

“In the end, it is all about profit”

University of Illinois Hospital nurses strike over staff shortages, unsafe conditions

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Over 800 nurses at the University of Illinois Hospital (UIH) in Chicago walked out on strike Saturday morning to demand an end to dangerous nurse-to-patient ratios. The issue of staff shortages, which has become life-threatening for both health care workers and patients during the pandemic, has been a primary factor in a series of recent nurses’ strikes across the nation.

In the face of intransigence of the hospital management, the Illinois Nurses Association (INA) has announced it will limit the strike to one week. The hospital has responded to the walkout by hiring strikebreakers, including from states that are currently COVID-19 hotspots. On Saturday, UIH CEO Michael Zenn said the hospital was working with a nursing recruitment agency to bring in 600 replacement nurses. Ambulances were placed on bypass, implying new patients were to be taken to other hospitals, and elective procedures and surgeries have been canceled.

Even before the walkout, the 13-member University of Illinois Board of Trustees—which includes billionaire Illinois Governor J. B. Pritzker and a host of corporate executives, investors and figures in the state and Chicago Democratic Party machine—filed a lawsuit hypocritically claiming that the strike, not the chronic understaffing nurses were fighting, “would constitute a clear and present danger to the health and safety of the public.”

On Friday, Cook County Judge Pamela McLean Meyerson ruled that 525 nurses who work in these critical care settings were not allowed to participate in the strike.

Nurses who spoke to the *World Socialist Web Site* on the picket line Sunday explained the issues in their

struggle.

“They want to stretch us thin,” Pamela, a pediatric nurse at UIH for over thirty years, said. “Some nurses work 12 hours straight without going to the bathroom because they are watching babies in the ICU. Meanwhile, they’re telling us to reuse our N95 masks five times. We used to only wear these for one-time use and not all day like we are now. In the end, it is all about profit.”

“In the new contract they’re proposing to send us anywhere in the hospital,” Crystal, a neonatal intensive care unit nurse, said. “I’ve been a NICU nurse for 32 years. What am I doing in the ER? What am I doing in the [adult] ICU? I don’t know anything about that.”

Leander, a pediatric nurse who has been working the night shift for 17 years, recounted the horrific conditions nurses faced as the pandemic struck.

“From March to July, I was sent to the ER during the start of the week of the disaster, and you only got an N95 and a surgical mask if you worked in the ER, COVID units or COVID ICU. Every other nurse in the whole hospital just wore a surgical mask. The problem is when I’m doing your COVID test in the ER, and you test negative, you’ll be admitted upstairs. However, you actually are positive, but because your viral load was not initially high enough and you’re not yet shedding from your nose,” Leander said, adding that this meant the test result could still be negative.

“So now you’re upstairs on my [non-COVID] units. Four hours to a day later, you are shedding from your nose, and now you’re exposing all of my nurses. That’s how over 220 employees at UIC have become COVID positive, and two nurses died. Five employees have died in total. We want to protect our patients, protect

the nurses and our families. That's all we want," Leander said.

The walkout at one of the largest urban medical centers in the United States is part of the growing resistance of health care workers and other sections of workers over unsafe conditions in the US and internationally. A strike by 4,000 clerical, professional, service, maintenance and technical workers, members of the Service Employees International Union (SEIU) at the nearby University of Illinois campus in Chicago, along with locations around the state, is set to begin today to demand personal protective equipment, increased staffing and an end to poverty wages. This follows the walkout of 2,000 grad student instructors at the University of Michigan, which is beginning its second week today.

Rather than uniting all these struggles, the SEIU, the INA and other major unions are isolating them. At the same, the INA is urging nurses to look to Governor Pritzker to back the so-called Safe Patient Limits Act (Illinois House Bill 2604), which, even in the unlikely event that it passed against the opposition of powerful lobbyists, would be largely ignored by the giant hospital chains as it has been in other states.

The danger is that the isolation of the strike will only lead to the same defeats as other nurses have suffered, including the 700 INA members who struck for two weeks in July against AMITA Health St. Joseph Medical Center in Joliet, Illinois.

To stop this, UIH nurses should organize a rank-and-file strike committee to unify their struggle with university workers in Illinois, Michigan and other states, along with every other section of workers—teachers, Amazon and other logistics, auto and manufacturing, retail and service—to carry out a common struggle against unsafe conditions and to assert workers' control over working conditions.

The pandemic has exposed the nature of capitalism and the for-profit nature of health care in the United States. More than 1,077 health care workers in the US have died from COVID-19. On social media, nurses across the country voice the same concerns as UIH nurses as the pandemic continues to rage, underscoring the need and opportunity to unite their struggles.

A California nurse wrote, "The hospital system I work for asked the state and was granted special 'crisis' dispensation (due to COVID) to up the ratio to

1 nurse for six patients." A Cleveland, Ohio nurse wrote, "I am a new nurse orienting this week. I will be on the neurology and medical-surgical floor working nights. The patient load is 1 in 6 or 7."

Another nurse commented, "My COVID unit was one nurse without an aide to 7 patients. I did all the housekeeping, all the dietary, trash, medications, charting. I no longer work there. I also was not allowed a break or to leave my unit for twelve hours."

A nurse working in southern West Virginia said: "We have been running one nurse to 3-4 ICU patients, no aides, telemetry technician or secretary. Our area has not seen many COVID patients as they are co-horted in a bigger sister hospital. We are seeing a lot of very sick patients who have not seen a medical provider in six months and are now just very ill. Many ICUs are closed in nearby hospitals, so we get patients from two hours away. Many of them have to wait for days to get a bed. It's a nightmare. We get no raise this year."

The UIH nurses have taken a courageous stand. Now they must take the conduct of the struggle into their own hands and expand the struggle. We urge you to sign up for the *WSWS Health Care Workers Newsletter* today.



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