

Union reaches deal with University of Chicago, creating two-tier system for nurses

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On Saturday morning, the National Nurses United announced that it had reached tentative agreement with the University of Chicago Medical Center (UCMC) averting a second strike, which was scheduled for today. The deal comes after a one-day strike by 2,200 nurses on September 20 that was followed by a five-day lockout by UCMC, which hired strikebreakers to fill their positions. The NNU has been in negotiations with UCMC since the nurses' contract expired in April of this year.

While contract negotiations with UCMC were ongoing, on November 14, the National Nurses Organizing Committee/National Nurses United (NNOC/NNU) authorized a second one-day walkout when the hospital proposed new staffing requirements that would eliminate patient care support nurses. According to the NNOC, support nurses are critical in providing senior nurses with a variety of patient care responsibilities while offering the younger nurses mentorship. Such a maneuver by the hospital would considerably compromise patient safety as the senior nurses would take on even additional administrative burdens on top of the hectic patient care schedules they face. With nearly 80 percent of the nurses turning out, 92 percent of the rank-and-file voted in favor of the second strike.

Despite the continued militant mood of the University of Chicago nurses, little was achieved by the union's one-day stunt in September that resulted in nurses losing a week of wages without addressing their underlying grievances. These include concerns over the high patient-to-nurse ratios, forced overtime and personal security while working in the hospital. When several other hospitals throughout the country were also walking out to protest unfair contract disputes the NNOC/NNU did nothing to unite these struggles or call

to action the 90,000 rank-and-file nurses who are members of the union.

On November 20, UCMC began preparing for the November 23 strike by closing its trauma center again, diverting ambulances to other regional hospitals. Pediatric and adult patients were placed on ambulance bypass though the emergency room remained open for walk-ins. Hospital management initiated the transfer of neonatal and pediatric intensive care unit patients as well as high-risk obstetric patients to other hospitals. Elective surgeries were rescheduled. UCMC was also in the process of attempting to recruit 900 temporary nurses from strikebreaking agencies.

The nurses will vote on Tuesday on the tentative agreement reached between NNOC/NNU and UCMC. Though the unions claim that the agreement has resolved all outstanding issues, the details surrounding the new Collective Bargaining Agreement remain obscure. According to the *Chicago Tribune*, "For the hospital, a major sticking point in the negotiations was whether newly hired nurses should get incentive pay, which is a higher rate of pay for hours worked beyond a certain amount each week."

In a statement, Debra Albert, UCMC's senior vice president of Patient Care and Chief Nursing Officer, said, "Under this proposal, all of you who were promised incentive pay would see it continue and grow under the current program without change. That includes growth due to step and base rate increases. That includes part-time nurses in an incentive-eligible role who pick up an extra shift or transition to full-time status." But such incentives, she said, "would not be offered to nurses hired after ratification. The incentive was first offered to encourage nurses to apply for full-time roles to overcome nursing shortages in the 1980s. We no longer face a nursing shortage."

In other words, the union has agreed to a two-tier system that will inevitably result in seeing better-paid senior nurses phased out to hire a new crop of younger nurses whose pay will stagnate while they are forced to assume more patient responsibilities. This greater exploitation of health care profits will ensure greater profits and bigger payouts to corporate management.

The Bureau of Labor Statistics projects that each year an additional 203,700 new registered nurses (RNs) will be needed through 2026 to fill newly created positions and replace retiring nurses. According to an article published in July 2017 in the *Journal of Nursing*, more than one million RNs will retire by 2030 and “the departure of such a large cohort of experienced RNs means that patient care settings and other organizations that depend on RNs will face a significant loss of nursing knowledge and expertise that will be felt for years to come.”

According to the Centers for Medicare and Medicaid Services, overall healthcare costs, both in private and public spending, are expected to rise on average by 5.5 percent every year over the next decade, growing from \$3.5 trillion in 2017 to \$6 trillion in 2027, accounting for nearly 20 percent of GDP by then.

The NNU is a staunch supporter of Bernie Sanders and the subordination of the working class to the Democratic Party and the profit system it defends. The union promotes Sanders and his reformist Medicare for All proposal to cover up its own role in colluding with the giant hospital chains and insurance companies. Meanwhile, Sanders seeks to cover up the role of the Democrats, who under Obama’s misnamed Affordable Care Act, accelerated the attack on healthcare workers’ conditions in the name of greater efficiencies and cost-cutting.



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