Dear Hospital Presidents,

We write to you today out of critical concern for the safety and well-being of New York City area hospital patients and local communities.

It has come to our attention that more than 10,000 New York City area nurses are currently working with expired labor contracts at your hospitals. We understand that negotiations are not proceeding well, as you have refused to discuss critical issue related to staffing and working conditions raised by your registered nurses. Registered nurses working in your hospitals have expressed to us that they are losing patience with your refusal to seriously address their concerns, most importantly their demands for improved minimum staffing standards. The lack of progress in bargaining has led recently to a day of city-wide picketing, which was widely reported in the press. We have further noted that your nurses’ frustration has now reached the point that the nurses are actively engaged in strike votes all over the city.

This situation is very alarming to us as legislators and to our communities.

To make matters worse, we understand that hospitals across New York City are in the process of contracting with some of the nation’s most disreputable and crooked for-profit temporary nursing corporations to take the place of our existing local nursing workforce.
These temporary scab agencies that you are seeking to engage, including most prominently U.S. Nursing Corporation and Health Source Global Staffing, Inc., specialize in breaking strikes and breaking rules in pursuit of exorbitant profits.

The range of well-documented abuses characteristic of these specialized “scab” staffing agencies include the following:

a) Firm ownership and/or senior management with criminal backgrounds, including such offenses as financial fraud, larceny and drug dealing;

b) Force nurses to sign illegal contracts waiving their basic rights under federal and NY State law;

c) Often fail to ever pay the nurses they recruit, making false promises to the nurse, the public, and the community.

And when it comes to taking care of patients, time and again they bring in nurses who:

a) Lack experience working in acute care settings;

b) Are not regularly employed and up-to-date in their skills, knowledge, or certifications;

c) Have no ties or experience working with local communities and patients;

d) Are from other states, and thus lack awareness and sensitivity to the social and cultural needs of New York patients;

e) Are not familiar with the equipment, procedures, and patient care processes in the hospitals or units to which they are assigned;

f) Are often assigned to specialty units or types of patients that they are not fully competent to care for;

g) Are often unable, unfit or unqualified to work on a regular basis in urban hospitals;

h) Are often inadequately screened, leading to the provision of nurses who have criminal backgrounds, have numerous patient care citations or complaints and/or have engaged in patient abuse or neglect;

i) Display an utterly mercenary attitude toward nursing and patient care, as their primary motivation is the higher pay offered by these scab specialty recruitment firms;

j) Have high rates of drug and alcohol use recidivism; and.

k) Are hugely costly to employ, as the agencies not only provide higher pay rates, but also offer free travel expenses, free housing in the destination city and signing bonuses, in addition to generating high profit rates for the firms and their owners.

---


2 See: https://www.philly.com/philly/business/20100403_Nurses_union_felon_recruiting_temps.html

3 See: https://www.leagle.com/decision/efdoco20180208897 in settlement of wage violations involving “scab” nurses.
The nurses who live in our communities, who have worked tirelessly for years in providing vital health services should be the ones caring for our communities. It is quite literally the health of New York City that you jeopardize when you place our health care in the hands of unscrupulous scab staffing agencies.

These companies are ill-equipped and not competent to provide the quality of patient care that we need and demand for our patients and communities. Wait times for emergency room treatment will grow worse, the quality of care in in-patient acute care units will suffer, costs of treatment and complications will soar, and ultimately, patients’ lives will be put at unnecessary risk. More patients will die and more patients will suffer needless adverse health effects.⁴

We call on you, as Chief Executive Officers and leadership of our local hospital systems to avoid this reckless and needless shutdown of our hospitals and work constructively with our nurses to reach fair agreements. Hospitals will be held accountable for the results of any unnecessary disruption in vital hospital care. The time has come to engage in serious negotiations to avert an unnecessary catastrophe for our communities and the patients that rely on our hospitals.

Hon. Dr. Anthony D. Andrews Jr.
Democratic District Leader 32⁶th A.D.

⁴ For the issues associated with temporary nursing agencies in general see that ProPublica report at https://www.propublica.org/article/temporary-nurses-danger-inadequate-oversight-1206 ; for the costs of hiring scab nurses, see for example http://www.starttribune.com/nursing-strikes-cost-allina-149-million/413753253/ .
⁵ According a National Bureau of Economic Research study, the deterioration in patient care when scabs replace the regular nurse workforce lead to a 19.4% increase in patient mortality and a 6.5% increase in 30-day readmissions. See: Do Strikes Kill? Evidence from New York State, J. Gruber and S. Kleiner (2010) at https://www.nber.org/papers/w15835.pdf . Interestingly, similar data in other industries supports the finding that employment of scab labor affects the quality of goods and services, including higher rates of defective automotive tires and tread separation (see: https://www.nber.org/papers/w9524.pdf ), the quality and value of heavy construction machinery (see: https://www.nber.org/papers/w13138.pdf ) and student achievement and test scores (see: https://www.nber.org/papers/w16846.pdf ).