



Seoul Sisters

Though on the other side of the globe, the Korean Health and Medical Workers Union fights for the same things as National Nurses United: ratios, worker rights, and healthcare for all. By Lucia Hwang

Imagine that you work med-surg at a medium-sized acute-care hospital and that your typical patient load on a shift is 15 patients, all of pretty severe acuity. No, it's not 1989 or a rural hospital. It's 2011 and you work in South Korea.

Like National Nurses United, winning safe RN-to-patient staffing ratios is among the top priorities of the Korean Health and Medical Workers Union, which represents about 42,000 nurses, medical engineers, aides, pharmacists, and other healthcare workers in hospitals across South Korea.

KHMU members and staff this February visited California on a fact-finding mission to learn exactly how ratios are put into practice in the state, the first in the United States to enjoy such protections

for nurses and patients. The Korean nurses both shadowed California RNs on the job, and interviewed them outside of work to determine how their jobs are similar and different.

"We are still thinking about what number to propose in Korea," said Yoo Ji Hyun, RN and secretary general of KMHU. "To start, we're looking at a range from 1:5 to 1:10. But the hospital industry is attacking that, saying that 1:10 in Korea is about the same as 1:5 in the United States. That's why we've come to compare actual nursing tasks to refute their argument."

KHMU's quest for ratios started at an international conference on nurse staffing held last September in Korea, at which CNA/NNU representatives described their fight to win and defend mandatory,



numerical staffing ratios in California and efforts to pass more legislation to secure ratios in all 50 states. KHMU then sent its senior director of strategy and planning, Lee Joo Ho, to CNA for four

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months to conduct further research. Their latest trip will help them complete their studies into ratios and compile their findings into a major report which they plan to issue on May 12, International Nurses Day. In the fall, when the new session of South Korea’s legislative body, the National Assembly, convenes, KHMU plans to introduce ratio legislation.

With their current, crushing patient loads, Korean nurses are constantly in fear for their patients, their license, and their own well-being, with most registered nurses working an average of five years before burning out and leaving the profession. While there are 240,000 registered nurses in South Korea, only 100,000 practice at the bedside. About 20 percent of those RNs are member of KHMU.

“The conditions are bad,” said Lee Soon Ja, a medical surgical RN. “When we give medicine, we have to do several patients all at once, so there is a greater chance of errors and safest practices are not followed. The nursing is so intense. People leave and don’t come back. Some get married, some go to other industries, and some just stop working.” The average age of a KHMU member is 33.

During their time here, the Korean nurses said that they observed a number of similarities between Korean and American nursing. Both groups share a high sense of responsibility, duty, and advocacy to their patients. Both groups face pressure by management to do more work in less time, as well as to treat patients as “customers” and to think of themselves as customer service representatives.

Nursing in the two countries also differs in many respects, too. For example, in addition to the much higher patient load in South Korea, nurses there are expected to fulfill many of the duties support personnel here in the United States would normally handle. Sung Hee Kwon, an operating room RN at Korea University Hospital, was impressed that OR nurses here never leave their patients’ bedsides. Back home, she is expected to also manage all the OR equipment, supplies, cleaning, set up, ordering, and inventory.

Their final impression was that, overall, nursing care in California is much safer for both nurses and patients than in South Korea.

The way Americans access healthcare, or as in the case of 50 million uninsured residents who cannot access healthcare, is a different story. “Healthcare in the United States seems to be broken compared to other OECD countries,” said Lee, KHMU’s

strategy director. “You spend 18 percent of your GDP, but have higher infant mortality rates, for example. Even though the United States leads in other areas, in healthcare, it seems to be lagging behind the rest of the world.”

South Koreans enjoy a single-payer healthcare insurance system of limited scope, where 64 percent of their costs are covered by federal govern-

ment insurance, like Medicare in the United States. Progressive healthcare activists such as KHMU have consistently worked to improve and expand their healthcare coverage up to 100 percent, but the health insurance industry lobbies in the other direction in order to make more money selling supplemental insurance policies to the public. Unfortunately, South Korea’s current president, Lee Myung-bak, promotes the privatization of healthcare. Here, KHMU and NNU nurses are similar in that both groups would like to achieve universal, comprehensive, single-payer coverage for their country’s residents. “The private insurance companies aggressively try to lower that 64 percent,” said Lee. “This may be the most critical issue for the next presidential election in 2012.”

The forces of healthcare privatization in South Korea do not stop at just insurance. Major hospital and pharmaceutical companies and other healthcare corporations would also like to enter the Korean market, a move that would be made much easier if the United States and South Korea approve a free trade agreement this coming year. Similar to the North American Free Trade Agreement (NAFTA), the KORUS FTA would eliminate tariffs between the countries and open up Korean markets for all kinds of financial services. It would also, however, undermine the Korean national healthcare system by making it easier for huge U.S. healthcare corporations to operate there. For example, hospitals in South Korea are currently run as not for profits, but the agreement would expedite the proliferation of for-profit hospitals in “free enterprise zones.”

The agreement also contains a provision making it more difficult for the South Korean government to regulate and rein in major healthcare corporations. Under the investor nation clause, if a country imposes new rules that a corporation believes undermines its profitability, it can sue the nation.

For these reasons and more, KHMU and NNU have taken a joint position against the KORUS FTA.

The Korean nurses said they are grateful for the chance to spend time with, network, and learn from NNU nurses. “While the rest of the labor movement seems to be under a depression,” said Yoo, “It’s great to see a sister union organizing and winning, fighting for its members and society as a whole, and never retreating.” ■

Lucia Hwang is editor of *National Nurse*.