Providence St. Vincent nurses in Portland, Oregon authorize strike for safe staffing and pay

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On May 4, over 1,600 nurses at Providence St. Vincent Medical Center authorized a strike with a near unanimous vote. The Oregon Nurses Association (ONA) limited the strike authorization to an Unfair Labor Practice dispute, which excludes demands over pay and working conditions. The vote to strike, however, indicates nurses' readiness to fight for safe staffing levels to protect their physical and mental well-being, improvements to health care benefits and significant wage increases.

Providence reports 227 vacant positions at St. Vincent and 600 at hospitals statewide, a 40 percent increase in the last two months. The data reflects high turnover from nurses who could no longer take the extreme toll of their jobs on their well-being.

Angela Knapp, a St. Vincent nurse, recently told the *Oregonian*, "Long term issues were definitely exaggerated by COVID, but we have a mass exodus of people moving away from the bedside. It's like watching healthcare gradually fall apart, knowing it can be better, but no one is fixing it. We're doing more with less every day."

Between 2016 and 2021, 17 of the state's 18 large hospitals, 20 of 22 medium-sized hospitals, and 14 of 25 critical access hospitals requested a waiver from the recommended safe staffing levels. The Oregon Health Association (OHA) stated in last year's legislative report that it received staffing waiver requests from 51 hospitals in the first five months of 2021. Lacking the staff to adequately respond to the Delta and Omicron waves of COVID-19 infections and hospitalizations, the state had to send the National Guard to the front lines.

Despite the sacrifices nurses have been forced to make during the pandemic, pay rates across the state are inadequate. The ONA reported in January that St. Vincent's nurses are paid 5 to 12 percent less when they enter the profession. Veteran nurses are paid 9 to 15 percent less than their peers at other hospitals. Pay for shift differentials is $6 to $13 less than what is offered by other hospitals. While useful to get a sense of the inadequate pay of St. Vincent nurses, the comparisons fail to recognize the stagnant pay of health care workers across the entire state, which has risen at a rate far below annual inflation.

With the urgency of the issues confronting St. Vincent nurses, the most critical question now is how a serious struggle can be waged.

St. Vincent nurses are in a powerful position to launch a strike. The wave of health care worker opposition reflected in the strikes in California and elsewhere demonstrates that there is widespread support for a struggle, and St. Vincent nurses can appeal to hundreds of thousands of nurses in the region for their defense.

Nurses at OHSU and Kaiser are not competitors, but rather St. Vincent nurses' strongest allies in fighting for a common struggle for their collective interests. Hundreds or even thousands of Providence and Kaiser nurses may turn out to the rally called by the ONA on Wednesday evening, showing their solidarity with St. Vincent workers. The timing of a strike now would also align with the sentencing of the nurse RaDonda Vaught on May 13 and protests that are expected to oppose the scapegoating of the Tennessee nurse for medical errors, which are the inevitable result of understaffing, cost cutting and the subordination of health care to profit.

In order to carry out such a struggle, nurses must take

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the reins of this fight into their own hands, organizing rank-and-file committees independent of the ONA. The ONA bureaucracy has absolutely no intention of leading the strike that workers have just authorized. They explicitly stated this in their May 4 announcement of the strike authorization vote, “If and when a strike is called, ONA will give Providence a 10-day notice to allow Providence management adequate time to stop admissions and transfer patients or to reach a fair agreement with nurses and avert a work stoppage.”

Rather than organize for a serious struggle and unite health care workers across all Providence hospitals and throughout the region, the ONA has dragged out the talks for months since the contract expired on December 31, holding only an informational picket thus far in March that posed no threat to Providence’s revenues and profits. Rather than hold a strike authorization vote on the critical questions of staffing and pay, the ONA chose instead to limit it to an Unfair Labor Practice dispute.

The negotiation proposals of the ONA bargaining committee, moreover, are wholly inadequate to address the issues. The ONA is proposing a pay increase of 20 percent over three years, along with a $3,000 bonus and other shift differentials. They also seek to add language to the contract for patient-to-staff ratios, although it is unclear what those ratios are and how they will be achieved. It is unlikely that Providence would ever accept these modest pay proposals, but even if they did, inflation would eat up the pay increases, leaving nurses in the same position three years from now.

The formation of an independent Providence Nurses Rank-and-File Committee would allow nurses to assert their own demands and wage a serious struggle against the multi-billion dollar Providence hospital system, drawing behind them workers from across the region. Workers can demand significant wage increases to overcome 8.5 percent inflation and decades of wage stagnation, along with a fight to eliminate all cost-cutting measures that have sacrificed safe staffing levels and nurses’ well-being for the sake of profit generation.

There is more than enough to pay nurses decent wages and hire enough staff. In 2021, the “non-profit” Providence reported the generation of $238 million in gains and $5.3 billion in revenues, along with receiving $1.3 billion in Cares Act funding. Oregon is home to three billionaires, including Phil Knight of Nike whose estimated net worth is $54.5 billion.

But Providence St. Vincent nurses cannot fight this battle alone. The strike vote takes place amid a growing wave of opposition and militancy among health care workers across the globe, including significant strikes in the United States.

Over 2,000 nurses at Cedars-Sinai Medical Center in Los Angeles began a strike on May 9. About 5,000 registered nurses at Stanford Health Care and Lucile Packard Children’s Hospital in the San Francisco area carried out a courageous one-week strike in April, which would have lasted longer if the CRONA union had not abruptly ended it with a sellout agreement.

Nurses in Sri Lanka led the way in February when they defied a district court’s ban on strikes and all 65,000 nurses walked out on an indefinite strike. The Sri Lankan nurses’ courageous and necessary action helped Sri Lankan workers expand their strikes, and a general strike took place last Thursday which shut down the Sri Lankan economy. Thousands of nurses in New South Wales, Australia, have also engaged in strikes this year.

Each of these struggles by health care workers is driven by the same fundamental conditions. The establishment of a rank-and-file committee will enable St. Vincent nurses to share crucial information with one another and other workers, democratically discuss the demands that must be made, plan a common strategy to win demands, and fight for the broadest unity of workers possible to win those demands.

Please contact the World Socialist Web Site *to share your thoughts about the Providence St. Vincent contract struggle and get assistance with forming a rank-and-file committee.*

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