Health care struggles grow in the US as Omicron BA.2 surge spreads

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As the mainstream news centers continue to push ever more for war with Russia there has been a near media blackout concerning the coverage of COVID-19 in the US. A new mutation of the virus, the Omicron BA.2 subvariant, is ripping through populations in Asia and Europe and has already migrated to North America, accounting for nearly 25 percent of new cases in the US as of this writing.

The danger posed by the BA.2 subvariant was shown by the massive spread of infection that crushed hospital systems in Hong Kong. An even worse situation threatens US health systems, with a dwindling and increasingly overtaxed workforce, facing staff shortages and deteriorating living standards due to the surge of inflation. These conditions have sparked an uptick in strikes by health care workers in the US as well as among health care workers globally, who face similar conditions.

In just the past week there have been strikes and protests in the US states of Pennsylvania, Minnesota, Nevada and California as well as in Haiti, South Africa and Turkey.

On March 13, 220 nurses went on strike at **Armstrong County Memorial Hospital (ACMH) in Kittanning, Pennsylvania** in response to understaffing and lack of pay. Nurses have criminally been kept on the job working for eight months by the ACMH Nurses United under the umbrella of the Pennsylvania Association of Staff Nurses and Allied Professionals (PASNAP) since their contract expired in July 2021. The union ended the strike on Friday March 18 despite providing no acknowledgment that any of the demands of nurses had been met. One emergency room nurse, Athena Scanlon, noted in a statement put out by the union itself that she has at times had to care for 18 patients when their labor agreement called for only three or four patients.

PASNAP bargains on behalf of more than 9,000 health care workers in the state. The trade unions, who are tied by a thousand threads to the Democratic Party, are complicit in the horrendous working conditions for health care workers. ACMH for instance, has overseen deteriorating conditions and has not called a strike for improved conditions in more than 20 years. Instead, it has peddled false hopes in legislative actions such as the current state House Bill 106 and Senate Bill 240, or Patient Safety Act.

The rural hospital is the only one in the county with a population of some 65,000. Rural areas have been even harder hit throughout the pandemic than urban ones, often with poorer and sicker populations who face long travel distances. Rural hospitals themselves have fewer funds and are overall less attractive to the shrinking pool of travel nurses. Rural Americans have died from COVID at more than twice the rate of their urban counterparts, according to the Kaiser Family Foundation's analysis of data from the Rural Policy Research Institute.

The ACMH hospital's Community Health Needs Assessment published last June notes that the hospital is the largest employer in Armstrong County and serves a rural working poor population where the annual per-capita income for Armstrong County residents is at $27,715 and 12 percent are experiencing food insecurity. The report also notes that "22.6% of the Armstrong County Population is 65 or older."

One nurse had this to say to the *Courier Express* about unsafe staffing, "I love my job, but in the ER, we go into the med room and cry; we go home and cry." She went on to say, "It's unsafe for the patients; it's unsafe for us."

Jerry Dunn spoke to KDKA saying, "We're having nurses leave this hospital in droves to other facilities. We're asking for competitive wages, we're asking for them not to pull our call-off language from our contract that's been in it for the last 20 years, and we're asking not to be pulled into departments that we're not comfortable working in. It's just not safe for our patients."

Across the Great Lakes, in Minnesota, about 100 workers employed at the **Minnesota Epilepsy Group** (MEG) conducted a five-day unfair labor practice (ULP) strike that lasted from Monday March 14-18. The MEG tried to impose a new contract that will no longer give a pay raise to new employees, effectively creating a two-tier wage system. MEG is a service provider to Allina Health, and picketing extended to three locations: Northwestern Hospital in Minneapolis, United Hospital in St. Paul and in front of the MEG office in Roseville.

Significantly, their union, SEIU Healthcare Minnesota, only authorized an unfair labor practice (ULP) strike, which restricts workers from raising any demands over economic issues or workplace conditions, but only those related to employer violations of labor law. Despite the demands of the rank and file, SEIU will push workers back onto the job as soon as the MEG supposedly begins "bargaining in good faith." At the service of the Democratic Party, this is a tactic used by all the trade unions to have the workforce let off steam in order to ram through a contract beneficial for the employer and the state.

Renee David, one of 60 Electroencephalogram (EEG) Technologists at MEG told *FightBack! News*, "We are not out here asking for a lot. We are just another group of healthcare workers

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who are standing up to a system that has burnt us out. We're not only standing up for our department, we are standing up for EEG technologists all around the nation and for anyone who works in healthcare."

