

NURSES' STRIKE OVER HEALTH CARE COULD AFFECT YOURS

A few months ago, 23,000 registered nurses in California organized a one day strike and they are planning a repeat performance as hospitals become the common man's most recent enemy. Additionally, in the next several weeks, approximately 6,000 nurses in New York are planning to join the bandwagon and stage a strike of their own. Rumor has it that nurses in New Jersey and Minnesota will be organizing strikes as well. The complaints of the nurses are the same as many American workers: Executive salaries are out of control while the average employee is being forced to make many sacrifices in addition to less wages. The nurses at three of New York City's largest hospitals have voted to authorize a stroke but are still waiting on their union, the New York State Nurses' association to give the required 10-day notice to strike. A large scale strike in any industry will be inconvenient, but with a nursing strike mere inconvenience can turn into tragedy. According to a study done recently by the National Bureau of Economic Research looking at fifty past nurses' strikes, the patients affected had a 20 percent greater chance of dying. Nursing contracts at two hospitals, Mouth Sinai and Montefiore, expired last December. During arbitration this summer, a decision was reached requiring the nursing staff at these hospitals to contribute \$25 to \$400 a month to their healthcare premiums, where previously the entire premium had been covered by their employers. When these changes became effective in September, the nurses also found out that their prescription medication benefit costs had increased as well. Those in charge counter that such changes are necessary due to the current economic climate. All hospitals are feeling the pinch of Medicaid and Medicare cuts, and for the first time, hospital budgets are becoming dependent on the quality of care provided as a result of the Obama Administration's Accordable Care Act come to fruition. For example, under this act, if too many patients return to the hospital within a 30-day time frame post-discharge, that hospital will have its funding decreased. Nearly one-third of the two-trillion dollar healthcare budget is accounted for by hospital readmissions which are largely preventable. Nurses have responded by claiming that are being required to unfairly carry the entire burden of such consequences. According to Judy Sheridan-Gonzalez, nurse and union head at Montefiore, "This corporate model is being shoved down our throat." In The Times, the president of the bargaining unit for Mt. Sinai Medical Center, Jacklynn Price, renounced hospital executives as "nonprofit oligarchs," citing the \$2.6 million salary, including a \$1.2 million bonus that the hospital's chief executive, Kenneth L. Davis, enjoyed last year. In contrast, nurses at Mt. Sinai have a base salary of \$75,000 a year, capping off at \$95,000 a year after 20 years of service. Quite possibly, the nurses and management will be a compromise. However, hospitals are planning a contingency of replacement nurses and will have to pay them twice the amount the regular nursing staff current receives.

https://blog.granted.com/