

Union calls off New York resident physicians' strike at last minute

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A scheduled strike of about 300 resident physicians in Queens in New York City, was called off at the last minute this week when the Committee of Interns and Residents (CIR) reached an agreement with hospital management. The deal provides raises that barely keep pace with inflation and does nothing to guarantee the workers a living wage in one of the most expensive cities in the country.

Resident physicians at Jamaica and Flushing hospitals had planned to begin their strike on Monday, May 15. Their demands include higher wages, a cap on the number of patients assigned to each resident and various measures to improve patient care. Wages for these workers are as low as \$15 to \$17 per hour, which is significantly less than is needed to survive in New York City, according to the Massachusetts Institute of Technology's Living Wage Calculator. Moreover, each resident is assigned 40 or more patients at a time. Under these conditions, the residents cannot provide an adequate standard of care for their patients.

Negotiations had been going on since November 1, 2022, and MediSys Health Network, which runs Jamaica and Flushing hospitals, had stubbornly resisted the residents' demands. Workers accused the company of having refused to schedule bargaining sessions and having canceled bargaining sessions at the last minute without notice.

On May 1, CIR gave MediSys notice of a three-day strike. Six days later, it gave notice of an additional, two-day unfair labor practice strike. Workers had overwhelmingly voted in favor of these actions, which together would have lasted for five days. It would have been the first strike of New York City physicians since 1990.

But at midnight on May 15, CIR suddenly announced that it had reached a deal with MediSys and called off

the strike. The union claimed that MediSys finally bargained in good faith but did not explain the company's sudden change of heart after more than six months of obstinacy. The tentative agreement, which CIR hyperbolically describes as "historic," includes raises of 7 percent in the first year, 6 percent in the second year and 5 percent in the third. The US inflation rate was 6.5 percent in 2022, and the US Department of Agriculture predicts that food prices will increase by 6.5 percent in 2023. These "historic" raises will barely keep pace with residents' rising expenses.

The agreement also includes unspecified amounts of extra pay for extra shift work and hazard pay for the next pandemic. In addition, it provides a stipend of \$1,200 for incoming residents and an \$800 meal allowance. But even with these modifications, the agreement does nothing to improve the poverty wages that the residents receive for their 60- to 80-hour workweeks.

CIR claims that, along with the clauses related to compensation, the tentative agreement contains "virtually unheard-of patient care proposals." A list of highlights indicates that the agreement provides for enforcement of the Accreditation Council for Graduate Medical Education's requirements related to patient caps. Yet the experience of nurses in California shows that even laws regulating patient ratios are of little concern to the healthcare companies, which violate them with few consequences. On the rare occasions that fines are levied, they generally are cheaper for the companies than hiring adequate staff would be.

The agreement also establishes a grievance procedure and arbitration for enforcing limits on work that falls outside the scope of residents' responsibilities. Such procedures can be drawn out, and their results often favor the companies' interests rather than defending

workers' rights.

It is significant that, in its press release announcing the tentative agreement, CIR stated that the raises followed the pattern set by the New York State Nurses Association (NYSNA) when nurses at Mount Sinai Hospital and Montefiore Medical Center struck in January. The contracts for approximately 17,000 nurses at 12 New York hospitals expired in December 2022, and NYSNA kept these workers separate from each other and imposed agreements that did not adequately address their basic demands for better pay and improved nurse-to-patient ratios.

CIR is playing a similar role. Union officials scheduled the limited strike at Jamaica and Flushing hospitals only under pressure from residents, who expressed their anger in a strike authorization vote of approximately 93 percent. Then, behind closed doors, CIR officials agreed on a deal that maintains poverty wages for workers and protects the profits of MediSys. The union's portrayal of this agreement as a victory is nothing but a deception.

About 170 residents at Elmhurst Hospital, also in New York, are scheduled to begin a strike on Monday. Like their fellow CIR members at Jamaica and Flushing hospitals, the Elmhurst residents are fighting for better pay and benefits. Their workplace was hit particularly hard during the early days of the pandemic in 2020. Their employer is the Icahn School of Medicine at Mount Sinai, and almost a year of negotiations have produced no results.

But CIR already has limited the strike to five days, just as it limited the Jamaica and Flushing strike. Moreover, the union designated the action an unfair labor practices strike, which forbids workers from raising economic demands. Thus, CIR is stopping its members from airing the very grievances that are motivating them to fight.

As NYSNA did with the nurses at 12 New York hospitals in January, CIR has kept residents at Jamaica and Flushing hospitals separate from those of Elmhurst. This tactic only weakens the workers and benefits hospital management. It is another sign that CIR officials do not plan to wage a genuine fight on behalf of their members. It is quite possible that CIR will call off this strike at the last minute, announcing that Mount Sinai has miraculously granted workers' demands after months of refusal.

After decades of degeneration, the trade unions no longer represent workers' interests in any meaningful sense. They have become accomplices of the corporations and the Democratic Party, which has dismantled all public health measures against the pandemic and is overseeing an agenda of austerity and war.

The residents at Elmhurst, Jamaica and Flushing hospitals can make genuine progress if they break out of the isolation that CIR is imposing on them. At each hospital, the New York residents must form rank-and-file committees that are independent of CIR and of both major political parties. Through these committees, the workers will be able to take control of their struggle and unite across workplaces for greater strength. At bottom, their fight for better pay, improved benefits and safer workloads will require them to take aim at the system of for-profit medicine itself. Only a health system controlled by healthcare workers and administered in the public interest can provide the highest quality care for all.



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