



A Case Study

Hard Bargaining in Las Vegas Hospitals

By JANE MCALEVEY WITH BOB OSTERTAG

The Desert Springs contract had now expired. This was a big deal. Under U.S. labor law, when a contract expires, four dangerous things happen: workers can strike; the employer can lock workers out; the employer can stop collecting union membership dues from the workers' paychecks; and the "permanent window" period for decertifying the union begins. In short, everything escalates. Shutting down dues collection is a major escalation and creates an immediate crisis. It rarely happens. Unions have to fight for contracts that stipulate that the employer deduct union dues from the paychecks of the union members and forward the money to the union. This is the money that keeps things running, and a union can find itself suddenly bankrupt if a large employer stops collecting dues. And a strike, well, a strike is another order of magnitude entirely. And a strike in a hospital, well, that had never happened in the history of Las Vegas.

So when UHS offered a contract extension at Desert Springs, there were compelling reasons to accept. The bargaining, however, was going nowhere. We had lots of workers at negotiations, and they had made detailed proposals. These proposals certainly were not going to make UHS happy, but they were worthy of serious consideration: we had shown that they would improve patient care and that the hospital could afford them. And still, UHS wouldn't budge. In union-busting literature this is called "creating futility." On the other hand, we were at seventy percent membership at Desert Springs and sixty-five percent at Valley, we were building a tight organization, and all the excitement and buzz was in our favor. We rejected the contract extension. It was time to put the workers' new power into play.

I gave the go ahead for our first sticker-up, even though I thought the numbers were still a little weak, another one of those moments of not knowing how lame normal labor organizing is. A sticker-up sounds simple: Everyone wears a sticker today. Well, good luck. A sticker-up is a major operation that tests every aspect of union organization. The idea is to demonstrate to the boss and to the workers themselves that the workers are standing together and the union is in charge. But if the sticker-up fails to reach critical mass, you end up demonstrating exactly the opposite, and the boss will be laughing all the way to the bank. Here is a little run-down of what you need:

- Stickers that say something everyone has agreed on and is *excited about*.
- Staffing schedules for every unit on every floor in every department of the hospital. Not last month's or last week's or today's, but the schedules for the planned day of the sticker-up.
- A high functioning committee formed of every worker-leader in the hospital, unit by unit.
- A detailed plan for getting stickers to every leader.
- Finally, a plan for the leaders personally to stick them on everybody, and then go back through every unit two hours later to make sure the stickers are still on, and then repeat this all day long as management will be trying to pull them off the workers or scare them into removing the stickers themselves.

For a worker on the job, putting on a sticker is a bigger deal than you might think: it tells her supervisor, once and for all and to his face, "We are the union." And then she has to stick to her guns when the supervisor threatens her and

orders her to remove it. As always, the leaders are the key.

This would be a good time to revisit what I said earlier about a skilled organizer's definition of a leader: the one the workers on the shift turn to when they have a question or need support. Correctly identifying who the real leader of the workers is on every shift, every day, and in every unit is one of the most important ingredients in any workplace campaign. When campaigns lose, inadequate leadership

ID is often a major factor. This is hardly an original insight, believe me. Every school of thought about union organizing puts leadership ID front and center, and training sessions, manuals, and seminars are devoted to it. And yet I would say that in my ten years in the labor movement, a large majority of the organizers I met couldn't get this step right. There are a lot of reasons for this, beginning with plain old laziness. Good leadership ID takes a lot of time, and I am not talking about mindless, punch-the-clock time. I am talking about

fully intellectually engaged time. And honestly, there is a lot of lazy staff in unions. But let's assume you have motivated organizers who actually go out and engage with the workers. The first workers they will encounter are what we might call the loudmouths. Then there are the workers known as the tough ones who talk back to the boss. There are the confident and highly skilled ones who just get everything they need for themselves as individuals—not pensions or health care, of course, but a better individual deal with the employer. There are the popular good-looking ones, and the nice ones everyone likes to chat with in the break room. Then there are the left-leaning or progressive workers who immediately like the union organizer, exclaim, "Thank goodness you are here now," and offer to help do anything. And there are the quiet ones, and the not-so-friendly ones. And we could go on. Most organizers stop at the worker who is excited to see them and really wants to build the union. Or maybe they ID the one that the other workers say always stands up to the boss. What they miss is the one who actually *leads* her colleagues day in and day out.

