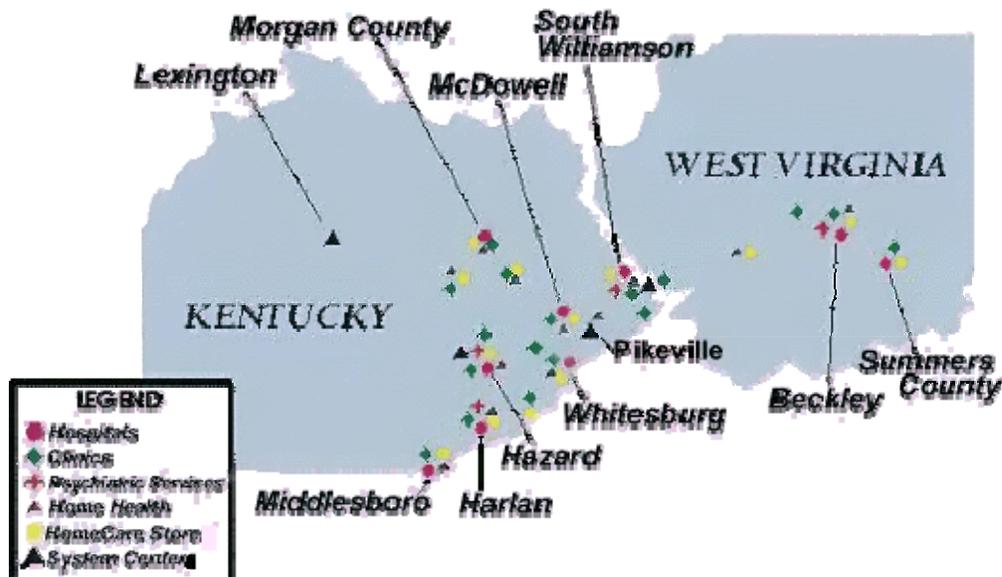


## The 2007 ARH Strikes: An Assault On Patient Care and Union Rights

Like the black veins of coal that course beneath the surface of Eastern Kentucky and West Virginia, the roots of trade unionism run deep within the veins of the workers and the communities of the region. The depth of these trade union roots were measured in 2007 by two strikes against the Appalachian Regional Healthcare system (ARH).

### ARH Snapshot:

The ARH website describes itself thus: “*The Appalachian Regional Healthcare (ARH) system is a not-for-profit health system serving 350,000 residents across Eastern Kentucky and Southern West Virginia. Operating nine hospitals, clinics, home health agencies, Home Care Stores and retail pharmacies, ARH is the largest provider of care and single largest employer in southeastern Kentucky and the third largest private employer in southern West Virginia. The ARH system employs more than 4,000 employees and has a network of more than 400 active and courtesy medical staff members representing various specialties. Firmly committed to its mission of improving the health and promoting the well-being of all people in Eastern Kentucky and Southern West Virginia, ARH provided nearly \$96 million in charity and uncompensated care in the past year alone.*”



ARH describes itself as the largest employer in southeastern Kentucky and the third largest in southern West Virginia. As such, ARH wields significant influence on employment opportunities in the region and if successful at union-busting would severely undermine the influence of organized labor in the region, a region considered to be a crucible of the American labor movement.

## Strike One:

ARH's first assault on its workers came when management proposed cuts in health care, disability insurance and retirement benefits for the 2700 members of the United Steel Workers (USW) employed as certified nurse aides, licensed practical nurses, housekeepers, maintenance and clerical workers. ARH's draconian proposals forced members of the USW to go on strike April 1, 2007. The strike lasted until April 21, 2007 when management finally abandoned their efforts to force unnecessary cutbacks on the USW members.



A significant element of the negotiations as well as one of the key reasons why the USW went on strike was ARH's unwillingness to address issues of patient safety. ARH refused to accept proposed limits on the number of patients that overworked nursing personnel are required to aid. By injecting issues of patient safety into the negotiations, the USW recognized that short staffing and mandatory overtime not only have an impact on their members but also on the quality of care that patients receive.

In addition to limiting staff-to-patient ratios, the USW also requested that other practical actions be taken in the interest of patient care, including something as mundane as requesting that a shelter for patients taken from one hospital to a unattached cardiac care trailer be constructed so that rain or snow did not fall on critically ill patients. While the strike was deemed a success, patient care proposals were never seriously considered by ARH management and signaled their unwillingness to consider the impact cost cutting measures were having on patient care.



The USW with its organizational strength, resources and solidarity successfully concluded their strike on April 21, 2007. Roger McGinnis, president of the USW local at the ARH in Harlan, said after the officers voted to recommend the tentative contract to their members, “This was a hard-fought struggle with ARH, and we didn’t get everything we wanted. But we preserved our pension, contained our health insurance costs and improved our wages.”

