

Tenet Healthcare seeks to impose sellout contract on Massachusetts nurses after declaring legal impasse to strike

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Several hundred nurses in Worcester, Massachusetts have been on strike since March 8. The nurses, who work at Saint Vincent Hospital (SVH), which is owned by Tenet Healthcare of Dallas, Texas, went on strike demanding strict limits to patient assignments in an effort to ensure safe working conditions and patient outcomes. In its latest attempt to break the strike, the hospital administration recently announced it is unilaterally imposing a sellout contract to which the nurses' union, the Massachusetts Nurses Association (MNA), agreed.

In August, after four days of secret negotiations under the state auspices of the National Labor Relations Board, and several previous bargaining sessions over the course of the strike, the Massachusetts Nurses Association, which claims to represent the nurses, and hospital management came to an agreement over the last proposal put forward by Tenet.

However, despite reaching this agreement, the strike continued, as Tenet Healthcare maintained the line it earlier announced that it would be retaining the nurses it had hired to replace striking nurses, resulting in hundreds of striking nurses losing their previous positions. Nurses refused to accept these rotten terms. As they have maintained their picket, Saint Vincent continues to hire more permanent replacements, bragging recently of having hired a total of 217, offering bonuses of up to \$8,000, and risking patient safety by placing novices in critical positions previously held by seasoned professionals.

As no new proposals have been put forward since August by either side, and no subsequent talks have been scheduled, Tenet claims the authority to declare the strike is at a legal impasse, therefore giving it the

right to impose the last offer. While the MNA has halfheartedly protested this move, describing it as “disturbing and wildly insulting to the intelligence of nurses,” it has done nothing to expand and strengthen the strike.

Both union officials and hospital executives have been quick to call terms of the agreement between them a victory for the nurses. The agreement, however, which now applies to nurses currently working and any desperate or backward enough to cross the picket line, fails to meet nurses' original demands and represents a sellout of their determined struggle.

Nurses originally demanded a maximum of four patients to every medical-surgical nurse, or at least “enforceable staffing language” in union-speak. However, the agreement resulted in a mix of 4-to-1 and 5-to-1 patient assignment limits, and a dispute process in the case a good faith effort hasn't been made by management to keep to staffing guidelines. In other words, if circumstances, such as pandemic surges, result in ratios being exceeded on any of the units without strict agreements, nurses will have to accept conditions as they are.

Were it not for the hospital's refusal to give them back their jobs, nurses would have been forced into this capitulation. As much as MNA leaders loudly protest the administration's actions, they are responsible for the agreement that is now being imposed. Every week that goes by, resulting in more permanent replacements, starving nurses of income and besieging the strike which is already isolated, Tenet is clarifying its response to growing anger and militancy in the working class: it won't give an inch.

Beholden to the interests of the ruling class, the labor

bureaucracy and the Democratic Party are desperate to contain this movement of the working class, which is a natural response to decades of austerity, growing social inequality, and a policy of “social murder” in response to the pandemic.

Prior to the pandemic, nurses at SVH, like health care workers everywhere, faced dangerous staffing shortages, putting them and their patients’ safety at risk. Systemic understaffing, in the name of “cost-saving,” led to widespread support for a 2018 state ballot initiative, spearheaded by the MNA to impose legal limits on nurse-patient assignments, which was only defeated by a massive campaign by the hospital industry with help from a lobbying firm with ties to the Democratic Party.

With the influx of patients sick with COVID-19 in the spring of 2020, nurses at Saint Vincent began agitating for change, calling on the MNA to take action. It took the MNA bargaining committee nearly a full year of the pandemic, multiple surges of the disease, and horrific scenes more common to battlefield trenches to issue a strike vote to its nurse members, in which nurses overwhelmingly voted “yes.”

In doing so, exhausting every legally sanctioned labor tactic—from lopsided “no confidence” votes to having nurses fill out several hundred unsafe labor complaints—the union sought to contain the struggle to the confines of a labor-management dispute to be settled in backroom dealings. Nurses at Saint Vincent, however, were determined to take militant action.

Thousands more nurses and health care workers across the country, most recently 24,000 at Kaiser Permanente on the West Coast, have taken steps toward similar actions. Health care workers in Buffalo, New York, Minnesota, Connecticut, Illinois, Oregon and internationally, along with workers in auto and other industries, have entered into struggle as well. These workers are the natural allies of the Saint Vincent nurses and their strength should be mobilized to oppose the contract at SVM and link up their struggles.

While workers are united by the conditions they face, exploited by a capitalist class indifferent to mass suffering and disease, their struggles remain isolated by the unions. The International Workers Alliance of Rank-and-File Committees has been formed to coordinate the fight of workers across national boundaries. Contact the WSWS for more information on building rank-and-file

committees.



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