

Striking healthcare workers at Loretto Hospital in Chicago speak on conditions

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Some 200 unionized healthcare workers at historic Loretto Hospital, a safety net facility on the West Side of Chicago, have concluded five days on the picket line in an open-ended strike.

The employees, including respiratory and radiology technicians, mental health and behavioral healthworkers, patient transporters, emergency room technicians and housekeeping workers, had been in negotiations for more than two months. Their main demands are higher wages and safer conditions.

Workers on the picket lines were joined by friends and family members. Many of the strikers have worked at Loretto for decades and call Austin community their home.

They are livid that they aren't being paid market-standard wages, which greatly contributes to the unsafe conditions they face. Additionally, they complain that the equipment and the state of the facility undermine working conditions and safe care for patients. Approximately one-third of ancillary positions remain understaffed, and the annual turnover rate is 60 percent. One hundred and twenty union members have quit their positions.

That means that those who remain are tasked with additional responsibilities and longer hours, leaving them exhausted and demoralized. Many have to work 12-to-16-hour days, six to seven days a week.

Instead of being able to afford patients the appropriate time for a thorough assessment, the workers are forced to take short cuts. This year, a patient with a history of schizophrenia, hypertension, diabetes and heroin abuse died in Loretto's emergency department due to staffing shortages. His death is being investigated by the Centers for Medicare and Medicaid Services (CMS).

The hospital employs some 550 ancillary staff, of which 200 are represented by SEIU (Service Employees International Union) Healthcare Illinois. There are 110 beds, with a daily census of 40 to 80 patients. Most are admitted for mental health problems and addiction, which has approached crisis levels in every part of the country.

Anne Igoe, the SEIU vice-president for hospitals, explained that although the union does not know how much the administration pays temporary workers, "We know how much an agency nurse is getting paid."

She added, "Our brothers and sisters have told me that in the building right now the majority of [temporary] folks are agency RNs (registered nurses) that are covering PCTs (patient care technicians), and they're getting paid \$150 an hour. So, we can do the math on what it would cost per week."

By such estimates, the figure amounts to approximately \$1.5 million for one week.

At present, Loretto is paying PCTs and CNAs (certified nursing assistants) around \$16.45 per hour. Their starting rate of pay stands at a miserable minimum wage of \$15.80. Meanwhile, according to Igoe, a CNA at Mount Sinai Hospital, also a safety net facility, is receiving \$19.38 in the door with no experience. A starting housekeeper is receiving \$17 to \$17.50.

Negotiations broke down on Sunday, July 30. On the issues that led to the breakdown in talks, Igoe explained that the administration had offered a 5 percent across-the-board raise, with no increase in minimums. That would raise wages for CNAs to at most \$18 an hour. After this offer was rejected, the hospital countered by offering \$19 per hour, but only for the PCTs.

The negotiations by the SEIU will do little for healthcare workers at Loretto or any other section of healthcare workers across Chicago. The living wage calculator for Cook County, Illinois says a single adult with two children requires a full-time position at \$48.32 per hour to eke out a living. The annual expense for childcare and medical needs alone runs close to \$30,000.

Many of these healthcare workers are the primary breadwinners for their families. Thus, the current offer on the table does not provide even half of the income required to provide for workers who have resided in the communities for decades.

The Loretto administration stated, "The SEIU's demands far exceed the hospital's current economic reality and eliminate our ability to provide wage equity for all hospital employees, including union and nonunion."

The SEIU countered by citing the hospital's safety net designation and pointing out that it pays "around \$8 million into the provider assessment," but receives \$30 million back because the percentage of patients it sees who are on Medicaid, the federal-state health insurance plan for the poor, is 80 percent.

Igoe added that the union has lobbied legislators to set up supplemental funds and secured grants that are not based on inpatient utilization, enabling the hospital to receive \$10 million in state appropriations this year. There has also been an increase in the Medicaid reimbursement rate, which adds an additional \$3.5 million to the hospital's income.

The term safety net applies more appropriately to the union executives and health administrators, who, in return for six-figure salaries, ensure that wages are kept as low as possible, than it applies to the low-income community surrounding the hospital.

While the local residents depend on the hospital to stay alive, a report published in *Crain's Chicago Business* explains that the entire healthcare system that serves the city is paying close attention to the wage dispute.

The report notes:

Grievances haven't been isolated to small South Side safety-nets, though. Institutions as large as Northwestern Medicine and Sinai Chicago have faced similar demands and complaints from some of their workers over the past several months. Now, with the strike at Loretto underway, leadership at nearby hospitals have new reason to fear their own workers will be willing to do the same if their demands are unmet.

From this perspective, the role of the SEIU becomes clearer in dividing and isolating the struggles and forcing acceptance of wages that do little to provide workers any level of economic security. Lip service is paid to the issue of staffing shortages by the unions and by Democratic political operatives who routinely sideline bills that would impose safer staffing levels into bureaucratic limbo.

Linda, a mental health specialist who has been working at the hospital for more than two decades, said she has continued to work there because the patients need her. "We can work anywhere with our credentials," she said, "but we want to keep it in this community to help. And what brings me joy personally is that the patients appreciate it. That's the most important thing for me."

Phyllis, who has been at Loretto for more than 34 years, nodded agreement. On the issue of safe staffing, she said: "We take the most acute patients in the area because nobody else wants to take them. That means they fight us, they spit on us, they curse us. Anything you could imagine they try to do to us, and not just us to each other."

She then pointed to a striking worker in a leg brace and said, "Do you see this young lady there. She works in the emergency room. She recently got attacked by a patient, hitting her head, her shoulder and her leg. That was just a week ago. She endured a lot with that. And again, because of short staff."

She added, "But on my unit, we've had people hurt so severely they never returned to work. We have people that have been injured so badly, they have been out three to four months. And when they came back, the conditions were still the same. Many are going to other places where they are more appreciated and get paid more money."

On the question of cost of living in the Austin community, Phyllis spoke of the difficulties her colleagues face in making ends meet, referring specifically to the case of Jessita Davis.

"She's in constant tears from exhaustion," Phyllis said. "She's working double shifts. Her regular shift starts at 7:00 am and goes to 3:30 pm. She then runs home to sleep a couple hours, only to come back for the overnight shift. She has no time for her kids or her family. The hospital doesn't care if she's overworked. All they want is a body."

Linda explained that the problems with pay and short staffing have been going on for years, but were aggravated when the pandemic hit. The cost of insurance, rent, fuel, food and everything else has climbed so high that people cannot afford to live.

"We try to go to the pantries for basic stuff, maybe eggs, oil, or whatever," she said. "My insurances went up—both car and health—they have skyrocketed. But our salaries haven't."

She went on to say, "My daughter, who works in admissions, had to move in with me. Many have had to move in together because they can't pay their bills. And we know that the hospital has the money. We've looked into that. And while the executives get all this money, where are we?"

She went on to speak of the misappropriation of funds by hospital administrators over the years, which continues behind the backs of the workers.

Ebony Childs, a PCT at Loretto, said:

I don't want to say they are corrupt, but they are corrupting everything with this mishandling of the funds that are being donated to us. We all go out and ask for money. We are all trying to get money for the hospital, because we are a safety net hospital. But if you mishandle the funds and can't do what you need to for the hospital and for your employees, then what are you doing? You must show us the receipts. What are you doing with everything?"

The strike by these courageous workers needs to be expanded. The formation of rank-and-file committees is imperative if the working conditions that cut through every social relation are to be changed for the better for both the workers and the communities.

The fundamental issue workers face is the subordination of healthcare to a health system subservient to corporate profits.



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