

## A Decision that Defies Logic

*Strikebreakers undermine nurses' efforts to ensure a safe care environment.*

By taking the difficult step of walking out on strike on September 20, 2000, more than 1,200 registered nurses at the Washington Hospital Center in Washington, DC, secured restrictions on the use of mandatory overtime, redressed employer retaliation against union activists, and gained a strong RN voice in decision making that affects patient care. While they were ultimately successful, their battle was lengthened considerably—some six weeks—by the hospital's use of strikebreakers.

### HAZARDOUS CONDITIONS LEAD TO STRIKES

Each year, nurses successfully negotiate hundreds of collective bargaining agreements that address patient safeguards, work environments, and professional advancement. However, there are times when they have no other recourse than to strike.

"The decision to strike is very serious and has far-reaching and long-lasting consequences," notes Cheryl Johnson, RN, chair of the United American Nurses (UAN), the newly created labor arm of the ANA. "Nurses exercise this right infrequently and only as a last resort."

Over the past few years, though, the number of strikes by registered nurses in the United States has increased noticeably. In 1995, registered nurses were involved in only four work stoppages. Last year, there were four times as many strikes, involving thousands of nurses from

Massachusetts, New York, and Washington, DC, to Ohio, Michigan, and California. Virtually all of the strikes resulted from excessive RN staffing loads and mandatory overtime.

And in all of the major strikes of 2000, employers resorted to hiring nurse strikebreakers as a tactic in their dealings with these labor conflicts. The collective bargaining process, to be effective, depends in large part on nurses and their employers having equal risks at the bargaining table. Maintaining this balance of power is essential to reaching a just and equitable agreement. If employers have a supply of substitute workers, they are much less inclined to continue negotiations and resolve problems. Instead, they abandon collective bargaining in favor of intimidation and punitive action designed to break the wills of their nurses.

Strikebreakers, more commonly known as "scabs," enable employers to pursue this strategy and, in the process, rob their fellow nurses employed at the facility of the means to improve patient care and working conditions. Strikebreakers themselves work dangerously excessive hours over extended periods of time, sometimes in unfamiliar roles. As transients, they have no relationship with the patients or familiarity with the facility. Thus the quality and safety of the care they deliver are questionable at best. In fact, a recent article in *The American Nurse* (November–December 2000) reported that two strikebreaking nurses, brought in for a strike at St. Vincent Hospital in Worcester, Massachusetts, last

spring, left a surgical patient unattended in the postoperative recovery room and another gave the wrong baby to a mother for nursing.

### STRIKEBREAKERS: BIG BUSINESS

Companies that supply workers to cross picket lines are also considered strikebreakers. Their business is to scab labor; their goal, profit. They provide the strikebreaking nurses, pay them far above the prevailing wage rate, then pass the cost, plus their own hefty fees, on to the employer. The most notorious of these companies is U.S. Nursing Corporation (USN).

Headquartered in Denver, USN specializes in sending nurses into strike situations. The Washington Hospital Center (WHC) was one recent client. According to the *Daily Labor Report*, published by the Bureau of National Affairs, USN supplied the WHC with upwards of 700 strikebreakers at an estimated cost of \$18 million for a 47-day strike. The company's fee included the cost of wages—reported to range between \$2,700 and \$4,000 per nurse per week—as well as its corporate markup, room and board for the scab nurses, airfare, daily shuttle to and from the hospital, and security. What WHC spent on USN strikebreakers was far in excess of the cost of the final contract settlement.

USN is by no means the sole purveyor of nurse strikebreakers. In fact, a Web site ([www.scab.org](http://www.scab.org)) provides travel nurse companies a forum for promising "plenty of work" and "\$\$\$\$One Day Strike\$\$\$." One advertise-

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ment from “a major S.E. Per Diem Nursing firm” sought “a Strike (Scab) Nursing Manager/Director . . . with prior experience related to all aspects of securing strike contracts.” The promise of an excellent compensation package with “potential for profit sharing” rounded out this “don’t miss” opportunity.

