

New York City nurses threaten strike over staffing levels

Robert Fowler, Philip Guelpa**8 June 2015**

Nurses at 14 privately run hospitals in New York City are threatening to strike over inadequate staffing levels that result in overwork, endangering the health and lives of patients. The 18,000 nurses, members of the New York State Nurses Association (NYSNA), are employed by private hospital conglomerates, including New York-Presbyterian, Mount Sinai, St. Luke's and Roosevelt hospitals, and Montefiore Health System.

The nurses, who have been working without a contract since the beginning of the year, are also targeting several individual hospitals. The anger and frustration over conditions is reflected in the 95 percent vote in favor of a strike. Understaffing creates dangerous working conditions, nurses say, which impairs their ability to provide professional quality care.

While nurses are determined to fight, the NYSNA, which is aligned with the Democratic Party, is seeking to contain opposition by promoting illusions that the big business politicians in the state legislature in Albany can be relied on to enforce safe staffing levels and decent work conditions for nurses. The NYSNA has promoted a mandatory staffing ratio bill in the state legislature, where it has no chance of passage.

If the walkout takes place, it would be the largest nurse's strike in New York City history. Negotiations between NYSNA and the hospitals' representative, the New York Hospital Alliance, to prevent a strike began on June 3. As of Saturday, June 6, the talks had reportedly broken down. The hospitals have announced plans to hire replacements if the strike takes place.

Hospital managers reject any measures that would impair their flexibility in determining staffing levels, shifting work between job categories, or outsourcing tasks to private contractors as part of the drive to "rationalize" health care.

Tensions are high, with reports that nurses have been threatened with arrest and escorted out of hospitals for speaking out against inadequate staffing levels. Nurses are demanding the establishment of mandatory ratios between nurses and patients to ensure proper staffing. In a cosmetic gesture, management has offered to form committees, including nurses, to review the issue. They would, however, have no power to enforce any recommendations.

Understaffing in all job categories has become an

increasingly serious problem in both public and private hospitals as they attempt to cope with government budget cuts and reductions in reimbursement levels, which are being intensified under the Affordable Care Act (ACA), known as "Obamacare." These budgetary limits have led to the growth of outsourcing of services and to the closure of a number of hospitals in the city, including St. Vincent's in lower Manhattan and Long Island College Hospital in Brooklyn, increasing the demands placed on those health facilities that remain.

New York City's Health and Hospitals Corporation (HHS), which administers the city's public hospital system, is facing budget cuts of up to \$1 billion by 2018. Under former Mayor Bloomberg, HHC's hospitals privatized laundry, dietary and cleaning services. In 2012, the HHC board of directors voted to outsource outpatient dialysis to a private company, and privatization is something all 11 public hospitals throughout the city are facing under the current administration of Mayor Bill de Blasio.

Mass layoffs in HHS are taking place and hospitals are grossly understaffed. So extreme is the understaffing that nurses are often assigned between seven and nine patients at a time. In some cases, individual nurses have been given charge of 20 patients. This is despite the fact that the safe maximum number of patients per nurse is widely considered to be four.

Understaffing is a serious problem nationally. Currently, California is the only state that sets a minimum standard for hospital-wide nurse-to-patient ratios. One recent study noted that for every 100 surgical patients who die in hospitals where nurses are assigned four patients, 131 would die if they were assigned eight. This study also noted that in pediatrics, adding just one extra surgical patient to a nurse's workload increases a child's likelihood of readmission to the hospital by nearly 50 percent. The Center for Health Outcomes and Policy Research found that if every hospital improved its nurses' working conditions to the levels of the top quarter of hospitals, more than 40,000 lives would be saved nationwide every year.

In April, thousands of nurses protested staff shortages in New York City. Nancy Hagans, a Nurse at Maimonides Medical Center in Brooklyn remarked, "We used to see 250 patients a day in our E.R., but then two hospitals in Brooklyn closed and

now we're seeing 400 a day, with the same number of nurses. How can we be the advocates we took an oath to be?"