The real leader is generally not the one an inexperienced organizer would pick out of the crowd, yet she does have a handful of recognizable characteristics. She is really good at what she does; in this case, she's the best nurse on her shift and in her unit. She is committed to helping other nurses who want to provide good care for their patients. If she thinks a request for help is genuine, she will make time for it even if she doesn't have a minute to spare. She is the nurse all the doctors want. Rarely have I met a real leader who wasn't also the top nurse on the unit, or at least among the best. And every shift has one. The challenge is that this person may well not be pro-union, and for all

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kinds of reasons. An organizer, paid or unpaid, must then engage her in a substantive way on the issue or issues she most wants to change in her hospital, and help her come to the conclusion that forming a union is the best if not only way to make those key improvements. The second crucial step that organizers tend to miss is identifying the issue that is the most important to each worker they talk to, and early in the conversation. Why? Workers aren't clones; they care about different things, and if the organizer can't repeatedly zero in on the issue crucial to each worker and make him or her understand that only mass collective action is going to resolve it, at some point the organizer will probably lose that worker.

So when the supervisor says take off your stickers or else, they are going to need big-time support. If a real leader has been identified for each unit and the sticker-up has been well-organized, someone is going to be there, ready with a smile, some encouraging words, and another sticker if the first one didn't make it through the confrontation with the boss.

Our members chose stickers that simply said “65

percent,” at Valley, and “70 percent,” at Desert. A sticker like that gets everyone asking questions about it. When someone looks at yours and says, “What’s that mean?” then we have what we wanted: people talking about what it means to have a strong union. We did role-playing

rehearsals with workers to help them collect their thoughts. Just two months earlier their shop had had just thirty percent union membership, but the only ones at the hospital who knew this were the bosses. Now was our members' chance to explain to everyone who had not yet joined that the union's numbers were real and growing. We were shooting for the tipping point when an organizing drive becomes a movement.

We timed the sticker-up to coincide with a bargaining session.

By now the sessions were packed with workers coming to see this new thing the union was doing, something they spontaneously christened “big bargaining.” The nurses in both hospitals were nervous and ready. Dozens got up early to stand in the parking lots at morning shift change to sticker up the other nurses as they arrived at work. At the bargaining session that day, two hundred nurses squeezed

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into the room. When we got the 10 am reports from all the leaders on all the units, we knew those stickers weren't coming off the scrubs no matter what the supervisors did. The leaders were walking the floors doing checks. If a member said her sticker had fallen off, the leader would put a new one on. Some workers were having so much fun, one sticker wasn't enough—their entire bodies were covered.

Management was clearly getting the same reports we were; the situation was spinning out of their control. Finally, the bosses cracked. Their negotiating team came in with new proposals on floating and a few other small items. But the workers could smell opportunity now. The boss wasn't moving on money or staffing or health care, but the boss was moving. In late May, at the final Valley Hospital bargaining session before that hospital's contract expired too, Rick Albert came in and meekly said, "I don't suppose you want to extend this contract either, do you?" And having already discussed this with the workers, I was empowered to give the best possible answer: "No!" When we went into our caucus, the workers were clapping and screaming and high-fiving. They just loved saying No! to their boss; it's something a worker so rarely gets to do.

Now we had two contracts expired, and though we were having a hell of a good time, all we had moved at the bargaining table was an inadequate proposal on floating. On the phone Jerry Brown kept telling me, "Don't worry, you're fine. Keep reminding the workers it's always like this. Don't worry about the table, just keep being an organizer. Get them ready, get them stronger, do what you know how to do, throw the boss off, get him scared and confused."

