

Union announces tentative agreement, unilaterally calls off nurses strike in Staten Island, New York

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SIUH nurses: What do you think about the contract announcement? Tell us by filling out the form at the bottom of this article. All submissions will be kept anonymous.

On Saturday morning, the New York State Nurses Association (NYSNA) announced a tentative agreement with Northwell Health and unilaterally called off a strike of 1,300 nurses at Staten Island University Hospital (SIUH).

The sudden cancellation of the strike before the nurses have had a chance to study, let alone vote on, the contract is a violation of the workers' rights. NYSNA seeks to present the tentative agreement as a *fait accompli*, cover up its concessions and coerce the membership into ratifying the agreement when voting begins on April 3. The SIUH nurses must reject the agreement on principle and organize a genuine fight.

NYSNA is using its traditional method to protect SIUH and suppress its members' opposition. In February alone, the union called off strikes at Northwell Long Island Jewish Valley Stream, Peconic Bay Medical Center and South Shore University Hospital, all of which are on Long Island, New York.

In January 2023, NYSNA prevented a massive strike of 17,000 nurses at 12 New York City hospitals from taking place. Instead of keeping the nurses united, NYSNA concluded concessionary agreements with individual hospitals, one by one.

Although it could not prevent nurses at Mount Sinai Hospital and Montefiore Medical Center from striking, NYSNA officials shut down the strikes after three days and sent the nurses back to work without a vote on the new tentative agreements. The union is attempting to repeat this betrayal at SIUH.

Few details of the tentative agreement are publicly available. The deal includes raises totaling 22.12 percent over three years, which would bring the SIUH nurses' pay into line with that of other private sector nurses in New York City, according to NYSNA.

NYSNA previously has said that the starting salary for SIUH nurses is about 12 percent lower than the average pay for similar hospitals in New York. If this is true, then after making the SIUH nurses' wages equal to those of other New York nurses, the contract would provide raises totaling 10.12 percent during the next three years. But these raises likely will not keep pace with inflation, which totaled nearly 17 percent during the past three years.

Wage parity with the rest of the city was one of the principal demands of the SIUH nurses. However, there is no reason to take this claim at face value without workers having had the chance to review the contract itself first. Moreover, it is possible that the wage increase could have been "balanced" with hidden concessions elsewhere.

The tentative agreement also includes unspecified "improvements to safe staffing standards and stronger safe staffing enforcement," according to NYSNA. It allegedly would improve staffing on understaffed units and establish "an expedited process for creating staffing standards in new units." This vague language is intended to obscure the fact that the tentative agreement would do nothing to ensure safe staffing. An examination of NYSNA's previous record is instructive.

When NYSNA ended the strike at Mount Sinai Hospital in January 2023, it proclaimed the tentative agreement a historic victory for safe staffing. The

agreement established an arbitration process under which the hospital could be penalized for understaffing. NYSNA had imposed similar agreements at Mount Sinai Morningside and Mount Sinai West while it was preventing strikes among New York City nurses.

Rather than ensuring safe staffing, these contracts have given NYSNA's blessing to understaffing. Since the agreements took effect, the Mount Sinai Health System has been fined eight times. Nurses at Mount Sinai Hospital documented three months of understaffing in the neonatal intensive care unit (NICU).

An arbitrator agreed that the hospital had engaged in a "persistent pattern" of understaffing, and that the NICU often was short by as many as six nurses. Yet the arbitrator discounted the fine by 20 percent in recognition of management's supposedly "extraordinary" efforts to address staffing. As a result, the NICU nurses each received little more than a day's pay for three months of overwork.

Mount Sinai Morningside has been fined at least twice for understaffing in its emergency department, underscoring the persistence of this problem. Understaffing not only jeopardizes patient safety, but also puts nurses at risk.

One nurse at Mount Sinai Morningside reported having been attacked three weeks in a row by different patients. But Mount Sinai's continuing violations show that the fines are utterly ineffective as a deterrent. The health system finds it more cost effective to pay penalties than to hire the necessary number of nurses.

The SIUH nurses should examine not only NYSNA's record, but also its allies. The union recently celebrated the fact that 26 other unions had signed a letter expressing their solidarity with the SIUH nurses. Among the signatories were officials of 32BJ SEIU, DC 37 and Teamsters Local 804.

Like NYSNA, these unions have long histories of betraying their members' interests and enforcing management's demands. DC37, which covers city office workers, parks and maintenance workers and healthcare workers, has imposed raises below the rate of inflation and maintained poverty wages for its members. The officials of Teamsters Local 804 worked with Teamsters President Sean O'Brien to force through a contract that is allowing UPS to close 200 facilities and cut jobs, including the entire night shift at

the 43rd Street hub in Manhattan.

NYSNA is attempting to stampede the SIUH nurses into ratifying a contract that they have not had time to read and consider. The nurses must reject the contract on principle. Time and again, NYSNA has demonstrated that its aim is not to improve wages and conditions for workers but to ensure labor peace and profits for the health systems.

The SIUH nurses will not be able to win adequate pay and safe staffing if they leave the initiative in the hands of the NYSNA leadership. Instead, they must take control of their struggle by forming a rank-and-file committee that is independent of NYSNA.

Without the interference of the union bureaucracy, and with no illusions in either of the pro-corporate political parties, the nurses will be able to formulate their demands and develop a strategy for an effective fight. Such a fight will entail reaching out to other healthcare workers, and workers in other sectors, for support. The fight for safe staffing ultimately requires a fight against for-profit medicine and for socialism.



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