

Mount Sinai Hospital in New York assessed token fine for persistent understaffing

Robert Milkowski
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An arbitrator has fined Mount Sinai Hospital in New York \$127,057 for engaging in a “persistent pattern” of understaffing for three months in its neonatal intensive care unit (NICU).

Although the penalty is the first of its kind in New York, it represents little more than the cost of doing business for the hospital. Nor does it resolve the problem of understaffing, which Mount Sinai has a financial interest in maintaining. As a result, nurses and other health care personnel at the hospital will continue to be overburdened, and patients, including newborns, will remain at risk.

Mount Sinai is one of the oldest and biggest teaching hospitals in the country. Located in the East Harlem neighborhood of Manhattan, it is one of eight hospitals affiliated with the Mount Sinai Health System.

NICU nurses care for highly vulnerable, often premature infants. According to their contract at Mount Sinai, these nurses are to be assigned no more than two patients at a time. For extremely ill infant patients, the ratio is required to be one to one. The unit also is required to have two additional nurses without assigned patients, so that they can step in when needed.

NICU nurse Meghan Hurlbut told *Politico*, “This is about life and death for some of our patients.”

Consistently overburdened, Mount Sinai’s NICU nurses recorded their staffing levels and took the hospital to arbitration. The arbitrator found that from January 15 through April 15, Mount Sinai violated these terms continuously and that the NICU often was understaffed by as many as six nurses. This meant that, on average, 24 nurses worked simultaneously on the unit. In addition to being understaffed, the unit also was over its capacity. Although the unit has 46 beds, it typically treated 52 patients daily.

The arbitrator calculated the fine using the NICU

nurses’ average daily base pay (\$643) and the number of nurses that the unit was short on a given shift. He arrived at a total of approximately \$152,000. But, deciding that this penalty “does not reflect the extraordinary financial efforts Mount Sinai Hospital has made to address staffing and meet ratios,” he subtracted 20 percent from that amount. The remaining \$127,057 is to be divided between approximately 150 nurses, which will provide them each with little more than a day’s pay for three months of overwork.

Even this minimal fine elicited a howl of protest from Mount Sinai. Through a spokesperson, the hospital blamed understaffing on the shortage of health care workers. But the shortage itself results in large part from the working conditions that hospitals, both for-profit and ostensibly nonprofit, have maintained. The pandemic has increased levels of burnout among nurses, and high inflation has eroded the purchasing power of their inadequate pay. As their physical, mental and economic well-being has declined, nurses have been leaving the profession at an alarming rate.

The use of arbitration to respond to understaffing at Mount Sinai was written into the contract that the New York State Nurses Association (NYSNA) rammed through in January. Trumpeting the agreement as a victory, the union abruptly ended a powerful three-day strike by 3,000 nurses at Mount Sinai and Montefiore Medical Center. Yet the agreement did nothing to address the nurses’ main demands for improved staffing and better pay.

NYSNA officials are likewise calling the penalty against Mount Sinai “a historic safe staffing victory.” This characterization is false. Safe staffing levels have not been achieved at the hospital. During the strike, workers cited a gap of upwards of 500 nurses at Mount Sinai. The arbitrator would have found no basis for

imposing a penalty had the hospital closed this gap. Instead of hiring nurses, Mount Sinai continues to use travel nurses as a cost-cutting measure.

Workers are not accepting NYSNA's triumphant pronouncement at face value. One commenter on Facebook asked a question that got to the heart of the matter. "So the nurses got a few more bucks, but what happened with staffing?" he asked. Another, a former nurse who is now looking for work, said, "Note that this is also proof of just how badly Sinai staffs their NICU."

In January, after NYSNA, New York Governor Kathy Hochul and Mount Sinai conspired to shut down the strike of nurses at Mount Sinai and Montefiore, the *World Socialist Web Site* had this to say about penalties of this sort:

Financial penalties paid out to nurses working on short-staffed shifts are the equivalent of issuing hazard pay to soldiers in a war zone. 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.

NYSNA may well use arbitration again—sparingly—to shore up its waning credibility among nurses. But whatever penalties are imposed will neither solve the problem of understaffing nor adequately compensate overburdened nurses.

Solving these problems is not NYSNA's goal. Along with the other trade unions, NYSNA has become the handmaiden of the companies with which it supposedly negotiates. The NYSNA officials maintain their generous salaries and privileges by isolating and betraying strikes and smoothing the way for management to impose its needs on nurses.

Furthermore, NYSNA also has integrated itself into

the Democratic Party. In New York, the Democrats have dismantled all meaningful efforts to track the coronavirus and prevent its transmission. Under President Biden, who spent decades in the Senate representing the interests of Wall Street, the Democrats are working with Republicans to enact deep cuts in social spending so that NATO's proxy war for the conquest of Russia can be funded.

The problem of understaffing cannot be resolved within the confines of the trade unions or through appeals to company-friendly arbitrators and courts. Nurses must break from the corporatist unions and capitalist political parties and establish their independence by forming rank-and-file committees to fight for their needs. In opposition to the unions' strategy of dividing workers, these rank-and-file committees must unite health care workers at various facilities and make common cause with workers in other industries, who face similar struggles.

Moreover, the fight against individual hospital corporations must be rooted in a fight to take the profit motive out of medicine. The entire health care industry must be transformed into a public system under the democratic control of health care workers themselves. Only through such a struggle can high-quality health care be provided to all as a social right. More broadly, the fight against the pandemic, austerity and war can only be won in a fight to end the capitalist system and replace it with socialism.



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