

# NYSNA rams through rotten contract for nurses at Long Island hospital

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Nurses at South Shore University Hospital (SSUH) in Bay Shore, New York, were stampeded into ratifying a contract in an antidemocratic process overseen by the New York State Nurses Association (NYSNA) in late February. The agreement does not guarantee safe staffing or provide raises that keep pace with inflation.

The previous contract for the 800 SSUH nurses expired in February 2022. Negotiations with Northwell Health, the hospital's owner, to secure better wages and improved staffing proved fruitless, yet NYSNA kept the nurses at work for a year without a contract. This arrangement protected Northwell's profits at the nurses' expense. Early last month, SSUH nurses showed their determination to fight in a nearly 99 percent vote to authorize a strike. A strike date of February 27 was set.

But in the early morning of February 23, NYSNA announced that it had reached a tentative agreement with Northwell Health. Without any discussion with the rank and file, the union called off the strike on the same day, thus removing the most powerful tool that the nurses had at their disposal.

Nurses were compelled to vote on the tentative agreement on the very next day. All 800 SSUH nurses, whether they were working or not, had only 12 hours to come to the hospital to vote. A picture taken in the polling room and posted on Facebook showed that nurses were given only a one-page contract summary and a ballot. The summary included NYSNA's recommendation that nurses ratify the contract.

This is an egregious attack on the nurses' democratic rights. Workers cannot legitimately be forced to vote on a contract that they have not had adequate time to study—and they certainly cannot make an informed decision based only on a one-page summary of details that were cherry-picked by the union. NYSNA

deliberately used this illegitimate procedure to prevent nurses from fully understanding and raising objections to the contract.

In a press release celebrating the contract ratification, the union claimed, "NYSNA nurses won improvements to safe staffing standards, including expedited arbitration of staffing disputes to enforce new standards." The union provided no details about the "improvements" to staffing standards, or any explanation of the "expedited arbitration" procedure. Moreover, an expedited arbitration procedure does not guarantee decisions in nurses' favor.

But one detail that NYSNA provided is telling. Nurses will receive "an average 18.65% salary increase over the life of the three-year contract, including experience pay to retain nurses." This increase translates to raises of about 6.2 percent per year, which is less than the current inflation rate of 6.4 percent. Moreover, the fact that this is the "average" increase means that some nurses will receive even lower raises. The addition of Juneteenth as a paid holiday and the vague promise of "improvements to retiree health benefits" hardly compensate for the contract's failure to meet nurses' most urgent demands.

The coercion of the SSUH nurses is only the latest in NYSNA's series of betrayals. In December 2022, more than 17,000 nurses voted by approximately 99 percent to strike at 12 New York City hospitals. Support for a united struggle was strong among these nurses, who are members of NYSNA. But the union kept these workers divided and announced sellout tentative agreements, one after another, at the individual hospitals.

NYSNA was unable to prevent a strike at Montefiore Medical Center in the Bronx and Mount Sinai Hospital in Manhattan but abruptly ended it after three days, announcing that its bargaining units had reached new

tentative agreements. As at SSUH, NYSNA ordered nurses back to work without having held a ratification vote.

The union called the agreements with the 12 New York hospitals “historic,” but the new contracts do nothing to enforce safe staffing ratios, which were a major concern of the nurses. On the contrary, they institutionalize understaffing by allowing management to violate set staffing ratios in exchange for paying financial penalties that are less than the cost of hiring more nurses. The agreement at Montefiore creates 170 new positions, but this number is less than a quarter of the hospital’s vacancies. Moreover, none of the contracts provide wage increases that keep pace with inflation.

NYSNA regularly directs nurses’ anger into appeals to the Democratic Party, which the union supports politically. The union’s recent entry into National Nurses United has only deepened its relationship with the Democrats. But the Democrats, who control the governor’s mansion and the state legislature, have adopted the herd immunity policy toward the pandemic and are allowing COVID-19 to spread unchecked throughout New York. Democratic President Joe Biden, who has boasted of his support for the labor unions, is a friend only to the union bureaucracies, which he depends on as a labor police force.

In addition, several NYSNA officials are members of the Democratic Socialists of America (DSA), a party that serves to provide a false “leftist” cover for the Democrats. The DSA, too, has adopted the profit-driven herd immunity policy that has brought the health care system to the brink of collapse. Along with the Democrats, the DSA bears responsibility for maintaining the very understaffing and overwork that nurses are fighting against.

The true attitude of these parties toward the working class was on display when the DSA, Democrats and Republicans joined hands last year to illegalize a strike by 120,000 railroad workers and impose a pro-company agreement on them.

The nurses at SSUH and throughout New York will not be able to secure safe staffing or wages that beat inflation if they leave the initiative to NYSNA and look to the Democrats for reforms. The achievement of meaningful gains will require nurses to organize themselves independently from the union and from

both parties that uphold the system of for-profit medicine. Nurses must take power back into their own hands by forming rank-and-file committees to conduct their struggles. They must break out of the isolation that NYSNA imposes on them by reaching out to other health care workers, and workers in other industries, for support. Without better working conditions, nurses cannot provide the highest quality care to their patients. The fight to win what nurses need is not only a workplace struggle, but also, and more fundamentally, a struggle against capitalism.



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