

Striking Joliet, Illinois nurses should reject sellout deal

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After a week on strike, 700 nurses at AMITA Health St. Joseph Medical Center in Joliet, Illinois, are completing their vote Saturday on a contract brought back by the Illinois Nurses Association (INA) that does nothing to address chronic understaffing, the central issue in their strike. Nurses should reject the sellout deal and elect a rank-and-file strike committee to take the conduct of the negotiations and the strike out of the hands of the INA.

“We are voting on their ‘final’ proposal,” Kathy, a striking nurse told the WSWS. The proposed contract, she said, “still has no staffing accountability in it, though.”

In comments to the local newspaper *Herald-News*, union negotiator and spokesperson Pat Meade said AMITA has been “steadfast” on many of its stances. While the union wanted AMITA to increase nurse staffing, the newspaper reported, Meade said AMITA would not commit to any specific numbers. “There were some things we could not get,” Meade told the newspaper.

From the beginning of the struggle, the issue that motivated every nurse on the picket line was not primarily pay but the fight to reduce high patient-to-nurse ratios, which endanger both health care workers and their patients. The drive by the giant hospital chains to reduce costs in order to boost their profits has had deadly consequences for health care workers and patients across the US and around the world, as seen in the current pandemic.

If AMITA management has remained “steadfast” in refusing to do what is necessary for nurse and patient health, this is not a reason to surrender. On the contrary, it only means that the way the struggle has been conducted thus far is thoroughly inadequate. Although there is popular support for this struggle, the INA and other unions have left the 700 nurses isolated, forcing them to confront AMITA alone.

If the struggle is to be won, nurses must publicly appeal and fight for the broadest mobilization of health care workers around the country and the world and of every other section of workers who are confronting the same demands for endless sacrifices from giant corporations, which have received trillions of dollars in government bailouts. Nurses

must reach out to autoworkers and teachers and other sections of workers who are being forced back into the factories and schools even as the pandemic rages out of control. They must reach out to airline, retail, trucking and other workers facing layoffs and wage cuts and fight for common action, including strikes and protests.

Nothing will come out of the union’s appeals to the corporate-controlled politicians who issue empty statements of support to striking nurses, while voting for the CARES Act, which handed trillions to the Wall Street bankers and giant corporations, like HCA Healthcare, which is now demanding wage cuts and furloughs from nurses.

In Humble, Texas, 30 nurses and nursing assistants at a rehabilitation hospital took to the picket line this week demanding improvement in their working conditions, more PPE and hazard pay for their extra hours and dangerous working conditions. They too are fighting for more nursing staff to help them care for their patients. Close to 180 workers at Loretto Hospital in Austin, on Chicago’s West Side, are planning to strike on July 20 after several months of work without a contract, which expired in December. An emergency room technician at Loretto, Wellington Thomas, said, “The human body can only take working so many hours without rest, can only take so much stress, can only take so much work.”

Adding insult to injury, AMITA is also offering nurses little or no raises. According to one striker Diane, “They said they would give 1.5 percent. That has gone down since the last offer. That’s not even inflation.”

At the same time, AMITA has spent more than \$5 million on strikebreakers. Replacement nurses have been recruited to fill in with perks such as paid flights, upscale hotels, inclusive meals, and luxury transport to the hospital. According to Colleen: “I was informed that the agency nurses who are replacing us come from six different states, some of which are hot spots for COVID. Yet, they were not tested prior to having direct patient contact without patients. We worry that the agency nurses will infect our patients. They are currently working with better patient ratios than we

had.”

Colleen would not divulge her source to maintain anonymity, but added, “They [the strikebreakers] are complaining that their assignments are overwhelming them. Some have walked off the job and others are calling in sick.”

According to the local press in Joliet, temporary nurses make \$65 per hour. The hourly wage in Illinois for a registered nurse runs under \$30 per hour (the median wage in the United States for nurses) or an annual salary of \$61,644.

The for-profit medical industry is looking to purge an older, more experienced and better-paid generation of nurses and replace them with lower-paid nurses whom they can literally work to death. This policy is fully backed by both the Democrats and Republicans. The slashing of labor costs for hospitals was a central component of Obama’s so-called health care reform. The Trump administration has sought to exploit the pandemic to accelerate the attack on nurses’ jobs, living standards and working conditions.

There are close to 2.86 million nurses working in the United States with projections that 500,000 seasoned nurses are expected to retire by 2022. The Bureau of Labor statistics projects that an additional 203,700 new nurses will be needed each year through 2026 to fill newly created positions and to replace retiring nurses. Yet, over the last five to six years the number of graduates from nursing schools has stabilized at about 155,000 per year.

One nurse in Salt Lake recently detailed the dangers of understaffing. “We are hearing that areas like Florida, Texas, Arizona, California, and soon to be Utah are overwhelmed with COVID19, but then hospital administrators publicly announce that they have thousands of beds still available. This is being confused with ‘capacity.’

“Bed count is the physical space to store dying bodies. It does not equate to a community’s CAPACITY to keep those bodies alive, treat them humanely, or restore any quality of life to them.

“We are starting to try to turn away patients and are panicked about the sudden volumes showing up. This is not for a shortage of space or even beds (yet). Some hospitals have converted their parking garages into ICU’s. It is fairly easy to find a place to place to put people. (Some hospitals have patients in their hallways. Yet look- they’re on a bed! ‘It’s all good!’) It is not as easy to build the army of trained humans to keep the sick ones alive.”

There are plenty of resources to hire and train well-paid nurses and medical staff. A short list of the billionaires who dominate the health care industry include: Thomas Frist Jr., co-founder of **HCA Healthcare** (\$11.9 billion); Carl Cook, CEO of **Cook Group**, (\$8.4 billion); Patrick Soon-Shiong,

chair of **NantWorks**, executive director of the **Wireless Health Institute**, and adjunct professor of surgery at the **University of California at Los Angeles** (\$7.3 billion); Reinhold Schmieding, founder of **Arthrex**, (\$5.9 billion); Ronda Stryker, director of **Stryker** (\$5.6 billion); and her brother Jon Stryker, president of the **Arcus Foundation** (\$3.2 billion).

The fight to secure universal, free and high quality health care and living wages and decent conditions for health care workers requires a fight against the capitalist system and the grotesque inequality it creates. The unions, however, explicitly accept capitalism and the domination of the health care industry by the giant hospital, pharmaceutical, insurance and medical equipment monopolies. What that means in the end is the subordination of the needs of health care workers and their patients to the relentless drive to cut costs and increase the payouts to wealthy shareholders and corporate executives.

That is why the struggle by Joliet nurses and health care workers for decent wages and conditions raises the necessity for the abolition of for-profit medicine, the transformation of the giant health monopolies into publicly owned utilities, under the democratic control of health care workers themselves, as part of the socialist reorganization of economic and political life.

All nurses who are interested in the fight for rank-and-file committees should contact the Socialist Equality Party.



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