

Austin, Texas and Wichita, Kansas nurses go on one-day strike against Ascension

Andy Hartmann
18 July 2023

On June 27, approximately 900 nurses at Ascension Seton Medical Center in Austin, Texas went on a one-day strike, the largest nurses strike in Texas history. Nurses at two Ascension facilities in Wichita, Kansas, also went out on strike, to bring the total number of nurses on strike to about 2,000.

Following the action, in a move solely intended to intimidate the nurses, Ascension locked out the nurses in Texas and Kansas for three days. The hospital claimed that it was required to honor a four-day contract it had signed with the temporary agency that supplied replacement nurses during the strike. Clearly, though, a corporation as large as Ascension could have dictated the terms of the contract it signed, which, in fact, it did. When the nurses attempted to return to work the next day, armed guards physically prevented them from entering the hospital.

The nurses were in a very militant mood. In social media posts and news interviews, they displayed a willingness to fight and solidarity with their coworkers.

The main demand cited by nurses was for increased staffing. One nurse described the labor and delivery unit as “very unsafe.” Others described situations in which they have had to rush between births, some involving fetuses with serious medical issues, without any break. Some nurses told of situations in which they had to choose which patients received care and which ones did not. They described unclean workplaces and having to put up with violent patients and hospital visitors. Nurses complained about having to care for as many as eight patients per shift, when the maximum they should ever have to care for is no more than six.

In fact, studies have shown that when nurses have to care for too many patients, the patients are at greater risk of preventable medical errors, avoidable complications, injuries from falls, bed sores, increased

length of stay in hospitals, and readmissions. For each additional patient in an RN’s workload above the preferred nurse-to-patient ratio of 1:4, the likelihood of patient death increases by 7 percent.

One study has shown that if all hospitals in the country increased their staffing levels to preferred levels, 5,000 in-hospital patient deaths and 60,000 adverse patient outcomes could be avoided every year. Still another study estimated that adding 133,000 RN’s to hospitals would result in overall savings of over \$6 billion per year. There are, however, no federal government regulations regarding the number of patients a registered nurse can care for at one time in a hospital.

Last fall, the Austin nurses overwhelmingly voted to affiliate with National Nurses United (NNU). The union, however, called the strike simply to allow the nurses to blow off some steam. While the union released statements decrying the lockout by Ascension, none of the news reports indicated that it had released strike funds to reimburse the nurses for the pay that they lost during the lockout.

A rally in Austin on the day of the strike was dominated by union representatives and Democratic Party figures. While these well-paid functionaries spoke of how they support workers, nurses should look at the actual record of these organizations to determine whether they are acting in the interests of workers.

In January of this year, the New York State Nurses Association, an affiliate of NNU, pushed through an agreement for nurses at private hospitals in New York that did nothing to fundamentally rectify staffing issues. A similar betrayal took place last December when the Minnesota Nurses Association, another NNU-affiliated union, pushed through a contract with inadequate pay raises that failed to address short

staffing. Under the terms of the deal, hospital units must first cross a certain threshold of dangerous conditions for nurses and patients alike before “management and the union” will even “re-evaluate staffing levels.”

The sellouts carried out by the NNU are part of a national and international process in which trade unions, which in an earlier period served as defense organizations of the working class, have become integrated into the structure of management and the state.

The NNU works in close collaboration with the Democratic Party, which sees the unions as a means of suppressing workers’ strivings for better pay and working conditions. Last fall congressional Democrats, supported by the Biden administration, voted to block railroad workers from going on strike and imposed a pro-company contract. They justified their abrogation of workers’ right to strike by claiming a strike could have damaged the economy. What they meant, of course, is that a strike would impinge on the profits of the giant railroads, which have reaped record profits off the backs of workers

The only way forward for nurses and the working class as a whole is to form independent organizations democratically run by workers themselves. The Socialist Equality Party is working to assist in building these organizations, rank-and-file committees, to be the genuine voice of workers. Nurses who are interested in getting involved should contact the World Socialist Web Site for information.



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