Oregon Nurses Association announces new tentative agreement for Providence St. Vincent nurses to avoid strike

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The Oregon Nurses Association (ONA) announced a new tentative agreement Thursday afternoon for 1,600 nurses at Providence St. Vincent Medical Center outside of Portland, Oregon. The agreement was announced after the ONA announced it had completed a "historic" 24-hour bargaining session with Providence executives on Monday, claiming a "NURSE VICTORY."

In reality, the ONA is seeking to impose a sellout and avoid a strike set for July 11. It was forced to call the strike last week after nurses voted down the previous contract by a margin of more than 4 to 1, but has now canceled its preparations for the strike and has instead announced it is "planning worksite meetings to share details of the tentative agreements reached." A date to vote on the new contract has yet to be announced.

As of this writing, the actual contract has yet to be sent to the union's membership. The most that has been presented are the sanitized "nurse wins" posted on the ONA's Facebook page, which provide scant details on the demands of nurses, including wages, staffing ratios and benefits. The contract itself will only be for two years. The pay increase during that period will only be "up to" 16.5 percent, language which suggests such an increase is not guaranteed and one which is at best still below inflation, currently at 8.6 percent.

There will also be no discussion of reducing health care costs for nurses until 2024, which will be done by a joint "committee." And while Providence will be "required to staff to standard on each shift," management itself is being given the authority to "establish nurse to patient staffing standards," which is in fact an opening for the hospital to decrease the number of nurses on each shift.

The only concrete takeaway from the highlights released so far is that there will be retroactive pay, which was not included in the previous TA after having been a part of contracts for decades.

On the other hand, the full list of riders to the contract has yet to be seen. One such rider, that the contract signing bonus was removed, was admitted on social media by ONA vice-president Jessica Lobell, who noted in response to a question that, "no, the bonus is no longer part of the TA. It's just retro."

Lobell also signaled that there wouldn't be other major gains for nurses, while simultaneously trying to undercut the need for a strike, stating that, "I cannot emphasize enough that we will not get everything we want in this round no matter if we strike or not." No doubt these points will be emphasized at the ONA's upcoming "worksite meetings."

Such tactics are commonplace among trade unions. A contract is agreed to behind closed doors between the union bureaucrats and company executives, "highlights" are presented and used to encourage the membership to vote yes, and workers are given scant to time to study the full text of the agreement before they are forced to vote on it. Just over two months ago, the United Auto Workers forced through a sellout contract at Detroit Diesel by calling for a snap vote, releasing the agreement only days before the ratification took place.

There is also not a unified contract among Providence hospitals, four of which are still undergoing contract negotiations. Only three of these, St. Vincent, Willamette Falls and Milwaukie hospitals, were represented at Monday's meeting and contracts were only reached for two, St. Vincent and Willamette Falls.

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There was only “substantial progress” on a contract for nurses at Milwaukie. And as nurses have pointed out on the union’s Facebook page, there was no representation from Providence Hood River, which has been in contract negotiations since February.

Nor are the contracts at St. Vincent and Willamette Falls the same, according to what has been released. While St. Vincent nurses will get up to a 16.5 percent pay raise, those at Willamette Falls will only see an average 12 percent pay increase despite claims of “pay equity” across the hospitals. There are bonuses for resource and resuscitation nurses at Willamette Falls, but no increase in paid time off, whereas nurses at St. Vincent are promised an additional 20 hours of leave each year and, as noted above, lost the bonus in the previous tentative agreement.

There is also not yet a clear contract length for nurses at Willamette Falls and differences between contract lengths has long been a tactic by Providence and the unions to divide nurses at different hospitals. As the ONA itself admitted, nurses at Hood River were not represented at Monday’s meeting because their contract is on a different “timetable.”

To the extent that there are any gains in these contracts, it is due to the actions of nurses themselves, not the union. The original contract presented to nurses a month ago conceded to all the demands put forward by Providence’s executives: minimal increases to PTO and wages, no increases to health care, no addressing of staffing ratios and no retroactive pay. At the time, the ONA enthusiastically supported the contract and the “unprecedented achievements” between itself and management.

Nurses recognized the sellout contract for what it was immediately and began agitating against the pro-company agreement.

The drive by health care workers for better wages and working conditions must be expanded. Nurses at St. Vincent and Willamette Falls must demand a single contract among themselves and for their fellows at Milwaukie, Hood River and across the Providence hospital network.

Above all, the struggle must not be left in the hands of the ONA, which has proven it is in bed with health care executives and the Democratic Party. It does not seek to win demands in struggle, but to suppress opposition to further sellouts on behalf of Providence, a “non-profit” which made $238 million in 2021 and received $1.3 billion in CARES Act funding.

A Providence Nurses Rank-and-File Committee should be formed to draw up a list of comprehensive demands for workers, including above inflation wage increases, and Cost-of-Living Adjustments (COLA) indexed to rising living expenses, as well as genuine safe staffing ratios and a sharp rise in paid leave. Nurses should prepare to fight for these demands, including setting out a timeline and plan for a strike independently of the bureaucratic rules set by the ONA.

Nurses looking to carry forward such a struggle should contact the World Socialist Web Site Health Care Newsletter, which will provide all possible support for such a fight.

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