Striking University of Chicago nurses return to work after five-day lock-out

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Last Friday, on September 20, 2019, the University of Chicago nurses conducted their first-ever one-day strike to bring awareness to a list of grievances that remain unresolved, including high patient to nurse ratios, especially in the emergency room, forced overtime and concerns over personal security while working in the hospital.

For their action, the University of Chicago Medical Center (UCMC) locked them out for five days while strikebreakers were contracted to fill their positions. Management explained that to procure enough nurses to "fill in" they had to guarantee a minimum of five days of work. The striking nurses were allowed to return to work on Wednesday.

The hospital administration contracted the temporary nurses through the US Nursing Corporation. According to its website the scab contractor has three decades of experience "working with healthcare facilities and nursing professionals to provide turnkey staffing solutions during a labor dispute. US Nursing has staffed or helped avert more than 95 percent of all healthcare labor disputes nationwide and is the pioneer and industry leader for comprehensive services throughout strike preparations and implementations." According to Chicago CBS, UCMC paid the strikebreakers an eye-popping $4,200 for five days of work, guaranteeing them 60 hours at $70 an hour. Travel, food, and lodging were also included.

The world-renowned UCMC's consolidated financial statement for 2018 shows they are a multi-billion dollar juggernaut whose deans and presidents earn million-dollar-plus salaries. The medical center's total operating revenues were up from $2 billion in 2017 to $2.2 billion in 2018. However, salaries, wages and benefits paid had risen from $859.6 million to only $943.6 million in the same period.

Revenue and gains above expenses and losses were $101.2 million, down from $462.4 million the previous year. Apparently, given these margins, it was imperative for management to force concessions on the workforce by extracting longer hours from nurses and imposing larger workloads to compensate for the inflated salaries of the executives.

Meanwhile, the National Nurses Organizing Committee/National Nurses United (NNOC/NNU) has threatened that another strike has not been ruled out while failing to explain what the one-day strike achieved in the face of the management's strike-breaking preparations. According to state law, the union must provide the UCMC ten days' notice before workers can walk off the job, which will afford the Medical Center once again ample opportunity to call in for reinforcement.

If last week's debacle is any indication of how the NNOC/NNU plans to carry out a future strike, under their control its only purpose will be to wear down members' expectations and force through a miserable concessions contract. As Marti Smith, the Midwest director of the NNOC/NNU, told the *Chicago Tribune*, "The goal is not to strike. The goal is to have a contract. Hopefully, we'll get there." That is a simple truth, the union is working with management to demoralize nurses to a point that they will vote for a contract which enforces lower labor costs.

The serious nationwide nursing shortage has not meant greater leverage for nurses at the bargaining table. Instead, UCMC, like other healthcare corporations, attack them with utmost hostility, contracting nurses to take on temporary positions while locking their employees out.

It is here that the so-called NNOC/NNU functions as corporate appendage utilizing well-worn schemes like the one-day strike, isolated protests, and negotiations done behind the backs of the rank and file at plush corporate offices and meeting rooms where they are given strict instructions on how the contracts must be pushed through and strategies to swindle the workers into voting for said contracts.

Debra Albert, UCMC's Senior Vice President of Patient Care and Chief Nursing Officer, who rakes in a $645,516 salary, wrote a threatening message to the returning nurses on an internal website, UCMCnurses.org. She reported that all negotiations for the week had been canceled, with bargaining to resume on September 30. Albert wrote: "The next few days and weeks will be difficult as we work to rebuild trust among our nurses, physicians, and other clinical team members. This has become more challenging since NNOC/NNU leaders already are openly threatening to call on you to walk out on your patients a second time… How many chapters from the union's national playbook can you and your family afford? How many chapters does your local community need to endure?"

These are direct and serious threats, but the nurses are not trapped between a proverbial a rock and a hard place, as the NNOC/NNU has claimed. The solution to is to take the struggle into their own hands by forming rank and file committees which will join up with other healthcare workers in Chicago, across the US and internationally to break out of the isolation imposed by the union and expand the fight for good wages and conditions across sectors and geographic boundaries.

In addition to the exploitation of the staff, the profit-seeking of facilities like UCMC contribute directly to the burdensome healthcare costs for American workers.

In an annual survey of employers, the Kaiser Family Foundation found that the cost of employer-sponsored family health coverage in the US rose 5 percent on average, topping $20,576 annually with worker's contributing $6,015 on average toward this cost. These are just upfront premiums and do not include co-payments and deductibles, which have more than doubled over the previous decade. Approximately 153 million Americans rely on such coverage for their healthcare.

The non-profit health research group found that the cost of healthcare for workers is rising more quickly than wages or general prices of goods and services. Employers are attempting to push these costs back on to workers while keeping their wages stagnant, or lowering them, to eke out the profits their shareholders demand. This naturally affects the poorest of workers. Someone earning $25,000 per year will have to contribute $7,000 for a family health plan which leaves little for anything else. Nearly 40 percent of all adults cannot meet an unexpected $400 expense without borrowing from their family or friends.