

# St. Vincent Hospital nurses in Worcester, Mass. in second week of strike for safe staffing ratios

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Nurses at St. Vincent Hospital in Worcester, Massachusetts, have entered their second week of an ongoing strike. They are demanding that Tenet Healthcare, which owns St. Vincent Hospital, agree to establish strict ratios for safer patient and workplace conditions. The roughly 700 nurses on the picket line, members of the Massachusetts Nurses Association, have been joined by other health care workers, including personal care assistants (PCA), pulmonary technicians and housekeepers, who face similarly dangerous conditions at the hospital.

On February 10 the nurses gave 89 percent approval to authorize a strike. Negotiations resumed the next day but quickly stalled again, as hospital management refused to address their central concern: assignment limits of four patients to every nurse on medical-surgical floors.

Currently, medical-surgical nurses can be assigned up to five patients. Long before the emergence of the novel coronavirus, medical-surgical care in general was less acute. However, with the onset of the pandemic, non-COVID-19 medical-surgical patients required much more attention, central monitoring and carefully controlled medications. During the first surge of the pandemic in Massachusetts, and with greater volumes of highly acute patients with COVID-19, nurses at St. Vincent were pushed beyond their capacity. Patients died not for the inadequacy of modern medicine, but for lack of enough health care workers to attend to them.

Tenet, the Dallas, Texas-based health care giant that owns St. Vincent, posted a \$414 million profit in 2020. St. Vincent is Tenet's most profitable facility in Massachusetts and has made four times the average profit of other hospitals in the state. Patients continue to "fall through the cracks" at the hospital, whether they have COVID-19 or not, because health care in America is dominated by for-profit conglomerates like Tenet that are more concerned about securing dividends for their shareholders than providing the best medicine technology and society can offer.

Speaking with the WSWs, an outpatient personal care assistant described a scenario at St. Vincent Hospital in which two to three PCAs and one secretary were assigned to three

separate inpatient units. Such short staffing in one area inevitably increases the burden on staff elsewhere. Last week, Jessica, a nurse, described to the WSWs how more clerical work for nurses increases the number of preventable complications, which result from patients going without necessary attention for sometimes hours at a time.

When the pandemic erupted in Massachusetts, St. Vincent Hospital, like other hospitals and health care systems across the country, refused to address the metastasizing health crisis with rational policies. While management did initially designate certain units as COVID-specific to mitigate its spread, it sought to recoup its losses by furloughing health care workers deemed expendable because elective procedures had been cancelled.

Bill Lahey, an endoscopy nurse of over 40 years, expressed his frustration to WSWs reporters over nurses' conditions. Although it had been a while since he had worked on the medical-surgical floor, like other furloughed nurses he wanted to help his colleagues treating the influx of patients with a novel and deadly disease that was rapidly spreading in the community.

Those nurses who were kept on the job were expected to confront the pathogen and its disease without adequate equipment. Every nurse speaking to the WSWs confirmed that personal protective equipment was rationed by management and kept under lock and key. This led to absurdities like nurses being told to keep their normally disposable masks in paper bags and Tupperware containers and to use them until they were soiled. Nurse Sally Kwasny, who has worked at St. Vincent Hospital for almost 20 years, described such practices as nonsensical when dealing with a microscopic pathogen. Without proper gowns, nurses had to wear plastic sheeting reminiscent of shower curtains. As Kwasny described it, "It just felt dirty."

After enduring the initial surge of the virus and the havoc it created, nurses from the medical-surgical units forcefully raised their demand for safe ratios. The union, however, was resistant to following their lead, opting to test sentiment for a strike, "educate" nurses within the rest of the bargaining unit and turn to a federal mediator to lead negotiations.

WSWS reporters noted the inadequacy of masks, plastic dividers, handwashing stations and the soon-to-be-reduced (from six feet to three feet) restrictions on social distancing, given the proven aerosolized nature of the virus. Nurse Mary Marengo confirmed that the expertise of health care workers such as her has been ignored and conveniently lost in the drive to reopen the economy. “We were downplayed on the airborne quality of it for a long time,” she said, “I would buy my own N-95 because I was like, you don’t get this rate of spread unless it has some serious airborne qualities. I mean, that’s basic infection control.”