Within a few days of the first sticker-up, we had hit seventy-five percent membership at Desert and seventy percent at Valley and were ready for the next one. We stickered up with the new numbers. Overnight we hit eighty percent at Desert Springs and seventy-five percent at Valley. We stickered up again. It was like a drug. The workers wanted more and more sticker-ups. We had to move off the numbers theme because we were pretty much there. The workers' organization was a well-oiled machine now. We did another majority petition, I can't even remember on what, and it was finished in two days. It was a real union now, because the workers were in constant conversation with one another about everything going on.

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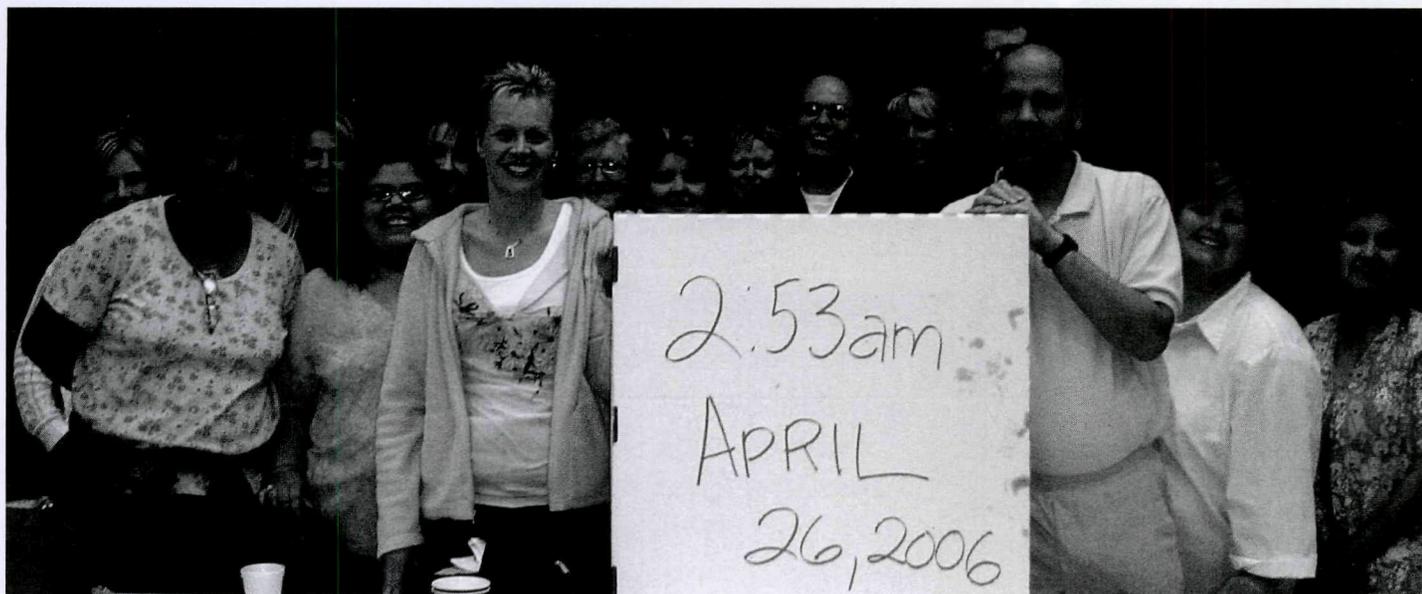
We had held off contacting the media until we had huge majorities, and now we were there. We decided it was time to make the fight public. Furthermore, the workers needed something to do. That might sound flippant, but it's not. We had created a real sense of movement. Once you cross that threshold you have to keep the sense of forward motion going, or the whole thing can fizzle. There always has to be something to do that is meaningful, social, and fun. We decided to hold our first rally.

