

Nurse shortages persist after UAW sellout of Mercy Health St. Vincent strike

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17 July 2019

In the wake of the five-and-a-half week strike by nurses and support staff at Mercy Health St. Vincent Medical Center in Toledo, Ohio there has been no resolution to the issues of forced overtime and short staffing that lay at the heart of the walkout by some 1,900 medical personnel.

The healthcare workers walked out on May 6 after months of futile negotiations describing appalling conditions of overwork at the medical center that serves some of the poorest sections of the population in Toledo, a city whose economic base has been ravaged by deindustrialization. The sellout deal finally pushed through by the UAW continues the enforcement of these conditions, with nurses forced to work up to 16 hours straight in a high pressure hospital environment.

More broadly, the issues that lay at the root of the strike by Mercy Health staff are widespread. A major issue in the recent struggles by nurses in Minnesota and California has been the issue of staffing levels.

Studies have demonstrated that in hospitals with nurse-to-patient ratios of over 1-4 the risk of death for surgical patients increases by 7 percent for each additional patient added to the workload. In a related finding, the rate of “nurse burnout” and increased job dissatisfaction also increased with a higher nurse-to-patient ratio.

According to figures collected by UAW Local 2213 President Sue Pratt, the nursing staff at Mercy Health St. Vincent fell from 1,071 in 2013 to just 897 in 2019. As a result, more and more stress is put on individual nurses, including longer on-call hours and more forced overtime.

One Mercy Health nurse contacted by the WSWs reported, “That is why nurses around the country are screaming right now. Many times it is unsafe, and not just at (St. Vincent). Patients are often sicker and more

complex than they used to be as well. It is chasing many good nurses away from the bedside.”

Staffing ratios were not even a subject of the UAW negotiation in the nurses’ recent contract fight.

She added, “Often we do not have enough ancillary help either. For example: one nursing assistant to 25 patients. But you know what? Patients have no idea, because nurses do their jobs. We go without lunches or breaks regularly.”

The role of the UAW in the strike by healthcare workers at Mercy Health in Toledo along with the unions everywhere has been to suppress the struggle by nursing and support staff, keep their struggles from spreading to other sections of the working class while fostering illusions in the capitalist politicians. The end result has been further attacks on healthcare workers, deteriorating patient care and fatter profits for the drug companies and insurance companies.

Nurses have the same interests as broader sections of the working class. Increased workloads are part of a drive to slash healthcare costs for the corporations. These policies have the support of both the Democrats and Republicans. The Obama administration’s Affordable Care Act was part of a drive to shift the cost of healthcare from the corporations onto the shoulders of private individuals, as well as cutting costs by ramping up the exploitation of healthcare workers.

In the upcoming contract negotiations between the UAW and the Detroit-based auto companies, employer demands for the slashing of healthcare costs are sure to be a major issue. In 2015 the UAW tried to force through a Healthcare Co-op that would cut employers’ costs by offloading the provision of healthcare to the union, which would obtain control of a massive trust fund similar to the VEBA covering retiree healthcare benefits. The UAW was forced to back down in the

face of massive rank-and-file resistance, but a new assault on healthcare, including higher co-pays and reduced coverage is inevitable as the employers seek to slash costs to satisfy Wall Street demands.

The UAW was doubly determined to keep the struggle of Mercy Health St. Vincent workers isolated with the national auto contract talks looming. The last thing the well-paid and corrupt bureaucrats at the misnamed Solidarity House wanted was a successful strike that would encourage autoworkers to press forward with their demands.

After nearly a month on strike the UAW abruptly announced a settlement for support staff and organized a snap vote. The workers were then ordered to return to work, crossing the picket lines of nurses who continued on strike. After nurses still resisted demands for concessions, the UAW terminated their strike, ordering an unconditional return to work without a new contract. The nurses then voted down a sellout agreement brought back by the UAW by a 57 percent margin.

After repeated rebuffs the UAW finally secured ratification of a deal that, despite a few cosmetic changes, was identical to the proposal that nurses rejected before the launching of the strike. Hundreds of nurses either quit their jobs or resigned from the UAW in disgust.

Despite its failure to achieve workers' objectives the strike provided important lessons. It helped clarify who the real friends of healthcare workers are and who are their enemies. Lined up against the nurses and support staff were hospital management and the multi-billion-dollar insurance companies and drug companies they serve, as well as their agents in the bought-and-paid-for UAW.

It also exposed a host of politicians, Democrats and Republicans alike, who postured as supporters of the hospital workers while they relied on the UAW to strangle the strike. This included the self-professed "democratic socialist" Bernie Sanders, who tweeted his alleged support for striking nurses in May and then fell totally silent as management and the UAW united to crush the strike. Another "friend" of the Mercy Health workers, Ohio Senator Sherrod Brown hailed the sellout imposed by the UAW declaring, "This is good news for nurses, patients and the community. I thank all sides for coming together to reach a deal."

Meanwhile, in an effort to divert the anger of nursing

staff, the UAW has continued to promote illusions in a bill pending in the Ohio legislature (HB 144) to limit forced overtime for nurses. Even in the unlikely event it is enacted over the objection of the health insurance industry the bill does nothing to address the questions of nurse-to-patient ratios or excessive on-call hours.

Such is the crisis in healthcare that it defies solution through patchwork reform measures. What is called for is the reorganization of healthcare on a socialist basis. Healthcare for profit must be replaced by healthcare based on human need. Modern medical advances must be placed at the disposal of the public, not used to enrich the shareholders of the insurance and health conglomerates. Only the political mobilization of the working class, independent of the big business Democrats and Republicans and pro-corporate trade unions, can achieve this.



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