#### Strike Two:

ARH’s second assault on its unions was launched against the members of the Kentucky Nurses Association (KNA) and the West Virginia Nurses Association (WVNA) who were forced to strike beginning on October 1, 2007 – not over wages and benefits, but staffing and patient care. While the nurses had never previously gone on strike, the impact of corporate cost cutting on patient care pushed the nurses over the edge. They fought back not in their own self interest, but in the interest of the patients and the communities which they serve. They could not sit idly by while patient care continued to be jeopardized by forced overtime and short staffing which deprived them of the time and rest needed to provide adequate patient care.



The struggle in the hills of Eastern Kentucky and West Virginia over a broken and corrupt health care system resonated far from the hardscrabble hills and hollers across the entire nation as citizens, nurses and unions from coast to coast and as far away as Alaska and Hawaii rose up in support of the KNA/WVNA nurses that had drawn a line in the sand and said no to greed over patient care.



The bankruptcy of the entire American health care system was challenged by 700 brave nurses that were willing to risk everything for their patients and communities. Like the UMWA which fought to break the shackles of king coal decades earlier, the nurses' unwillingness to continue participating in a health care system based on upon greed marked a historical event in the long and storied labor history of the region, but also an event which called the attention of the nation to a health care system that values profit over patients.

On December 23<sup>rd</sup>, after three long months of struggle by the nurses and their wide ranging and numerous supporters from across the nation the strike was concluded. The combined efforts of many supporters that contributed to the nurses' strike funds, walked with them on their picket lines, supplied food and moral support, combined with the strength and solidarity of the nurses themselves kept them strong in the face of dwindling bank accounts and pressing family concerns. The contract provided for improvements in wages, overtime, seniority and scheduling while maintaining health benefits and successorship rights, etc. The nurses gained a voice in overtime and scheduling with the intention of insuring that nurses have the time and necessary rest to provide quality care to the patients they serve. Through their struggle the nurses gained a greater voice on the job – not just for themselves but for the often voiceless and needy patients they treat.

### Strike Three: ARH's Betrayal of John L. Lewis

Perhaps the greatest irony of ARH management's assault on its workers and patients was that the very hospital system they have the responsibility to manage was founded by none other than the United Mine Workers of America (UMWA) under the leadership of the legendary John L. Lewis.

ARH's own website recounts how Lewis and the UMWA formed the hospital system now called ARH:

*“In 1956, the United Mine Workers of America (UMWA) and thousands of citizens in the coal communities dedicated the Miners Memorial Hospital Association's (MMHA) facilities. The system's hospitals were located in Harlan, Hazard, McDowell, Middlesboro, Whitesburg, Pikeville and South Williamson, Kentucky; Man and Beckley, West Virginia; and Wise, Virginia. By the early 1960s, MMHA announced its intention to close some of the hospitals and soon after the Board of National Missions formed a new and independent not-for-profit health system Appalachian Regional Hospitals (ARH)-- that purchased the Miners Memorial Hospitals. The health system changed its name in 1986 to Appalachian Regional Healthcare to more accurately describe its far-ranging activities.”*



But the life and legacy of John L. Lewis were betrayed in 2007, fifty-one years since the founding of the hospital system, when ARH set about its union-busting efforts by first challenging the USW and then attempting to bust the nurses' union. They betrayed Lewis by hiring scabs to replace their own nurses, many of which had devoted decades of their lives to ARH and the patients of their communities. They betrayed Lewis by undermining patient care for the isolated and exploited citizens of the region which Lewis and the UMWA sought to serve.

ARH struck out by disrespecting its employees, their unions, their communities and the legacy of John L. Lewis and the UMWA and, while claiming non-profit status succumbed to the lure of corporate greed valuing the almighty dollar over all else. If anything would make John L. Lewis turn over in his grave it would be what has been done to his vision of health care and strong unions for all.

#### Health Care and Trade Unionism:

The deep, rich roots of trade unionism found in Eastern Kentucky and West Virginia fortified the nurses and staffers that stood up and fought back against ARH's union-busting efforts and helped maintain overwhelming community support for the USW, KNA and WVNA. The fact that trade unionism was deeply ingrained in the people of the region helped them do what care givers across the country that are not unionized are reluctant to do – to stick together in a united effort to improve patient care. This fact demonstrates that patient care goes hand in hand with strong and effective unions in the health care industry.

With our nation's health care crisis reaching epidemic proportions, it appears that the real health care providers - not the hospitals, HMOs or insurers, but those that work on the front lines giving care to patients 24/7 - are the ones that are finally going to blow the

whistle on an industry that shortcuts patient care in the name of greed. The front line workers that clean our hospitals, serve the food, maintain the records and provide patient care are the ones who must blow the whistle. Perhaps the spark that was ignited in the hills of Eastern Kentucky and West Virginia will fan the flames of a wildfire across this nation rejecting greed over quality health care for all.

# # #