

Striking Massachusetts nurses face corporate attacks and union treachery

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On September 1, the strike by the nurses of Saint Vincent Hospital in Worcester, Massachusetts, became the longest in state history. The strike remains at an impasse after the Massachusetts Nurses Association (MNA) agreed to terms with Tenet Healthcare of Dallas, Texas—terms that did not satisfy nurses central demand on staffing—only to scuttle the deal when Tenet refused a return to work agreement that would restore nurses to their previous positions. This deal was brokered by a federal mediator over the course of four days of secret negotiations.

While union bureaucrats chastised the for-profit health conglomerate for its refusal to restore nurses' positions, filing their eighth unfair labor practices claim, Tenet continued to hire permanent replacements. As of August 31, the hospital counted 164 new hires, robbing nurses of their former roles, hours and pay. That number was up 24 from 140 the week before. Each week, as the union cries "foul" and appeals for an intervention from the federal government, it sacrifices dozens of striking nurses' positions.

The response from the MNA is in keeping with its actions throughout the duration of the strike. Since nurses walked out on March 8, the strike of nearly 700 nurses has been isolated and economically starved. Not one single solidarity strike has been initiated in response to the attacks from Tenet. Even though other MNA bargaining units are in the middle of fruitless contract negotiations with the same demands for safer staffing, the union limits their actions, if any, to political theater.

Throughout the strike, the MNA has weakened the struggle of all the nurses it "represents." It has staged protests not lasting more than a couple of days by nurses employed by Trinity Healthcare, the Cambridge Health Alliance and Cape Cod Hospital. It sent the nurses of the Visiting Nurse Association of Boston on a short 7-day strike and kept to the protocol for such actions by

informing the employer of its planned duration, allowing for strikebreakers to be hired and services to continue uninterrupted.

While Tenet wages economic warfare against the nurses on the picket line, spending over \$100 million in an unending siege, including \$3.1 million on a police detail that the City of Worcester provides, the union has left the nurses to the mercy of the state and offers what it collects in an ad hoc "strike relief fund." Per union bylaws, which bureaucrats are quick to note that each member approves, the union does not provide strike pay. Instead, it pays for six-figure salaries for its executives, one of whom is co-chair of the Saint Vincent Hospital bargaining unit.

This strategy is designed to give the labor bureaucracy a cover of legitimacy without threatening the capitalists or their state enforcers. This is not unique to the MNA. Indeed, within the last month the National Union of Healthcare Workers forced workers back into Southern California facilities owned by Tenet Healthcare. Across the country, over the past year unions including the Service Employees International Union in Connecticut, Pennsylvania and Illinois; the New York State Nurses Association; the Oregon Federation of Nurses and Health Professionals; and the Office and Professional Employees International Union in Michigan; to name just a few, have all betrayed health care workers who are confronting the same health crisis within a crumbling capitalist health system.

Following the collapse of the sell-out deal between the MNA and Tenet Healthcare, Tenet and Saint Vincent Hospital management attacked the nurses once again, appealing to the Massachusetts Department of Transitional Assistance to reconsider their eligibility for unemployment insurance.

The state agency responded swiftly by suspending benefits payment. Pending a final decision, nurses may be required to pay back what they received over the period

from August 4 to September 4. Tenet has legal grounds for this request, as according to Massachusetts law a strike resulting in production below 80 percent of pre-strike levels nullifies striking workers' eligibility for unemployment insurance. Conveniently, Tenet reduced its beds in early August by 80, resulting in a capacity of roughly 70 percent of its normal bed capacity of 272.

In a letter to nurses, MNA officials yet again played down the very real threat this latest attack poses to the nurses' economic wellbeing. Union Vice President and bargaining unit co-chair Marie Ritacco labelled Tenet's recent attack as merely "a tactic." Dominique Muldoon, co-chair of the bargaining unit and member of the Democratic Socialists of America, brushed it aside as "just a pathetic ploy." Ironically, Ritacco accurately captured the significance of the attack—while simultaneously diminishing it—when she said, "This is just more retaliation meant to inflict pain."

The union has no better response. By its corporatist nature, it will never raise the demand for a mass workers' movement to oppose the dictates of for-profit health care. The best it can do is bury its head in the sand and lead a chorus of "One day longer, one day stronger!" A coordinated strike by health care workers across the country would require a system of organization categorically different from the balkanized and calcified unions, which serve only the corporatist set-up comprised of labor bureaucrats, corporate executives and the Democratic Party.

The strike by Saint Vincent Hospital nurses has made it this far only due to their determination, not the treachery of their union. To conduct a genuine struggle for safer patient care and safer working conditions requires a mass movement of health care workers, uniting their struggles. For this reason, the Socialist Equality Party and the *World Socialist Web Site* have called for the formation of rank-and-file committees as a politically independent alternative for workers to take control of their future.



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