

St. Vincent Hospital strike in Worcester, Mass.

Why are the unions isolating the most important health care strike in America?

Demand immediate \$750 a week strike pay! Expand the strike for safe staffing ratios!

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April 8 marked one month that 700 nurses have been on strike at St. Vincent Hospital in Worcester, Massachusetts. The main demand of the nurses is the implementation of safe staffing ratios at the hospital—an urgent necessity to protect the health and lives of nurses and patients alike.

The need for safe staffing ratios has been highlighted by the COVID-19 pandemic, which has led to an increased influx of seriously ill patients and placed tremendous strain on nurses and other health care workers at St. Vincent.

As at other hospitals across the US during the pandemic, nurses have been forced to work with woefully inadequate personal protective equipment, staffing and medical equipment. They have taken on the roles of both nurse and family liaison as patients suffer—struggling to breathe, undergoing treatment, being intubated. Those who die do so without their family members at their sides because they are barred from entering the hospital due to the contagion. Even before the pandemic, medical-surgical nurses would regularly have to care for six or seven patients, even though their contract calls for a maximum of five.

Nurses taking a stand against these horrific conditions have been met with callousness by hospital management, which has failed to even respond to their demands. St. Vincent is owned by Tenet Healthcare, the Dallas, Texas-based health care conglomerate, which has so far spent at least \$22 million to hire strikebreaking replacement nurses. The hospital has installed two surveillance towers to monitor strikers and are paying the Worcester Police Department \$30,000 a day to keep hospital entrances open.

But despite this well-financed and coordinated campaign of intimidation and strikebreaking by hospital management, striking nurses are not receiving strike pay from the Massachusetts Nurses Association union (MNA). Strikers are being forced to demonstrate financial need to access the union's ad hoc relief fund for assistance. The union has set up a Venmo/PayPal fund to receive private donations that the MNA matches dollar for dollar, which has raised a little more than \$70,000 in donations. If matched, the approximately \$140,000 will make a pitiful dent in

the millions owed to the hundreds of nurses who soon will have been without a paycheck for a month.

As strikers confront the multibillion-dollar Tenet behemoth, many do not have health care insurance themselves. They are also waiting for a decision by the state over whether they will even be eligible for unemployment benefits.

Why is it, then, that striking nurses are being hung out to dry financially as they demonstrate a determination to fight for the rights and conditions of nurses and patients, both at St. Vincent and across the country? Is it because the MNA is lacking in resources, or because the strikers have no support among fellow health care workers and the public? The answer to both of these questions is a resounding no.

According to a filing by the MNA with the US Department of Labor for the period covering July 2019 through June 2020, the union had assets of \$13,889,584 at the end of the reporting period. Union members' dues payments and nonunion workers' so-called agency fees accounted for \$21,236,682 of the union's \$22,667,948 total receipts. Regular union dues range from \$69 to \$89 a month for the MNA's more than 23,000 members. This means that nurses pay \$828 to \$1,068 annually for MNA "representation," yet are receiving no strike pay.

Fifty MNA officers and employees received gross annual pay of more than \$100,000 (2019–2020). The highest paid officers included:

- Julie B. Pinkham, executive director: \$190,246
- David Schildmeier, director of public communications: \$162,876
- Shirley Thompson, director of operations: \$153,324
- Roland Goff, strategic campaign director: \$153,021
- Maryanne Bray, director: \$149,316
- Judith Pare, nursing director: \$145,353

There were also 22 associate directors who were each paid \$110,000 to \$152,000; three community organizers who received between \$131,000 and \$139,000 each; and three "strategic campaign directors" who were each paid between \$131,000 and

\$140,000.

The combined compensation for all officers and employees totaled more than \$9.4 million. Yet striking nurses are supposed to survive on charity and an uncertain “relief” fund! This is not because there is no money in the MNA’s bank account, or because the union’s bylaws do not authorize strike pay. The withholding of strike pay is a deliberate policy of sabotage on the part of the union to drive the strikers into submission. There is no other logical explanation.

