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Personal Commitments Needed To Reduce Violence

BY SR. MARY JEAN RYAN, FSM

Last year, this nation experienced two momentous events of horrific violence that unsettled our collective conscience and raised issues that remain largely unresolved. Those events were the O. J. Simpson murder trial and the Oklahoma City bombing.

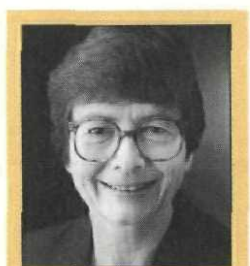
Although our opinions may differ on whether O. J. Simpson murdered Nicole Brown Simpson, the trial heightened our awareness of the violence so often involved in domestic abuse. The Oklahoma City bombing, on the other hand, forced us to recognize a terrible truth—namely, that our society is sufficiently violent to produce terrorists, that we need not look outside our borders for them.

Violence has been called the fastest-growing public health problem in our nation. As care givers, we tend daily to the victims of violence—many of whom are women and children—in our emergency, mental health, rehabilitation, and other departments. One of SSM Health Care System's facilities, St. Anthony Hospital, is located about six blocks northwest of the Murrah Federal Building in Oklahoma City and received most of the injured persons—almost 200 in a 6- to 10-hour period—on that sad day, April 19, 1995.

COST OF VIOLENCE

To create healthy communities, I believe Catholic providers—as an industry and as individuals—must address violence in all its forms. The cost of violence in financial and human terms is too high for our nation to bear.

Violent Crime *U.S. News & World Report* has estimated the annual cost of crime in the United States to be \$674 billion a year. The report sets the medical and mental health costs of violent crimes such as murder, rape, assault, robbery, and arson at



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about \$11 billion each year.¹

Domestic Violence According to the U.S. surgeon general, domestic violence is the main cause of injury for women 15 to 44 years of age.² The U.S. Office of Criminal Justice estimates that 3 million to 4 million women are battered each year. Domestic violence costs employers between \$3 billion and \$5 billion annually in increased healthcare costs, lost productivity, and absenteeism, according to the Bureau of National Affairs.³

Violence in the Workplace An average of 15 people are murdered at work each week, according to the National Institute for Occupational Safety and Health.⁴ The Workplace Violence Research Institute estimates that workplace violence costs Americans \$36 billion a year.⁵ The institute defines workplace violence as homicide, physical attacks, rape, assault, threats, intimidation, coercion, all forms of harassment, and any other act that creates a hostile work environment.

The healthcare industry is not immune.

According to a survey by the International Association of Health Care Security & Safety, 20,932 crimes were committed in U.S. hospitals in 1992, with more than 17,500 victims identified and 3,477 personal injuries reported.⁶

Violence from Firearms Approximately 99,025 persons were treated for nonfatal firearm-related injuries in this nation's emergency departments between June 1992 and June 1993.⁷ In 1992, 13,220 people in the United States were victims of homicides in which handguns were used.⁸

U.S. Health and Human Services Secretary Donna E. Shalala says that, if current trends persist, soon more peo-

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REDUCE VIOLENCE

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ple will be dying from firearm injuries than from automobile crashes.

Violence against Children Homicide was the leading cause of death among children under age 4 in 1993, according to the National Association of Children's Hospitals and Related Institutions. Nationwide, 808 children under 4 were killed by physical violence that year. It costs an average of \$14,000 to care for a child injured by a handgun.

Children can be damaged for life by violence, even if they recover physically. How do you place a monetary value on the loss of a child's future? A University of Missouri-Kansas City study found that 40 percent of children under 15 who experience violence in the family tend to lose interest in the future and begin to live for the moment.

A PERSONAL COMMITMENT

How do we begin to end this violence? Clearly we need to assess the impact of violence in our own communities and collaborate with other organizations on projects to reduce it (see *Health Progress*, March-April 1996, pp. 24-40). We also can present educational programs and seminars that promote safety and improved personal relationships within our facilities. We can address the impact of domestic violence on our workplaces by creating environments in which employees feel safe enough to acknowledge and begin to resolve abusive situations.

