
Interview: David Schildmeier

Nurses' Strike Is About Patient Care, Not Money

David Schildmeier is Director of Public Communications of the Massachusetts Nurses Association. More than 600 MNA nurses have been on strike since March 31 at St. Vincent Hospital in Worcester, against Tenet Healthcare Corp. and its managed care policy, mandating that nurses work two eight-hour shifts on demand. The MNA negotiated for more than two years for their first contract with Tenet, the nation's second-largest for-profit hospital chain, before deciding to strike. Schildmeier was interviewed on May 1, by Marianna Wertz.

EIR: We have just come out with a call for banning health maintenance organizations (HMOs) as priority legislation in this country, and I wanted to find out what was going on with the nurses' strike. Is there any negotiation going on now?

Schildmeier: No.

EIR: How is the strike holding out?

Schildmeier: Great. They're probably stronger now than they were the first week.

EIR: Is there any indication that Tenet is going to give in?

Schildmeier: Not as of yet, but that's what we're here for. They have said never, ever, ever will they budge on their position, but they're getting tremendous opposition. The head of the major HMO here—even though you're banning them, and I agree with you—has called upon them to settle the strike, because the care being provided by the replacement nurses is not good. The Department of Public Health is being held to task, to make sure that they monitor what's going on there a lot more carefully. We're hearing a lot of horror stories.

EIR: Can you tell me a few of the horror stories?

Schildmeier: Patients have been given the wrong medication. One woman was not given medication for 12 hours and then, when the scab nurse realized that she hadn't been medicated, gave her the medication intravenously, when it shouldn't have been given intravenously, and it sent her into arrest. Another patient with severe angina and heart problems came to the emergency room with severe chest pain, had to wait two hours, and later was given an overdose of morphine. She was supposed to be given 2-4 milligrams of morphine, and instead was given 24 milligrams, and ended up being in the ICU [intensive care unit] for a long time.

There is just story after story of patients being mis-medi-

cated, going without medication for hours, and we have heard reports of patients dying as a result of some mishaps, but we haven't been able to confirm that.

EIR: These scabs are being paid \$4,000 a week? That's a lot of money.

Schildmeier: It's a huge amount of money. They are just mercenaries. They're hired by this company [U.S. Nursing Corp., a Denver-based firm] to go all over the country and break strikes. There's nothing worse for someone to do. They're only here for the money. They're not qualified to be doing what they're doing. We have a report of a recovery room nurse circulating in an operating room who had never been in an OR before. That's frightening. It just goes on and on.

EIR: And the nurses are being asked to work as much as two shifts at a time?

Schildmeier: Absolutely.

EIR: Was St. Vincent taken over by managed care?

Schildmeier: It was formerly a not-for-profit Catholic hospital for many years. In 1997, it was purchased by Tenet Health Care, which isn't a managed care company necessarily. It's a for-profit, shareholder-owned health care company that owns about 112 hospitals. They also bought 33% interest in the controlling HMO in the marketplace, Fallon Community Health Plan, and are exerting tremendous influence on Fallon.

In fact, a week before the strike started, Fallon announced that it was cancelling its contract with the only other hospital in the community that patients can go to, so now that the strike has happened, and they have these replacement nurses, you have a facility in the community, the most dangerous facility, and that community health plan is only admitting patients to that facility. Doctors can't admit to the other hospital, which is not on strike and is adequately staffed. So that's very suspicious to us, and, in this whole situation, we're very concerned. It shows you the influence that this corporation is having on the community in health care.

Nobody in the community is supporting the hospital or Tenet, the corporation—no one. The entire political community, the civic community, everybody is rising up and supporting the nurses. The labor community has told us, we've never seen a strike so popular before.

But this is a corporation with deep pockets. The day we went on strike, it announced their quarterly earnings and announced profits of 23%.

EIR: This is what we call giving priority to "shareholder values," as opposed to human values.

Schildmeier: Right. That is what they are in business to do. Their primary mission is to increase shareholder value. That is what they are in business to do. And the way they do that is by providing health care. But if your primary value is rising profits, then you're going to make decisions about your profit,

you're going to deliver it cheaper and cheaper, and that's what's happened here. That's the core of the issue here; they want to staff this hospital with fewer nurses, and staff it by forcing nurses against their will to work double shifts.

