

The New York City nurses and the fight against the pandemic

Jerry White
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More than 7,000 nurses walked out on strike Monday morning at two of New York City's largest private hospitals, Mt. Sinai in Manhattan and Montefiore Medical Center in the Bronx.

The strike of New York nurses is the first major strike of 2023, a year that will see many explosive class battles. Pay is a major issue for nurses struggling with rising living costs in one of the world's most expensive cities. But the central issue in the strike is chronic understaffing and the catastrophic state of the health care system in the US, as the fourth year of the global pandemic begins.

On the picket lines, nurses described conditions that make it impossible to care for patients adequately and safely. Individual nurses have up to 20 or more patients a shift, and the brutal work conditions are driving new as well as experienced nurses out of the profession.

While nursing shortages existed before the pandemic, the deadly consequences of decades of attacks on public health erupted to the surface with the COVID-19 pandemic. The American ruling class, like its counterparts around the world, responded by prioritizing profit over human life. Instead of implementing basic public health measures to stop the spread of the virus, it was allowed to infect without restraint, overwhelming hospitals and the health care system as a whole.

Nurses and other health care workers bore the brunt of the crisis when New York City emerged as the epicenter of the global pandemic in March 2020. Millions reacted with shock to images of Mt. Sinai nurses wrapping themselves in garbage bags because of the lack of proper equipment to protect them from the deadly virus.

On March 23, 2020, Kious Kelly, a 48-year-old assistant nurse manager who treated COVID patients at nearby Mount Sinai West Hospital, was believed to be the first New York City nurse to die from the pandemic. In the first year of the pandemic alone, an estimated 3,607 US health care workers would succumb to the deadly disease. The World Health Organization (WHO) estimates that 115,500 health care workers died from COVID-19 worldwide through May

2021, a figure that by now has likely surpassed 200,000.

Throughout the pandemic, nurses in the US and around the world have been subjected to the daily trauma of exhausting and unsafe conditions, along with the danger of contracting the disease, becoming permanently debilitated from Long COVID and infecting their loved ones. Burnout, stress, and mental health problems, including an ongoing risk of post-traumatic stress disorder, led 230,000 physicians, nurse practitioners, physician assistants and other clinicians to quit the profession in 2020-2021, according to an analysis of medical claims data by Definitive Healthcare.

The refusal of Trump and then Biden to take any measures to keep non-essential businesses and schools closed until the spread of the disease was halted and COVID-19 eliminated has led to the deaths of at least 1.1 million Americans, including more than 44,127 New Yorkers.

Biden welcomed the emergence of the Omicron variant in November 2021 as a pretext to end masking, testing, contact tracing, the isolation of infected patients and the systematic reporting of cases and deaths. Ignoring science, Biden proclaimed that "the pandemic is over" and life could return to normal. But as virologists had warned, the uncontrolled spread of the virus has led to the emergence of new variants that undermine the effectiveness of vaccines and immunity from previous infections.

In New York City, Democratic Mayor Eric Adams has abandoned all mitigation measures and, after two years of scaled-down celebrations, oversaw a New Year's event at Times Square without even minimal social distancing measures.

The XBB.1.5 variant, which scientists believe first evolved in New York, is quickly becoming dominant throughout the United States. For weeks, the Centers for Disease Control and Prevention (CDC) covered up the emergence of the new, more immune-resistant variant. While the "triple-demic" of COVID, the flu and RSV is being felt throughout the country, New York is once again an epicenter.

The present situation, and the entire experience of the past three years, has demonstrated the indifference of the

corporate and financial elite to the health and lives of the population. Rather than pouring money into health care, the political establishment has implemented a policy of mass death. The “health care heroes” have been left to face this catastrophe on their own, while the ruling class has been more interested in the work of morticians.

The overall policy of the ruling class has intersected with the character of the for-profit health care system. Montefiore and Mt. Sinai are private corporations, despite their tax status as “non-profits.” They have tens of millions of dollars in private investments and pay their executives exorbitant salaries. Sinai CEO Kenneth Davis made \$5.6 million in 2019, and Montefiore CEO Philip Ozuah made \$7.4 million in 2020, according to the latest tax filings available.

The hospitals, which reportedly increased their assets by \$1 billion in 2021, also sharply reduced “charity care spending” by up to half for poor and low-income residents, while increasing investments in far wealthier neighborhoods. The relentless pressure on nurses to do work beyond their physical and mental capacity only bolsters the returns for the hospitals, along with the giant insurance, pharmaceutical, medical equipment and other corporations that benefit from the system of for-profit medicine.

The impact of the pandemic has produced a mood of anger and opposition throughout the working class, not least among nurses. Last year, nearly a third of the major strikes in the US involved nurses and other health care workers, including strikes by Minnesota and California nurses, and tens of thousands more face contract expirations this year. There were also mass demonstrations against the victimization of Vanderbilt Medical Center nurse RaDonda Vaught for a medical error that was the inevitable result of understaffing and work overloads.

This is part of a global movement. There have been a series of strikes by nurses and other health care workers in Germany, France, the UK, New Zealand, Sri Lanka, Argentina and other countries throughout the world. Despite the claims of the ruling class that the pandemic is over, 2022 was the worst year of the pandemic in many countries, including in Canada and Australia. The year concluded with the end of “Zero-COVID” in China, a policy change demanded by international finance capital, which has produced a massive wave of infections and death.

New York nurses confront fundamental organizational and political questions. First, no confidence can be placed in the New York State Nurses Association and the National Nurses United, which have deliberately isolated the 7,000 striking nurses by signing sellout deals covering the remaining 10,000 nurses in the city’s private hospitals.

The deals include sub-inflation rate raises and do nothing to seriously address understaffing. The union apparatus,

moreover, has done nothing to oppose the ruling class response to the pandemic. It has instead collaborated everywhere in the policy of mass infection.

It is essential to mobilize the full support of working people throughout New York City, where there exists overwhelming popular sympathy for the fight being waged by the nurses. It is also necessary, if the strike is to be won, to take its leadership and direction out of the hands of the union bureaucracy, which is tied to the Democratic Party machine led by Mayor Adams.

The bureaucracy’s preparations for a sellout can be counteracted by forming a rank-and-file committee, elected democratically by the nurses, to formulate the demands for which the strike is being fought, and mobilize the broadest sections of the working class in the city and beyond to win their strike.

But these necessary militant tactics require a political strategy that places the strike within the context of the broader social issues. The fundamental issue that underlies this struggle is the irreconcilable conflict between the interests of public health and the private profit interests of the hospital executives and the Wall Street-directed capitalist health care system.

Nurses entered their profession out of a desire to save lives. Wall Street invests in health care to make money. The response to the COVID-19 pandemic proves that these conflicting aims cannot be reconciled. The nurses are fighting for life. The executives are fighting ruthlessly for profits, even if the cost of their policies is sickness, debilitation and death.

The fight of the nurses is, in the final analysis, inseparably linked to a struggle to socialize all health care and liberate it from the grip of the profit system.



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