Longest nurses strike in Massachusetts history ends with concessions contract

Ben Oliver
5 January 2022

The historic strike by the hundreds of nurses of St. Vincent Hospital in Worcester, Massachusetts came to an end Monday night after nurses voted to ratify a five-year contract with hospital owner Tenet Healthcare.

After 301 days on strike, the longest in the history of the Massachusetts healthcare industry, during which the workers received no strike pay from the Massachusetts Nurses Association, and facing threats of being permanently replaced by management, nurses voted 487 to 9 in favor of the agreement.

On Monday evening, standing in front of the Teamsters Local 170 headquarters, Massachusetts Nurses Association officials delivered news of the ratification to a small crowd of nurses and the media, flanked by members of the Massachusetts Democratic party, Representative Jim McGovern and Worcester mayor Joseph Petty. The union officials paid lip service to the determination of rank-and-file nurses, who rejected multiple sell-out proposals from Tenet over the ten-month period, and praised the deal as a significant gain.

In fact, it is nothing of the sort. Nurses will receive a measly 2 percent wage increase in each of the five years of the agreement, far below the current inflation rate of 6.8 percent. The deal also entrenches the hated tiered wage structure.

As for staffing ratios, by far the most important demand for nurses, the deal falls short of the four-to-one nurse-to-patient ratios even targeted by the MNA itself at the start of the strike. Instead, the deal contains a ‘mix’ of 4- and 5-to-1 patients-to-nurse on the majority of units, including 4-to-1 ratios for nurses on cardiac telemetry floors but 5-to-1 for behavioral health nurses. The agreement also contains vague language committing management to curb flexing in nurses’ schedules.

The deal also creates another joint labor-management committee to address workplace violence, and commits management to increase the police presence in the facility.

The strike was the culmination of years of brewing opposition to continuous overwork, even before the pandemic began. Early in the pandemic, when so many hospital staff were furloughed after more profitable elective procedures were canceled, nurses were forced into administrative and menial tasks in addition to their regular work.

Much was made by the union of the fact that the deal allows striking nurses to return to their previous positions, something which Tenet had rejected in the penultimate round of negotiations in August, after it had begun hiring hundreds of replacement nurses. In other words, the MNA’s criteria for a “victory” is a contract which does not allow management to fire striking nurses en masse. However, the deal also allows management to keep on the permanent replacements it had spent $40 million on during the strike.

The status of these scabs within the MNA under the new agreement is not immediately clear, but may be subject to intense factional squabbling. Press reports during the strike suggested that the public workers’ union AFSCME had initially considered incorporating them as part of the local Council 93, before ultimately deciding not to move forward. Richard Avola, named by MassLive.com as one of the scab nurses in contact with AFSCME, later organized a petition, with the help of the right-wing National Right to Work Legal Defense Foundation, to decertify the MNA. It has been filed with the National Labor Relations Board.

Understaffing has been a near-universal experience throughout the hospital system in the United States, which is once again being overwhelmed by a surge in COVID cases, as the Omicron variant continues to spread at an unprecedented rate. Nurses can expect workloads of five or more patients at a time, and to be frequently ‘flexed’ off by management, only for remaining nurses to see increased assignments with later patient admissions.

Chronic understaffing undermines the effectiveness of all hospital workers, including technicians, secretaries and personal care assistants (PCAs), leading to worse patient outcomes, including avoidable deaths.

However, the strike remained isolated for its entire 10-month duration. The MNA did nothing to mobilize its statewide membership of 23,000, and kept several other bargaining units with expired contracts on the job during the strike. Earlier on in the strike, UFCW Local 1445 forced through an agreement to avert a strike by 600 other workers at the hospital, leaving nurses to fight on their own.

The strike took place amid a significant push for strike action by tens of thousands of nurses and other health care workers throughout the United States. More than 32,000 workers at Kaiser Permanente voted to authorize strike action in Southern California last November, and health care workers in Buffalo, New York struck at Mercy Hospital for more than a month. However, all of these struggles were separated from each other and betrayed by the unions—in the case of Kaiser, the strike was called off at the last minute.

In each case, the unions pushed through wage increases of three percent or less, well below inflation and even below the increase in wages for fast food workers last year as a result of the labor shortage. At the same time they did nothing to resolve the issue of staffing, outside of setting inadequate ratios, which management flaunts at will anyway, or adding even more layers of labor-management committees.

Health care workers at St. Vincent and elsewhere must draw the lessons from this experience. For their struggles to be successful, they cannot allow them to remain in the hands of the union bureaucracy. Instead, they must form new organizations, rank-and-file committees, to formulate their own demands, oppose the union's isolation of their fight and appeal to workers across the country and the world for the broadest possible support.