

# Providence nurses in Everett, Washington still without contract one month after strike

Diana Green  
30 December 2023

Nurses at the Providence Regional Medical Center in Everett, Washington, a city of around 100,000 residents just north of Seattle, remain on the job with no contract one month after their aborted strike this past November. On December 15 nurses voted down a tentative contract presented to them by their union, United Food and Commercial Workers (UFCW) Local 3000, by a 51.8 percent margin.

Rather than continue the strike against Providence, UFCW 3000 ended the strike while continuing to bargain with the hospital system.

“We will be continuing our quest for improved staffing levels crucial to delivering the quality care our patients and community deserve,” the union claimed in a press release after nurses voted down the agreement.

Nurse-to-patient ratios remain the central issue. The failure by both Providence and UFCW 3000 to seriously address this concern led to the rejection of the last agreement. Nurses voted “no” despite the offer of a 21.5 percent raise over three years, an amount that is in reality barely enough to make up for inflation for the past three years.

The WSWS spoke to Jill, a registered nurse at Providence, who explained the issues as she saw them. “For me, it’s more about the individual patients — taking care of pulmonary embolism in the hallway with no beds or trying to give Heparin in a waiting room. Heparin is a very, very dangerous medication that thins the blood if someone could be having a heart attack or has a very high risk of having a heart attack.

“So, I think it’s those kinds of situations, including in the ER, where we were hearing that our psych nurse went from four to one consistently for 20 years and right before the strike, she had 12 to one psych patients.”

Similar issues were raised during a town hall meeting

in August of this year. This was the main concern along with the need for competitive wages to retain nursing staff.

A report by HeraldNet noted, “Nurses said the emergency department lobby is often full with 40 to 50 patients—some waiting several hours to be seen, some receiving care in the lobby. Nurses are constantly moving, helping up to eight patients at a time. Most of the beds are occupied by non-emergency patients, nurses said, since there are not enough nurses in other units. Some patients get left on a gurney for over a day.”

Providence in Everett also has one the busiest emergency rooms in the state, and there is only one other hospital that can perform lifesaving procedures for patients with Level 2 trauma. Trauma levels are established by the American College of Surgeons and each level must meet certain standards. Level Two includes 24-hour immediate care by general surgeons and specialties in orthopedic surgery, neurosurgery, emergency medicine, anesthesiology, radiology, and critical care.

The lack of nursing staff was tragically exposed in November of 2022, when 41-year-old Cheyenna Costello went to the emergency room complaining of stomach pains. Even though she was assessed as “critically ill,” she was not seen for four hours and subsequently died of pancreatitis. Her family is suing Providence Everett for professional negligence.

This is not the first time nurses at this particular hospital have fought for safe staffing levels. During their previous contract negotiations in 2021, the nurses authorized a strike because many months had passed since the end of their last contract and none of their demands were being met. They were also being threatened with less PTO (personal time off) and sick

leave even though the pandemic was still ongoing. The union, UFCW 21 before it merged with UFCW 1439 and became UFCW 3000, delayed the strike for six weeks until announcing a tentative agreement (TA) had been reached in July 2021.

The TA was promoted by the union as having “strong staffing language,” a \$2,000 “pandemic bonus” and a 15 percent wage increase over the life of the contract, down from 21 percent demanded by nurses. Both increases fell far short of what nurses needed to catch up from years of inadequate wages as well as the recent skyrocketing cost of living in the Seattle Metropolitan Area.

Since that time, conditions have only gotten worse, with now only 1,300 nurses in UFCW 3000.

Julie, another nurse, spoke to the WSWS about the hemorrhaging of staff. “We’ve lost 665 nurses in a year’s time and we’re trying to get a contract that will retain and recruit nurses and not fall behind other contracts when they renew so we don’t have another mass exodus of nurses. These nurses have proven that they will leave and we’re trying to keep our nurses here. And so patient safety is our number one priority, because sometimes some days we have double the number of patients that we should have. It’s not healthy for the patients. It’s very unsafe.”

A psychiatric nurse, Brenda, spoke to the WSWS about staffing issues. “Our retention rate is horrible here, and that’s because it’s not competitive. Nurses come here and think ‘this is crazy. I can’t work in this environment’ and some even leave the profession—not only here, but in other places because it’s so stressful to be a nurse. So you know, I would say we need retention, and we need competitive wages to have retention, and we need to keep our older nurses in order to train the new nurses so that they don’t feel overwhelmed and they have some confidence.

“It takes several years for a nurse to have her confidence and if she has no one to teach her or him, then that kind of defeats the purpose. So, then we have new nurses treating patients when the older nurses have left and that’s an unsafe situation. We’re not going to retain nurses without competitive wages, and we’re not going to care for our patients correctly without retention. That’s the point.

“So many were floated to floors where they don’t know the medication. We all have specialties, right? So

you have a specialty and you are floated into a floor that you don’t have the training or the medication knowledge for, and that’s dangerous. They floated Labor and Delivery nurses to Medical-Surgical and vice versa, and they don’t know those meds. There are different medications for both of those fields.

“You specialize in a certain thing; I’m a psychiatric nurse. I know about psychiatric drugs. I know the side effects of psychiatric drugs. And someone else may not. A med-surg nurse doesn’t necessarily come to a psychiatric unit. They’re not trained to deescalate, and that needs to be considered when floating people. Now, they’re just putting people wherever they can put a body, and that’s dangerous. That’s very dangerous. We have our specialties for a reason.”

The refusal of the UFCW over two contract cycles to address the demands of nurses for adequate pay and safe staffing demonstrates the orientation of the union is to maintain the profits of the Providence system at the expense of workers’ livelihoods and patient care.

Nor can nurses and other hospital staff place their faith in the Democratic Party, which has overseen continuing cuts to healthcare funding while it falsely claims the COVID-19 pandemic is over. Meanwhile, the Democratic Biden administration provides unlimited funding for the genocide in Gaza.

This demonstrates the need for nurses to develop a rank-and-file committee to take their struggle into their own hands. These committees, democratically run by nurses and hospital staff, would map out demands based on what is objectively needed to provide high quality healthcare and organize a campaign of struggle to achieve them.

In forming a rank-and-file committee, nurses must turn to their class brothers and sisters throughout the healthcare industry and other critical sectors as part of an international struggle to establish healthcare as a social right for the working class around the world.



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