

# Union abruptly ends strike of New York City resident physicians

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The Committee of Interns and Residents (CIR) abruptly ended the historic strike of about 165 resident physicians at Elmhurst Hospital in Queens, New York, on Wednesday morning. The union announced a tentative agreement that will do nothing to help residents cope with the rising cost of living.

Residents are expected to return to work on Thursday without having had time to study, let alone vote on, the tentative agreement. The actions of the CIR leadership are nothing but a betrayal that the Elmhurst residents must oppose.

The tentative agreement, if ratified, would be retroactive to November 2022 and includes annual raises of 7 percent, 6 percent and 5 percent over three years. These raises will not be enough to help workers keep pace with inflation. The price of food alone increased by 7.7 percent in the 12 months from April 2022 to April 2023, according to the US Labor Department's Bureau of Labor Statistics.

In addition to these inadequate raises, the tentative agreement includes a meal allowance and a \$2,000 ratification bonus. These provisions will not substantially improve the residents' difficult economic situation.

An overwhelming 92 percent of the resident physicians at Elmhurst had voted on May 2 to authorize the strike that began on Monday. Their demands included better wages, transportation benefits and hazard pay. The residents work grueling 80-hour weeks and are paid less than a living wage in one of the most expensive cities in the world. Although the residents work at Elmhurst, which is part of New York's municipal hospital system, their employer is Icahn School of Medicine at Mount Sinai.

The demand for hazard pay reflects the fact that Elmhurst Hospital was, as one resident put it, "the epicenter of the epicenter" of the COVID-19 pandemic in early 2020. The tentative agreement provides only a

promise to "negotiate" hazard pay, an insult to the workers who risked their lives three years ago—and continue to do so.

Several workers spoke to reporters from the *World Socialist Web Site* outside Elmhurst Hospital on Wednesday morning.

Two kitchen workers at Elmhurst Hospital supported the strike. They added that a much broader strike should have been called. "The protest should have been bigger and louder," said one. "With the conditions here, we all should go out on strike," said the other. Both were extremely dismissive of their own union, District Council 37 (AFSCME). "Where have the unions been with everything going on?"

The kitchen workers were startled to learn that resident physicians at Elmhurst were making \$18 or less per hour. "That is how much we are making," they said. They added that the entire workforce was underpaid, and the hospital understaffed.

"I'm killing myself," one of the workers said. "I have to live with my mother, because otherwise I could not afford to buy food. We have to pay \$2,800 for a two-bedroom apartment, but I guess that's normal in New York City."

Although classified as a part-time employee, the worker does more than a full-time job. "There hasn't been one week that I've worked here less than 60 hours. They don't want to hire me as a full-time employee, because then I'd get benefits, but I'm constantly asked to work overtime. All my shifts this week were 12.5 or 13 hours a day. I am sometimes asked not to take lunch. Excuse me? I work in the kitchen, and you're telling me to not get nutrients?"

The worker described the hospital's understaffing as systemic. "They're not hiring any more people and are not claiming that there is a hiring freeze. Why would there be a hiring freeze at a hospital like this? They could hire

10 or 15 more people just for the kitchen, and we'd still be understaffed."

Juan, a transport worker at Elmhurst, said, "There are not enough workers per shift to get the work done that management is demanding. They say we have to follow the rules of what has to be done but will not listen if I have an idea of how to get it done faster, even though I have 20 years [of experience]. And they are dealing with an aging workforce because they do not want to pay more to attract young people."

A young nurse also spoke with WSWS reporters about the strike. "All us health care workers are doing a lot and not getting the compensation we deserve. We give everything to the patients, but the hospital is giving us nothing. Some lost their lives or lives of family members to COVID."

The nurse added that she, like many other health care workers, did not know about the resident physicians' strike. Her statement reflects the trade unions' systematic efforts to keep workers divided.

"I work so many hours and pay taxes and think my own health care should be covered, but ... I need to pay for my own," the nurse added. "The government should pay, like in other countries. I have heard so many employees who say they want to retire but then decide they cannot afford it for another five years."

The strike was called after residents voted nearly unanimously to strike, angry and frustrated by a year of negotiations between Icahn School of Medicine at Mount Sinai and CIR. From the beginning of the strike, CIR worked to suppress its members' anger and enforce Mount Sinai's interests. Instead of calling for an open-ended strike, the union limited the strike to five days, thus lessening its potential effect on the hospital. Moreover, the union designated the action an unfair labor practices strike, citing management's alleged refusal to negotiate in good faith. CIR leaders understood full well that contract issues cannot be raised in an unfair labor practices strike. To call such a strike is to accept defeat in advance.

Before and during the strike, CIR emphasized that Elmhurst serves a patient population in which poor and immigrant workers predominate. By raising issues of identity politics and implications of racism, CIR obscured the fundamental class issues involved in the strike. Residents are the cheap labor of the hospital staff. Management systematically overburdens and underpays these vulnerable workers. Stressing issues of race and nationality allowed CIR to provide a phony "progressive" cover for its complicity in residents' exploitation. It was

part of the union's efforts to prevent a significant struggle over wages and working conditions.

CIR's focus on the demand for pay parity served a similar purpose. Residents at Elmhurst are paid as much as \$7,000 less than residents at Mount Sinai in Manhattan. But the laser focus on parity sidesteps the fact that residents' wages are inadequate everywhere, especially in cities such as New York. CIR raised the abstract demand for parity to preclude concrete demands about wages and working conditions.

The union kept the Elmhurst residents separate from the residents at two hospitals in Jamaica and Flushing, which also are in Queens. The 300 workers at those facilities, both a part of the MediSys Health Network, face similar conditions and recently had their own strike called off at the last minute by the CIR on May 15.

The union sent residents back to work before they could vote on the agreement, which includes the same inadequate raises now being imposed upon the Elmhurst residents. By calling off the strike, CIR prevented a unified, more powerful struggle of residents at three facilities.

The CIR's betrayal reflects its role as a labor police force in the service of management. The trade unions in every industry play this role today. Resident physicians will not be able to win inflation-beating wages or the working conditions that allow them to provide optimal patient care unless they break from these outlived organizations.

Conducting a real struggle will require them to form rank-and-file committees that are independent of the unions and the pro-corporate Democratic Party with which they are intertwined. To escape from the isolation that CIR has imposed on them, the Elmhurst resident physicians must appeal to their colleagues at the Jamaica and Flushing hospitals—and to other sectors of the working class, which is showing renewed militancy amid the ruling class campaign of war and austerity. The fight for better pay and working conditions inevitably requires a fight against the system of for-profit medicine itself.



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