders ignored when they took the popular proposal for a single-payer,”Medicare for All” system off the table during the recent healthcare reform debate—and one which must still be urgently tackled.

The AFL-CIO and its President, Richard Trumka, have consistently opposed cutbacks in Social Security. “Creating the false impression that Social Security is a principal contributor to the growth of budget deficits, or lumping Social Security together with Medicare as part of a general ‘entitlements crisis’ is a sleight-of-hand designed to build public support for the unpopular Wall Street agenda of cutting Social Security benefits and/or privatizing the program,” Trumka testified before the Commission in June. “We cannot allow deficit reduction to be used as an excuse for either. In fact, Social Security should be strengthened to compensate for the decline of traditional pensions and for the stock market losses of retirement savings plans.”

One thing is clear: Organized labor and its allies are in for a big fight on Social Security and Medicare, and the outcome of that debate will impact countless future generations of Americans. NNU leaders say nurses will be in the forefront of the struggle.

“We must defend Medicare and Social Security,” said Ross. “There needs to be a great hue and cry. That’s the thing we know works, and it has to be spearheaded by the labor movement. We cannot be lulled into thinking there is nothing we can do.”

Carl Bloice is a freelance writer in San Francisco.
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