New York nurses' union stages impotent protests against understaffing

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At a series of rallies that began on November 17, New York City nurses have decried dangerous levels of understaffing at local hospitals. Called by the New York State Nurses Association (NYSNA), these protests have been held at New York Presbyterian Columbia, Mount Sinai Morningside, Staten Island University Hospital and, most recently, Montefiore Bronx. NYSNA also held a rally at New York Presbyterian Hudson Valley in Cortlandt, New York.

"Nurses are scrambling to care for our patients in an ongoing understaffing crisis that reaches into every floor every day," registered nurse Magdalena Spero told the *Staten Island Advance*. "While there are fewer of us, patients are arriving much sicker because they stayed away due to COVID-19. Fewer nurses, sicker patients: that's a recipe for dangerous conditions."

The staffing crisis has gotten worse in the last year. Nurses who retired or left after suffering burn-out from working conditions, and having worked through two or three surges of the pandemic have not been replaced, leaving hundreds of nursing positions vacant. There are 60 registered nurse positions at Staten Island University Hospital alone that have been vacant for almost a year.

As a result, bad conditions have become worse for the nurses that remain. One speaker at the rally at New York Presbyterian Columbia said that the patient-to-nurse ratio is as high as 30:1 in the Pediatric Emergency department on some shifts. Medical-surgical nurses across New York have had to care for seven or eight post-operative and other cardiac patients, even though the recommended maximum assignment is five. Similarly, oncology nurses often have had to care for eight or nine patients, when the optimal maximum is six.

Understaffing also contributed to the temporary closure of the Long Beach Emergency Care Facility in Long Island, New York. The refusal of eight nurses to receive the coronavirus vaccine in late November reduced the number of available workers enough to shut down the facility, which Mount Sinai South Nassau operates. Patients were diverted temporarily to the hospital's main campus five miles away.

Madeline Hernandez, who spoke at the Mount Sinai Morningside/West rally, said nearly 50 nurses in her department have left in the last few months. She said this was the result of a combination of the pandemic and short staff burnout, along with planned retirement. A high number of retirements were anticipated in 2020, and she says Mount Sinai and other hospitals should have been better prepared. "It is really hard to be able to spend time with a patient at their bedside when you know you just got two or three more patients, or you are being called to the trauma room, to take care of patients who are coming in who need your attention right away," she said.

Kiera Downes-Vogel, a labor and delivery nurse who attended one of the rallies, told the *Manhattan Times* that the most recent contract between NYSNA and Mount Sinai requires her unit to have 17 nurses per shift. "Yesterday, every bed was taken, and we had 12 nurses," she said.

Lucy Eisenstein Waldman, a member of the NYSNA executive committee at Mount Sinai West said, "We have done everything we can do. … We have had countless meetings with Mount Sinai management to focus on nurse retention and improve patient safety." She added that on the mother/baby unit where she works there is supposed to be one nurse for every three mothers and their babies. Recently, there have been shifts when there was one nurse for 10 mothers, putting patient safety and care at risk.

NYSNA's proposed solution to the understaffing

crisis has been to have nurses appeal to the higher echelons of management to listen to their grievances and to wait for a safe staffing law, passed by the Democratic-controlled state legislature, to take effect in January. NYSNA has proclaimed it as a victory for health care workers. Seeking to pose as friends of labor, local Democratic politicians have attended NYSNA's rallies, touting their support for the law.

The most obvious flaw of this putative reform is that it requires two groups with diametrically opposed interests, health care workers and hospital administrators, to "negotiate" staffing levels.

Even if nurses and administrators were somehow to agree upon staffing levels that have been demonstrated to improve patient outcomes and reduce strain on health care workers, experience shows that these levels would not be enforced. The law will not force hospitals to hire more nurses.

Hospital understaffing is not unique to New York; it is a national problem. The situation in other states that have, using different tactics, made token efforts to address it is instructive. In California, for example, nurse-patient ratios for each type of unit are mandated by state law. Despite this apparently stricter, more straightforward approach, hospitals routinely flout the requirements without facing consequences. Safe staffing levels are not enforced, which reduces the standard of care and increases health care workers' stress.

Staffing problems will increasingly worsen with the omicron variant added to the winter surge.

Nurses want to fight for better staffing, but NYSNA and other nurses' unions are consciously leading health care workers into a dead end. To protect their six-figure salaries and privileges, the pro-corporate union bureaucrats limit nurses' actions to symbolic protests and pleas to the Democratic Party, which defends the profits of Wall Street.

For their fight to succeed, nurses must break from the trade unions and both capitalist political parties. They must form rank-and-file committees of nurses and other health care workers to fight for the highest quality of care for patients and decent working conditions for all health care workers, linking up with other committees being established across the US and around the world in the common struggle to place the defense of human life over the pursuit of profit.

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