Oregon Nurses Association forces through sellout contract at Providence St. Vincent Medical Center

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Are you a Providence nurse? We want to hear from you! Fill out the form at the bottom of the article to tell us about your working conditions and what you want to see change. All submissions will be kept anonymous.

On July 15, The Oregon Nurses Association (ONA) announced via Facebook and Twitter the passage of a new contract agreement for nurses at Providence St. Vincent Medical Center outside of Portland. The deal covers the 1,600 nurses at the hospital.

The contract is largely identical to the one nurses voted down in late June by a margin of more than 4 to 1. It was forced through after a publicity campaign by the ONA which promoted a series of "nurse wins" from the tentative agreement on social media, the most substantial being retroactive pay, a standard aspect of nurse contracts at Providence for decades.

Other "wins" include pay increases well below current inflation of 9 percent and a contract that only lasts two years, opening the door for further attacks against nurses' working conditions and living standards in 2024.

Moreover, the section addressing staffing ratios does not indicate what differentiates the new contract from the old. It merely reiterates that "the Medical Center will adhere to the Oregon Nurse Staffing Law," which will not explicitly require Providence to hire more nurses.

And no mention is ever made of the COVID-19 pandemic in a contract for frontline health care workers, outside of stating: "other than as set forth in C2 above and in national, state and/or internal disaster/crisis situations (i.e. adverse weather conditions, pandemic) registered nurses shall not be required to float outside their cluster for a primary care assignment more 72 hours per calendar year." Since the pandemic is still raging across the US, nurses will almost certainly be required to consistently float outside their cluster.

The entire experience shows that the union did not respond by yielding to the rank-and-file militancy of nurses, who were determined to fight for safe staffing ratios and better working hours, but by doubling down in its bid to force through a pro-company contract. This demonstrates that the only way forward is for nurses to take their struggle out of the hands of the union bureaucracy by forming rank-and-file committees in order for nurses to exercise democratic control.

Contracts have also been ratified or are being voted on at other Providence hospitals. An agreement at Willamette Falls was "overwhelmingly" voted on, according to the ONA, on July 11, and nurses at Milwaukie began voting on July 20. The ONA is currently in talks with Providence for contracts at other hospitals in the network, including at Hood River and St. Alphonsus-Ontario.

The ONA has been fighting against a genuine struggle by nurses against Providence since contract negotiations began. Nurses across Providence medical centers began a powerful push to strike after the catastrophic experience of the coronavirus pandemic in January, and Providence's total indifference to the perils nurses faced. By March, the militancy from rank-and-file nurses to launch a strike had forced the ONA to hold an "informational picket." But the WSWS warned on March 11 that "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."

On May 4, over 1,600 nurses at Providence St. Vincent Medical Center authorized a strike with a near-unanimous vote. But the ONA limited the strike authorization vote to a mere Unfair Labor Practice dispute, which under US labor law restricts nurses from raising economic demands. The ONA announced that same day that "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."

But no strike was announced. Nurses could have gone on strike at this time to defend not only their livelihoods against low pay, untenable staffing ratios and inadequate health care benefits, but to defend fellow nurse Radonda Vaught, whose wrongful sentencing took place May 13. At this time, the ONA bargaining committee put forward a meager wage increase and vaguely promised "safe staffing levels."

One month later, nurses at Providence Willamette Falls and Milwaukie also authorized a strike, setting the stage for powerful joint action across Oregon. Rather than mobilize these forces, as well as nurses at other hospitals with contracts either also being negotiated or coming up, the ONA announced on June 4 that it had reached a tentative agreement for nurses at St. Vincent, and implored nurses to vote "Yes."

The ONA only floated the idea of a joint strike after the St. Vincent tentative agreement was decisively voted down on June 20–23, an agreement which caved completely to Providence's demands to cut costs and threaten both nurse and patient safety. At the time, a joint strike of nurses at St. Vincent, Willamette Falls and Milwaukie was announced for July 11.

Rather than use the two-and-a-half weeks to prepare nurses for a strike and mobilize the support of other sections of the working class, the ONA went back to Providence, claiming the strike as a bargaining chip for a better contract. It then announced during the last week of June a new agreement at St. Vincent and other Providence hospitals, effectively canceling the strike less than a week after it was announced.

"Most nurses are voting 'yes' because we think this is the best we can get," one nurse made clear in comments to the *World Socialist Web Site*. "Wages won't be anywhere near the rate of inflation." The nurse also noted how little real information was given out by the ONA, stating, "I really don't know the details about what this contract offers in terms of wages. I don't know what the union says about this."

The nurse also made clear that there was essentially no time for nurses to discuss the full contract among themselves. "We got the tentative agreement from the ONA with the link to vote on Wednesday, and the due date to vote was Friday at 1 p.m."

"The union rep just dropped off a few flyers with some vague highlights about the new TA, and the flyer said vote 'Yes.' I tried to ask the union rep questions, and so did other nurses, but it was like the union didn't want to deal with it anymore and the union rep just left."

Nurses at St. Vincent, across the US and internationally have confronted terrible conditions during the global COVID-19 pandemic. The St. Vincent nurse emphatically agreed that the experience of the pandemic has been traumatizing for health care workers. "About once per month, I would see a nurse break down crying because of stress, overwork and dealing with so many critically ill patients."

Reflecting the thoughts and feelings of health care workers across the US, the nurse laid bare the truth that "I am definitely burned out, bitter toward Providence and am looking for a new job. My co-workers feel the same way." The immense general health care crisis, which is taking place during a still raging global pandemic, has led to a situation where "so many nurses are looking to change careers because of burnout. We aren't getting treated or paid well."