There's a special set of laws that govern labor activities at health-care facilities. The bosses sold these laws to the public by playing on a legitimate concern for maintaining patient care. The laws are completely unnecessary, because no one is more concerned about patient care than nurses, but as usual, management logic carried the day. Health-care workers only got the right to unionize in 1974, and it came packaged with

an overwhelming level of regulation. To hold a simple informational picket outside a hospital, you must give the boss a "ten-day notice to picket" stating the exact time and place of the event. Our members took a vote and agreed that if the boss came to negotiations with nothing much to put on the table, the workers would hand the legal ten-day notification across it. It turned out Rick Albert was being a jerk that day, so we just handed it across the table and ended the day's session.

We set the picket for high noon on the day of the next bargaining session. I remembered that way back in March, when I first discussed strategy with D Taylor from the casino workers union, he'd warned me, "Your contracts expire in early summer. That's bad, McAlevey. You're new here. Do you know how hot it is in Vegas in June? Your workers will die picketing then." Oh, boy.

We were still demanding that the bargaining tables at the two hospitals be merged, and UHS was still refusing. We wanted everyone to understand that our adversary was not a hospital named Desert Springs or Valley, but a huge corporation named Universal Health Services, and that the real boss sitting on his throne at the top of the whole empire was a man named Alan Miller who made \$20 million a year. Someone had pointed out that UHS was headquartered in a rich suburb outside Philadelphia called King of Prussia, PA — no kidding — and we had already blanketed the hospitals with flyers showing the King of Prussia on horseback. We had a weekend sign-making party with lots of workers, music, kids, balloons, 400 paper crowns, and 400 fake-rhinestone tiaras. We made sashes that looked like the one the King of Prussia wears in the history books, and the kids covered them with glitter. Delegations of nurses went to all the other unions



in town, explaining what was happening and asking for support. We had nurses calling politicians, briefing them, and asking them to attend the rally. Statements from our nurse spokespeople were popping up in the press, and wow, were they good.

On the big day, we began the morning bargaining session as usual. The room was so packed, there's no way a fire marshal would have allowed it, but no one was there to stop us. Tensions were high. At the lunch break we all went out to picket. We had 300 nurses out there, and the casino workers and carpenters had sent members to support us. The men wore paper crowns, the women wore tiaras, and everyone wore sashes. The press was all over it. Everything was working. But D Taylor had been right about the weather: it was hot as hell. We brought loads of water bottles, but even so, after an hour some picketers seemed on the verge of passing out. I knew in my bones that a full-scale strike in June in Nevada would not be an option.

By the time we went back inside to resume negotiations, we were already getting reports, from nurses calling nurses calling nurses, that we were all over the TV. They were interrupting regular programming; we were the breaking news. "Nurses are standing up for patient care at Desert Springs Hospital..." "Hundreds of angry nurses took to the streets today..." The nurses asked me to please keep my tiara on. A suit, a set of pearls, a poker face, and a tiara. They were in stitches. From that moment forward, usually in the presence of the employer, the nurses mostly referred to me as the Queen of Prussia. Rick Albert came

in steaming mad, red in the face, like a cartoon character with smoke coming out of both ears. He conveyed the distinct impression that he had just come from a meeting with his superiors that he had found exceedingly unpleasant.

But even though we were building a great public image and drawing in individual activists, there was essentially no institutional support to be tapped in that dry desert

town. That is just a fact of life in the tourist-dominated, transient-filled, gambling-crazy city of Las Vegas. Beyond the casino workers and carpenters there was no union support, and the only church with any real presence in town was the Mormons, and they sure weren't going to help out a union. This contract campaign was going to be won or lost by the workers inside the hospitals.

