Worsening US health care crisis during pandemic prompts strikes and protests by nurses over staffing

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A recent study shows that the United States places dead last among 11 high-income, industrialized countries in the organization and delivery of health care for its residents. This situation has been exacerbated by the COVID-19 pandemic, which is ripping off the remaining tattered Band-Aids from an already deplorable health care system.

The Commonwealth Fund compared health care in the US, Australia, Canada, France, Germany, the Netherlands, New Zealand, Norway, Sweden, Switzerland and the United Kingdom. The study ranked the countries in access to care, care process, administrative efficiency, equity and health care outcomes. The US came in last in every category but care process, which includes measures of "preventive care, safe care, coordinated care, and engagement and patient preference," where it placed second.

The US' last-place standing in relation to access to care, equity and health care outcomes are the product of the subordination of all aspects of the health care system to private profit. The delivery of health care and access to prescription drugs are all beholden to the profiteering of the giant health care chains, pharmaceutical companies and the insurance industry.

The US is the only one of the countries studied that does not provide what the study terms "universal coverage." While the health care systems in none of the other countries has anything in common with genuine socialized medicine, the US is the only one of the 11 that makes no pretense of providing universal coverage.

The already appalling state of US health care has worsened over the course of the pandemic, affecting not only patient care and outcomes but the working conditions of nurses and other health care workers. One of most common issues for nurses in hospitals is the lack of safe staffing ratios, which are central to providing adequate care to patients and to ensure the safety of both staff and patients.

These conditions have prompted an uptick in nurse contract struggles. Nurses have also left hospitals seeking other nursing positions, including as traveling nurses, or left the nursing field entirely in search of better pay and working conditions. While most of the nurses' struggles have been limited short strikes or protests, at every turn the nursing unions have isolated these actions and worked to betray nurses and capitulate to the hospitals' demands.

The most significant of these struggles is the ongoing five-month strike of 700 nurses at St. Vincent hospital in Worcester, Massachusetts over safe staffing ratios. The strike is now in critical danger of being sold out by their union, the Massachusetts Nurses Association (MNA). When the strike began in March, about 100 nurses crossed the picket line. St. Vincent and its multibillion-dollar owner Tenet claim that around 200 nurses have crossed the picket line.

After five days of secret negotiations with executives of the hospital, the MNA bargaining committee signed off on a tentative proposal that does not meet the nurses' central demand of guaranteed safe staffing. The MNA bargaining committee was only prevented from carrying through with this betrayal and ending the strike by Tenet's refusal to remove the scab replacements it hired during the strike.

More than 830 workers at three Tenet-owned hospitals in Southern California last month authorized a walkout over staffing, pay, benefits and pandemic-related safeguards. However, the National Union of Healthcare Workers negotiated contracts for the hospital workers to prevent a strike, refusing to mobilize these workers to back the nurses at St. Vincent who are facing betrayal by the MNA.

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In Chicago, 300 nurses at the Community First Medical Center went on a one-day strike July 26, while 1,400 nurses from USC Keck & USC Norris Cancer Hospital in Los Angeles went on a two-day strike July 13-14 to voice their protest over unsafe staffing ratios.

Last month, nurses at West Penn Hospital in Pittsburgh, Pennsylvania voted to authorize a strike after six months of negotiations. Nurses are frustrated that hospital management has failed to respond to their request for measures to deal with the nurse staffing crisis.

"A nursing crisis has been happening before the pandemic," Kayla Rath, a postpartum nurse, told a rally last month. "It's just gotten much worse. I know many nurses that left because it was too stressful and we haven't replaced them."

West Penn is part of the Allegheny Health Network, which comprises several facilities. The Service Employees International Union (SEIU) already represents some 4,000 workers at Allegheny Health, and the union has made clear that it will not seek to unite these workers in a common struggle.

In Connecticut, a strike set to begin June 4 was called off at the 11th hour by SEIU District 1199 New England. This was the third time in a month that the SEIU called off a strike in the state by nursing home and group home workers at the last minute.

Nurses at Mc Laren Macomb Hospital in Michigan had also voiced their opposition to unsafe staffing ratios and were ready to go on strike, but were presented with a rotten contract sanctioned by Local 40 of the Office and Professional Employees International Union (OPEIU). When its contents were first made public, the WSWS wrote that "items listed are vague and indicate that there are no meaningful enforcement mechanisms in place to specifically guarantee that McLaren will abide by the staffing obligation."

A nurse at McLaren informed the WSWS that nothing has changed since then, saying, "Still the same terrible staffing issues. And to make it worse, staffing did not know we ratified our contract that had new nurse-to-patient ratios, so they keep trying to staff us to the old matrix."

Many hospitals were and are still unprepared to deal with the influx of patients due to COVID-19, and conditions are getting worse in hospitals with each passing day the Delta variant is allowed to rampage through the population, with some states in even worse straits than others.

A recent study by WalletHub compared the 50 US states and the District of Columbia across 44 measures of health care costs, accessibility and outcomes. Louisiana and Arkansas, now experiencing more COVID-19 hospitalizations than ever before, ranked the second and third worst states for health care.

Florida ranked 14th worst in this same study, and due to the major influx of hospitalizations is expected to have critical staff shortages in 70 percent of hospitals, according to the Florida Hospital Association. In Nevada, ranked the ninth-worst state, cases are also rising with each passing day. On August 4, nurses protested at Mountain View Hospital in opposition to unsafe staffing ratios.

The deepening crisis of the health care system as it intersects with the pandemic is creating worsening conditions for nurses and other health care workers and propelling them into struggle. This is epitomized by the struggle at St. Vincent Hospital. The ongoing isolation of their strike on the part of the MNA and AFL-CIO is a deliberate policy. The unions long ago abandoned the defense of the workers and have spent decades securing pro-company agreements, while channeling workers' political opposition behind the Democratic Party.

To be successful, the strike at St. Vincent and at hospitals across the country requires the building of new organizations of struggle—rank-and-file committees—unifying their fight across the US and internationally, in opposition to the pro-corporate trade unions.

Serious scientists and medical professionals know that global measures must be enacted to eradicate the pandemic and put an end to preventable deaths. The WSWS calls on health care workers to join in the SEP today and fight to put an end to a health care and political system that places profit over lives.

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