

Massachusetts Nurses Association and federal mediator seek end to Saint Vincent nurses' strike

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As the strike by 700 nurses at Saint Vincent Hospital in Worcester, Massachusetts approached the 150-day mark, the Massachusetts Nurses Association (MNA) held meetings with a federal mediator and Tenet management on Monday and Tuesday aimed at reaching an agreement to end the strike.

That there is no agreement yet is entirely due to the stubborn resistance of nurses who are pressing for higher staffing ratios in the face of management's moves to replace striking workers and the complete isolation of their struggle by the MNA and the state and national AFL-CIO.

A union press release stated that talks were ended Tuesday by the mediator with an offer to both parties to move the mediation process to Washington D.C. The MNA accepted the offer but claimed Tenet refused to participate in the process.

The press release says Monday's talks ended with Tenet presenting a "disappointing" proposal that "failed to provide what the nurses need to end the strike." It notes that it was "a proposal that the membership voiced strong opposition to at a meeting held last night." No details of the new proposal have been published but the MNA previously pushed for nurses to concede their demands of 1:4 nurse-to-patient ratios on medical/surgical floors and telemetry units, as well as increased staffing in the emergency department and ancillary support in each unit.

Talks resumed Tuesday but were ended with no agreement.

MNA Bargaining Committee Co-chair Marlena Pellegrino said, "There is nothing that Saint Vincent nurses wouldn't do to explore avenues to a settlement to the contract." She added that there was "no

downside" to elevating the talks.

Such a statement only underscores the fact that the MNA is seeking to end the strike at any cost. The union has not provided a single dollar in strike pay, setting up a Venmo account through which workers can apply for minimal funds that do not encroach on the union's assets of \$13,889,584, according to filing for the July 2019 to June 2020 period with the US Department of Labor. The isolation of the struggle is being enforced by other health care unions, which continue to have their members work at Tenet's 65 hospitals and over 450 health care facilities across the country.

The strike began March 8 after a February 10 vote with 89 percent approval for a strike authorization. The central demand of the nurses is for improved nurse-to-patient ratios and the creation of two "floating" units of nurses to be able to respond to crises. The reduction from the current five-to-one to four-to-one ratio has been demonstrated to result in lower patient mortality.

Tenet Healthcare responded with intransigence, refusing any compromise with the nurses' demands. Even before the strike the giant corporation with 110,000 employees had shown the priority it places on profits over public health. Tenet used the \$2.8 billion it received from the CARES Act not to provide COVID care for patients but to "maximize our cash position," as Tenet CEO Ron Rittenmeyer told the *Dallas News* in April 2020.

The company has posted a profit of \$414 million since the beginning of the pandemic with more than \$97 million in profits for the first quarter for 2021. Tenet's stock tripled from a low of \$21.76 per share at the start of the pandemic to a high of \$68.15 as June 10, 2021.

In the midst of a resurgence of the pandemic due to the Delta variant, Tenet announced that starting August 2 it is reducing inpatient care by 80 beds at Saint Vincent, representing 29 percent of medical/surgical capacity, 25 percent of critical care and 50 percent of inpatient psychiatry capacity.

Tenet executives understand that any concession to the strike would encourage similar actions in the hundreds of hospitals and health care facilities it operates across the country and the health care industry more broadly. The company has spent well over \$75 million on scab labor and policing during the strike, a fraction of which could have paid for the staffing improvements demanded by the strikers.

Saint Vincent CEO Carolyn Jackson blamed the cutbacks at the hospital on the rising cost of bringing in strikebreaking nurses due to what industry executives expected to be a growing number of strikes and protests. “There’s a number of factors. One certainly being that as COVID ticks up in other parts of the country, that the demand for travel nurses is higher in other places, and also as labor activity kicks up in other parts of the country, the demand for strike replacement nurses is higher and certainly cost is a factor as well.”

This only underscores the fact that there is broad support among health care workers across the US for the Saint Vincent nurses and the demand for safe staffing ratios. But the MNA has refused to mobilize its 23,000 members in Boston and across Massachusetts, many of whom are themselves working without contracts. Similarly, the Massachusetts AFL-CIO has mobilized no solidarity action among its 400,000 members.

On March 19, United Food and Commercial Workers (UFCW) Local 1445 ratified an agreement with Tenet, averting a strike by its 600 members who work at Saint Vincent as patient care assistants, critical care technicians, clerks, clinical support, housekeeping, radiology assistants, operating room aides and pulmonary techs.

As the latest negotiations were being scheduled, the MNA announced a strike by 39 health care professionals at Boston Visiting Nurse Association BNVA in Dochester, which they restricted in advance to seven days.

Opposing any mobilization of workers in support of the Saint Vincent strikers, the unions seek to sow

illusions in various Democratic politicians, such as Massachusetts Senator Elizabeth Warren or US Labor Secretary Marty Walsh, the former mayor of Boston. They are also promoting the PRO Act put forward by Democrats on the House Education and Labor Committee, which would strengthen the hand of the union bureaucracies but do nothing to defend the working class.

State Democrats worked behind the scenes to prevent the strike in the first place. Senator Warren, Senator Edward Markey and Representative Jim McGovern issued a letter that implored both sides to come to an agreement to avert a strike. Their feigned “support” for the nurses is aimed at channeling working-class anger behind the Democratic Party where it can be subordinated to the dictates of the profit system.

Health care workers should draw the lessons from the five-month isolation of the most important health care strike in the US and take up the fight for rank-and-file committees to take the struggle out of the hands of the MNA and the AFL-CIO and mobilize the support that exists throughout the working class.



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