# Exhausted Massachusetts nurse drives off top of parking garage

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An on-call nurse at Brigham and Women's Faulkner Hospital in Boston was seriously injured after accidentally driving off the top of the facility's parking garage and plunging to the ground below. The incident happened in the early morning of May 17 when the nurse tried to reverse her parked car and mistakenly hit the gas pedal.

Police patrolling the area saw paramedics treating the woman and a "heavily damaged" Jeep Grand Cherokee on the ground with all its doors open and airbags deployed, according to their report. The nurse, who has not been named, miraculously survived the fall, but broke her arm and back. She was in "stable but severe" condition after the accident and stayed in the hospital for several days.

The nurse had finished her regular day shift at 5:30 p.m. on the previous day, gone to dinner and returned to the hospital at about 7 p.m. She had decided to sleep in her car because she was on call beginning at 11 p.m., according to the police report. The nurse was awakened in the middle of the night by an overhead light in the parking garage. Exhausted, she made the near-fatal mistake of hitting the gas pedal while trying to move away from the light and park somewhere else in the garage.

The Massachusetts Nursing Association (MNA) confirmed that the nurse was a member of its Faulkner Hospital bargaining unit. The union reached out to the nurse, but she did not wish to speak to the media, according to Boston.com.

Drowsy driving, a major problem among nurses, is the direct result of overwork and exploitation. Nurses regularly work long, grueling and irregular shifts.

A 2019 study by Texas A&M University researchers showed that 95 percent of crashes involving nurses resulted from drowsy driving. The study cited evidence that the incidence of drowsy driving has doubled among nurses in the last 30 years.

The sleep deprivation that nurses frequently face was tragically demonstrated in August 2022, when nurse Nicole Linton was involved in a crash in Los Angeles that killed five people. Linton had worked for four days without sleep. Media coverage sought to deflect attention from the social conditions involved and paint Linton as a murderer. In fact, devastating accidents like this, many of which go unreported, are the inevitable result of inhuman working conditions.

The outbreak of the pandemic intensified the crisis of burnout, understaffing and overwork at hospitals. According to a survey conducted by the MNA last month, 80 percent of nurses say that quality of care has dropped in the past two years, and 40 percent say they wouldn't want their own family members being cared for in the units where they work. Rather than hiring more staff, hospitals across Massachusetts, like those in other states, have demanded the impossible of the dwindling ranks of nurses.

Hospitals regularly allow unsafe nurse-to-patient ratios that result in countless preventable hardships and tragedies for patients. Earlier this year, nurses at St. Vincent Hospital in Worcester, Massachusetts were fired for exposing unsafe nurse-to-patient ratios. It was revealed that patients had suffered preventable falls, missed medications and lain in dirty beds unattended for hours.

St. Vincent nurses struck for 301 days, from March 2021 to January 2022, for better staffing ratios and other demands. The contract finally pushed through by the MNA at St. Vincent provided for only 2 percent wage increases in each of the five years of the contract, which was far below the 6.8 percent rate of inflation at the time. The deal also entrenched the hated tiered wage structure. Hospital management has breached the contract, particularly regarding staffing ratios, but the union refuses to do anything but petition management and the state government.

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Hospitals across Massachusetts have ignored tens of thousands of understaffing complaints by nurses over the past year and a half. Rather than initiating a hiring drive, as nurses have demanded, hospitals have increased mandatory overtime and more frequently forced nurses to be available on call.

Hospitals across the country are beginning to turn to “independent contractors” (a euphemism for gig nurses) through apps developed by tech giants like Amazon. Such “independent contractors” are not entitled to benefits or guaranteed wages.

Nationwide, 100,000 nurses left their positions from 2020 to 2023, and almost 900,000, or almost one-fifth of the 4.5 million total registered nurses, intend to leave the workforce by 2027, according to a 2023 report by the National Council of State Boards of Nursing.

There is no socially progressive solution to this trend under capitalism. Instead, the profit motive in health care is leading to a disaster of understaffing, threatening the lives and health of nurses and patients alike.

At the beginning of the COVID-19 pandemic, the corporate media hailed nurses as heroes. The US government and health care corporations, however, proved unwilling to enact measures to stop the spread of the pandemic and protect the population. Workers in all industries were forced into unsafe working conditions, and many succumbed to the disease and lost their lives in the process.

The tragic accident of the Faulkner Hospital nurse demonstrates that these unsafe conditions have only deepened in the years since the emergence of COVID-19. Healthcare workers have been brutalized by the mass death, suffering and chaos of the pandemic. By 2022, 90 percent of nurses reported post-traumatic stress disorder or other mental health symptoms as they dealt daily with the deadly impact of the virus.

The dire conditions of short-staffing and overwork facing nurses cannot be resolved through unions’ petitions to hospitals’ corporate management or state governments. Appeals to Democratic politicians to hold the healthcare industry responsible for quality patient care and decent working conditions are equally futile.

Nursing unions in Massachusetts have supported current state legislation which provides that “in all intensive care units the patient assignment for the registered nurse shall be 1:1 or 1:2 *depending on the stability of the patient as assessed by the acuity tool and by the staff nurses in the unit, including the nurse manager or the nurse manager’s designee when needed to resolve a disagreement*” (emphasis added). As in other states, this toothless legislation can be disregarded at will by nursing managers and hospital management.

Real change can only be achieved by linking nurses’ fight for better working conditions and patient care with the wider struggles of the working class against capitalism.

The for-profit healthcare model has failed. The COVID-19 pandemic has exposed the inability of the profit system to deal with emerging threats to global health, even when scientists predict them in advance.

Similarly, the exploitation of nurses to the point of exhaustion, burnout, injury and even death reveals capitalism’s incapacity to implement logical, planned solutions to the problems facing humanity, including the most basic questions of public health.

To fight for quality healthcare and just working conditions for healthcare workers requires the formation of rank-and-file committees to coordinate the struggle of nurses with that of the wider working class, across industries and borders. These committees must be independent of both big business parties and the bureaucratic apparatuses of unions like the MNA. No solution to understaffing, inadequate pay and poor working conditions can come from appeals to giant corporations and the capitalist political parties or the state agencies they control.

Rank-and-file committees will enable nurses to wage a broad fight for their demands based on a powerful appeal to the entire working class for support. The only successful strategy is rooted in the effort to remove the profit motive from healthcare and work for scientifically planned and socialized medicine that guarantees high quality healthcare as a basic human right.

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