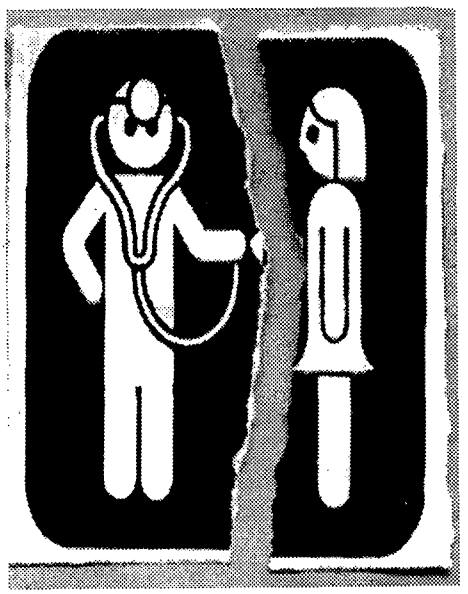
tors to lower their prices in order to have access to patients. In some cases, providers have to agree to take care of patients for a fixed fee, thus shifting much of the risk away from insurance companies and on to doctors and hospitals.

In the '80s, the fee-for-service system served to encourage doctors and hospitals to provide more services in order to increase their fees, argues Service and Employees International Union (SEIU) associate research director Arne Anderson. Now the incentive system is being inverted, encouraging providers to reduce services in order to increase profits.



The "restructuring" of health care now under way goes far beyond finances. It penetrates into the daily working lives of doctors, nurses and other health care workers. These changes threaten profound consequences for patients. Hospitals are going to greater and greater lengths to shorten the time patients spend in hospitals, and to avoid admitting them in the first place. They have moved toward performing more work in outpatient facilities and sending patients home after brief stays—far shorter than is typical in any other industrial country.

Over the past decade private sector employment in the health care industry jumped by 50 percent to about 10 million; most of the growth was outside hospitals. Consultants now claim they can cut hospital staff by a third. Typically, this means reducing the number of registered nurses through general hospital cutbacks and by shifting their work to less-skilled employees. The ranks of RNs grew dramatically in the '80s, as hospitals turned to them, rather than higher-paid doctors, to do much of the work of caring for patients. Now hospitals want RNs themselves to give up their caring responsibilities, shifting to supervisory roles over superficially trained, poorly paid, assistants.

Kit Costello, an RN with Kaiser Permanente and a CNA board member, argues that it is important for skilled nurses to be intimately involved in the care of patients. "Acute care is sliding down the tubes," she warned, "and nobody is going to talk about it unless it's nurses, nurses with a union behind them." Last week, 1,400 SEIU nurses at Seattle's Group Health Cooperative, an HMO long supported by labor unions, struck for one day against a restructuring plan that would dismiss one-third of its RNs and hire more unlicensed workers.

In its battle against restructuring, CNA established a program called Patient Watch, which has collected together some of the horror stories that have resulted from restructuring. At one restructured hospital, a nurse's aide and licensed practical nurse were debating whether to physically restrain or to give Valium to a patient climbing out of his bed. An RN arrived on the scene—purely by chance—and recognized the behavior as a possible sign of hypoxia, a life-threatening condition, and then ordered tests that confirmed her suspicions.

Clearly, restructuring can be dangerous to a patient's health. Thirteen different academic studies over the past decade have confirmed that hospitals with a higher proportion of skilled workers, especially nurses, produce better health outcomes. A 1994 survey of 1,786 nurses in Massachusetts attributed 15 deaths to recent restructuring efforts. Another study showed that hospitals that reduced staff by 8 percent or more were four times as likely as those that had not reduced their staff to experience increased patient sickness or death.

There are times, of course, when home or outpatient care is preferable to hospitalization. And, when appropriate, nurses are willing to share duties with aides and licensed practical nurses, Costello notes. But the decisions are increasingly made not on the basis of what's good for the patient but what's good for the bottom line. Nurses insist it is their professional duty and legal responsibility to make decisions about delegating duties based on the patient's condition and the skills of the aides available.

Managed care ignores the individual and adopts "the Pinto model of health care," says CNA executive director Rose Ann DeMoro. The new standards, she points out, include a calculated risk of increased sickness and death.

Health care unions have fought restructuring to win contracts that provide job guarantees, income security and retraining. They've extended union recognition outside the hospitals proper, to the new outpatient operations that have grown so much in recent years. And they've helped to restrain the industry from further exploitation of part-time and contract workers (who already make up about 40 percent of the workforce).

Earlier this year, nurses at the University of Illinois-at Chicago Hospital won a breakthrough contract that not only protected their jobs but also gave them power to determine whether or not their duties could be delegated to others.

Yet few health care workers have a union. Only about 11 percent of the industry (including 15 percent of hospital workers) are organized, down from nearly 15 percent in 1983. Though clarification of what legally constitutes a bargaining unit seemed to open up organizing possibilities a few years ago, both doctors and nurses face other legal hurdles, such as a May 1994 Supreme Court decision that nurses may be considered supervisors (and thus ineligible to join a union). Physicians, for their part, are held back from unionizing by anti-trust restraints. And hospital administra-

tors have fought unionization with all the weapons they have available.

