

IN ORDER TO FULFILL THE OBLIGATION I UNDERTOOK IN ACCEPTING YOUR INVITATION, I MUST ASSUME THAT THE LABOR BOARD WILL NOT ONLY RECOGNIZE THE REALITIES BUT WILL ADHERE TO ITS OWN GENERAL GUIDELINES ON THE NATURE OF UNITS IN HEALTH-CARE INSTITUTIONS. THE LABOR BOARD, OF COURSE, ISN'T OBLIGATED TO ACCEPT MY ASSUMPTIONS, BUT LET'S PROCEED ON THAT BASIS.

IT IS HARDLY NECESSARY FOR ME TO POINT OUT THAT YOU IN THE PNHA SEEK TO RESOLVE QUESTIONS THAT GO BEYOND THE SCOPE OF COLLECTIVE BARGAINING, IN LET'S SAY, A STEEL MILL OR A SHOE FACTORY.

AS OPENERS, FOR ALL PRACTICAL PURPOSES YOU ARE PUBLIC EMPLOYEES.

YOU ARE PUBLIC EMPLOYEES REGARDLESS OF THE OWNERSHIP OR MANAGEMENT OF YOUR HOSPITAL, BECAUSE THE PUBLIC EXPECTS YOUR SERVICES TO BE AVAILABLE AS NEEDED. IN THAT SENSE--IN THE PUBLIC PERCEPTION OF YOU--YOU ARE IN THE SAME GENERAL CATEGORY AS POLICEMEN, FIREMEN, SCHOOLTEACHERS AND GARBAGE COLLECTORS. IN FACT; BY THAT MEASUREMENT SOME WOULD SAY YOU WOULD BE NEAR THE HEAD OF THE LIST.

MOREOVER, THE LOSS OF YOUR SERVICES DOES IN FACT RAISE GENUINE, IMMEDIATE CONCERNS OF CONSIDERABLY GREATER MAGNITUDE THAN DELAYING THE DELIVERY OF A NEW AUTOMOBILE OR A SHILOAD OF WHEAT.

THEREFORE YOU HAVE VERY STRONG REASONS FOR NOT STRIKING EXCEPT AS A LAST RESORT--A LAST, LAST RESORT, TO A DEGREE THAT GOES BEYOND ORDINARY LABOR-MANAGEMENT PARLANCE.

THIS IS NOT, I AM SURE, BECAUSE YOU ARE AFRAID OF THE CONSEQUENCES TO YOURSELVES, BUT BECAUSE YOU FEAR THE CONSEQUENCES OF YOUR PATIENTS.

YET AT THE SAME TIME, YOUR COLLECTIVE BARGAINING INVARIABLY INVOLVES AN ISSUE THAT HAS RAISED THE HACKLES OF MANAGEMENT FOR AS LONG AS SOME MEN HAVE WORKED FOR OTHERS. HIGH AMONG YOUR OBJECTIVES IS IMPROVING THE WAY THE HOSPITAL IS RUN.

TO BE SURE, THE WAY THE HOSPITAL IS RUN IS A MAJOR FACTOR--OFTEN THE MAJOR FACTOR--CONTROLLING YOUR HOURS OF WORK. UNTIL I READ THE STORIES THAT EMERGED FROM YOUR STRIKE IN NEW YCRK--IN PARTICULAR THAT WALL STREET JOURNAL FEATURE--I HAD NO IDEA HOW MUCH WAS BEING DEMANDED OF YOU AS THE ENTRY-FEE TO YOUR PROFESSION.

BUT HERE AGAIN, THE ISSUE IS NOT ONLY THE CONSEQUENCES TO YOURSELVES BUT TO THOSE YOU SERVE--AN ISSUE THAT BROUGHT YOUR NEW YORK STRIKE THE SURPRISING SUPPORT OF THE AMERICAN MEDICAL ASSOCIATION.

YOU LEFT NO DOUBT ABOUT YOUR OWN CHOICE OF VALUES DURING THE LOS ANGELES DISPUTE, WHEN YOU TRADED MONEY FROM YOUR OWN POCKETS IN ORDER TO GET BETTER FACILITIES FOR THE CARE OF PATIENTS.

THIS MAY HAVE EARNED YOU POINTS FOR ALTRUISM--A QUALITY NOT ALWAYS ASSOCIATED WITH OLDER MEMBERS OF YOUR PROFESSION--BUT AS A GENERAL PROPOSITION IT WON'T MAKE HOSPITAL ADMINISTRATORS ANY MORE EAGER TO GIVE YOU A VOICE IN WHAT THEY REGARD AS THEIR RIGHT TO MANAGE.