But, I believe, we must go beyond these efforts. Violence is so pervasive in our society that each of us in healthcare must make a personal commitment to actively work to reduce it in our own lives—at work, at home, and in our neighborhoods.

There are many ways that employees in our organizations can make a personal commitment to nonviolence. For example, mission awareness teams (MATs) throughout our system recently gave employees an opportunity to sign a statement disavowing media violence and pledging to reduce its impact on themselves, their families, and their communities. Nearly 2,500 persons signed a statement called "Say 'NO' to Media Violence."

We found that our employees were

grateful for the chance to speak out on this issue in a personal way. One MAT chairperson said that many signees insisted on using their own addresses, even though the hospital address was offered, because they wanted to make it clear who was signing. She said some of the hospital's security officers, who now wear bullet-proof vests at work, were eager to assist in preparing displays for the activity.

We can also monitor our own language and the language spoken in our homes and offices. We may think language is inconsequential, but we should not underestimate its power. We each have the ability to speak to others—both those close to us and strangers—in ways that can create either happiness or unhappiness, that can demean or inspire.

In marketing our organizations, we can "focus on" rather than "target" audiences, for example. Instead of "shooting down" ideas and projects, we can "take them off the table." We don't need to put "bullet" points in our newsletters and memos when we could use "dot" points. Instead of being on the "cutting edge," we can be "in the forefront." In brief, I am proposing that we find suitable alternatives to our own violent language.

No one is safe from violence. It reaches us at home and at work. It is personal, and we must meet it with a personal commitment to nonviolence. □

NOTES

1. January 17, 1994.
2. Charlene Marmer Solomon, "Talking Frankly about Domestic Violence," *Personnel Journal*, April 1995, pp. 62-72.
3. Solomon, p. 62.
4. Kristin L. Nelson, "Picking Up the Tab for Violent Crime," *Best's Review*, May 1994, pp. 38-45.
5. "Work Violence: Cost Guess Rises as Definition Expands," *Security*, June 1995, p. 9.
6. Christine Woolsey, "Crime in Hospitals Calls for Special Care," *Business Insurance*, November 28, 1994, p. 10.
7. Joseph L. Annest, et al., "National Estimates of Nonfatal Firearm-related Injuries: Beyond the Tip of the Iceberg," *JAMA*, June 14, 1995, pp. 1,749-1,754.
8. Charles Marwick, "A Public Health Approach to Making Guns Safer," *JAMA*, June 14, 1995, pp. 1,743-1,744.

COMMUNICATING

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member and, on the other, four or five local "influentials." Each "influential" could then tell his or her story from notes developed earlier. "This is effective because in this way legislative staffers can hear the views of actual constituents at first hand," said Strobeck. "It will seem like a spontaneous expression of support, even though it was precoordinated."


Strobeck said citizen-communicators should try to make legislators feel as if they were part of the community. "Invite them to your facility and give them a tour," he said. "Personalize healthcare issues by telling lawmakers the number of persons your facility employs, the amount of care it provides, the economic impact it has on the community."

Lawmakers enjoy hearing news from the community, Strobeck said, so the citizen-communicator should remember to send them newsletters and information about new developments. "Consider lawmakers an important part of your organization's communications plan," he said. "Make sure they're on the invitation list for major events."

Citizen-communicators can also ingratiate themselves with lawmakers by helping them develop legislative research, by volunteering to work in their campaign organizations, and by making personal or PAC contributions to their campaigns, Strobeck said.

PERSEVERANCE IS IMPORTANT

However, Strobeck also noted that politics is an enterprise that has its limits and disappointments, just like any other. He urged citizen-lobbyists not to give up if, after all their work, they should fail to win on a particular issue. "Good ideas will succeed eventually," he said. "If your position has merit, it will survive. Work on it again. No politician—or hospital executive, for that matter—became successful by quitting after one defeat. It's the same way with legislation." □

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