Not surprisingly, health care restructuring has been particularly draconian at non-union institutions. Some hospitals, as a cost-cutting measure, have gone so far as to fire all their employees, forcing them to reapply for their jobs at a lower rate of pay.

As a result of restructuring, health care workers have in recent years showed more of an interest in unionization, and organizing efforts have increased as well. SEIU, the leading health worker union, has concentrated on organizing nursing homes and home care workers. In the past several years, SEIU has organized 50,000 home care workers, many in California and Illinois. Tom Woodruff, director of the Ohio, Kentucky and West Virginia region of SEIU's District 1199, reports a rising volume of calls from frustrated hospital workers. Unions are most likely to succeed, he says, if they can ally themselves with consumers, helping to overcome public suspicion that they're acting only in their narrow interest.

Woodruff commits half the region's budget to organizing, far more than most unions, but he also enlists members as organizers. "Our most effective organizing is one member going out to another and talking about building power in the industry," he explains.

In response to the convulsions in the industry, health care unions are themselves changing. CNA executive director DeMoro argues that "business unionism has kept us from becoming a formidable player in the health care debate and in health care restructuring." Rather than accept the corporate agenda and bargain over effects, she says, unions must give workers a voice in determining how their work is organized, for the sake of both the patients and themselves.

Long fragmented and suspicious of each other, unions in the health care industry have begun to work together under the auspices of the American Health Care Coalition. Even doctors, including those at Cook County Hospital in Chicago, are talking more openly about forming unions, according to Daniel Lawlor, a doctor and AFSCME vice president. Health care workers are also reaching out more to community and consumer allies: such coordinated pressure recently forced the Sisters of Mercy, a Roman Catholic order, to change the board of directors at Mercy Community Hospital in Port Jervis, N.Y., thus rebuffing the board's attempts to use permanent replacements to thwart a nurses' strike for a first contract.

By focusing on patient care, the unions can serve the interests of both their members and the public. By defending a true community of interest between health workers and the public, unions can also set an example for the labor movement in challenging corporate priorities and redefining an industry away from an obsession with profit and toward the public interest. "The best defense is to offer a competing agenda," argues Richard Trumka, president of the Mine Workers and an advocate of more union-community coalitions. "We [in the labor movement] can become the voice of the patients." ◀

RELIGION

Birth of a nation

The dream of a secular state is receding as beleaguered Bosnians look to Islam for direction.

By Paul Hockenos
SARAJEVO

Every day at noon the bells toll at Sarajevo's Catholic cathedral, followed by those of the Orthodox church around the corner. A few minutes later, the *muezzin* from the minaret of the Bascarsija mosque calls together the worshippers for prayer. In contrast to most of war-ravaged Bosnia, the spirit of tolerance that defined Sarajevo before the war persists among the Muslims, Serbs and Croats who still live here.

Even outside cosmopolitan Sarajevo, many Bosnians still cling to the ideal of a multicultural society, which is also the official line of the multinational Bosnian leadership.

But Bosnia is no longer the country it once was. Three years of war have dramatically altered Bosnia's ethnic composition, flooding government-held territory—one-fifth of the original Bosnian state—with Muslim refugees while draining that space of Serbs and Croats. Growing voices in the Muslim community demand the bolstering of a Muslim national identity, which one day may underpin a national state. In the armed forces and police, as well as factions of the government, an ethnic nationalism with a strong Islamic element is emerging as an alternative to secular democracy.

Above all, Islam has begun to take hold within influential ranks of the military. Since the war's onset, the once-multinational Bosnian military has become an almost exclusively Muslim force. Many officers and soldiers now define the war in terms of the defense of the Bosnian Muslim people rather than of a multicultural society.

High in the mountains of northeastern Bosnia, the Bosnian army's elite commando unit and presidential guard, the Black Swans, has its barracks. In contrast to the often rag-tag regular army troops, the Black Swans are the Bosnian army's most disciplined and effective fighting force. The key to their success, says Commander Hase Tiric, is Islam. The 600-man Muslim brigade lives according to Islamic law—daily prayer, no alcohol or women, exemplary personal hygiene.

"We're not fundamentalists," says Tiric, a newcomer to religion like most of his soldiers. "These rules simply ensure the highest military standards."

The Black Swans are just one unit in the Bosnian armed forces that has taken Islam to heart. In part, the upsurge of religion in the military reflects a new interest in Islam among many Bosnian Muslims. The hardship of the war and the pressures of rampant nationalism around them have led ever more people to look to Islam for direction. Before the war, Bosnian Muslims were overwhelmingly secular, their fondness for drink and earthly pleasures legendary across former Yugoslavia. Today, mosque attendance is up as never before, religious education classes are full, and Arabic has become a popular second language to learn in high schools.

In the armed forces, young soldiers are eager to learn about Islam. The Black Swans receive two hours of religious training a day. "I am here to tell these boys what they're fighting for," says Hamza, the unit's *hodja*, or religious leader. "First they learn the rules of Islam and follow them, then comes faith."

Until recently, the Bosnian government has either denied or played down the existence of all-Muslim Islamic units,