Nurses face reprisals for speaking out on these issues. NYSNA has confirmed that the Jack D. Weiler Hospital of the Albert Einstein College of Medicine in New York threatened nurses with arrest, "escorting" seven of them out of the building because the nurses were discussing cuts to staff during a lunch break.

"The biggest change in the last ten to fifteen years is the unrelenting emphasis on boosting their profit margins at the expense of patient safety," said David Schildmeier, a spokesman for the Massachusetts Nurses Association. "Absolutely every decision is made on the basis of cost savings."

While there is no question that this statement is true, the unions accept without question the domination of the health care industry by corporate interests and are aligned with the Obama administration, which is spearheading the attack on health care workers.

Since Obamacare was signed into law in 2010, millions of Americans have been forced to sign up for overpriced and substandard health care coverage. And in April of this year, Obama signed into law "The Medicare Access and CHIP Reauthorization Act." This is a bi-partisan attack on the working class that has expanded means testing for Medicare and established a new payment system in which doctors will be rewarded for cutting costs while at the same time being punished for the amount of health care services they offer.

In February 2014, New York Governor Andrew Cuomo stated that the federal Department of Health and Human Services had agreed to funnel \$8 billion in Medicaid savings back into the state's health care system. Health officials claimed that this would be enough to overhaul how health care is delivered within New York's \$62 billion Medicaid program. This figure proved inadequate by \$1 billion.

Adolphus Cooker, a worker at Harlem Hospital, told the *World Socialist Web Site*, "They should rule out having temp workers. They should cover all workers with full benefits. I remember in 2003 to 2004, I worked for a temp agency in Long Island. I had to pay 50 percent of the health plan cost, so they only paid 50 percent. Here, as a regular worker, I pay only copayments under this health care plan. But they are taking taxes for that out of your pay stub. Payments for medical drugs have changed too."

When asked about workers who said they were not allowed to talk about hospital problems, Cooker declared, "I am not afraid to speak out. If it is to be a democracy, you have to."

Another hospital worker who chose to remain anonymous told the WSWS, "The chemo-dialysis and maintenance units are already privatized. They sold that off. They are not run by HHC [the Health and Hospitals Corporation], they are run by a private agency. Their staff are from outside. They hire agency nurses so they do not have to pay overtime. They are paid per

diem. One day a whole shift in the Psych Ward did not come in, in protest over the understaffing. The government works for themselves, the private interests and the lobbyists."

A nurse by the name of Dee, who works in the recovery room of Brooklyn Hospital and has been a nurse for more than 20 years, said, "The major issue is staffing. In addition, they want to take away our pension and benefits. Right now, there is not enough staffing to take care of patients properly, which negatively effects patient care. Many nurses get burned out and that encourages us to call out [call in sick]. The supervisor tells you to take a meal break for 15 or 30 minutes, but that is not enough recovery time."

"Nurses leave here thinking it has to be better elsewhere and the hospital doesn't hire enough to replace them. This is a national problem, not just in Brooklyn Hospital. We are not asking for too much. A lot of us are in our 40s and 50s and we can't just get out and find another job. We have to strike."

The sentiments expressed by nurses are widespread. Public and private sector workers in New York City, including transit workers, teachers and telecom workers, like workers around the country, have suffered years of stagnant and declining living standards and deteriorating work conditions, even as the stock market and the bonuses of the Wall Street bankers have reached new heights.

A serious struggle by nurses could trigger a far broader mobilization of the working class. That is precisely why the NYSNA, the Service Employees International Union and the other city unions are determined to prevent it and wear nurses down in order to push through a sellout deal that defends the interests of the hospital chains and their union "partners." The beginning of a real fight by nurses and health care workers requires breaking the stranglehold of the unions and the two big business parties and appealing for support from the working class throughout the city.



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