

NYSNA rams through sellout contract at Mount Sinai Hospital

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The New York State Nurses Association (NYSNA) has rammed through a sellout contract at Mount Sinai Hospital following its isolation and shutdown of a three-day strike, according to reports Thursday. More details of the vote results have yet to be released as of this writing.

NYSNA announced the deal, alongside another agreement with Montefiore Medical Center, with great fanfare on January 12. With only a few hours notice, the union abruptly ended a strike that had lasted for three days and ordered about 7,000 nurses to report to work that morning. Union officials had not made the tentative agreements available to workers, let alone held votes, before sending members back to work. It quickly emerged that the agreements had not even been finalized. The union and management were “still ironing all the words out,” as NYSNA President Nancy Hagans euphemistically put it.

The contract meets none of the nurses’ demands. Under the agreement, the hospital promises to hire just 40 new nurses each month, while there are currently more than 500 open positions. The agreement includes specific nurse-to-patient ratios, but allows these ratios to be openly broken, with the hospital responsible only for paying a financial penalty to nurses on understaffed units. Mount Sinai is already making excuses for why it will not comply with the staffing ratios. “The challenges of hiring, growing and retaining a talented health care workforce can’t be overstated,” spokesperson Lucia Lee said.

If workers complain about persistent understaffing, the agreement stipulates that a joint labor-management committee of administrators and employees meet to discuss the issue. Across the country, such committees have proven completely toothless from the standpoint of safe staffing, but very effective in providing union

bureaucrats with opportunities to rub elbows with management. If administrators and employees can’t resolve the dispute, an outside arbitrator will be called in to impose the hospital’s demands.

The “raises” the agreement provides are in fact a cut to nurses’ real pay after inflation, with an 18 percent increase spread out over three years. Inflation is currently at 6.5 percent, after peaking at 9 percent in June. New York City is already among the most expensive cities in the country.

A nurse with 33 years of experience, who preferred to remain anonymous, described conditions at Mount Sinai to a reporter from the *World Socialist Web Site*. “A lot of nurses call out sick” because they are burnt out, he said, which places more pressure on the nurses who come to work. He had no confidence that the hospital would abide by the agreement and hire more nurses. He also described a shortage of patient care associates, who perform tasks such as administering blood tests and washing patients.

Working conditions at Mount Sinai have deteriorated over the past three decades, he added. Whereas staffing ratios were previously 5 to 1, they are now 6 or 7 to 1, this figure often rises even higher during the weekend. The lead nurse, a supervisor who theoretically should not have patients, is now assigned patients about 80 percent of the time.

The nurse told the WSWs that, because of his experience, he was assigned to patients with COVID-19 at the beginning of the pandemic. But he was not given proper personal protective equipment (PPE), and contracted the disease twice. He now suffers from insomnia and post-traumatic stress disorder.

Reporters from the WSWs spoke to several Mount Sinai nurses off the record. None of them defended the tentative agreement that has been ratified.

Mount Sinai and Montefiore were two of eight New York hospitals where NYSNA had delivered 10-day strike notices earlier this month. About 17,000 NYSNA members had voted overwhelmingly to authorize a strike, showing immense anger and willingness to fight for their needs.

But as soon as the strike notices were delivered, NYSNA began dividing workers by reaching separate deals at six hospitals. Union negotiators ensured that the terms of these agreements favored the hospitals and did not address nurses' grievances.

The tentative agreement with New York-Presbyterian Hospital was the first to be finalized, and NYSNA used it as a template for the agreements that followed. Like the agreement with Mount Sinai, the deal with New York-Presbyterian included vague promises to increase staffing and provided "raises" that do not keep pace with inflation. Hagans and other bureaucrats falsely presented these betrayals as "historic victories."

The nurses are determined to strike against intolerable conditions which have only gotten worse over the past three years. New York was the first American epicenter of the pandemic, and healthcare workers suffered acutely from the bipartisan prioritization of profits over human life. To protect hospitals' bottom lines and keep workers in every industry on the job, federal and state governments refused to take the necessary public health measures to contain the virus.

One consequence was that Mount Sinai nurses were forced to wear plastic bags because they had insufficient supplies of PPE. Pictures of these nurses spread widely and shocked the world. Nurses have lost colleagues, as well. Kious Kelly, a 48-year-old assistant nurse manager who treated COVID patients at Mount Sinai West Hospital, is believed to have been the first New York City nurse to die from the pandemic in March 2020.

Throughout the pandemic, NYSNA has allowed these conditions to continue. As a result, nurses have died preventable deaths, and many more have retired or left the profession because of burnout.

But NYSNA, as with the other nurses unions around the country, has worked to block strikes and enforce sellout contracts, while trying to channel nurses' energies into fruitless appeals to local Democratic politicians for reforms.

The fight for medically sound nurse-to-patient ratios

and livable wages is inseparable from the broader fight against the pandemic and the system of for-profit medicine. Time and again, NYSNA has betrayed nurses by subordinating their interests to those of the hospitals. Nurses can only fight effectively by developing rank-and-file committees, controlled by nurses and independent of the union apparatus, at every workplace. These committees must organize a united struggle by reaching out to workers at New York City Health and Hospitals, whose contract will expire on March 2, and to workers in other industries, who have expressed strong support for the nurses.



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