EIR: This is going on all over the country.

Schildmeier: The issue of mandatory overtime: Wherever you have poorly staffed hospitals, you will have mandatory overtime. They go together.

EIR: Because it cuts costs not to have to hire nurses.

Schildmeier: Right. You only have mandatory overtime because you don't have enough nurses. We're not talking about mandatory overtime because a bus crashes on Route 95 and you get 30 patients in there that you didn't expect. Then, nurses always would be forced to stay longer. But, we're talking about when you post schedules four weeks out, or two weeks out, with holes in them, where there should be nurses scheduled, and they don't have nurses scheduled, especially now, when we're entering a nursing shortage. That means that, when those shifts come around, the nurse who just finished her shift is going to have to stay and fill that hole. That's the hospital's responsibility, not a nurse's responsibility.

If you have 60 shifts to fill, just for example, then you should have 60 nurses to fill those shifts. And you should have a backup system, so that if nurses take sick call or are on vacation, that those holes are filled. What hospitals are doing is not filling positions, and when those situations arise, and holes are created, they're not working to get those nurses in, because it costs more money, and they're making the nurses who already are working fill that obligation, placing the patients in jeopardy in the process.

EIR: So, the community is backing the nurses because it's their lives that are at stake?

Schildmeier: Absolutely, totally. They understand, that the issue the nurses are fighting for is their issue, because it's not about money; it's about patient care. They know it's either about staffing, or about having a nurse, against her will, working her 15th hour caring for their mother. Would you want it? I think the universal answer is, "No." That's stupid. Truck drivers have limits on what they can do. Pilots have limits. All kinds of industries have limits, and when they know that they're too tired to perform with heavy machinery or something, then they have rules to limit that. That's all the nurses are asking for, is protection. But they won't give that.

EIR: When Mr. LaRouche motivated the Right to High-Quality Health Care Act, which would ban HMOs, he said he thought that Americans should vote their Congressman out if he supports HMOs. He also said that what is going on in this country in health care today, is like that which happened in Nazi Germany. Do you agree with that?

Schildmeier: I hate equating anything with Nazi Germany,

just because it's a strong analogy to make. But what we have said, what our association and our organization have said, is that we believe in a universal, single-payer health-care system. Every industrialized nation in the world has it, except for us. In fact, we and South Africa used to be the only two industrialized nations that didn't have it. Now, South Africa does have a universal, single-payer system, I believe. We are the only nation that doesn't. So, that's what we believe. We believe in a single-payer health-care system, with guaranteed universal access and coverage for everybody, and taxpayer-supported, government-sponsored health care. That's what we believe is the only solution.

All the problems that we have faced as nurses arose when managed care began to dominate the industry. That's why we want to do away with managed care, at least as it's currently constituted, and come back with a single-payer health system. If they find out that there's a way to have the HMOs in a government-sponsored system, that can deliver safe, quality care, and that's the goal and mission, we're not opposed to that necessarily, but the current form of managed care is a failure and it's a travesty and it needs to be eliminated.

EIR: The 1973 enabling legislation was drafted by Sen. Edward Kennedy (D-Mass.). Then it was cut way down, and became essentially a pawn of the insurance companies.

Schildmeier: Right. Managed care, when it first began, if you look at Kaiser way back, it was a great concept. It does make sense. Basically, what it was designed to do is to put control on physicians and how they behave. But also, as a community service, to make sure that everybody gets care and has access to primary care. But that has nothing to do with what managed care has become. It has become a way to manage care by cutting back on care and cutting access to care, and that's not what health care is about.

You should pay for the access that people need and to structure your society so that people have access to health care as a preventative economic boon to the economy, because if you keep people healthy and provide them access to adequate care, especially on the front end, and prescription drugs, especially now, with the drugs that we have available, you can make a more productive society. But, you have to guarantee that you pay for that somehow, and not by cutting back on it.

EIR: Unless you adopt economic measures that allow for a growing economy, you can't provide adequate health care.

Schildmeier: Right.

EIR: That's the issue in this election, too.

Schildmeier: Yes.

EIR: So, this is a strike with no limit on it right now?

Schildmeier: We're willing to talk at any time. But, all the indications we're getting from this hospital are that they are trying to break the strike, and we are not going to break.