

Oppose the sellout of the New York City nurses strike! Build rank-and-file committees!

Health Care Worker Newsletter
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The powerful three-day strike of more than 7,000 nurses in New York City was abruptly shut down by the New York State Nurses Association (NYSNA) Thursday morning after NYSNA officials claimed they reached a tentative agreement with Montefiore Medical Center and Mount Sinai. Within a matter of hours, nurses were ordered back to their job before seeing the agreements, let alone voting on them.

It soon became clear the NYSNA bureaucrats ended the strike before they even had a full agreement in hand. In a press conference Thursday, NYSNA President Nancy Hagan reported that the union and management are “still ironing all the words out.”

The NYSNA officials did not only lie about reaching a deal, they also lied about the content of the concessions they handed over to the management of the giant hospitals. While the union presented the deal as a major victory, in reality, it is a repackaging of the same rotten terms imposed on 10,000 nurses at other private New York City hospitals. It will do nothing to significantly alter the dangerous understaffing and overwork that nurses face daily, which was the central aim of workers in the strike.

In a revealing statistic, Montefiore has committed to creating just 170 new nursing positions, less than a quarter of the more than 700 vacancies at the Bronx hospital. It is not clear how many nurses are being added at Mount Sinai, where there are at least 500 unfilled positions.

In seeking to dress up the deal, NYSNA highlighted as “precedent-setting” a provision requiring Montefiore to pay out financial penalties to nurses when staffing ratios are exceeded. The union did not release specifics about the size of the penalties nor the timeframe when they would begin.

Regardless of the details, however, the provision underscores that the hospitals, in collaboration with NYSNA, fully intend to maintain the staffing at levels dangerous to patients and intolerable for staff. The bonuses are the equivalent of issuing hazard pay to soldiers in a war zone.

Nurses went on strike to put an end to unsafe and

traumatizing conditions, not to provide a contractual slap on the wrist to management for its continued refusal to hire adequate staff. Whatever modest penalty the hospital incurs will more than be made up by increasing the exploitation of nurses and driving even more to the brink and ultimately out of the profession. The precedent set is a dangerous one because it serves to institutionalize understaffing by exploiting the economic insecurity of nurses.

The tentative agreement contains the same nominal raises offered at the other private hospitals of 7 percent, 6 percent, and 5 percent over the next three years. After inflation, these raises do nothing to lift the standard of living of nurses and grow the pool of qualified professionals. Nor do they close the pay gap that exists within the hospital system. Mount Sinai nurses repeatedly stressed on the picket line that lower wages than at neighboring hospitals exacerbated the shortage they faced, as many nurses transfer soon after being hired.

Rank-and-file nurses must begin to mobilize now to defeat this sellout. It is an absolute lie that the giant hospitals, whose income increased by \$1 billion last year, do not have the resources to hire enough nurses and pay them decent wages.

Nurses should establish a rank-and-file committee to demand the immediate release of the full contract. If there is no such deal, they should demand the resumption of the strike based on the principle, “no contract, no work.” At the same time, nurses must have a full week to study, discuss and vote on any contract.

The rank-and-file committee should mobilize nurses to overwhelmingly reject the deal and outline a real set of demands from workers for the immediate filling of all vacancies and inflation-busting wage increases. The committee should then reach out to workers across the city to back a resumption of the strike to win these demands.

But as the *World Socialist Web Site* wrote earlier this week, 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.

The strike comes as “forever COVID” policies are now fully implemented worldwide. In an interview in the *Washington Post* Thursday, White House COVID coordinator Ashish Jha admitted that the Biden administration’s policies, which he had wholeheartedly supported, were leading to devastating consequences. “I am worried that we are going to have, for years, our health system being pretty dysfunctional, not being able to take care of heart attack patients, not being able to take care of cancer patients, not being able to take care of the kid who’s got appendicitis because we’re going to be so overwhelmed with respiratory viruses for ... three or four months a year,” he said.

The struggle taken up by nurses at Montefiore and Mount Sinai, which is part of a wave of health care worker strikes across the US and internationally, is a rebellion against conditions exposed and exacerbated by three years of the pandemic. It represents a rejection of the “new normal” of mass disease and death in which hospital workers must cope with a perpetual crisis, overwhelmed and underpaid, often without so much as a lunch break during a 12-hour shift.

Far from strengthening nurses in this fight, the NYSNA bureaucracy has worked might and main to undermine and hold back this rebellion, confining the strike to two hospitals despite intolerable conditions existing across the industry. Immediately before and during the strike, the union apparatus pushed through one by one a variation of the same sellout contract at 13 different hospitals. In March this year, an additional 9,000 nurses in NYSNA at the city’s public hospitals face an expiring contract, and they will face the same fate unless they take the conduct of the struggle out of the NYSNA bureaucracy’s hands and join forces with their brothers and sisters across the city.

The strike shutdown comes at a time when nurses are winning widespread support within the working class. No one can forget the sacrifices health care workers made when the initial explosion of the pandemic hit New York City, with scenes of nurses at Mount Sinai forced to use plastic bags for personal protective equipment and refrigerated trailers lined up outside serving as mobile morgues. While the politicians hailed nurses as “heroes” for cynical purposes, only to quickly abandon them, the broad masses of workers recognize the critical role nurses continue to play and support the struggle to prioritize human life over the profits of health care corporations.

Concern over the popular support of the strike and its potential to catalyze a broader struggle prompted New York Governor Kathy Hochul to intervene. Hochul initially attempted to prevent the strike from taking place, calling for binding arbitration on behalf of the private hospitals. On Thursday, she pivoted to celebrate the NYSNA deal, shaking hands with nurses arriving at Mount Sinai for their 7 a.m. shift. The same governor is responsible for completing the removal of all pandemic-related public health protections, exacerbating the crisis in the hospitals.

Rejecting the contract means continuing the fight against understaffing in the hospitals, which is caused at its root by the subordination of lives to profit. There is immense potential for developing the struggle, not least of which among New York City nurses in the public and private hospital systems.

Preparing for the next stage of the struggle requires nurses to organize independently of the NYSNA bureaucracy. Rank-and-file committees will fight for demands that protect public health, not health care profits. The committees can serve to break down the artificial barriers keeping nurses in one hospital separated from another, and the struggle of all health care workers separated from allies in other industries. We urge nurses at Montefiore and Mount Sinai to contact the *WSWS Health Care Worker Newsletter* for assistance.



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