

University of Illinois Hospital nurses poised to strike over unsafe staffing conditions

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Over 1,400 nurses at the University of Illinois Hospital (UIH), in downtown Chicago, are poised to begin a one-week strike on September 12. The nurses, who are organized in the Illinois Nurses Association (INA), were in negotiations throughout the summer, specifically on the critical issue of safe staffing, which has been the crux of every nurses strike across the country throughout the pandemic. The vote authorizing the strike was taken on August 20, with a nearly unanimous majority of 995 to 12 in favor.

Earlier this month, 4,000 medical service workers at University of Illinois Chicago (UIC)—including clerical, professional, technical, service and maintenance workers represented by the Service Employees International Union (SEIU) Local 73—called for a strike vote on the issues of access to personal protective equipment (PPE), increased staffing levels, a minimum hourly wage of \$15, as well as policies that protect their jobs and benefits.

Presently, building service workers start at a miserly \$12.65 per hour while the lowest-paid university workers, the foodservice cashiers at the hospital, make an hourly wage of only \$10.49. The membership voted 94 percent in favor of striking. A spokesperson for SEIU 73 told local media that the open-ended strike is set to begin on September 14.

The strike votes of UIH nurses and UIC medical service workers are but the latest in a series of strikes and protests by health care workers across the US in the course of the COVID-19 pandemic. Medical workers are determined to defend their right to decent working conditions and protections, as well as staffing levels, to deliver quality patient care. At every turn, their demands have been rebuffed by management, who claim that there is no money to pay for them.

The INA issued its 10-day intent to strike notice on September 2, after stalled talks and disagreements led to an apparent impasse. At the same time, UIH CEO Michael Zenn released a statement saying they were disappointed with the INA's stance, but hoped "that both parties will

reach an agreement that reflects our commitment to our nurses while being fiscally sustainable for the hospital."

The statement went on to argue that the 5 percent wage increase being proposed by the INA would total nearly \$53 million in increased costs that would not include "differential or peripheral pay" and does not reflect "current economic conditions and fiscal challenges."

INA President Doris Carroll, RN, also a nurse at UIH, wrote on the union's News and Events page, "Negotiations began earlier this summer, but after more than a dozen negotiating sessions, the hospital refuses to engage in a substantive discussion about achieving safe staffing by setting a limit on the number of patients that can be assigned to each nurse, a policy also known as 'safe patient limits.'"

While nurses have shown they are willing to sacrifice and fight to defend their working conditions and patient safety, the series of strikes and protests around the US over the late spring and early summer—which were limited to little more than a week in most cases—have been consistently isolated by the unions.

Nurses in Riverside, California, took to the picket lines for a 10-day strike earlier this summer, angered over chronic understaffing and shortages of PPE as COVID-19 cases surged. While nurses surrendered their wages to demonstrate their outrage, replacement nurses were brought in by management to take their place. The strike was rapidly wound down by the SEIU, and nurses were sent back with no improvement in working conditions.

In Illinois, INA Vice President Pat Meade, RN, who works at AMITA Health Saint Joseph Medical Center in Joliet, was the spokesperson for the striking nurses there. At the end of July, they concluded their struggle over the very same issues now being raised at UIH in Chicago. Their demands for safe staffing went unmet.

Nurses at UIH should ask their union representatives why the INA has chosen not to unite the struggles of nurses at UIH and AMITA, and why these strikes have been limited actions that hospital management can prepare for in advance. The same issues are confronted by hospital workers across

the country, who face grueling working conditions that will only grow worse as hospitals are inundated with new COVID-19 patients as a result of the reckless reopening of schools and businesses.

The chronic burnout being experienced by nurses throughout the US is a byproduct of the disregard for the safety and health of workers, who face ever-increasing demands imposed on them by health systems that are bent on cutting costs while they amass fortunes. The same hospitals that now plead poverty have been the recipients of millions authorized by the CARES Act.

The pandemic has further exposed the indifference to the plight of health care workers, revealing the profound contradictions between health care as a universal human right and health care as a profit-extracting business.

Instead of mobilizing a united struggle of nurses, the INA is seeking to channel the deeply held grievances of nurses behind the Safe Patient Limits Bill (HB2604). Such demands on the Illinois legislature to implement safe nurse-to-patient ratios will inevitably be tied up in a bureaucratic chokehold, with health system lobbyists decrying the financial burden they will impose on hospital systems.

Even if such a bill were to pass, hospitals can be counted on to defy it and would face few consequences from the state government. Presently, only California has a state mandate on nurse-to-patient ratios (passed in 2004), which is not being adhered to or enforced by the state.

Yet, the situation facing nurses and all health care workers is indeed dire. In original research recently published in *BMJ Quality & Safety*, an observational study on chronic hospital nurse understaffing just before the pandemic took off looked at 254 hospitals in New York and Illinois.

The study found that staffing ratios in adult medical and surgical units varied from 3 to 10 patients for each nurse. One-third of patients would not recommend their hospital to their families and friends. Nurses scored high in the “burnout range” due to their heavy workloads. One in five said they were planning to leave their jobs. Half of the nurses gave their hospital a poor grade on patient safety.

Research on safe staffing has shown that hospitals with 1:8 nurse-to-patient ratios experience five additional deaths per 1,000 patients than those with a 1:4 nurse-to-patient ratio. The odds of a patient dying increased by 7 percent for every additional patient a nurse had to take on. Worse staff-to-patient ratios also meant more extended hospital stays and a general deterioration in the quality of care.

Given the projections for a sharp rise in COVID-19 infections in the next three months due to school reopenings, nurses and doctors may again find themselves in the terrible predicament where care and treatment must be denied and services rationed as hospitals are once more inundated.

UIH nurses have many allies who are outraged over the homicidal policies of the federal, state and local governments, which are sending students back to schools and campuses with the full knowledge that this will lead to overwhelming hospitals and needless deaths.

The series of nurses strikes and protests has shown there is no shortage of a willingness to fight. But this struggle must be mobilized outside the framework of the unions, who have repeatedly demonstrated their bankrupt policy of appealing to hospital management and the two big business parties.

There has been an outpouring of opposition by teachers since early July when the Trump administration began escalating the drive to reopen schools. On Tuesday, more than 1,000 graduate student instructors and graduate student staff assistants in the graduate student union at the University of Michigan began a four-day strike in opposition to the unsafe return to campus for in-person learning.

Earlier this month, hundreds of students and faculty at the University of Iowa participated in a “sickout,” as instructors and students called in sick to demonstrate against the university’s homicidal policy of continuing in-person education.

The most conscious expression of the opposition of teachers, parents, and students to the reopenings has been the formation of rank-and-file safety committees in Detroit, Florida, Texas, and other locations.

Nurses and health care workers can become a critical factor in the fight against the policy of “herd immunity” being pursued by the ruling class. Nurses should link up their struggles with those of other health care workers, teachers and workers across the US and internationally by building their own rank-and-file committees to demand worker and patient safety.

The mobilization of nurses must be oriented toward a genuine socialist reorganization of the health care system, as opposed to medicine for profit. The wealth of the giant hospital chains, private insurers, and drug companies must be expropriated to free up the resources to provide free, high-quality health care as a fundamental human right. Contact the *WSWS Health Care Workers Newsletter* to find out more about organizing a rank-and-file committee at your workplace.



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