Speaking with WSWS reporters last week, MNA Executive Director Julie Pinkham alluded to the leverage the MNA might have over Tenet Healthcare because there is a need for trained health care professionals to administer vaccines. In other words, if nurses need a dependable income but the strike hasn’t succeeded, they will have to find it elsewhere. Also outstanding is whether or not striking nurses will be eligible for unemployment insurance.

There are two reasons the St. Vincent strike is of particular significance. One is that it is ongoing (open-ended), which is a departure from most health care strikes during the pandemic, which are usually contained not only to one bargaining unit but also to a set amount of time. Several such short-term strikes have taken place across the country during the pandemic, resulting in agreements that include modest increases in pay if workers are lucky, without addressing the more fundamental concern of patient and workplace safety, namely safe staffing ratios.

Another reason is that 600 St. Vincent PCAs (personal care assistants), pulmonary technicians, operating room aides, clerks, housekeepers and other workers, members of the United Food and Workers Local 1445, are also working without a contract and have joined nurses on the picket line in solidarity. It remains to be seen, however, whether the UFCW will call this vital but low-paid workforce out on strike.

The nurses unions have a record in the pandemic of organizing isolated protests and limited strikes to blow off steam, while acceding to the demands of the health care conglomerates. They have failed to mobilize the support of other health care workers to back nurses’ struggles.

The UFCW has also refused to defend workers against the dangers of the pandemic. UFCW Local 431 at the Tyson Foods pork plant in Waterloo, Iowa, has kept meatpacking workers on the job despite the fact that 1,031 of the 2,800 workers at the plant tested positive for COVID-19 and 6 had died as of January this year. UFCW President Marc Perrone made \$340,000 in union salaries and disbursements in 2019, at least 10 times the average wage of a UFCW meatpacking, grocery or hospital worker. But the UFCW spent just three-quarters of 1 percent of its nearly \$400 million in assets on benefits for striking workers in 2019.

Rank-and-file nurses have demonstrated their resolve to

pursue their demands with an open-ended strike as is evident by the sacrifice this entails. By leaving their posts, which “takes a lot,” nurses said, they are foregoing their wages and health care benefits. For financial security, all they can rely on is what they have saved, what they can earn elsewhere working per diem, or what they receive if their application to the MNA’s Emergency Relief Fund is approved. These funds should be made immediately available to the striking nurses.

When asked why it was that the MNA did not have an established strike fund, despite the fact that depending on hours worked, nurses pay roughly \$100 per month in dues and the MNA represents over 20,000 nurses in Massachusetts, two nurses did not have an answer.

The unavoidable but entirely preventable effect of squeezing as much profit as possible from a skeleton staff of nurses and support staff is increased patient suffering. The St. Vincent strike comes at a critical time in the pandemic. Mass vaccinations of the population have begun, but are still far short of the levels that will significantly slow the rate of transmission. In Worcester, as in other school districts across the country, students and teachers are being forced back into the classroom.

Michael Osterholm and other prominent epidemiologists, however, have warned that the false sense of security being projected by the Biden administration is belied by growing cases of faster-spreading Sars-Cov-2 variants. Nurses who spoke with the WSWS expressed their concern that schools be reopened only if it is safe; one was particularly concerned for her granddaughter, who is a cancer survivor. Health care workers, educators and other workers face a common struggle and must link up to stop the spread of the coronavirus pandemic and its attendant misery.

The Socialist Equality Party calls on the nurses, PCAs, housekeepers, critical care technicians, clerks and all other workers at St. Vincent Hospital to form their own rank-and-file committees, independent of the unions, to defend workers’ conditions and patient safety. Genuine socialized medicine, democratically overseen by the working class, is the only viable alternative to a health care system based on the accumulation of private profit by health care conglomerates such as Tenet Healthcare.



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