



Experts claim ARHS stance on union rare

Hospital's insistence on 'open shop' could be counterproductive, pros say

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About eight years ago, Indiana Regional Medical Center took 18 months to work out its first contract with newly unionized registered nurses.

The next contract took three months, and the most recent just a few hours — illustrating an increasingly comfortable relationship between management and the bargaining unit for registered nurses — all of whom pay dues in an arrangement called a "union shop."

Indiana's experience should be a lesson to Altoona Regional Health System as it confronts a strike threat by RNs, triggered by management insistence on an "open shop" — in which nonunion members wouldn't contribute to union support, an Indiana University of Pennsylvania professor said.

Charlie McCollester, director of the Pennsylvania Center for the Study of Labor Relations at IUP, and three other Pennsylvania labor-management professors said Altoona's insistence on an open shop is unusual for a non-right-to-work state and probably counterproductive.

Three of the professors also say that insistence on an open shop is probably part of a strategy to erode support for the Service Employees International Union local, whose members last week authorized their negotiating committee to file a 14-day strike notice after talks broke down on the verge of working out a contract.

The union is demanding an “agency shop,” in which nonmembers pay a representation fee equal to 87 percent of dues.

Unions routinely negotiate provisions for full or discounted dues payments because unions by law must represent nonunion members equally, said Jerry Kobell, regional director of the National Labor Relations Board.

The responsibility includes bargaining for wages and benefits, arbitration and grievance support — although nonmembers don’t get the right to vote, hold office or attend conventions, conferences and social activities, Kobell said.

Unions want the money from nonmembers to help pay a myriad of expenses, including staff salaries, office rental, phone service, computers, stationery and travel.

“It’s nothing to be ashamed about,” Kobell said.

The hospital is insisting on an open shop to preserve “freedom to choose” for a significant number of nurses who oppose the union, which won the right to represent all the RNs in a May election, hospital Operations Director Ron McConnell said.

Of the 667 nurses who voted, 288 were against unionization.

Recently, 119 nurses petitioned management not to pay the fees.

“Our board feels a moral responsibility to honor these nurses’ wishes,” even as the union is ignoring them, hospital spokesman Dave Cuzzolina said.

The open-shop position has support in Pennsylvania and elsewhere, he said, referring to the 22 right-to-work states that make forced unionization illegal.

The union demand for representation fees is purely mercenary, McConnell said. He said last week that if 400 nurses didn’t join, the union would lose \$1 million over three years.

****'Formula for misery'****

Altoona's insistence on an open shop is "highly unusual," Peter Cappelli, professor of management at the Wharton School of the University of Pennsylvania, wrote in an e-mail.

An open shop would make the union's work "more difficult, which is presumably why management wants it," Cappelli wrote.

Even if an open shop doesn't "lead to collapse of the union, which is typically what they [managers] hope," it can "lead to constant campaigning by the union, [which] can be disruptive," he wrote.

"Obviously, [management] is trying to drive a wedge," McCollister said. "It's a formula for ongoing misery and contentious internal bickering," institutionalizing conflict "in the heart of the operation."

"My guess is it's a stalling tactic," part of "a calculated strategy," said Marick Masters, a professor of business administration at the University of Pittsburgh's Katz School of Business.

"Throwing a roadblock out at the last minute," derailing negotiations and keeping a contract resolution at bay could "change the whole dynamic" — especially if a strike occurs and the hospital replaces nurses permanently with workers less union-friendly, he said.

If the first contract isn't completed by May, the union could face a decertification election, because a year would have elapsed after the election that brought it into power, Masters said.

The intervening period of uncertainty can make a union look highly ineffective to employees, especially in light of its initial promises of better wages and working conditions, he said.

Masters didn't rule out that management is acting in good faith, however. It may genuinely not want to see workers compelled to pay dues, and it may want to identify who the real union supporters are, he said.

****'Freedom of choice'****

By insisting on an open shop, the hospital "in no way" intends to drive out the union, delay negotiations or drive a wedge between union supporters and others, Cuzzolina said.

"This is about freedom of choice," he said.

Taking away that freedom would complicate the hospital's struggle to retain and recruit nurses, who are in short supply, he said. Nurses put off by a requirement to pay representation fees easily could go elsewhere to work, he said.

Management's insistence on an open shop is "a little unusual," said Paul Clark, professor of labor studies and employment relations at Penn State University.

"Normally, an employer wouldn't go to the wall on agency shop," he said.

Still, most hospital boards are comprised of mainly business people, so this one may have "ideological objections to unions," he said.

Even Jim Trivisonno, president of IRI Consultants to Management, co-publisher of the Health Care Labor Report, said it's unusual when unions don't get "security" in a first contract — it happens only occasionally, he said.

But he didn't condemn Altoona management for the open shop stance.

"It sounds in this case like they want to respect the wishes of the RNs to decide for themselves," Trivisonno said. "I think it's reasonable," especially given the 119 petitioners' willingness to put a "bull's-eye" on themselves.

The professors' accusation of union-busting is probably "just rhetoric," he said.

Likewise, the apparent willingness of the union to strike over the open shop provision is a "pretty dramatic" response, given that striking nurses would need to "leave bedsides," he said.

Still, he understands why security is important to the union.

Unions aren't charities, and dues are their one source of income, Trivisonno said.

He also understands why the union would be concerned about erosion of support, which could endanger its majority, given the underwhelming margin by which it took power last year, he said.

Altoona Regional respects the right of the union to bargain collectively for the RNs, Cuzzolina said. But union security is a matter for contract negotiations, he said.

****Indiana's union****

When unionization occurred at Indiana, the hospital had serious problems with RN bitterness over staffing and mandatory overtime, McCollester said.

But unionization helped nurses and management work out a uniform system to handle scheduling, salving the soreness, he said.

Indiana Regional officials had a friendly "no comment," but they didn't dispute the professor's assessment.

Unionists sometimes call those who would benefit from collective bargaining without contributing financially "free riders," Clark said.

They respond to charges that forced payment is undemocratic by pointing out that once a unionization vote creates a bargaining unit, it's "majority rules," he said.

That "democratic" analogy is "silly, inapt," wrote Charles Baird, a professor of economics at California State University in East Bay, in a research paper called "The Perils of Faculty Unionism."

"Democracy, forcing a numerical minority to submit to the will of a

numerical majority, is appropriate in governmental matters, but not in private matters," he wrote. "The sale and purchase of one's labor services is a private matter."

The right-to-work states — mostly the Southern and prairie states — prohibit union security provisions that require workers to join a union as a condition of employment or require nonmembers to contribute, according to the U.S. History Encyclopedia.

While contract provisions may require a contribution to a union, an employee is never required to join, Kobell said.

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