ON THE BASIS OF WHAT I HAVE SAID  
SO FAR, ANY REASONABLE OBSERVER MIGHT  
CONCLUDE THAT YOU ARE UP AGAINST A  
HOPELESS PROBLEM.

NOW LET'S CONSIDER HOW IT MIGHT  
BE SOLVED.

DESPITE EVERYTHING I HAVE SAID,  
YOU DO START WITH CERTAIN ADVANTAGES.

YOUR PAY--WHICH I'M TOLD AVERAGES  
AROUND \$11,000 A YEAR--IS HARDLY  
PROPORTIONATE TO YOUR RESPONSIBILITIES.

COUPLED WITH THE TYPICAL LENGTH OF YOUR WORK-WEEK IT IS EVEN WORSE. ACCORDING TO THE LATEST FIGURES THE AVERAGE INDUSTRIAL WORKER EARNS \$183 FOR A 39-HOUR WEEK.

YOU ARE NOT APT TO BE TOLD THAT YOU ARE GETTING TOO MUCH MONEY.

NEXT, YOU ARE PROFESSIONALS, BARGAINING WITH PROFESSIONALS. LET ME HASTEN TO SAY THAT I USE THE WORD "PROFESSIONAL" ONLY IN RELATION TO YOUR TRAINING AND YOUR SKILLS, NOT IN THE NARROW DEFINITION OF THE LABOR RELATIONS ACT.



BY THE TIME YOU GET TO BE PROFESSIONALS IN THE TRUE SENSE, I WON'T BE WORRYING ABOUT YOUR PROBLEMS; I'LL BE COMPLAINING ABOUT THE BILLS YOU SEND ME.

TO RETURN TO THE POINT, YOU AND THE PEOPLE YOU BARGAIN WITH--TO A FAR GREATER DEGREE THAT MOST OF THOSE WHO SIT ACROSS THE TABLE FROM EACH OTHER--HAVE A DEEP, COMMON INTEREST IN THE ULTIMATE PRODUCT.

I CERTAINLY HOPE YOU DO. OTHERWISE,  
AS SELF-APPOINTED BUSINESS AGENT FOR THE  
POTENTIAL HOSPITAL PATIENTS UNION, I  
WOULD SHOW UP WITH A PICKET-SIGN MYSELF.

YOU HAVE, AT LEAST IN SOME  
HOSPITALS, A SOURCE OF BACKUP SUPPORT  
FROM AMONG THE ATTENDING PHYSICIANS. THEY  
KNOW THAT IF YOU'RE GOING TO DO THEIR WORK  
FOR THEM, YOU HAVE TO BE IN SHAPE TO DO  
IT WELL. BUT THIS IS A RESOURCE YOU SHOULD  
PROBABLY HOLD IN RESERVE.

NOW, ON TO THE TECHNIQUES.

ENGLISH LITERATURE AND ALL ITS  
PREDECESSORS TELL US, ONE WAY OR ANOTHER,  
THAT THE PRACTICE OF MEDICINE IS A MIXTURE  
OF SCIENCE, IMAGINATION AND FAITH.

THE PRACTICE OF RESOLVING LABOR-  
MANAGEMENT DISPUTES IS A VERY SIMILAR  
MIXTURE, THOUGH THE INGREDIENTS MAY NOT  
BE AS HIGH-SOUNDING. INSTEAD OF SCIENCE  
AND FAITH, WE THINK IN TERMS OF PRAGMATISM  
AND PERSISTENCE. IMAGINATION IS SOMETHING  
WE ALL NEED, IN ALMOST EVERY HUMAN  
UNDERTAKING.

PRAGMATISM COMES IN RIGHT AT THE BEGINNING, ONCE YOUR BARGAINING RIGHTS ARE ESTABLISHED.

DECIDE AMONG YOURSELVES WHICH OF YOUR NEEDS ARE REALLY THE MOST PRESSING. THAT IS, MAKE A DISTINCTION BETWEEN WHAT YOU WOULD LIKE TO GET AND WHAT YOU REALLY BELIEVE YOU HAVE TO GET--THE BOTTOM LINE, AS THEY SAY ON WALL STREET.

SURE, YOU DESERVE MORE, AND YOU'LL TRY TO GET MORE. BUT YOU SHOULD HAVE A PRETTY FAIR NOTION OF WHERE THAT BOTTOM LINE LIES, EVEN IF IT'S NOT DRAWN ON A CHART ANYWHERE.

THEN TRY TO FIGURE OUT WHERE YOU'LL MEET THE TOUGHEST RESISTANCE, AND WHY.

WHERE DOES THE MONEY COME FROM, AND WHAT IDEAS CAN YOU COOK UP TO GET ENOUGH TO COVER THE CHANGES YOU ARE PROPOSING?

