

# Mount Sinai Health System fined \$2 million for persistent understaffing

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Since the beginning of the year, the Mount Sinai Health System (MSHS) has been fined more than \$2 million for persistent understaffing at three of its New York hospitals. The latest fines demonstrate that the current contract, far from being the victory that the New York State Nurses Association (NYSNA) claimed, has institutionalized understaffing. The safety of patients at MSHS remains at risk, and nurses continue to face overwork and the risk of burnout.

On January 25, an arbitrator found “persistent staffing violations” in the oncology unit at Mount Sinai Hospital in East Harlem. Hospital management blamed the understaffing on nurses who had called out sick, but the arbitrator rejected this explanation and awarded the nurses more than \$240,000. The arbitrator added that the hospital’s effort to recruit more nurses had been inadequate.

Little over a week later, on February 2, an arbitrator fined MSHS approximately \$934,000 for “persistent understaffing” in the emergency department of Mount Sinai Morningside. The hospital’s staffing had not improved over the previous six months, during which time it had hired only five full-time nurses, according to the arbitrator. Mount Sinai Morningside was ordered to hire as many as 94 full-time employees. The arbitrator also ordered management to provide break relief and pay nurses the overtime incentives that they were owed.

Finally, on February 11, an arbitrator fined Mount Sinai West \$957,050 for persistent and continuous understaffing in its labor and delivery unit. As at Mount Sinai Hospital, management attempted to blame staffing shortages on nurses who had called out sick and taken personal days. The arbitrator dismissed this argument and ordered the hospital to hire enough nurses to comply with the contract.

MSHS has now been fined eight times for understaffing since the current contract was approved in January 2023. At least two of the system’s hospitals have been fined more than once.

Mount Sinai Hospital, which was sanctioned in January, was previously ordered to pay \$127,057 to nurses in its neonatal intensive care unit. In May 2023, an arbitrator found that for three consecutive months, the hospital had persistently understaffed the unit by as many as six nurses. The fine was calculated using the nurses’ average daily base pay (\$643) and the number of nurses that the unit was short on a given shift. After the fine was divided among the affected unit’s nurses, each received little more than a day’s pay for three months of overwork.

In June 2023, Mount Sinai Morningside was cited for understaffing in its emergency department—the same department for which the hospital was fined again last month. This persistent understaffing is jeopardizing nurses’ safety. One of the Morningside nurses told the arbitrator that she had been attacked three weeks in a row by different patients. She believes that the overcrowding and understaffing in the emergency department contributed to this increase in workplace violence.

The unsafe staffing at MSHS is the responsibility not only of management, but also of the NYSNA bureaucracy. Contracts for more than 17,000 nurses at 12 New York hospitals, including several MSHS facilities, expired on December 31, 2022. Nurses at these hospitals voted by nearly 99 percent to strike, indicating a deep determination to fight for better conditions. Their main demands were better staffing, safe nurse-to-patient ratios and increased salaries and benefits.

NYSNA officials exerted every effort to prevent a

united struggle that would have struck a powerful blow for healthcare workers in New York City and internationally. The union negotiated with each hospital individually and behind closed doors, thus keeping nurses divided by workplace. Starting with New York-Presbyterian, NYSNA quickly produced pro-company agreements that did not satisfy the nurses' most basic demands. Hailing these contracts as "historic," NYSNA called off strikes at almost all the hospitals, one by one. Though it could not prevent simultaneous strikes at Mount Sinai Hospital and Montefiore Medical Center, NYSNA officials ended them after three days by announcing contracts and sending nurses back to work without a ratification vote.

When Mount Sinai Hospital was fined in May 2023, NYSNA called the action "a historic safe staffing victory." This assessment is belied by the fact that the hospital was penalized again for understaffing just eight months later. As the most recent fines against MSHS facilities show, understaffing remains a persistent problem in the entire system.

The fines are no deterrent to an organization that reports an annual revenue of \$11.3 billion. MSHS finds it cheaper to pay penalties than to hire an adequate number of nurses. Nor do the fines provide adequate compensation to the nurses who struggle to do their jobs, and fend off aggressive patients, during understaffed shifts.

Whatever militant rhetoric the NYSNA bureaucrats may use, they are not interested in securing safe staffing and adequate compensation for nurses. The union's leaders receive their six-figure salaries in exchange for preventing strikes and imposing the companies' demands on the membership. The divide-and-conquer strategy that NYSNA used during the last contract expiration reflects the union leadership's role as the handmaiden of the hospital systems. The situation is no different at other unions or in other industries.

Moreover, NYSNA has integrated itself into the Democratic Party, which represents the interests of finance capital rather than those of public health. Mayor Eric Adams, a Democrat and former police officer, is promoting the lie that the pandemic is over. He has made no move to reintroduce any of the testing, contact tracing or isolation measures that are necessary to eliminate the virus. At the national level, the

Democrats' overriding priorities are the escalation of the war with Russia in Ukraine, which risks being transformed into a nuclear war, and unstinting support for Israel's campaign of ethnic cleansing and genocide in Gaza. The latter campaign has involved the deliberate and systematic destruction of hospitals and the deaths of countless patients and healthcare workers.

Whether at MSHS or at other hospitals, nurses cannot wage a successful fight for safe staffing if they remain under the domination of the trade union bureaucracy and its anti-working class alliance with the capitalist Democratic Party. The fight for genuine improvements requires the development of independent rank-and-file committees controlled democratically by workers themselves. Conditions for nurses cannot be improved, nor the highest standard of care be provided to patients, without a fight to take profit out of medicine through the fight for socialism.



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