

Nurses at Providence St. Vincent Hospital in Oregon push for strike action

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Over 4,000 nurses at Providence Health & Services in Oregon are pushing for strike action, having worked for over two months without a contract and as management refused to meet nurses' demands over low pay, staffing shortages, complete lack of hazard pay and inadequate benefits.

Providence nurses are seeking to join a growing global strike wave by health care workers after suffering nightmarish conditions for over two years on the frontlines of the pandemic, including strikes last month of 65,000 Sri Lankan health care employees and tens of thousands of nurses in New South Wales, Australia.

The facility is part of the “non-profit” Catholic Health system, which manages eight hospitals across the state of Oregon. Catholic Health sat on a nearly \$12 billion cash reserve in 2020 and still received \$509 million in pandemic bailout money, according to a report by Community Catalyst. Rod Hochman, Providence's chief executive, was paid more than \$10 million in 2018 in spite of the hospital chain's “non-profit” status.

Despite being awash with cash, Providence is doubling down on its refusal to meet the demands of nurses. It issued a provocative statement on KOIN local news February 15 making clear that staffing levels would not be improved and wages would remain low. Jennifer Burrows, chief executive of Providence St. Vincent Medical Center, claimed that “it is very important to us that we offer competitive wages and benefits, and we do.”

Nurses were outraged by the statement and took to social media to point out the numerous inaccuracies in Providence's claims. One nurse exclaimed, “What this article doesn't tell you is that Providence Oregon, the largest health company in the state and a non-profit,

might I add, raked in a BILLION dollars in profits over the last five years.” Moreover, “St. Vincent has been way behind market for years in their pay compared to surrounding hospitals and that ‘pay raise’ barely gets us, or doesn't depending on what pay step you're at, to market [rate] nor does it take inflation into account.”

Another St. Vincent nurse insisted, “Providence has been increasing health care deductibles and out-of-pocket max for their employees. So many nurses' husbands get better Providence coverage than us!! The \$6,000 out-of-pocket I pay in health care for my family is way more than the raise they are proposing. They are not transparent with any benefits as negotiations continue. We're 2 years into a pandemic and in the spring of 2020 had to reuse our masks to the point where they were visibly broken or soiled and would get corrective action if we threw one away that wasn't.”

The situation has not meaningfully improved since late February. Brittany Foss, a registered nurse at Providence Hood River, informed Northwest Labor Press on March 2 that “Providence nurses also get 60 hours less in leave per year than those at comparable organizations, \$3 to \$5 an hour less in wages and have higher health care premiums.”

The low staffing levels make it extremely difficult for nurses to attend to their patients, as one nurse recently noted on social media: “many units are constantly operating outside of their staffing plans. Some units with no bedside nurse input until recently. Many units including mine are taking higher acuity patients we have not had experience with before, less staff and minimal notice. We are floating to areas of the hospital we have never had experience in. This is not safe for our patients.” Nicole Hudson, a charge nurse in the Providence Willamette Falls emergency department, informed Northwest Labor Press on March 2 that “they

(nurses) often work 16 hours a day with few breaks.”

Providence never mentioned the COVID-19 pandemic in their February statement addressing St. Vincent’s nurses. But a nurse on social media pointed out in late February that management has been “hiding covid numbers from us the first few weeks, not providing proper PPE, (and) not acknowledging hazard pay for times proper PPE was not available.”

The horrendous conditions faced by nurses have been caused by the intersection of cost-cutting measures taken by hospitals and the COVID-19 pandemic, which has caused the deaths of over 125,000 Americans since the start of the year. Nurses and other health care professionals have been left on the frontlines understaffed, with inadequate PPE, often without hazard pay and massively overworked. This has been a universal phenomenon at health care systems across the country.

Significantly, it is the nursing unions, tied to the Democratic Party, which have rubber stamped these conditions and allowed them to endure even as health care workers faced among the highest rates of sickness and death among workers.

Rather than rally health care workers across Oregon and the US in preparation for a strike, the Oregon Nurses Association (ONA) is holding an “informational picket” at one location on March 15 outside the Providence St. Vincent Medical Center. The “informational picket” is an attempt by the union to let off steam and stall for time to reach an agreement with Providence before a strike can be called. This is taking place 2.5 months after the nurses’ contract expired on December 31.

Significantly, contract negotiations take place at different times at different Providence hospitals, making it easier for the trade unions to isolate strikes to one hospital at a time and prevent a mass movement by nurses and health care workers.

Nurses in Buffalo, New York, Worcester, Massachusetts, and Kaiser nurses across Southern California all saw their struggles betrayed by the unions, who enforced sellout contracts through campaigns of lying, censorship and intimidation. No confidence can be placed in the American Nurses Association, and its affiliate, the Oregon Nurses Association, to meet Providence nurses’ demands.

Providence nurses must organize independently of

the ONA which has allowed the current conditions to persist as nurses continue to leave the profession in droves. They must follow the lead of Kaiser nurses last fall and form their own independent rank-and-file committees to formulate specific, nonnegotiable demands, carry out their struggle and reach out to workers beyond Providence for support and to expand the struggle for improved working conditions, nurse and patient safety and increased staffing.



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