

“Each nurse has 15–20 patients almost each shift—it’s brutal”

New York City nurses take a stand against deadly understaffing

Our reporters
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Nurses at two of New York City’s largest private hospitals, Mount Sinai and Montefiore Medical Center, began the first day of their strike Monday morning. The walkout of 7,000 nurses marks the first major strike of the new year in the United States and signals a new stage in the growing rebellion of health care workers.

The strike takes central aim at the dangerous staffing levels prevailing at the hospitals, which have led to intolerable conditions for both workers and patients. Nurses report staffing ratios that routinely violate state law, physically and mentally overwhelm them and prevent them from administering the care their patients deserve.

Under such conditions, the inadequate wages offered in one of the world’s most expensive cities cannot hold the workforce in sufficient numbers, let alone expand it to safe levels.

The severe staffing shortages at Montefiore and Mount Sinai are far from unique. Nurses at 12 private New York City hospitals authorized strike action by 99 percent. However, in the lead-up to Monday’s deadline, the New York State Nurses Association (NYSNA), which is affiliated with National Nurses United (NNU), and the hospitals pushed through agreements at 10 of the 12 hospitals that do nothing to fundamentally rectify understaffing.

New York Governor Kathy Hochul attempted to scuttle the strike at the remaining two hospitals late Sunday, calling for binding arbitration in exchange for a withdrawal of the strike action. Confronting widespread anger, the NYSNA bureaucracy felt it had no choice but to call the strike even as it has signaled its willingness to shut it down as soon as possible.

Three years into the pandemic, the striking nurses at Mount Sinai and Montefiore are in no mood to give up their core demands. Scores of nurses in New York City alone lost their lives as they were forced to care for patients without adequate protective equipment in completely overwhelmed hospitals. The heroic sacrifice came at the cost of severe stress and trauma, forcing many to leave the field.

Hospital administrators sought to blame nurses for refusing to accept the unacceptable. The *New York Times* reported Mount Sinai administrators calling the strike “reckless” and Montefiore declaring a “sad day for New York City.”

Yet the stand taken by New York nurses is as urgent as ever. The policies of the ruling class, united across political party lines, are

ensuring the health care crises continue unabated. The most recent COVID variant to explode across the country, XBB.1.5, has combined with other respiratory viruses to cause an upsurge in illness this winter. The removal of all COVID mitigation measures ensures that new variants will continue to emerge.

Reporters from the *WSWS Health Care Newsletter* spoke to workers and supporters on the picket line Monday.

Marie, a striking nurse, said, “We’re not playing games with Mount Sinai anymore. We are overwhelmed here. We are understaffed. Nurses are calling in sick because they are overwhelmed.

“It’s not just about salary. It’s about retaining nurses; that’s what we are fighting for. Nurses come, then leave, because they realize they can get paid better in any other hospital.

“We are 500 nurses down, we want to close that gap.”

“We want what is fair,” she continued. “During COVID, we didn’t ask for a penny. We stood up as heroes. We asked for PPE. We respected our contract. We respected our nurses’ vow. We supported our hospital. We supported the community. We had our nurses die from COVID, and our own nurses brought illness home to their grandparents who died from COVID. What does Mt. Sinai say about that? What does the administration say about that? No, we’re not going down again. That’s it.”

Lily, a fellow nurse at Mount Sinai, explained, “The administration is not hiring enough nurses, so we are always short of staff and cannot correctly accommodate patients. Our hospital is getting less than all the other NYSNA hospitals, so, basically, we are the least-paid nurses in NYC.”

Referring to the deal agreed to by NYSNA at 10 other New York City hospitals, she said, “7 percent, 6 percent and 5 percent [raises] over three years is not even going to get us close to what we need. And this is when you’re just looking at salary. The problem is all of the rest of the benefit [deductions] that are included in that 7 percent. So we are way behind in salary.”

Another nurse at Mount Sinai, Raji, said, “It’s been rough. It’s been hard. We work in the emergency department. The ER I worked in in another hospital was—max—seven patients. We have 15 to 20 patients almost every shift—each nurse—and yeah, it’s brutal. We are short-staffed. Where we’re supposed to have four nurses, we have two.

“The staffing issue has been huge. We hire new grads—they come

in, they cry—they don't want to be here anymore. We are letting our nurses suffer. No one is happy at work. The nursing we knew four or five years ago is no longer. Honestly, it's brutal. We're hoping that this strike will get us better working conditions because the future of nursing is doomed right now."