So here we were. The contracts had expired, and UHS wasn't budging at the tables. The situation was roughly similar to the moment before the gunfight

in a western, with two gunslingers facing each other in the middle of Main Street. Jerry and I decided to recommend a strike vote at both hospitals. I didn't think we were ready to really go on strike. I had a team of young organizers who had never, not one of them, even seen one. But a strike vote doesn't actually mean there will be a strike. A strike vote authorizes someone, in this case the bargaining team, to call one at a future time. Knowing that we didn't really want a strike, calling the vote was pure brinksmanship. And it was also the next test of the workers organization.

The workers were starting to get scared, and for good reason. A strike is an explosive thing, and a strike at a hospital is an explosive thing squared. A strike at two

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hospitals is an explosive thing cubed. We were practically living in each other's pockets by this time: the members, the organizers, and me.

Like everything else about organizing at this level of intensity, the strike vote was intended to be both a public escalation and an internal test of our organization. I was reporting daily structure tests and numbers to Jerry, and I knew the vote would pass. The crucial question was how many members would turn out for it. And in fact the authorization to strike passed by an overwhelming margin of ninety-eight percent of votes cast, but as I'd expected, we hadn't got the turnout we needed actually to win a strike. The turnout in an internal vote is one of the few key pieces of information a union is not required to share with the employer, and I made absolutely certain that this number didn't leak. Our public stance was that a strike had been authorized by a nearly unanimous vote, and it was now our job to follow through on our members' wishes.

Both newspapers ran big headlines in our favor the next day. The TV coverage never stopped. Nurses in Las Vegas had never held a picket line before, let alone voted to strike. Our union had been a joke, and suddenly we were everywhere. Back at national SEIU headquarters in Washington, Larry Fox was thrilled but nervous. He reminded me that almost no one in the national headquarters except for him really believed in strikes anymore, and most certainly not in hospital strikes. Andy Stern was taking SEIU in the opposite direction. In Stern's view, the long battle on the shop floor between boss and worker was over, and the boss had won. Workplace struggle was out; political deal-making was in. Hey, good to know. I'm out in the Wild West trying to get a decent contract for poorly paid nurses at two for-profit scumbag hospitals, and the head of the national union doesn't believe in strikes. Truth was, I didn't care. These horses were long out of the barn. Plus, Jerry was teaching me the fine arts of negotiating and power and risk-taking and more, and I was *soaking it up*. There wasn't a better teacher for bargaining to the brink.

The day after the vote, we stickered up with "98 percent." By now we were eighty percent membership at Valley and eighty-eight percent at Desert Springs, the highest figures we would ever hit during my time in Las Vegas. In the press there simply wasn't anything else happening in Nevada. The TV news started running a regular "Nurse Strike Count Down" banner. When nurses are united and angry, they are formidable opponents in the court of public opinion for even the most astute corporate PR flacks. Everyone loves nurses. When you are laid up in

the hospital, you might rarely see your doctor. Your nurse will be the human face of the care that may save your life. And this was local nurses versus out-of-state, for-profit, money-grubbing Easterners. Even the laziest journalist could make some hay with that story.

One of the most important skills for an organizer is knowing when you have hit your moment of maximum power. Once you do, if you just keep pressing the pedal to the metal, your engine will stop revving and begin to die. We decided we were going for it. If Rick Albert came back into negotiations again without anything to offer, we'd hand him another ten-day notice, this time to strike. And so it happened. Back in caucus all the high-fiving and back-slapping stopped right then and there. We were as ready as we were ever going to be, but this was serious, scary stuff, and I was scared right along with everyone else.

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The federal mediator was now trying to get actively involved, but I wasn't letting her do much. Jerry had been adamant about never letting a mediator into your private caucus, or run "shuttle diplomacy," meaning the mediator floats a proposal to the workers and then walks down the hall to see if management will agree. As much as I liked Lavonne Ritter, Jerry's argument that you have to make the boss face the workers rang true. I talked it over with the nurses and everyone agreed to refuse her services. Negotiations were suspended, and we were ten days from the first hospital strike in Vegas history.

