

# New York nurses oppose sellout deal after union shuts down strike against dangerous understaffing

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*Are you a health care worker at Mount Sinai, Montefiore or in the New York City area? We want to hear from you. Contact us below to report about your working conditions, your views of the strike, and discuss the formation of a rank-and-file committee.*

In the aftermath of their three-day strike, nurses at Montefiore Medical Center and Mount Sinai in New York City expressed anger and frustration about the way the New York State Nurses Association (NYSNA) abruptly shut down the three-day walkout by 7,000 nurses last Thursday. NYSNA officials sent nurses back to work before allowing them to see, let alone vote, on a tentative deal, which turned out not to be a full agreement.

The WSWS *Health Care Workers Newsletter* has urged nurses to reject the tentative deal, which does nothing to seriously address the chronic shortage of nurses, which leads to impossibly high workloads and danger to nurses and patients alike. At the same time, the WSWS is urging nurses to form a rank-and-file committee to demand the resumption and expansion of the strike to win full staffing and pay raises enough to protect nurses from rising living expenses.

A nurse in the cardiac unit at Mount Sinai told the *World Socialist Web Site* last Thursday, "I only found out at 4 a.m. [this morning] that there was a tentative agreement and [I was told] to report to work today." She and other workers, she said, were not informed what was in the agreement.

Asked what she wanted in the new contract, the nurse, like so many others on the picket line, said she wanted safe staffing levels. "I've worked here for one year and eight months and am so burned out. We all feel undervalued, and the hospital can't retain staff. One new nurse left after two weeks because she didn't feel safe. We don't have the resources to even train the new hires. How do they expect a 'precept,' who trains new hires, to do his or her job?"

WSWS reporters also spoke to a nurse working for a temp agency who provides hospitals across the city with nurses to fill staffing gaps. Describing conditions at Mount Sinai, she

said, "Once we had enough staff, but now there are no nurses' aides, no one to administer the glucose monitor, the nurses have to do everything. I'm split between two sides of a hall and have six, eight and up to 10 patients a shift. We can't cover that many patients. There's no one to even get a patient a cup of water. There's so much that can go wrong." She added, "Even with eight years experience, I can't cover my basic bills. I'm exhausted, we're all exhausted and feel like crap."

A health care worker of 30 years who works at Mount Sinai told the WSWS, "The reality is a large number of workers, including some nurses, live paycheck to paycheck. I've heard individuals complaining about their union reps being too close to management. The rank and file may need to oversee the unions, to really hold their feet to the fire. The rank and file committees you spoke of may be a good place to start."

While NYSNA has claimed that 170 staff positions are being added at Montefiore Medical Center in the Bronx, this is less than a quarter of the 700 needed. Similarly, Mount Sinai's contract highlights say nothing about filling the 500 empty staff positions at the Manhattan hospital.

A contract highlights sheet for Mount Sinai posted Thursday only included vague language concerning staffing ratios. Instead, in completely noncommittal language, it said NYSNA won "strong, safe staffing ratios and enforcement with financial penalties paid out to affected nurses."

One health care worker tweeted, "Other than the hospitals delivering lip service on 'creating new positions' what exactly are the new safe staffing ratios? No media outlet has yet to disclose this info."

In fact, as the WSWS previously reported, the financial penalties paid out to nurses working on short-staffed shifts are "the equivalent of issuing hazard pay to soldiers in a war zone."

We continued:

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.

In the run-up to the December 31, 2022 contract expiration, 10,000 nurses at 10 other New York City private hospitals, along with the 7,000 at Montefiore and Mount Sinai, voted by 97 percent to strike if their demands for better staffing and better pay weren't met. Rather than uniting nurses across the city to fight for these long overdue improvements, the NYSNA bureaucracy divided the nurses and signed deals at one individual hospital at a time. The agreements included under-inflation raises of 18 percent over three years and did not seriously address understaffing.

Unable to prevent the strike at the two hospitals reportedly with the worst staffing issues, and in the case of Mount Sinai, the lowest wages of all the large private hospitals, NYSNA officials conspired with management and the Democratic Party establishment to end the strike as fast as possible.

A respiratory therapist at Montefiore told the WSWS he thought NYSNA's conduct during the strike was a "joke" and that there was no point in carrying out a work action if you're only going to settle for the initial offer at the end anyway.

Anger is also seething among workers at the other private hospitals. Several nurses from these hospitals wrote in to the WSWS to express their opposition to NYSNA and the sellout contracts.

"I work in BronxCare where our union committee said we had a fair deal without explaining details. ... The voting method was not correct and I strongly believe they flip[ped] the vote by miscount. ... I asked many, many nurses and the majority of them voted NO on the contract. I strongly want all the bargaining committee members to be removed and select a new committee to be formed for the benefit of our hard working nurses."

Another wrote, "the NYSNA representatives at BronxCare rushed the ratification process by accepting one calendar day to vote. The voting process was totally non-democratic by the representatives trying to influence the members' vote. There was a lack of transparency in the way the contract was delivered and explained to the members. The nursing ratio,

which is the key element of the nurses' requests, remains vague. ... The nurses have been filling out protests of assignments every single shift with no results."

A nurse at a public New York City hospital commented below NYSNA's announcement of the ending of the strike on the union's Facebook page. "We took the patients from the hospitals that went on strike, kept them alive during the strike and were more overworked than before they went on strike and continue to receive subpar pay! Where is the support for HHC nurses?! We pay our union dues to NYSNA just as these private hospitals do? We aren't even allowed to strike. Then they wonder why the turnover rate is sky high within HHC [New York City Health & Hospitals Corporation]. They treat their employees worse than anything I've ever seen."

The contracts for almost 9,000 New York City public hospital nurses under NYSNA are expiring March 2.

Since the strike has been brought to an abrupt halt, the corporate media and the Democratic Party, including the pseudo-left Democratic Socialists of America, have fraudulently proclaimed the contract a "historic win" for nurses.

In reality, with the pandemic in its fourth year, the ruling class is determined to impose the horrific working conditions on nurses as part of the capitalist "new normal" of never-ending mass infections and mass death. The purpose of nursing, from the standpoint of the ruling class, is to ensure that profits flow into the pockets of the health care corporations, not to provide health care.

The struggle by health care workers has only begun. We urge nurses at Mount Sinai and Montefiore to vote no on the tentative agreement and reach out to transit workers, teachers, UPS workers and others to defeat this corporate-driven attack. This must be part of a broader political struggle to eliminate COVID-19 and take profit out of medicine.



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