

# What's Crazy About Unionizing Healthcare Workers

By Michael Fine

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Breaking news tells us that pharmacy professionals at two CVS corporate retail stores in Rhode Island, in Wakefield and in Westerly, want to join The Pharmacy Guild, a trade union that represents pharmacists and pharmacy technicians, joining their colleagues from around the country who are engaging in similar union activities at CVS and Walgreens Boots Alliance – and other companies as well. Emergency room physicians, anesthesiologists, and medical residents are unionizing -- and striking -- as well.

What's going on here?

Once upon a time, Pharmacists were mom-and-pop shops, little stores run by trained professionals who compounded or dispensed needed medications, back in the day when there weren't that many medications that actually worked, there weren't complicated deals around insurance and payment, and most medications were affordable. Pharmacists then were trusted members of their communities who contributed to those communities in many ways, and often went above and beyond their professional responsibilities. They'd stay open late to fill a needed medication for someone discharged from the hospital, or discount the bill for someone who had fallen on hard times. They knew their patients and those patients' families, and were always trying to think of new ways to help.

And then. And then we decided that medicine is a way to make money, instead of an essential service that everyone needs. And the money guys, the administrators and the CFOs, the venture capitalists, and the private equity folks. too many of whom are driven by greed alone, arrived. We corporatized health care, which stopped being about learned

professions providing un-self-interested advocacy for patients and communities, most of the time. Health professionals still had oaths and still had to be licensed, but many and then most became employees – pharmacists and pharmacy techs became employees of big retail pharmacy chains; nurses, many of whom had done been independent “private duty nurses” became employees of hospitals, nursing homes and home health agencies, and doctors became employees of hospitals, insurance companies, community health centers staffing firms and other corporate enterprises.

In the process, all these health professionals lost their autonomy. We all now work for someone who pay our salaries. The people we work for are in the business of making money.

But that left no one working for patients, who have to be treated in order for money to be made – but don’t have to be listened to or heard. Our employers have rules and procedures. But they make the most money when they can pay fewer of us to do the same work, and by work they mean generate bills, not listen to treat or cure.

But almost all health professionals actually care about the patients they care for. We may be employees. But we are still human beings. We may have to take orders. But we still want to be with and hear other people. We may generate income for others. But we still want to treat, cure, and prevent disease.

But all that puts us in a pickle, when our employer wants us to see more patients or to work longer hours (which leaves us less alert) or work double shifts. THEY make more money. But we know we can’t listen that way, and can’t do a good enough job explaining, or treating or curing. But say no, I need more time with patients, no I can’t see five or ten people an hour, on our own, and an individual pharmacist or doctor or nurse just gets fired, and nobody wins. On the other hand, when employed pharmacists, nurses or doctors unionize, they *can* fight together for patients, and sometimes even win. So there is someone to listen, treat and cure – and not just generate bills.

Unions are cumbersome and corrupt, you might say. Union work rules might make it hard for hospitals and pharmacies et al to get health professionals to work and cover the shifts that need to be covered. Union work rules around seniority might make it difficult to assign the right health care workers to the right communities or the right patients. Union work rules might make it so some health care businesses are less profitable. The the union bosses are always skimming something for themselves off the top.

All true, in some places and times and in some ways, at least in isolated incidents.

But here's my comeback. Health care is about people, not profit. So no one should care if hospitals, insurance companies, or pharmacy retailers are profitable or not. We should care only about if they protect the health of individuals and improve the public's health. If union rules make it harder to cover shifts, then we should all realize together that we aren't training enough health care workers and should train more – should train enough to cover all those shifts, and we should take money away from hospital CEOs and retail pharmacy executives to pay for training those people, who we need, remembering that health care is about people, not profit.

The same is true is seniority makes assignments difficult. Train enough health care workers, give them the support and the resources needed to care for patients, and we will have done what we need to do in health care.

Health care professional unions are now the only option we have to defend the notion that health care professionals should listen. Should treat. Should cure. Should prevent disease. Because their employers are only about profit. In a nation with no health care system at all, but just a market.

Are we crazy to let health care professionals unionize? Nope. We'd be crazy not to support them, every step of the way.

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