Then we did what we do best: we organized. We acted as if we were going on strike. We sent nurses out to the other unions asking for support. The workers were having strike parties in the break rooms at lunch time. They made countdown stickers, and just about everyone in every unit of the two hospitals wore them. The whole point of legally requiring the ten-day notice to strike is to push the sides to settle, but the days and the stickers were ticking by: 10, 9, 8, 7... I kept waiting for the call from Rick Albert, but my phone didn't ring. Jerry kept saying, "Trust me, McAlevy, you have them by the balls. They're scared. Your level of worker engagement is great. The press is on your side. Just keep doing what you know how to do, and the boss will be calling soon."

And then it happened. Rick Albert was on the phone. "We'd like to meet for negotiations the day after tomorrow. We think we are ready to propose the framework for a total settlement."

"At a joint table?"

"Yes, Jane, the two hospitals can bargain together."

I got Morgan in and she began to scream. Every worker was calling every other. The press was announcing

that bargaining was to resume. Our stickers read “6” when we walked into our first joint bargaining session with all the workers from both hospitals together. Victory number one! We had nurses hanging from the rafters. For the first time, I was in real negotiations — not posturing, but the end-game chess moves that would determine which of our demands we actually went home with. Jerry warned me that this would be the hardest part for me, because at the very end there would have to be real compromise, and compromise was not one of my better sports. After spending months raising worker expectations, somehow I was now supposed to set them to reality. And I was so exhausted I could barely keep my eyes focused.

The first thing management passed across the table was fully employer-paid health care for the nurses and their families. I had a hard time not crying right then and there. Not one health-care worker in all of Nevada had fully employer-paid individual health care, let alone employer-paid family health care. Poker face. Poker face. Next came new floating rules that were pretty much exactly what we had asked for. The UHS proposal was real and comprehensive. It must have taken them the whole three days just to type it up. And they were costing it, meaning the boss was actually doing the math on what it would cost to implement the agreement. By the end of that day we were seriously bargaining, but we got stuck on the costing. We disagreed on the math of what a few things would cost to the tune of millions of dollars. Furthermore, management was refusing to agree to a two-year contract. The nurses weren't leaving the table without a two-year deal. This was serious.

Management knew our demand for a two-year contract was the beginning of our plan strategically to align the market for 2006. Our local had a number of contracts set to expire in 2006: one at another big private-sector hospital, another at the public hospital, and a third with the county civil service. If we could get our other contracts to expire in that same year, we could align the market and organize the mother of all contract campaigns. We had said over and over in every bargaining session that we could not and would not settle for anything other than an expiration in 2006. It was what we called a strike issue, meaning if we didn't win it in negotiations we would win it in a strike, and yes, that was a bluff, but it was so important that the workers understand the power of common expirations, we talked about as much as any single issue. The management clearly hoped that the workers would trade this long-term investment in union power for all the other goodies they were offering in the here and now. But we were the new Las Vegas SEIU, we had done our homework, and this just wasn't going to fly with our members.

All three local TV stations had set up camp outside the bargaining site, all news, all the time: “Can the Nurses’ Strike Be Averted?” There was press waiting for me outside the office. The whole thing was nuts.

After an excruciatingly long day there was a proposal to take a day off from bargaining and have the federal mediator, the UHS money people, and the union money people sit down and see if they could make apples equal apples and oranges equal oranges. Of course, the management's money people were the top financial guys

at one of the largest health-care corporations in the world. The union “money people” was twenty-something Sara Rothstein! Did someone say “pressure”? By this point Sara also couldn't see straight, and now she was confronted with huge spreadsheets with more numbers than I could ever handle while wide awake. I called Jerry from the bathroom to ask for advice. The fact was, we really didn't understand what management was doing with the math. Jerry thought we should accept the

proposal, provided that first I explain the idea to the members and actually have them vote to authorize the idea. We stipulated that one worker leader attend the meeting along with Sara so that the workers would know for certain that the union wasn't cutting a last-minute deal behind their backs. I added that I didn't even have to be in the meeting, which was another signal that this was not going to be a secret deal. This didn't make Sara happy at all, but it was the right thing to do, and anyway I had a ridiculous amount of language in the management proposals to wade through. The members agreed, management agreed, and negotiations were suspended.

