

Health care workers and nurses around the US call for safe staffing ratios

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In the wake of school reopenings in the US in August and September, the latest wave of COVID-19 has seen a surge of protests and strikes by health care workers against the horrific consequences of the handling of the pandemic by the ruling class. Workers are being ordered to return to work and all concerns over safety have been cast aside to ensure profits. According to official figures—which are undoubtedly a vast underestimate—nearly 700,000 people have died from the disease in the US alone. The normalization of death, witnessed by health care workers at unprecedented levels, has driven massive discontent among these workers.

No serious mitigation measures have been taken, let alone any efforts to eliminate the pandemic. Hospitals and emergency rooms, which were already vastly understaffed before the pandemic, have filled to the point where they are being forced to turn patients away. Many have run out of beds, and patients are made to sleep in hallways. Hospital staff are forced to resort to triage—to decide who gets care and who does not, who lives and who might die—based on the limited resources they are provided. Such morbid choices are some of the top grievances raised by health care workers. The demand for safe staffing ratios is essentially the demand for the health care system to complete its official mission: To care for the sick.

The Service Employees International Union (SEIU) presides over the staff at Sutter Delta Medical Center in **Antioch, California**, where health care workers have voted for a strike to begin in October over safe staffing ratios. Marissa Currie, spokesperson for Sutter Delta, responded to the announcement of the strike with condescension, saying that management and the union will continue to try to reach a deal “to avoid a costly strike and remain focused on our shared commitment to

patient care at a time when our communities need us most.”

Jennifer Stone, an ER technician at Sutter, told *Beckers Hospital Review*, “We’re wearing too many hats, we’re talking down angry COVID patients, then we’re rushing to a code, then we’re talking to family members who just lost a loved one. We can’t give adequate care. We’re being neglected and left to fend for ourselves, and we can’t do it all anymore.”

This was not the first eruption of health care worker anger in California over staffing ratios. In July, 1,400 nurses from USC Keck & USC Norris Cancer Hospital in Los Angeles carried out a two-day strike against unsafe staffing ratios.

The SEIU has a long history of strangling health care workers’ struggles. In June alone, the SEIU called off three separate strikes by nursing home workers in Connecticut. All of these strikes were driven by the demand for safe staffing ratios.

The call for safe staffing was also raised at Mercy Hospital in **South Buffalo, New York**, where workers have been forced to work through lunch hours and breaks to make up for the lack of staff. On top of this, medical supplies are running low, a problem commonly reported by health care workers throughout the pandemic. New York has 2,410,000 recorded COVID-19 cases, with some 55,000 deaths and a 7-day average of 2,224 hospitalizations. Last year at least 2,334 adults who died from COVID-19 were reported to have been placed in a mass grave on Hart Island, and many bodies of dead victims were stored in refrigerator trucks for long periods of time.

Oregon is now requesting refrigerator trucks to store the multitude of bodies that have piled up due to “herd immunity” policies, which have allowed the free spread of infection and death. Hospitals in Oregon are

averaging 1,000 hospitalizations every day, with only 8 percent of beds available. A survey at Kaiser Permanente hospital in the state showed that 42 percent of its resident nurses are thinking of leaving the profession due to the high burnout rate from the pandemic. Nurses are trying to reach a new contract agreement as the current one expires on Thursday. Kaiser is only offering a measly 1 percent raise for all nurses and a 1 percent lump-sum raise for every subsequent year of the contract.

Earlier this month, **Alabama** resident Ray Martin DeMonia died after suffering a cardiac event. He did not have COVID-19, but was turned away from 43 separate hospitals across three southern states in search of help for his condition. He died some 200 miles away from home in neighboring Mississippi, looking for a hospital with the capacity to treat him.

Nurses at the University of Alabama at Birmingham (UAB) hospital conducted a one-day walkout on September 6, saying they were “understaffed, overworked and underpaid.” Some 20 emergency department staff clocked into their shifts two hours late in solidarity. Dr. Lindsey Harris, speaking for the Alabama Nursing Association, made an appeal to the university, saying that “if those problems are not addressed UAB and state hospitals face losing their nurses to jobs in other states.”

In **Massachusetts**, where there have been over 800,000 recorded cases and 18,500 confirmed deaths, the longest nurses strike in the history of the state is continuing at Tenet Healthcare-owned Saint Vincent Hospital in Worcester. Again, the nurses’ main demand is for safe staffing ratios. While the Massachusetts Nurses Association (MNA) has negotiated for over six months, behind closed doors, to reach a deal, nurses have yet to receive strike pay. Tenet has brought in 164 scabs in an effort to permanently replace the strikers. The strategy of the MNA has been to carry out protracted negotiations while the workers it nominally represents are slowly starved on the picket lines.

Democrats House Speaker Nancy Pelosi and US Representative Jim McGovern met with the MNA earlier this month, the day after the six-month anniversary of the strike, to align themselves with the union bureaucracy and posture as defenders of the nurses. This follows several visits by Massachusetts Senator Elizabeth Warren in which she told the nurses

she would stand with them until Tenet cuts a deal. These are the representatives of the same party that called out the national guard on the nurses strike in Connecticut earlier this year and which is now threatening to do the same in New York.

Health care workers are not only battling COVID-19 and the private healthcare system, but the unions, who at every turn sabotage their struggles and work to prevent them from linking up with their brothers and sisters across the country. To advance their struggle, health care workers must break from the pro-corporatist unions and form rank-and-file committees, unite internationally with workers of all industries to eradicate COVID-19 and put an end to the for-profit health care system.



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