The striking St. Vincent nurses have received overwhelming support from the public in Worcester. The city, an industrial powerhouse in the mid-19th century, was in economic distress even before the pandemic. Services, particularly education and health care, make up a large portion of the city’s economy, with the operation of hospitals and many universities and colleges in the area. Restaurants and other small businesses have fallen on hard times during the pandemic, with state-imposed restrictions and little assistance from the misnamed Payroll Protection Program from the federal government.

Meanwhile, Tenet Healthcare’s 65-hospital system recorded an operating income of \$1.99 billion in 2020, up from \$1.54 billion in 2019. Tenet ended the year with a net income of \$399 million compared to a net loss of \$215 million in 2019. Tenet received more than \$1 billion in stimulus funds via the CARES Act.

The MNA is begging for this same Tenet to accede to the nurses’ demands for safe-staffing ratios. In a recent online appearance, Dominique Muldoon, co-chair of the MNA bargaining unit at St. Vincent, said: “Tenet makes profit out of sick people. In the states we don’t think it’s a bad thing to make money, but we don’t think we should be taken advantage of. They have to put money back into the business and take care of people who are coming in for care.”

But this is not going to happen. The health care giant has responded to its good fortune in the pandemic by laying off more than 10 percent of its 113,000 employees. Can anyone really believe that a company that is spending \$5 million a week to break the St. Vincent strike is going to “take care of people who are coming in for care” by agreeing to the safe staffing ratios that nurses are fighting for?

Tenet is a capitalist enterprise that is seeking to make the maximum profit off its workforce. It is not in the health care business to improve people’s health or protect its workers from unsafe conditions. And the MNA, as a union, defends the so-called “right” of Tenet Healthcare to profit off of health care and therefore accepts their deepening exploitation of workers.

If the MNA were truly seeking to fight for the rights and conditions of its members, it would not be denying them strike pay. It also would not isolate the nurses from the other unions at St. Vincent. There has been no struggle to mobilize other staff at the hospital behind nurses. The United Food and Commercial Workers union (UFCW), for its part, sent its members back to work in the midst of the nurses strike, agreeing to a sellout agreement.

The MNA has not called out the rest of the 23,000 nurses and other health care workers represented by the union to support the St. Vincent nurses, even though understaffing is a grave problem

throughout the health care industry. Rather, it has promoted a continuous stream of Democratic Party politicians—Massachusetts’ two US senators and various US congressmen and local representatives—in an effort to channel the anger of nurses behind this big-business party and foster the illusion that they can pressure Tenet into being a kinder and gentler capitalist corporation.

In this, the MNA functions as an arm of management. The unions play a similar role in the struggles of autoworkers, teachers, miners and other workers. On Friday, over 1,000 striking coal miners at Warrior Met Coal in Alabama overwhelmingly and courageously rejected a sellout contract backed by the United Mine Workers union. The deal pushed by the UMW failed to make up for earlier wage cuts accepted by the union and would have maintained brutal working conditions.

Nurses at St. Vincent are fighting not just for themselves, but for their patients and the working class as a whole. They must not allow the MNA to starve them back to work through denial of strike pay.

Nurses should advance the following demands:

- The MNA must provide nurses with \$750 a week in strike pay for the duration of the strike.
- Nonessential union bureaucrats should be furloughed for the duration of the strike. No MNA employee should receive more than the nurses’ strike pay.
- Expand the strike! Mobilize the 23,000 members of the MNA to support the St. Vincent nurses!

Nurses at St. Vincent should form a rank-and-file strike committee, independent of the unions and the Democratic Party, to begin the fight for these demands. In addition, an urgent appeal should be made to other health care workers, Amazon workers, educators, and broader sections of workers, in Massachusetts and beyond, to join nurses in the struggle for safe working conditions, higher wages, and more. For more information and assistance in forming a rank-and-file committee, contact the *World Socialist Web Site* and the Socialist Equality Party today.



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