

Oregon Nurses Association holds stunt in state legislature demanding Providence disclose its spending on scabs during strike

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We invite medical workers at Providence and across the country to write to us about the conditions they face as a result of the ongoing social crisis, the COVID-19 pandemic and the emerging threats to public health by the Trump administration.

On Monday, the Oregon Nurses Association (ONA) called on Providence medical workers to “pack the room” at a committee hearing for House Bill 2792 in the Oregon state legislature and testify on its behalf. The bill, if passed into law, would require hospitals to disclose how much they spend to fund scab workers during a strike.

The proposal would also mandate that hospitals report expenditures on recruitment, advertising and other costs related to the strike. Hospitals would be required to submit such reports to the Bureau of Labor and Industries and the Oregon Health Authority every 30 days during a strike and submit a final report no more than 30 days after the strike ends.

At the hearing, the testimonies of nurses were given, including more than 90 in written form, during the fifth week of the ongoing strike of nurses at the Providence hospital network across Oregon. About 5,000 nurses at Providence Portland, St. Vincent, Willamette Falls, Milwaukie, Newberg, Hood River, Seaside and Medford medical centers have been on strike since January 10.

The nurses’ main demands are wages commensurate with other nurses across the state, the implementation of genuine safe staffing in every unit at every hospital, a reversion to their previous, better health insurance, and retroactive pay to their previous contract expirations, which was more than a year ago for nurses at Newburg, Willamette Falls and St. Vincent.

The rank and file certainly have a right to know how much money is being spent by Providence to keep them off the job. The same goes for the general public, which is having its healthcare threatened by the hospital network executives who are refusing to pay enough to retain skilled nurses and keep staffing at safe levels.

As one nurse told the *World Socialist Web Site*, “The turnover rates, especially for the night shift, are incredible because the new hires get overwhelmed and have no support. Two years ago, they’d be oriented by someone like myself, who has 30 years of experience. But now, they are getting trained by someone who’s only been here for six months and just don’t have the necessary skills to train the new nurses.

“And it’s definitely not their fault. The new nurses are amazing, but they need the experienced nurses to show them how to catch life-threatening issues early. And we just don’t have the staffing to do that.”

According to the ONA, Providence is spending \$25 million a week on the strike, with some replacement nurses earning nearly \$8,000 per week, which is more than three times the average pay for resident nurses across the hospital network.

But the purpose of the ONA’s protest at the state legislature is to promote the dead end of pressuring the Democratic Party. The current safe staffing law, which was first proposed by the ONA itself and which was signed by Democratic governor Tina Kotek in 2023, only enforces a maximum ratio of patients to nurses.

As one nurse put it, “The staffing law says that we can have no more than a 4:1 patient-to-nurse ratio. The staffing does not say that Providence can’t do better, especially when that’s how it was two years ago. And when we inevitably get called to help other patients,

because there aren't enough nurses, that ratio can be 5:1 or worse."

Another nurse added, "It also means all the housekeeping things, like getting patients back on their normal medications after a surgery, get dropped. We just don't have the time and when 'little' stuff like that goes unaddressed, our patients are the ones that suffer."

Legislation being championed by the ONA was introduced in part by Representative Travis Nelson, former vice president of the ONA in 2022 and member of the pseudo-left Democratic Socialists of America (DSA). The DSA is infamous for its role, among other things, in promoting the right-wing "herd immunity" policy of the Swedish government throughout the ongoing coronavirus pandemic.

The DSA also has ties to the bureaucrats in the Chicago Teachers Union (CTU) and the American Federation of Teachers (AFT) as a whole, where they helped to push for the full reopening of schools, despite widespread concerns about the lack of protections against COVID-19. The ONA itself is under the umbrella of the AFT. These are only some of the anti-public health policies pushed by the DSA and its affiliated publication, *Jacobin*.

Moreover, while the money being spent on scabs is a question the public has a right to know, the real question is what is the ONA doing to prevent Providence from using scabs in the first place? In an earlier period, a picket line was enforced by preventing anyone from crossing.

At any rate, the solution to the use of scabs is the mobilization of the working class, not appeals to corporate politicians. Strikers should send flying pickets to other healthcare workers in the region, as well as to other sections of workers, including UPS workers, railroaders, dockworkers, teachers and more for a unified fight against the attacks that are taking place against the entire working class.

Instead, the ONA bureaucracy again reveals its class orientation by making empty appeals to the Democrats, a capitalist party of Wall Street, war and genocide, as well as a party which has done nothing to stop the ongoing anti-working class rampage of President Donald Trump.

The only way forward in the fight by nurses for a real public health policy is to turn outward to the broader working class. Instead of letting the union apparatus

direct their struggle toward the Democrats, which have, along with the Republicans, consistently allowed for ever more brutal attacks on public health, nurses should form rank-and-file committees, democratically controlled organizations of, by and for workers to enforce the demands and needs of nurses, doctors, and other medical workers on the hospital floor.

The committees would then link up with other such committees nationally and internationally under the umbrella of the International Workers Alliance of Rank-and-File Committees. In doing so, they would directly connect with other struggles of workers and forge a unified fight against capitalism and for a policy of socialist public health.



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