## THE PRICE OF SCABBING

Strikebreakers, like most hirelings, have no commitment to the patients at the struck facility or to the wider community it serves. “They are in it simply for the money,” asserts Julie Semente, RN, a New York State Nurses Association member and an outspoken critic.

Many strikebreakers rationalize that they are stepping in to provide adequate staffing when others have walked off the job. “This is a peculiar twist of logic, since crossing the picket line condones and perpetuates the employer’s decision to ignore the unsafe staffing levels and unacceptable working standards that caused the strike in the first place,” says Gwen Johnson, RN, chair of the economic and general welfare cabinet at the District of Columbia Nurses Association (DCNA) and a staff nurse at Washington Hospital Center. “In the end, strikebreakers prolong the conflict and jeopardize the efforts of their nurse colleagues to bring about positive change.”

The argument that “somebody has to take care of the patients” is also faulty: federal law requires nurses to give a 10-day notice of intent to strike. The notice is specifically designed to give the facility time to stop admitting patients, transfer existing patients to other facilities, and reduce medical procedures that require nurse-intensive labor. Management often responds to the notice by continuing to admit new patients and proceed with “normal”

operations. This inevitably strains the system and prompts the call for strikebreakers.

In addition to providing early notice of a strike, nurses also typically set up teams of RNs who can assess a request from management to provide specialized temporary care for critically ill patients whose transfer to another facility would jeopardize their health or recovery.

Although the nurses at Washington Hospital Center offered to do this, management refused to let them, according to Gwen Johnson. She recalls that during an earlier strike, at Howard University in Washington, DC, nurses were allowed to go in and do care assessments. The assessments revealed that the strikebreaking nurses had no ICU experience, so the nurses, with the support of the union, left the picket line to go in and provide patient care.

## THE UAN DENOUNCES STRIKEBREAKING

The UAN condemns the practice of crossing picket lines and the business of providing strikebreakers. ANA president Mary Foley, MS, RN, and members of the ANA Board of Directors joined UAN nurses last year twice in picketing USN headquarters to protest the company’s involvement in strikes in Nyack, New York, and Worcester, Massachusetts.

Nurses also took their activism directly to the employer of USN’s services when Foley, Cheryl Johnson, and others were arrested for civil disobedience during a November 3 rally in support of striking nurses at the Washington Hospital Center.

“The UAN is clearly committed to fighting the practice of strikebreaking and to exposing its dangers to patients and nurses alike,” Cheryl Johnson says. “Besides providing financial and moral support to striking nurses and their families, the UAN

To learn more about the UAN, call (877) ANA-ORGA, or go to [www.UANurse.org](http://www.UANurse.org).

works with the media, churches, and labor and community coalitions to raise public awareness and seek support for nurses either to avert strikes or end them quickly and successfully.”

## TAKING PRECAUTIONS

Not all travel nurse companies engage in the business of strikebreaking. Before signing on with one, investigate the conditions at the facility to which you are being sent. Find out whether a strike or other form of labor dispute is occurring and, if so, the reasons for and circumstances of the dispute. If a strike is in progress, decline the assignment.

“Trust the judgment of your nurse colleagues who are on strike,” says Gwen Johnson. “Nurses do not strike unless there is an extraordinarily serious situation and no other recourse is available.”

Cheryl Johnson adds further advice: “Think about the consequences of walking into a strike situation. You’re working excessively long hours in an unfamiliar, understaffed facility, with minimal orientation and perhaps in a setting in which you have no experience, with unqualified support personnel, in an overall volatile atmosphere,” she says. “Is it worth risking the health of the patients in that facility or your license as a professional registered nurse? Is the money really worth it?”

The UAN believes that a successful strike can lead to a safer care delivery environment with improved working conditions. “By refusing to cross a picket line, you refuse to sabotage nurses who are fighting for patients’ and nurses’ rights, and you maintain the respect of your nurse colleagues whose fight is your fight,” Cheryl Johnson says. ▼