Sara went to the meeting, reporting to me by phone many times throughout the day. It turned out the UHS team was using two different sets of baseline numbers, which can really change the amounts involved when you are talking about a thousand workers. Inside the hospitals, the workers were wearing their Day 5 stickers. Everyone was tense. All three local TV stations had set up camp outside the bargaining site, all news, all the time: “Can the Nurses' Strike Be Averted?” There was press waiting for me outside the office. The whole thing was nuts.

The next day, bargaining resumed. A couple of hundred nurses were there, all wearing Day 4 stickers. We had teams of workers in every corner of the room reading the counterproposals I had written the day before. And then, for the first time in the campaign, divisions began to emerge among the nurses. Sure enough, just as Jerry had warned me during our first conversations about bargaining, the source of tension was the wage scale. At 10:00 pm we were still in session. We took a caucus. I realized that the everyone-welcome “big bargaining” style we had developed might be coming back to haunt us. Now it was a madhouse, with nurses from the two hospitals who didn't know each other fighting over stuff that was really



pretty minor in the scheme of things. Eventually, the only issue the workers hadn't settled on was the wage scale, but that discussion was going nowhere. At close to midnight, Cathy Stoddard, a nurse from Pittsburgh who had come all the way to Vegas to help, called me aside and asked if she could have the floor. People like her are invaluable to campaigns like this. Cathy was not union staff, she was a real nurse. Her commitment to nurses and unions was of the sort that would bring her far from home to support nurses she had never met. She had real experience as a worker leader. In short, she spoke with a unique authority, and when she spoke, people listened. Now she let out a yell to get everyone's attention, then slammed the contract proposals on the table. She screamed as loud as she could, "Ten percent!" Everyone was staring at her, baffled. Then she continued.

"Hey, you know me, I am Cathy from Pittsburgh. I have been a union nurse for a really long time. I have never in my life been offered a ten percent raise in each year of a contract. Jane has explained that the way the wage scale works, every one of you will get a raise of no less than ten percent each for the next two years, and that's just your wages. Your on-call pay just doubled. Your health care is now free. I think you should *shut up and settle*. I'm sorry, I don't mean to offend any of you. I know I'm from out of town, But the nurses in my hospital would die for this contract. *Put the wage scale down and start celebrating.*" When she sat down, it was over.

It was midnight. The workers took off the "4" stickers they were wearing and put on the "3" stickers. Teams went out to get the night shift to do the same. I called management back in and handed them a comprehensive counterproposal, telling them not to come back until they were ready to give us everything in the proposal and a contract that expired in 2006. They left. An hour later they returned, and it was done. We had won everything.

I remembered back to that very first pathetic meeting

of seven nurses, and how when I asked what they most wanted to change in the contract they had replied, "Everything." Everything was exactly what they had got.

We packed up, shook hands with management, and said good-night. And then came bedlam. Some nurses went running—and I mean running—around the night shift with news of the settlement. Others went to Valley Hospital to tell the night shift there. Still others were insisting we go drinking because this was Las Vegas, and there was a

twenty-four-hour bar across the street. I remember sitting in that bar at 2:30 am watching nurses in curlers walk in. They were getting out of their beds and coming to the bar. Some had their husbands with them. Tequila shots were going around, who knows who was buying. There was no news in Las Vegas the next day except our victory.

I actually didn't yet comprehend how much we had won. We had set a new standard for nurses in almost every aspect of the contract. Right there in the bar the nurses decided to run one

more sticker-up the next day, another simple sticker with just a number: "673—the number of days until their new contract would expire, in 2006.

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