

Reporter

September 1988

Number 246

Health Care Take-backs from Health Care Workers.

Based on an Interview
with SEIU Local 250 Organizer
Ken Grossinger

by Marlene Kim //

"The hospital is saying those of us who provide patient care don't deserve health care. If either of my kids get sick I won't even be able to afford to take them to the hospital where I work."

— Licensed Vocational Nurse

On April 30, 1988, seven San Francisco hospitals took away health insurance from their health care workers. These workers went on strike on July 26.

Background to the Strike

Negotiations began last January for a new contract between SEIU Local 250 and the following private hospitals in San Francisco: Pacific Presbyterian, Marshal Hale, Children's, Seton, Saint Mary's, Saint Francis, and Mount Zion. These hospitals are affiliated for collective bargaining purposes in one of the oldest multi-employer units in the country. The 1,700 members of Local 250 include housekeepers, food service workers, licensed vocational nurses, nursing attendants, and technicians (including psychiatric technicians). They are among the lowest paid workers in the hospitals, and most of them—71%—are minorities.

Among Local 250 demands are a wage increase, health and safety committee, and health insurance coverage for casuals who

work over 625 hours in six months. Presently, 20% of the hospital workers are casual employees and are not covered by health insurance. Those workers who are covered ordinarily receive health care at the hospitals in which they work.

The hospitals pressed in negotiations for co-payment of health insurance. Employees who paid nothing under the old agreement would have to pay up to \$100 per month for health care coverage for their families. The hospitals also insisted on a take-back of seven paid sick leave days and a wage freeze for most of the employees.

The previous three year contract expired on April 30, 1988. Two days prior, the hospitals announced their last and final negotiating offer. According to the union, soon afterwards the hospitals unilaterally declared an impasse, even though Local 250 still had proposals to offer and requests for more information.

The hospitals cut health care, took away the seven paid sick leave days, and froze wages for most of the employees. The union filed an unfair labor practice charge against the hospitals for illegally implementing take-away proposals before an impasse in bargaining had been reached. This charge is still pending before the NLRB.

On July 14, 86% of Local 250 members voted to go on strike. This is the first strike in the fifty years of collective bargaining with these hospitals.

The Givebacks

According to the union, the hospitals are pressing for give-backs despite high profit rates. Last year, four of the seven hospitals had combined profits that exceeded \$12 million.

The union charges that workers would not be able to afford to pay their share for health insurance, which will cost up to \$1200 per year, or up to 17% of their take-home pay. These workers would have to obtain welfare and use public health facilities, which are already severely understaffed. If this occurs, the private hospitals, which are earning a profit, would shift the burden for health care costs onto the tax-supported public hospitals.

One effect of the give-backs is that it forces members to use the HMO's that some of the hospitals own. For example, Pacific

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Presbyterian has a controlling interest in Bay Pacific Medical Center. Of the two health plans this hospital offers to employees, one of them is Bay Pacific; the other option is more expensive. Bay Pacific HMO is also having financial trouble. By manipulating the options for health care, the union claims that the hospital is making the employees bail out Bay Pacific by paying for the HMO.

Busting the Union

The Local believes the hospitals are demanding give-backs not only to save money but also to provoke the strike. This past year, local hospitals settled contracts with Local 250 with 2% to 3% wage increases and no take-backs. Recently, St. Luke's, which is not part of the Affiliated Hospitals, settled such a contract with the Local. These seven affiliated hospitals stated in negotiations, however, that they want to "set a trend."

"Hospitals are demanding give-backs in order to provoke the strike."

These hospitals are aware that Local 250 would not accept cuts in health care and paid sick time. At one point in negotiations, they proposed an open shop (currently the local has a union shop) and limits on grievable issues. In addition, they proposed that union representatives would need management-approved appointments with members regarding specific issues in order to enter the hospitals. Representatives would not have been allowed into the hospitals to observe whether or not the contract was being enforced.

Ken Grossinger, SEIU Local 250 Organizer, believes that the hospitals knew this proposal would be rejected: "The only conclusion to draw is that they are not bargaining in good faith, and they hope to weaken the union, if not break it."

Hospitals' Attacks on Health Care

The health care give-backs are most significant because hospitals are leading this attack on health care coverage. The *AFL-CIO News* reports that 37 million people are not covered by health care insurance in the United States. In California, five million people are not covered. Twenty six percent of all San Francisco residents do not have health insurance.

