

“This was not the contract that we wanted.”

USW imposes rotten contract, ends four-month strike by New Jersey Robert Wood Johnson nurses

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The United Steelworkers (USW) announced on December 15 that 1,700 nurses at Robert Wood Johnson University Hospital (RWJUH) in New Brunswick, New Jersey, had ratified a new contract. The ratification marks the union’s betrayal of a strike that it allowed to drag on for more than four months. The date for the nurses’ return to work has yet to be announced, but it is likely to be in early January.

The vote in favor of the new agreement was reported to be 88 percent. This margin does not reflect enthusiasm for the deal, but lack of confidence in the leadership to fight for better. “This was not the contract that we wanted,” an RWJUH nurse told the *World Socialist Web Site* (WSWS) under condition of anonymity. “We think that if we voted it down, we wouldn’t have gotten anything better.”

The USW used financial pressure to coerce the nurses into ratifying the inadequate agreement. From the beginning of the walkout the USW refused to provide strike pay, thus forcing the nurses to find second jobs or apply for unemployment. Unemployment benefits are slated to expire in January and will not be renewed, according to the nurse. Under these circumstances, many nurses simply could not afford to continue the strike.

The nurses fought tenaciously for basic demands including safe staffing and enforceable nurse-to-patient ratios. These demands reflect the staffing crisis that affects healthcare workers worldwide, and the RWJUH nurses were conscious that they were not fighting for themselves alone. Scientifically grounded nurse-to-patient ratios are essential to providing a high standard of patient care and reducing medical errors, overwork and burnout.

The new three-year contract establishes nurse-to-patient ratios for various departments. The ratios are 1:5 for

medical-surgical, 1:5 for the emergency department, 1:4 for intermediate care, 1:4 for pediatric, 1:4 for oncology and 1:2 for the intensive care unit. RWJUH can be penalized if units with staffing guidelines are more than 18.5 percent understaffed in a quarter. In this event, the nurses who worked during a shift that was short staffed will be entitled to a reward of \$100 per shift.

Thus, the hospital is allowed to maintain understaffing of 18.5 percent—a level that could pose risks to patient safety and increase nurses’ workloads—with impunity. Also, evaluating staffing levels per quarter, and not per shift, appears to give RWJUH further leeway to maintain understaffing while skirting the penalty. Moreover, a nurse who works on an understaffed shift would be entitled to only two or three hours’ additional pay, even if the shift lasts for 12 or 16 hours.

Furthermore, the contract establishes maximum penalties of \$500,000 per quarter and \$2 million per year. “Two million dollars for them is like a dollar for me,” said the nurse. Indeed, RWJBarnabas Health, the network to which RWJUH belongs, reported total revenue of \$7.6 billion in 2022. To such a health system, this fine is not an incentive to maintain safe staffing but merely the cost of doing business. Hospital administrators prefer to pay such fines than to hire additional nurses and provide them with salaries and benefits.

To enforce these anemic penalties, the nurses will be required to fill out unsafe staffing forms or protest-of-assignment forms during every shift. “We’re so busy taking care of the patients, we don’t have time to fill out the unsafe staffing protest forms,” said the nurse. Each nurse already spends two or three hours per day on paperwork.

The other provisions of the contract are no better. The nurses will receive a raise of 3.5 percent in each year of the contract, which is approximately equal to the current rate of inflation. Thus, the nurses' real wages will not increase, and the raises will not make up for the real-wage cuts that the nurses have endured during the past two years of high inflation.

Healthcare premiums will increase by 8 percent per year in the second and third years of the contract, which will reduce the nurses' net take-home pay. The contract also denies the nurses' legitimate demand for health benefits in retirement.

RWJUH will be required to replace the 130 nurses who resigned during the strike. The hospital also must hire 70 additional registered nurses by May 1. One of the striking nurses told the WSWs that this number was insufficient. Furthermore, not all the new nurses will work full time.

To speak plainly, this contract is a defeat. The responsibility for it rests squarely with the USW leadership, which worked against the nurses even before the strike began. After the previous contract expired on June 30, the union postponed the strike vote and the strike itself until it felt it could no longer keep the nurses in check, with the strike delayed until August 4.

Not only did the USW refuse to provide strike pay, but it also kept the nurses isolated from the nurses at the other 16 RWJBarnabas facilities. This decision prevented the nurses from waging a unified struggle that would have made it impossible for the hospital to continue business as usual.

To distract the nurses from its sabotage, the USW leadership promoted appeals to various Democratic Party politicians such as Governor Phil Murphy. Predictably, the multimillionaire governor and former Goldman Sachs executive refused to intervene on the nurses' behalf.

This orientation is particularly clear on the question of public health. From President Joe Biden to local council members, the Democrats are falsely claiming that the SARS-CoV-2 pandemic is over and refusing to take the necessary measures to prevent a further increase in the already staggering toll of sickness, disability and death. In addition, the Democrats are relentlessly arming the Israeli government and enabling it to commit war crimes in Gaza. These crimes include the deliberate destruction of hospitals and the murder of healthcare workers and patients. Not once has the USW, which claims to represent the RWJUH nurses, said a word, let alone taken action, to oppose these shocking crimes.

The fight for safe staffing, wages that beat inflation and

health benefits in retirement is not over at RWJUH. The ratification of the tentative agreement does not resolve these fundamental issues, and the nurses will be compelled to continue their fight. But this fight cannot take the form that the USW is promoting: a campaign for a state law that mandates nurse-to-patient ratios. Even were such a law to be passed, it would not be well enforced, as the nurses in California can attest. The USW is attempting to lead the nurses down a blind alley.

The RWJUH nurses have shown great courage, strength and determination, but they must know who their friends and enemies are. The USW and the Democrats work closely and systematically to impose the demands of the companies. It is to other healthcare workers, and to workers in other industries, that the nurses must turn for support.

At bottom, the nurses' fight is political. To wage it successfully they must establish their independence from the pro-corporate trade unions and from both capitalist parties. The organizational form that corresponds with the objective situation is the rank-and-file committee that the workers themselves control democratically. Such committees must not only fight for improvements in the workplace, but also adopt a socialist program. Safe staffing and the best quality healthcare can only be ensured when healthcare workers run the hospitals to meet public need, not to generate private profit. We encourage all healthcare workers who agree with this perspective to contact us.



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