

Union calls off resident physicians' strike at Mount Sinai Morningside and West

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15 June 2023

Late Monday night, the Committee of Interns and Residents (CIR) called off a strike of about 500 residents at Mount Sinai Morningside and West hospital in New York City. Mere hours before the strike was to begin, CIR suddenly reported that it had reached an agreement with management after six months of bargaining. The deal provides raises that are inadequate amid high inflation and fails to meet workers' demand for salaries equal to those of nonunion residents.

The agreement that CIR announced for residents at Mount Sinai Morningside and West follows the concessionary pattern that the union has set in other recent negotiations. During the three-year contract, workers will receive annual raises of 7 percent, 6 percent and 5 percent. But during the 12 months ending in May 2023, the price of food rose by 6.7 percent, the price of shelter rose by 8 percent and the price of transportation rose by 10.2 percent. Given these price increases, the "raises" in the tentative agreement are de facto pay cuts. The fraudulent character of the raises stands in even sharper relief when one considers that the residents make as little as \$15 per hour and live in one of the world's most expensive cities.

Also included in the agreement is a \$2,000 bonus that doubtless was included to entice workers to accept the deal. But the bonus will hardly help residents to meet their rising expenses during the next three years. Nor will other items such as increases in meal compensation and education stipends significantly improve the workers' poverty earnings.

Mount Sinai employs residents not only at its own hospitals, but at other hospitals such as Elmhurst hospital in the New York borough of Queens. In the weeks before the scheduled strike at Mount Sinai Morningside and West, CIR had emphasized the

demand for pay parity, or equal pay throughout Mount Sinai's residency programs. In its announcement, CIR admits that the tentative agreement does not achieve pay parity. The union defensively adds, however, that residents have "come closer than they have in previous contracts" to this goal, which is cold comfort for the residents. The statement is an open admission that the union is promoting a deal that falls short of its members' demands.

CIR's 11th-hour announcement on Monday was the second time in a month that the union has canceled a strike at the last minute. About 300 residents at Jamaica and Flushing hospitals in Queens were set to strike on May 15 for higher wages, a cap on the number of patients per resident and measures to improve patient care. But late on the eve of the strike, CIR abruptly announced that it had reached an agreement with management. As at Mount Sinai Morningside and West, negotiations had lasted for approximately six months.

Had it taken place as planned, the walkout at Mount Sinai Morningside and West would have been the second residents' strike in New York in a month—and only the second since 1990. On May 22, about 150 residents at Elmhurst hospital began a strike for higher wages and hazard pay. Elmhurst was, as one worker put it, "the epicenter of the epicenter" during the early days of the COVID-19 pandemic, and workers at the facility endured acute stress and significant psychological trauma. Like other health care workers, resident physicians are angered over their pay and conditions and have shown their determination to fight.

But even before the strike began, CIR took steps to hobble it in an effort to head off a struggle. Union leadership designated the action an unfair labor practice strike, which prohibits workers from raising economic

demands. It also limited the strike in advance to five days, seeking to lessen its impact and weaken residents' power.

After only two days, CIR issued a late-night announcement that it had reached an agreement with management. The union sent Elmhurst residents back to their jobs on what would have been the third day of the strike. Casting aside any semblance of democracy, CIR gave the membership no chance to study, let alone vote on, the agreement before they went back to work.

The agreements at Mount Sinai Morningside and West, Elmhurst, Jamaica and Flushing include the same annual raises. CIR has acknowledged that in negotiating these contracts it followed the pattern set by the New York State Nurses Association (NYSNA) during its negotiations with various hospitals in December 2022 and January 2023. CIR has followed not only the schedule of raises, but also the whole strategy that NYSNA used for betraying its members' struggles.

In December 2022, more than 17,000 nurses at 12 New York City hospitals voted by nearly 99 percent to strike. The near-unanimous vote signaled the nurses' increasing anger and determination to fight for better pay and safe nurse-to-patient ratios. Through the worst days of the pandemic, the nurses faced understaffing, inadequate supplies of personal protective equipment, unreasonable workloads and increasing risk of burnout. A united struggle of these nurses would have galvanized health care workers worldwide.

NYSNA focused its energies on ensuring that such a struggle would not take place. Rather than joining nurses together, it separated workers by hospital. NYSNA leaders negotiated separate contracts with each hospital, thus weakening the nurses who remained without a new contract. The agreement with New York-Presbyterian Hospital, which provided the aforementioned raises, set the template for the subsequent agreements.

The agreements failed to provide meaningful language to address nurses' demands for better staffing. Under their new contract, nurses in Mount Sinai Hospital's neonatal intensive care unit (NICU) recently sought arbitration over understaffing. Although an arbitrator agreed with the nurses and imposed a discounted fine on the hospital, management will consider the penalty the cost of doing

business. The financial incentive to maintain low staffing levels remains, and the NICU nurses who bore the brunt of this understaffing will receive little more than a day's pay in compensation.

CIR has followed NYSNA's playbook to the letter. It has kept residents divided by workplace and negotiated sellout contracts with individual hospitals. Residents are left with largely theoretical raises and poverty wages for their 80-hour workweeks. Like the nurses, the residents will not win any victories as long as they remain trapped within the trade unions that systematically betray them and impose managements' terms. New York's residents must form rank-and-file committees that genuinely express their interests. They must overcome the divisions that CIR enforces and unite with other residents, nurses and workers in other sectors to wage a fight against the hospitals and profit system that exploit them.



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