“It’s a pretty damning statement when nurses cannot afford health care”

Western Massachusetts nurses still face fight over staffing and health benefits

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Two hundred and forty nurses and other hospital staff returned to work last Wednesday after a one-day strike and a punitive two-day lockout by administrators at Baystate Franklin Medical Center in Greenfield, Massachusetts. The nurses, who are members of the Massachusetts Nurses Association (MNA), have been working without a contract since January 1.

Among the nurses’ grievances are the refusal of hospital management to guarantee safe staffing levels and the steady erosion of their own health benefits. They are demanding improved wages and working conditions.

Nurses were locked out last Monday and Tuesday following a vote in favor of a 24-hour strike to protest the hospital’s refusal to negotiate on labor and contract conditions. When they returned to work, nurses and supporters from the community were met with a large security presence made up of private security guards and the Greenfield Police Department. After nurses were directed to enter the building using the side entrance, Donna Stern, a psychiatric nurse and senior co-chair of the local bargaining unit of the Massachusetts Nurses Association, was denied entry and told “only nurses authorized to work tonight” could enter.

Stern and another union rep were finally allowed to enter after the other nurses scheduled to work that evening refused to enter in solidarity. Once inside, they were separated from other nurses, brought to meet with Cindy Russo, head of the hospital, and told they could not be there after which point they were escorted out of the hospital by security.

Nurses have been locked into the dispute with Baystate Health group since their contract expired on December 31, 2016. Since that time, they have been subjected to sharp increases in expenses related to their company-owned health care plan and dangerously low staffing levels. The nominally nonprofit health care group, whose CEO, Mark Keroack, made $1.2 million in 2014, has refused to negotiate on the three main areas, which they are legally mandated to bargain: workplace health and safety, workload, health insurance, and staffing levels.

Speaking on the huge cost increases faced by nurses, Stern told the WSWS: “Average overall annual increases in health insurance are around 10 percent. They raised ours 26 percent, when you account for premiums, deductibles and copays. They own the health insurance company and are gouging nurses. It’s like being in a coal mining town where all you can get is company insurance. Whatever pittance of a raise we are given, which does not even keep up with the cost of living, is taken away through these increases.”

Speaking on the intimidation she has faced from hospital management and their lawyers, she stated, “It is awful to be treated with such disrespect, threatened with arrest, escorted from the building, to personally be targeted and harassed. It’s disgusting, and now they have a union-busting consultant and the head of HR facilitating antistrike ‘healing meetings.’”

Patrick is a nurse at Franklin Medical Center’s psychiatric unit who has been there for six years. He started off as per-diem nurse and is now working what is considered “full time” (32 hours) at the hospital.

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Referring to the impact of Obamacare on health care workers, he said, “I have noticed that there has always been a sense of urgency to get people in and out. Now it has become even more of an issue in the last 2-3 years. I work on psych unit, different than other wards with people coming in with a broken hip, heart problem, etc. There has to be more grace time for dealing with patients. In the last two-and-a-half to three years, the sense of urgency to get patients in and out and the need to fight with insurance companies has increased. The problem with psych care is there is not a lot of outpatient coverage. People get discharged before they are ready and then they will return within a week or two. Then it’s difficult for the hospital to get payment for returning patients.”

In terms of the patient/nurse ratio, Patrick said, “Patient load is six people—it can be difficult. Our biggest issue is that the hospital builds holes into the staffing schedule. My colleagues complain of the caseload. I picked up a shift today to make up for the money I lost during the lockout. Typically this shift would have just been a hole, that is for one nurse they didn’t schedule. This has been going on for a long time. It has been Baystate’s standard operating procedure.

“They will only pay for a position if they deem it absolutely necessary. We have a Swiss cheese schedule, and if someone calls out, it puts a tremendous amount of pressure on other nurses. But having the time to attend to pysch patients is imperative, because just having 15 minutes to help someone with a difficult moment can prevent a suicide attempt, and we can provide that support when we are adequately staffed.”

Referring to the nurses’ own health plan, Patrick cited the song “Sixteen Tons” by Tennessee Ernie Ford about mining towns in West Virginia, where workers purchased goods on credit from the company store. “Haul 16 tons, and what do you get? Another day older and deeper in debt.”

“We were told we would pay less out of our paycheck for this new plan, but our deductible doubled. I guess that’s OK for someone in their 20s as long as they don’t have a chronic illness. I’m in my 50s; when I go to my doctor for a condition I have, I am paying fees to see the doctor and then to get the equipment I need to deal with it, and it really adds up.

“It’s a pretty damning statement, the fact that in our society, nurses cannot afford health care. It makes me mad as hell. It is a racket. I didn’t realize it until I started working at the hospital. Baystate is committed to creating the appearance of providing quality health care, but they are actually leeching the community. I support single-payer health care, like what I heard about when I traveled to Ireland and England. If we are this great experiment of a society, why can’t we get together and take care of ourselves?”

The attack facing Baystate nurses has become increasingly commonplace for health care workers throughout the country. Chronic understaffing and cost cutting in hospitals, along with shifting the health care costs from employers to workers, was central to Obama’s misnamed Affordable Care Act. These attacks will be escalated by the Trump administration, with bipartisan support from the Democrats.

In 2016, 4,000 nurses at Allina Health in the Twin Cities area in Minnesota fought a five-week battle against Allina’s demand that they accept a company-run insurance plan. The Minnesota Nurses Association, an affiliate of the National Nurses United (NNU) just like the Massachusetts Nurses Association, capitulated to management’s demands.

The defense of the right to health care for nurses to have decent working conditions, wages and benefits is above all a political fight against the corporate-controlled for-profit health system, which is defended by both parties. The NNU and their state affiliates are allied with the Democratic Party and NNU President RoseAnn DeMoro has joined Bernie Sanders’ charade that this big-business party can be transformed into a “people’s party.” In the end, the promotion of this sickly dependence on the Democratic Party is translated into pathetic appeals to the conscience of corporate directors and sponsors, with “strikes” turned into nothing but impotent publicity stunts.

A real fight is necessary. Rank-and-file nurses will have to take the conduct of the fight in their own hands and mobilize the broadest support throughout the working class.

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