WHAT KIND OF CONTINUING VOICE WILL YOU PROPOSE ON WORK ASSIGNMENTS, AND HOW WILL YOU MAKE THIS IDEA PALATABLE TO MANAGEMENT?

THIS ISN'T A LAUNDRY-LIST, BY ANY MEANS; IT JUST INDICATES THE KIND OF PREPARATIONS YOU'LL NEED.

THEN, ONCE YOU'RE PREPARED, START EARLY. START MEETING AS SOON AS POSSIBLE WITH MANAGEMENT. DISCUSS IN THE BROADEST TERMS THE PROBLEMS AS YOU SEE THEM. SOLICIT THEIR REACTIONS. TRY TO ESTABLISH, WITHIN THE LIMITS OF WHAT IS LEGALLY AN ADVERSARY RELATIONSHIP, THAT COMMON INTEREST I MENTIONED A FEW MOMENTS AGO--THAT COMMON INTEREST IN THE REST OF US, THE PRESENT AND FUTURE PATIENTS.

AS I'VE REMINDED YOU, THE FMCS IS AUTOMATICALLY INVOLVED. BUT HERE AS ELSEWHERE, IT'S NOT OUR JOB TO DICTATE TERMS, OR EVEN TO PROPOSE THEM. OUR JOB IS TO HELP CREATE AN ATMOSPHERE IN WHICH YOU AND MANAGEMENT WILL BE ABLE TO REACH AGREEMENT BY YOURSELVES.

IT WON'T ALWAYS HAPPEN THAT WAY.  
IF YOU REACH AN IMPASSE, A REALLY FORMIDABLE  
ONE, OUR MEDIATOR MAY RECOMMEND A BOARD  
OF INQUIRY. BASED ON MY PERSONAL REVIEW  
OF THE FACTS, I MAY APPOINT ONE. I HAVE  
ACCEPTED THE MEDIATOR 'S RECOMMENDATION  
TWO OUT OF THREE TIMES. THE BOARD WILL  
REPORT WITHIN A SPECIFIED TIME, AND WE  
HOPE THAT WITH THE HELP OF ITS REPORT,  
THE PARTIES WILL BARGAIN THEIR WAY OUT OF  
THE DEADLOCK.



UP TO NOW, ACCORDING TO A SURVEY BY THE BUREAU OF NATIONAL AFFAIRS, HOSPITAL OFFICIALS HAVE FOUND OUR MEDIATORS TO BE GENERALLY EFFECTIVE IN PROMOTING THAT GOAL. BUT THE PARTIES THEMSELVES HAVE TO DO THE JOB.

I SINCERELY URGE YOU NOT TO SIT BACK AND WAIT FOR THE FMCS MACHINERY TO BE INVOKED. THAT'S NOT THE WAY TO GET THE KIND OF AGREEMENT, THE KIND OF MEETING OF THE MINDS, WHICH IS SO IMPORTANT TO THE EFFECTIVE FUNCTIONING OF ANY ENTERPRISE -- THE KIND OF EFFECTIVENESS ON WHICH YOUR PATIENTS' LIVES MAY DEPEND.

I TAKE THE SAME ATTITUDE TOWARD  
COMPULSORY ARBITRATION AS A SUBSTITUTE  
FOR THE FREEDOM TO STRIKE.

A CONTRACT WHOSE TERMS ARE WRITTEN  
BY THE THIRD PARTIES, NO MATTER HOW WISE  
AND WELL-MEANING, IS SIMPLY NO SUBSTITUTE  
FOR AN AGREEMENT BETWEEN THE PARTIES  
THEMSELVES.

I SUBMIT THAT THE RECORD TO DATE--  
FEWER THAN 50 STRIKES IN MORE THAN 1,500  
CASES, AN EVEN LOWER PROPORTION THAN IN  
ALL ENTERPRISES COVERED BY THE LABOR  
RELATIONS ACT--PROVES THAT THE SYSTEM OF  
FREE BARGAINING IN THE HEALTH CARE INDUSTRY  
IS WORKING NOW AND WILL WORK EVEN BETTER  
AS TIME GOES ON.

JUST AS I WARNED YOU EARLIER, I  
HAVEN'T BROUGHT YOU ANY SURE-FIRE FORMULA  
FOR TURNING AN IMPASSE INTO A SETTLEMENT.  
BUT I HOPE THESE FEW SUGGESTIONS MAY HELP  
YOU TO REACH A SETTLEMENT WITHOUT AN IMPASSE.  
AFTER ALL, THAT'S AN EVEN BETTER SOLUTION.