

Our stake in rebuilding the health care system

By Sandy Eaton, RN

Those of us who labor in the fields of health care in Massachusetts have experienced profound changes over the last two decades. With these changes, we've organized to deflect the worst of the assault on our professional integrity and we've committed ourselves to reshaping the world in which we work along humane and effective lines.

The wage raises that ended the last cyclical nursing shortage of the mid-eighties seduced administrators into importing job re-engineering consultants. They proposed cutting labor costs by redefining our practice as a laundry list of tasks, most of which could be farmed out to others. Then, for the first time, we experienced massive layoffs. The juggernaut of state, county and municipal privatizations ensued—and the consequences associated with those disruptions in care are still being felt.

In 1991 the commonwealth deregulated hospital finance, thus putting the commercial health insurance industry in the driver's seat. For-profit hospital chains entered the picture for the first time, and heavy managed care penetration followed. Health care delivery in Massachusetts was refashioned into an industry modeled on the assembly line.

The MNA then organized the first of many rallies at the State House

for patient safety in June 1993, uniting RNs, LPNs and students. In September 1994, the MNA—pushed by its Cabinet for Labor Relations—launched its Statewide Campaign for Safe Care, thus developing a public education and legislative agenda, most of which has long since been accomplished (most notably caregiver identification and whistle-blower protection).

The motion at the annual MNA business meeting to adopt single-payer, taxpayer-funded, universal health care as a goal failed by two votes in 1993 amid calls to stay the course with the 1,100-page Clinton plan based on “managed competition” and the creation of regional pools to broker commercial insurance products. By November 1994, the single-payer goal was embraced at convention almost by acclamation. MNA has been a vibrant part of the Massachusetts Campaign for Single Payer Health Care (MASS-CARE) ever since.

When MDs and other clinicians, fed up with the damage to their practice, formed the Ad Hoc Committee to Defend Health Care, we were there to help. Many of us participated in the December 1997 re-enactment of the Boston Tea Party,

throwing insurance forms and letters denying care into Boston Harbor. Many of us signed the JAMA's statement “A Call to Action: For Our Patients, Not For Profit.”

When Ad Hoc launched Question 5 on the 2000 ballot, MNA was there, providing material support through the Labor Cabinet and our Public Communications Department. Outspent fifty-to-one, the coalition backing Question 5 nevertheless garnered a respectable 48 percent of the vote in November. More importantly, this campaign pushed the Legislature to establish a managed care bill of rights and sponsor a thorough study of health care financing in Massachusetts. This study showed that nearly thirty-nine cents of every health care dollar goes to overhead, not care—effectively demonstrating that there is absolutely no excuse for financial barriers to needed services.

The MNA worked closely with the Ad Hoc Committee (now known as the Alliance to Defend Health Care) and many others in promoting the move to amend the Massachusetts constitution to make access to affordable, comprehensive health insurance the right of all residents. After enjoying initial acclaim and success, this petition died. But the specter of quality, affordable, comprehensive health care as a human right has not been dispelled.

Most recently, the MNA linked arms with nursing organizations across North America and with Physicians for a National Health Program in promoting the “Scrubs for SiCKO” campaign, thus using the window of opportunity provided by Michael Moore's latest documentary. Many relish Moore's irreverent approach to issues, while others revile it. Nevertheless, the sorry state of our broken health care system impels all patient advocates to engage in efforts to create a just health care system, to fight to switch the paradigm from market medicine to social good.

Health care reform needs to address access, affordability and quality together. We struggle to enact a limit on patient loads in the acute-care sector. We are the quality-control factor in health care. Through support for the Massachusetts Health Care Trust bill in Massachusetts and Congressman John Conyers' HR.676, the strengthened and improved Medicare for All bill, we work to guarantee everyone the same high standard of care in the least wasteful manner.

We do this to protect all our patients, as well as our own safety and sanity. It's what we do. ■

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the Massachusetts nurse Advocate

ISSN 0163-0784

USPS 326-050

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Mission Statement: The Massachusetts Nurse Advocate will inform, educate and meet member needs by providing timely information on nursing and health care issues facing the nurse in the commonwealth of Massachusetts. Through the editorial voice of the newsletter, MNA seeks to recognize the diversity of its membership and celebrate the contributions that members make to the nursing profession on the state, local and national levels.

Published 10 times annually, in January, February, March, April, May, June, July/August, September, October and November/December by the Massachusetts Nurses Association, 340 Turnpike Street, Canton, MA 02021.

Subscription price: \$20 per year

Foreign: \$28 per year

Single copy: \$3.00

Periodical postage paid at Canton, MA and additional mailing offices.

Deadline: Copy submitted for publication consideration must be received at MNA headquarters by the first day of the month prior to the month of publication. All submissions are subject to editing and none will be returned.

Postmaster: Send address corrections to Massachusetts Nurse Advocate, Massachusetts Nurses Association, 340 Turnpike Street, Canton, MA 02021.

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