To address this crisis, there is a movement in most of the states of the nation to improve health care protection. Massachusetts, for instance, recently guaranteed health insurance for virtually all state residents. "Rather than providing better and increased health care to the communities, San Francisco hospitals are doing the opposite. They are leading the attack by taking health care away—from their own employees," says Grossinger.

The union believes that if the hospitals succeed in forcing employees to pay for their health care, they will press for co-payment in other hospitals in the Bay Area and nationally.

At one point in negotiations, the Local proposed use of Kaiser coverage for the hospital workers, which could have resulted in \$1.1 million in savings for health care costs. The hospitals were not interested. The union believes this is because once workers begin co-payment for their health insurance, the hospitals will press to keep increasing the employees' share of the costs in future negotiations.

Employees' Health At Risk

By the nature of the profession, hospitals have more responsibility to the public than simply earning a profit, says Grossinger. "But the hospitals act as if they are only interested in their profit rates ('surplus'), as evidenced by taking away medical coverage of their own employees. If hospitals were truly concerned about health care, they would be concerned about health care for their employees as well. Instead of attacking their own employees' health care, they could work with their employees, the union, and the community to fight for increased state and federal funding."

He illustrates the hospitals' lack of accountability for health care by their own health and safety standards. Hospitals are one of the most dangerous places to work because of infectious diseases, he claims. In cleaning up after surgery, for example, employees must handle plastic bags full of blood. These bags break or spill, often carrying diseases which can infect an employee.

In addition, employees are stuck by needles regularly. Recently, an employee was stuck by a needle protruding from a plastic bag which had been used to inoculate an AIDS patient.

Despite these dangers, the union claims that the hospitals do not provide adequate health and safety training nor proper equipment to prevent infections. When the union proposed a joint Labor-Management Health and Safety Committee, the hospitals rejected the proposal, saying it was unnecessary.

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"You would think they would care as much about their employees health as the patients they care for," says Grossinger. "Unions should not have to inform hospitals about infectious disease control."

Local 250 Fights Back

At press-time, Local 250 is continuing to strike. This strike carries full sanctions by the San Francisco Labor Council. The Local asks labor and the community not to patronize the seven affiliated hospitals during the strike. Management has hired temporary workers as strike breakers.

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The Local also began to strike French Hospital, which is not part of the Affiliated Hospitals, on August 6. Six of the seven Affiliated Hospitals faced their first nurses' strike since 1974, when two thousand nurses in CNA struck on August 2 for better wages and working conditions. Moreover, cooks for the Affiliated Hospitals in Local 2 of the Hotel and Restaurant Employees Union also struck on August 2. Operating Engineers Local 39 has a contract re-opener in October for health insurance benefits with the Affiliated Hospitals and went out in support of Local 250 on August 6.

Local 39 and CNA are working closely with Local 250. Representatives of the unions' respective bargaining teams are attending each others' strategy meetings, so that bargaining and strike strategies are planned together.

The workers' spirits are strong. Members have picketed the homes of top hospital officials and distributed leaflets to the neighbors of these officials. The San Francisco community has demonstrated support for the strike by contributing thousands of dollars to the hardship fund, donating food to the strikers, and writing letters of support to the board of directors of hospitals in support of a settlement.

The Local has also organized sit-ins at offices of the Board of Directors of the hospitals. A sit-in on June 1 at the office of the St. Francis Hospital C.E.O. resulted in the first arrests. Sixteen union members have been arrested during the strike while trying to prevent deliveries.

Ironically, the give-backs are strengthening, rather than breaking the union. Members are more interested in the union, and the union is more highly organized as a result. For example, Local 250 has been organizing fifteen hundred clerical and technical workers in these hospitals. These workers have never been organized before. Although the Local began the organizing drive before the strike, the strike elicited so much interest in membership that on August 4th, the Local filed for recognition as the exclusive bargaining agent.

The union has been paying the employees' share of the health insurance costs after management implemented their health plan requiring employee contributions. To help pay for these costs, Local 250 has formed a Health Benefits Defense Fund and will be holding fundraisers around the Bay Area. For more information call Local 250 at 441-2500.

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