

Striking nurses at St. Vincent Hospital starved of strike pay by MNA

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Nurses at St. Vincent Hospital in Worcester, Massachusetts, are in the fourth week of an open-ended strike, demanding safe staffing ratios. Having walked out on March 8, 10 days after issuing management a strike notice, they have sacrificed nearly four weeks of pay.

The Dallas, Texas-based corporate owner, Tenet Healthcare, has so far spent \$22 million for strikebreakers, public relations, and police details, and recently installed surveillance towers, in what has become a one-sided war of attrition, as the Massachusetts Nurses Association (MNA) union seeks to isolate and wear down nurses, depriving them of strike pay.

Staffing ratios have long been the main concern for nurses and ancillary staff at St. Vincent, and indeed for health care workers across the country. For the St. Vincent nurses, the medical-surgical nurse-to-patient ratio is of critical concern. Among their main demands, St. Vincent nurses are seeking a fixed maximum ratio of four-to-one, and the creation of two “floating” units of nurses to be able to respond to crises. The reduction from a ratio of five-to-one to four-to-one has been demonstrated to result in lower patient mortality.

Mandated ratios and adequate staffing are anathema to a health care model built on profit. Well before the arrival of the novel coronavirus, hospital administrators, business degrees in hand, honed the art of flexing staff off to maximize profit, “optimally” providing the least amount of care possible.

Even during the initial surge of COVID-19, when intensive care units (ICUs) were being overrun by a flood of patients succumbing to the highly contagious respiratory disease, St. Vincent, like so many other hospital systems, furloughed staff because profitable elective procedures had to be cancelled. In a rational

health care system, a highly contagious and deadly respiratory disease would call for all hands on deck.

Facing a less profitable outlook from the lack of the initial decline in elective procedures, Tenet Healthcare nevertheless received hundreds of millions of dollars from the CARES Act. Meanwhile, nurses had to furnish personal protective equipment (PPE) for themselves, stocking up on garbage bags and raincoats as makeshift gowns. In one Dickensian episode, nurses who provided their own bonnets were confronted by angry administrators who demanded they be removed because other nurses would want their own.

With ancillary staff furloughed, nurses were given portable phones and expected to act as unit secretaries. Even as they were setting up an extra ICU for overflow on their own initiative, they were expected to take on the cleaning duties of housekeepers. The burdensome work, additional duties, austere conditions, and callous management, all in the midst of the worst public health crisis they had ever faced, pushed medical surgical nurses and their colleagues, some of whom were recent graduates, to the breaking point. They demanded a strike.

Health care is the largest industry in Massachusetts, and collectively, nurses and their colleagues can be a powerful force. However, as demonstrated by the health care worker struggles in New York, Illinois, Pennsylvania, and California in the past year alone, the St. Vincent nurses, who are compassionate and selfless professionals, can place no confidence in the union that purportedly represents them.

The Massachusetts Nurses Association counts 23,000 nurses as members and has 77 bargaining units. While dozens of MNA officials make six-figure salaries, the union does not maintain a dedicated strike fund to compensate members. For roughly \$100 in monthly

dues, nurses are left with an Emergency Relief Strike Fund, to which they must apply to receive funds. In a wholly inadequate move, the MNA has set up a Venmo account to help younger nurses with children to purchase items such as baby formula and diapers. While their adversary can fall back on hundreds of millions in taxpayer dollars, the nurses of St. Vincent will have soon given up a month of their annual salary.

Rather than mobilizing their tens of thousands of other members in Massachusetts or appealing for support from around the country, the MNA has predictably sought to promote illusions in the Democrats, this party of Wall Street and big business. Democratic Senators Elizabeth Warren and Edward Markey and Representative Jim McGovern were brought by the MNA to the picket line earlier in March, allowed to posture as the friends of striking nurses. However, the reality is that the Democratic Party has been no less complicit in the attacks on health care in the US than their Republican counterparts.

For the nurses to be successful, they must take the struggle out of the hands of the MNA, and should organize a rank-and-file strike committee independent of both the union and the Democratic Party. Such a committee would appeal for the broadest possible mobilization of workers—including striking steelworkers in Pennsylvania and grad student workers in New York City, educators, Amazon workers, and others—in a fight for decent working conditions, fully funded and high-quality universal health care, and more.



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