Ray, a radiology tech, remarked, "The majority of the nurses are having a problem with staffing. Where I work, interventional radiology, I think we're doing well, but overall the nurses staffing shortage affects everyone. It trickles down to our department—other departments—then there's delay of care because of poor staffing.

"We really need to fight for this contract now to show the whole nation. I mean, the whole nation suffered."

Kate, a doula, came out to support the nurses strike. "I support the nurses strike because they do everything. They're the heart of the hospital. I see it first hand and I think they deserve to have fair pay and safe staffing. It will save patients' lives, honestly. I had to come down and support them."

Eight miles north, at Montefiore Medical Center in the Bronx, Virginia, an ER nurse with 37 years experience, explained the conditions that led up to the strike. "They promised five years ago to renovate us but they did not do it. The population of psychiatric patients coming in has grown. I can have up to 15 patients on stretchers and they can be there three to four days. When there are over 15 in Psychiatric, you are allowed to 'go on diversion,' meaning patients will be diverted to go to other hospitals, but diversion is not allowed in Medical.

"The last contract, three years ago, we had a deficit of 300 nurses. They lied and said they would hire more. Now it is up to 700 deficit. We need measurable ways to see they are hiring what they promised. That is why we are out here. It is the sticking point. Even for medical surges, they promised a one-to-five nurse-to-patient ratio on medical floors, but it goes up to one-to-eight.

"When I started as a nurse 37 years ago, it was better. The nurse-patient ratio was better. It was union when I came here but since then it has been going down. Then COVID brought out the ugly. During the beginning COVID time, we had up to five refrigerator trucks here [for corpse storage]. We worried about whether we would even live to go home. My daughter and son had COVID but fortunately had been healthy and are okay."

Bey described how her job is impacted by the staffing shortage. "I have worked 32 years as a nurse and have four more years to go before I can retire. Here is an example of why the staffing shortage has driven us to strike. A cardio [heart] patient is at risk after having a procedure to put a stent in their heart. They are prone to bleeding. The ratio of nurses to patients is supposed to be one-to-four in that situation, but we have one-to-five or six, sometimes one-to-seven. We do not have ancillary staff like secretaries. So we have to answer phone calls or be cleaning patients. We must monitor for bleeding every fifteen minutes. They might bleed. Every unit has a different story."

She added, "Another thing that is limited by short staffing is our time for educating patients after they have their procedures. We have to explain to patients what they need to know to follow up, like when they can begin to shower again at home. But then we must rush to the next patient. Some of us work double shifts, which is 24 hours, because people are getting sick and there were

already not enough people. The pay on that is regular overtime. Many nurses do not want to stay and are leaving as soon as they turn 60. Many retire but after this hard work then get sick and die."

Gilda has worked in the intensive care unit for four years. She said, "We want no more patients in the hallway. The hospital closed units and has refused to open them up. We are still getting these patients but they do not want to hire more. They would rather we have 10 patients each. Nurses shouldn't have to come to work in conditions that might result in their losing their license, like happened in the case of Radonda Vaught in Tennessee."

Another nurse with 20 years experience, two at Montefiore Children's Hospital, said, "After COVID hit, many nurses left and the hospital has not been hiring. There are not enough nurses for the patients. The patients deserve better. We are protesting about the staffing and they completely ignore us. If we protest an assignment because it has excessive patients, it goes on deaf ears. The overwork is going on from the beginning of our shift. The strike is not something we want, but the fight we need starts right here."

The strike by New York City nurses is part of a growing wave of international struggles by health care workers including National Health Service nurses and ambulance drivers in the UK and nurses in Sri Lanka. It takes place as broader sections of workers come into conflict with capitalist governments around the world, which are trying to impose the cost of the economic crisis and escalating military conflict on the backs of the working class.

In recent days, more than 1,000 CNH Industrial workers in Wisconsin and Iowa voted to reject the "last, best and final offer" by the multinational construction and farm equipment maker, despite the efforts by the United Auto Workers to isolate their eight-month strike.

More than a million-and-a-half workers in the US face expiring contracts this year, including at Caterpillar, General Electric, the Metropolitan Transit Authority in New York City, UPS, the Detroit-based automakers and Mack Trucks.

To win the strike in New York, nurses must take the conduct of the struggle into their own hands by forming a rank-and-file strike committee. Only in this way can the struggle of nurses be united with broader sections of the working class to fight against the subordination of every aspect of life, including life itself, to private profit.



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