

Worcester, Mass. nurses set March 8 strike date

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On February 23, the bargaining committee for the Massachusetts Nurses Association (MNA) issued a 10-day strike notice to the management of St. Vincent Hospital. Located in Worcester, Massachusetts, St. Vincent Hospital is owned and operated by Tenet Healthcare of Dallas, Texas. Tenet Healthcare is a for-profit health care conglomerate that received \$3 billion from the CARES Act and posted 2020 profits of \$414 million.

The 800 MNA nurses who work at St. Vincent Hospital have been negotiating for a new contract since November 2019. Their central demand is that Tenet hire more nurses to improve the patient-to-nurse ratio. Negotiations restarted on Monday, March 1. Nurses will strike the hospital at 6 a.m. on Monday, March 8 if an agreement is not reached.

The current patient-to-nurse ratio on the medical-surgical floor is 5-to-1. Nurses want maximum assignments set at four, as medical-surgical nurses care for patients who require a level of care second only to patients in the intensive care unit. With higher ratios, patients are put at risk and nurses are pushed to the emotional and physical brink.

The decision to strike comes after months of struggle by St. Vincent nurses. Last March, before the pandemic exploded in Massachusetts, more than 200 nurses sat in on negotiations to attest to the deteriorating conditions, which included patient falls and the development of preventable complications, even death. Weeks earlier, 70 percent of them signed a petition for safer ratios and an end to a punitive management culture.

Over the course of the pandemic, nurses have filed over 500 reports with hospital management, documenting unsafe conditions. When nurses were fighting rising levels of COVID-19, while having to reuse PPE, which threatened their own lives, management furloughed support staff and began flexing nurse assignments to

make up for lost revenue because expensive elective procedures had been canceled. Nurses overwhelmingly passed a vote of “no confidence” in hospital CEO Carolyn Jackson. Still, management did nothing to address their concerns.

In January alone, during the holiday surge, nurses filed 76 reports documenting unsafe conditions, a rate of more than two per day. Abandoning earlier policies, St. Vincent Hospital management now refuses to implement even the most basic COVID-19 protocols, insisting on co-mingling patients with and without the disease.

As schools are reopened and Massachusetts relaxes restrictions, despite the dire predictions of epidemiologist Michael Osterholm that a spring surge will overwhelm the nation’s hospital system, the struggles of nurses at St. Vincent and elsewhere take on critical importance. The growth in cases of the so-called UK variant in Massachusetts is centered in Worcester, where case numbers recently doubled and have a doubling time of seven to 10 days. UMass Memorial Medical Center, also in Worcester, will begin genomic sequencing of the virus to ascertain the spread of the B.1.1.7. variant, which is more transmissible and lethal.

The nurses’ struggle is a fight for their patients, the community, a rational health care system and their own health and well-being as workers.

The *Boston Globe* recently reported that health care workers in Massachusetts are at significant risk of contracting COVID-19. In a sample including the largest hospitals and medical centers in the state, data reveals positivity rates among health care workers of 11.8 percent, 8.5 percent, and 6.6 percent at Boston Medical Center, Beth Israel Lahey and Mass General Brigham, respectively. In total, over 9,000 health care workers in Massachusetts have contracted COVID-19, some bringing the disease home to their families. Nationally, according to the CDC, over 400,000 health care workers have tested

positive for the virus and over 1,400 have died of COVID-19, including 74 in Massachusetts.

Cases among health care workers have followed the rise and fall of cases in the communities. During the surge of cases in December, 450 workers at Baystate Health in Springfield were either sick with COVID-19 or out of work because they had been exposed.

Trish Powers, head of the MNA bargaining committee at Brigham and Women's Hospital, told the *Globe*, "COVID is the first time I really had the fear of going to work. If I'm holding my patient's hand, am I going to get sick?"

Powers tested positive in mid-December. She believes she contracted the virus in the break room, the only place nurses are able to get a bite to eat or a drink of water during long shifts when they will wait for hours to even go to the bathroom. Powers has been out of work since getting sick and is currently dealing with cardiac complications and lingering fatigue.

Lori Pannozzo, a nurse at St. Vincent Hospital in Worcester, has been out of work for weeks after developing pneumonia when she contracted COVID-19. She traces her exposure to when she had to intubate a patient while having to reuse personal protective equipment, which is against protocol. Pannozzo told the *Globe*, "I never really had anxiety before. I was kind of able to relate with my patients. Not being able to breathe is scary."

The MNA frames the St. Vincent nurses struggle in moral terms and appeals to Democratic Party politicians to pressure the for-profit health care conglomerate to "do the right thing." Hospital CEO Jackson has labeled even the bare mention of striking as "irresponsible."

In a bid to win popular support, Tenet Healthcare hired a communications firm to conduct a phone survey of resident sentiment about the strike. The results it produced showed overwhelming 62 percent opposition to a strike in the Greater Worcester area. The *Worcester Telegram* created its own poll March 1 testing readers' opinion on a strike. Within eight hours of being published, the poll recorded 2,260 responses, with 73 percent in support.

In 2000, the last time the MNA struck at St. Vincent Hospital, workers won an end to mandatory overtime. However, in contradiction to its bloated rhetoric that "we refuse to be pushed any further and are now ready to do whatever it takes to ensure the safety of our patients," the union now admits that "our goal is to avert the strike."

A similar contradiction can be found in the recent letter published by the *Worcester Telegram* from Raymond

Mariano, mayor of Worcester from 1993 to 2002. Mariano begins his letter hailing the nurses as "being on the side of angels" and being on "the frontline tackling the pandemic and who have been heralded as heroes are now walking on informational picket lines — not for themselves but for their patients."

Mariano closes, however, by capturing the approach of the union and the Democratic Party to the nurses' struggle. "I have nothing against 'for profit' health care," he writes. "In my personal experience, they have brought great efficiency to an industry where waiting for hours was considered routine. And Tenet has a right to make a profit. But, they do not have the right to jeopardize patient safety. Their commitment to their stockholders has to be equally matched, at a minimum, with their commitment to the patients who are in their care—care which provides them with their profits."

The struggle at St. Vincent is being waged by 800 nurses who have faced disease and death, who have made great sacrifices and will continue to do so in the middle of the single greatest public health disaster in modern history. However, this fight comes into direct confrontation with the for-profit health system in the US.

To advocate for their rights and the health and safety of their patients, nurses must form their own rank-and-file safety committees, independent of the Democrats and the pro-capitalist unions. St. Vincent nurses should reach out to nurses and other health care workers across the state and beyond to support them in this fight. Contact the *World Socialist Web Site* to find out more about building a rank-and-file committee at your hospital or other workplace.



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