

Western Massachusetts psychiatric units facing imminent closure

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On June 13, patient families and their supporters organized a rally in front of Providence Behavioral Health Hospital, in Holyoke, Massachusetts, to protest the imminent closure of its inpatient psychiatric services.

Trinity Health of Livonia, Michigan, which owns Providence, intends to close its three psychiatric units by July 1, including the only pediatric unit in the region. The closure will eliminate 74 beds and 202 jobs.

Parents are under no illusion that the closure is motivated by anything but money. Jamie Guerin of Northampton, whose experience as the mother of a patient was reported by the *Republican*, spoke with the WSWS at the June 13 rally. “Ultimately,” she said, “the fact that we have a for-profit health care system is at the root of what we’re seeing here.”

The Providence beds are not being closed due to a lack of funds on Trinity’s part. As reported by Axios, Trinity, which holds \$14.7 billion in assets, received \$600 million in CARES Act stimulus funds, \$1.6 billion in advanced Medicare payments, and over \$1.56 billion in monthly operating expenses. The only hospital chain to receive more money from the federal disbursement was HCA Healthcare.

Speaking to the WSWS at a June 4 rally in Springfield, organized by the Massachusetts Nurses Association (MNA), Nicole Desnoyers, whose son has received treatment at Providence, said, “Parents see that it’s definitely about the bottom dollar.”

When asked by the WSWS at the June 13 rally in Holyoke if enough was being done to prevent the closure, Desnoyers, who lives in Springfield, addressed her state representatives, whom she has appealed to for support: “Where are you? I’m reaching out to you, I’m calling you, I’m emailing you, and I’m not getting any responses, no answers back ... I tell you I’m calling for a community call-out and you still don’t come. So, where do you stand on the issue? Do you really care?”

With local politicians conspicuously absent, patient families must fend for themselves. Asked if unions were militant enough to oppose the closure, Guerin responded, “I think the members are. I think the members are pretty kick-

ass. I don’t have much to say about their leadership. All I know is, I’m still here with my children standing in front of a hospital.”

The MNA, which holds the contract for nurses at Providence, held the June 4 rally outside the office of Paul Mancinone, in downtown Springfield. Mancinone is the chairman of the board of Mercy Medical Center, a general hospital located in Springfield, which operates Providence. The United Auto Workers union (UAW), which has the contract for mental health counselors and substance abuse recovery specialists at Providence, was also present.

The union line was to focus on what the closure will mean to patients, but not to providers and workers, as seen in the statement, “It’s terrible people are losing their jobs, but we’re employable.” If the unions successfully defended these jobs, however, services would be preserved as well.

This tactic, along with appeals to management and big-business politicians, is emblematic of the refusal of the union to organize workers against the assault on health care and health care workers, and amounts to the MNA and UAW accepting the closure.

At the Springfield rally, union representatives and parents testified to the hardships already facing patients, and how the closure would only worsen them.

When patients who are suffering acute mental health crisis seek care, it is common for them to wait in emergency rooms before an inpatient facility will admit them. Due to a regional shortage, patients sometimes stay there for days at a time, in some cases weeks.

Cindy Chaplin, who leads the MNA bargaining committee at Providence, recalled the experience of a patient, who “sat there in the same clothes” for four days. He “had nobody to talk to, and nobody to do therapy with, and nobody to address his mental health status, because the ER is not equipped to do that. That’s my job.”

At Mercy hospital, patients are sometimes forced to wait on gurneys in the emergency room hallway. Tony Mancuso, an emergency room nurse, estimates that at least half of the psychiatric patients seen at Mercy are admitted to

Providence. At the Springfield rally, he asked, “How long will these patients be staying in the ER if Providence closes and how far are we going to send them to receive the care that they deserve?”

Speaking to the small crowd gathered at the Springfield rally, Desnoyers related her experience as an advocate for her 10-year-old son Ja-seir, who has a diagnosis that includes disruptive mood dysregulation, attention deficit hyperactivity disorder, and general anxiety.

Last year, when waiting for a facility to admit him, he had to wait in the emergency room for three weeks. “Not four days,” Desnoyers said, “that’s not a week, that’s three weeks with no help, with no care, with nothing.” Providence would not accept his referral, so she had to travel to a facility in Westborough, Massachusetts, over an hour away.

Her only other option was to take him home, or risk the involvement of the Department of Children and Families. “How do you take a child who’s not safe at home, when you have other children at home? They need to be protected. They have rights. They are human. And in order to do that, [care] needs to be available and accessible.” Coming back from Westborough, her car broke down, leaving her stranded.

On another such occasion, in order to admit Ja-seir to the Brattleboro Retreat in Vermont, she had to arrange for a single-case agreement with Mass Health, the state’s Medicaid program. If Providence closes, parents like Desnoyers and Guerin will be forced to travel long distances, and jump over bureaucratic hurdles, in an attempt to secure care for their children.

The harrowing prospects facing patients and families, and the providers and workers who will lose their incomes, are in sharp contrast to the unconvincing rhetoric offered by the unions. At the June 4 rally, a common refrain directed at Mancinone was to “do the right thing.” This phrase, according to Mancuso, is plastered on the walls of Mercy hospital. He remarked, “Closing Providence hospital will certainly not be the right thing to do.”

Comments made by Donna Stern, regional director for the MNA, at a May 23 press conference in front of Providence illustrated that the union is focused on appealing to state government officials, not on mobilizing the working class.

“This is a population that has been ignored, has been exploited, has been stigmatized, and ‘enough is enough!’ When are we going to say, ‘enough is enough’? When? I want to know. And asking them to stop closing is not enough. The Department of Public Health came out and said this was an essential service. Well, without a law backing that up, that’s exactly what they’re going to do.”

The MNA is lobbying for a bill that would make eliminating health care more onerous for companies. The bill

includes provisions that would extend the official notice period for closures; require hospitals to provide evidence of having sought and received community input; prohibit hospitals from expansion or new licensure for three years from the date a service was discontinued, if deemed essential; and require the state attorney general to approve of the closure of essential services.

In reality, the strategy of the MNA is to channel the anger of workers into support for the big-business parties and a legislative solution. The legislation the MNA supports is still in committee and won’t affect Trinity’s decision. Despite its attempts to appear as a legitimate defender of workers and patients, the MNA’s actions demonstrate an acceptance of the termination of Providence’s services.

A strategy to defend jobs and patients’ rights must include organizing the 23,000 rank-and-file nurses the MNA represents in Massachusetts—as well as the 150,000 nurses represented by National Nurses United, which is affiliated with the MNA, and the 12.5 million workers represented by the AFL-CIO, which is affiliated with NNU. Like the empty gestures of their affiliates in Massachusetts, the NNU staged single-day protests in several states last month over lack of personal protective equipment.

The WSWs calls on rank-and-file nurses, mental health counselors, and recovery specialists of Providence to form their own independent committees to oppose the elimination of its services, and to join with the millions of health care workers across the country in the fight for a socialist policy to defend health care.



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