Massachusetts nurses strike faces collapse due to union's isolation of their struggle

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Roughly 600 nurses are still on strike in Worcester, Massachusetts, as they fight to defend their working conditions and the safety of their patients at Saint Vincent Hospital. A full year into the pandemic, on March 8, 2021, they forced the hand of their union, the Massachusetts Nurses Association (MNA), to call an open-ended strike. It is now the longest nurses' strike in Massachusetts history. Despite nurses' commitment and sacrifice, their struggle is in danger of collapse due to the role of the unions and their subservience to Democratic Party politicians.

Nurses' central demand when they walked out was for strict, enforceable ratios on all medical-surgical floors of four nurses to every patient. After several months and negotiating sessions between bureaucrats and corporate executives under the auspices of the state, the union agreed to a concessions deal. However, when hospital owner Tenet Healthcare Corporation of Dallas, Texas, refused to reinstate all striking nurses to their previous positions now occupied by scabs, the union was forced to scuttle the agreement.

Tenet has stopped at nothing to break the determination of nurses, who have been isolated from the beginning from the dozens of MNA bargaining units across Massachusetts, and starved of strike pay, which per union bylaws does not exist.

In August, Tenet shut down more than 100 beds due to nurse shortages, despite efforts to find permanent replacements. This created ICU shortages across the city of Worcester as its health care system battled case spikes of the Delta coronavirus variant. Cuts in service have recently taken the form of patient dumping, with picketing nurses documenting multiple cases of compromised patients being ejected from the hospital onto the streets.

These cuts are consistent not only with the uncompromising position of Tenet during the strike, but also with the corporation's broader outlook. Were the strike to end tomorrow, some services could be gone for good. Recently, speaking with MedPage Today, Saint Vincent CEO Carolyn Jackson said that Tenet will "need to determine post-strike" how many beds would be reopened.

On November 8, Tenet announced a deal worth $1.2 billion for the acquisition of SurgCenter Development and the company's stake in 92 ambulatory care settings, a more profitable venture than inpatient procedures at hospitals like Saint Vincent. This comes after a previous deal worth $1.1 billion in December 2020, in what Tenet executives called a "transformational" move to acquire 45 outpatient surgery centers across 21 states.

With the fiduciary duty to maximize returns of its private stakeholders, executives expect this move to render double-digit returns within three years, as Tenet seeks to "derive more profit from less capital intensive, lower cost-of-care settings." Offsetting these purchases is Tenet's divestiture from inpatient care. In June 2021, four months into the nurses' strike, it announced the $1.1 billion sale of five hospitals in Florida to Steward Healthcare.

According to a December 2020 article in the *Dallas Morning News*, while then CEO Ron Rittenmeyer claimed that CARES Act money was not used in Tenet's December purchase, the $2.5 billion Tenet received protected investors from pandemic losses, as did deep spending cuts and furloughs of 10 percent of Tenet's workforce.

With Tenet making fundamental changes to its business model and Saint Vincent management weighing the possibility of making service cuts permanent, even the MNA's Marlena Pellegrino cannot

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maintain the same hollow confidence that once inspired the insipid slogan “one day longer, one day stronger” pathetically echoed by union bureaucrats and Democratic politicians at a June rally marking the strike’s 100th day.

In response to CEO Jackson’s calls for a poll of striking nurses to determine their willingness to return to work, Pellegrino refused, saying, “They just need to offer us our jobs back, and then they will see who’s coming back. I think they will see that many Saint Vincent nurses are coming back.”

In reply to a Reddit post by a nursing student concerned about conditions in their hospital and the prospect of a union-led strike, one worker responded:

“Google ‘St. Vincent’s nurses strike, Worcester Massachusetts.’ Those nurses have been striking for over 8 months. They have had nothing good come out of it. They are all taking travel contracts to work at local hospitals in the area, while the hospital is offering well below par care with the newly hired travelers ... ”

A recent headline on wgbh.org of Boston, quoting Pelligrino, read: “‘There actually is no shame in this corporation’ says St. Vincent’s nurse on strike.” When the Democratic congressional delegation from Massachusetts recently penned a letter to Tenet’s CEO Saum Sutaria, decrying its “violation” of the “long accepted standards” of doing business between capitalists and the labor bureaucracy, Sutaria was able to respond in similar style, replying that “bringing in permanent replacement nurses, while certainly not our first choice, was a necessary step to ensure continuity of care and to preserve access to the most critical services for our community.”

In the Saint Vincent strike, there is no end to empty rhetoric because it is in the interest of the Democratic Party and the MNA apparatus to conceal the objective dimensions of the class struggle and derail the mass opposition of nurses. They are rewarded with salaries that secure them membership in the upper middle class.

Stifled by the MNA, and isolated from other health care workers’ struggles, the Saint Vincent nurses strike is headed for what one academic commentator called a “natural death,” with enough nurses being forced to cross or abandon the picket for jobs elsewhere.

The agreement reached between the MNA and Tenet in August, which was scuttled due to Tenet’s refusal to give nurses their jobs back, included concessions on nurses’ central demand: a staffing ratio of four nurses to every patient on medical-surgical floors. That agreement was reached five months into the strike. Since then, Tenet has continued to hire permanent replacements, offering thousands of dollars in bonuses. Meanwhile, the striking nurses have run out of unemployment insurance and receive nothing from the coffers of their union.

Under siege and abandoned, save for fake shows of solidarity, charity, appeals to the capitalist state in the form of pending Unfair Labor Practices complaints, and the odd scolding letter from labor bureaucrats and politicians to Tenet, the nurses of Saint Vincent Hospital have been left with nowhere to turn, except to their allies in the working class, both national and international.

The first step to building this movement is for nurses and health care workers—along with teachers, autoworkers, meatpackers, Amazon workers and others—to form rank-and-file committees to take direct control of their struggles and to join the International Workers Alliance of Rank-and-File Committees.

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