At **University Medical Center in Las Vegas, Nevada (UMC)**, where 1,400 nurses and Certified Nursing Assistants (CNAs) are employed, nurses under the Service Employees International Union (SEIU) Nevada Local 1107 held a protest on March 10 in opposition to mandatory overtime shifts that were set to begin March 16 for at least 60 days in order to deal with the influx of patients coming in.

These mandatory shifts play a large role in faster burnout among health care workers and cause the level of patient care to deteriorate. Despite this, union representative Elizabeth Bolhouse, SEIU local 1107, praised UMC: "I truly felt like UMC appreciated us," and reiterated to local media that their contract allows the hospital to mandate overtime, saying, "Our contract does allow in case of emergency staffing need to institute mandatory overtime. Generally, two-week notice is required when you're going to change our schedule," but stressed that the only real issue was the overall tone in the memo announcing these mandatory shifts.

The unions, which have agreed to placement of such measures in the contract, are working to rubber stamp the maintenance of abusive conditions for health care workers, who are already stretched thin. They "argue" instead that there be a two week notice rather than one week, and that a volunteer list be posted first, and lastly that there be "reasonable accommodations for those that can't fulfill the four-day requirement from mandatory overtime." In response, the hospital pushed the start date of mandatory overtime to begin one week later. Their Facebook page features endless praise for President Biden, who has been at the forefront of relaxing all mitigation measures, including the dropping of mask mandates.

In California, **Sutter Health** unionized nurses have been working without a contract since June 2021 and are still tied up in negotiations. Sutter nurses picketed this past Tuesday at 15 different Sutter Health hospitals in the state in the cities of Antioch, Auburn, Burlingame, Castro Valley, Crescent City, Lakeport, Novato, Roseville, Sacramento, San Francisco, Santa Cruz, Santa Rosa, Tracy and Vallejo. They are demanding an end to unsafe staffing ratios and improved measures for pandemic readiness concerning PPE (personal protective equipment) and workplace violence protections.

Critical care nurse Amy Erb spoke to the *Record-Bee* of Lake County saying, "We have been on the front lines before and during this pandemic." She then continued, "Throughout this time, we have witnessed Sutter Health become profitable while they refuse to invest in the resources we need in order for us to provide safe and effective care to our patients and community."

Renee Waters, who is a registered nurse at the trauma neuro intensive care unit at Sutter Roseville also spoke to the *Record-Bee* and had this to say: "Sutter failed us during the pandemic." She went on to say, "Our proposals are intended to correct Sutter's gaps in pandemic readiness and workplace violence prevention. We want to have a proactive approach to the protections that we deserve."

Global job actions by health care workers

The working class is not only on the move within the US, but also internationally. **Haitian health careworkers** have gone on strike to ask for security in response to the increased reports of gangs kidnapping health care workers. **South Africanhealth care workers** did a work stoppage protest to voice their opposition to the closure of hospitals in the Eastern Cape province, and in the **Gauteng Province** of South Africa another group of health care workers picketed to protest the dismissal of over 800 pandemic hired employees.

In Turkey tens of thousands of health care workers took part in a two-day national strike that began on Monday, March 14.

Instead of waging the war on COVID throughout the world, the ruling class, led by the Biden administration, provoked a NATO-led war with Russia to create an external enemy as it contends with unprecedented crises at home, with an uncontained pandemic that has already claimed close to 1 million lives, and rising inflation. No preparations are being made to combat the oncoming new surges of the pandemic. In fact, all of the still insufficient mitigation measures are being taken away, such as the dropping of mask mandates. Health care workers will continue to bear the burden created by these criminal policies of "herd immunity."

There is no shortage of militancy and a desire to fight by workers, but this must be done not just against this or that employer, but against the Democratic Party, the unions and the entire ruling class that is responsible for the current conditions facing nurses and health care workers. At every stage of the pandemic the corporate-political establishments and their trade union stooges have prioritized the defense of profits over the safeguarding of human life.

In order to counter the homicidal policies of the corporations, health care workers need to form rank-and-file committees, independent of the pro-business unions, to organize and lead their struggles. These committees must seek to combine their various local and national struggles with the struggles of health care workers and workers of all other industries across the globe.

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