

New York-Presbyterian intensifies its offensive against nurses

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New York-Presbyterian, the largest private hospital system in New York, has launched an offensive against nurses this summer. In two ongoing legal cases, the system is intensifying its attacks on working conditions and on the right to organize. In response, the New York State Nurses Association (NYSNA), which claims to represent nurses at New York-Presbyterian, has offered merely empty gestures and comments from the sidelines.

New York-Presbyterian had an operating profit of \$112.5 million for the first quarter of this year. It is one of the city's most profitable hospital systems. Like hospital systems worldwide, New York-Presbyterian makes its profits by cutting costs and employing as few nurses as possible. Understaffing is associated not only with worse patient outcomes, but also with increased stress and risk of burnout among nurses.

In July, New York-Presbyterian filed a petition in Manhattan Federal District Court, seeking to have a penalty of more than \$270,000 overturned. An arbitrator had ordered the system to pay this money to nurses who had endured understaffing. But New York-Presbyterian argued in its petition that the system had made "good-faith efforts" to improve staffing. Implicitly acknowledging that staffing remains inadequate, the system blamed this problem on the "market conditions for nursing staff in the area." For good measure, New York-Presbyterian complained that the award was "punitive" and that the contract did not provide for it.

In June, New York-Presbyterian appealed to the US Supreme Court to uphold its firing of a nurse and union organizer in March 2020. Management at Hudson Valley Hospital in Cortlandt Manor, New York, accused experienced nurse Rosamaria Tyo of patient abandonment when she walked out of an operating

room while a patient was undergoing complicated spinal surgery. But Tyo did not have a hands-on assignment; she was working as a circulating nurse, and her responsibilities were to document and coordinate nursing care, as well as to supervise a trainee.

Tyo left the operating room to meet the chief nursing officer about NYSNA's first contract with the hospital. The meeting turned into a heated confrontation, and the hospital fired Tyo two weeks later.

"Tyo excused herself from the operating room, without permission or coverage, leaving her orientee unsupervised, in order to attend a gathering of union representatives," New York-Presbyterian's lawyers argued in their petition to the Supreme Court. But an administrative judge held that the hospital had fired Tyo for her union activity and must reinstate her with back pay. The National Labor Relations Board and a federal appeals court in New York later upheld that decision.

In its petition, New York-Presbyterian argued that the three tribunals that ruled against it had allowed themselves to "literally 'play doctor.'" The system asked the Supreme Court to declare that when examining cases involving hospital workplace issues, courts should show "a proper respect for who possesses expertise on the issues."

But in fact, it is New York-Presbyterian that is not showing respect for expertise; the lead surgeon in the operating room on the day in question recommended that Tyo be reinstated. She now works at a hospital that is not part of the New York-Presbyterian system.

NYSNA has not organized a fight against New York-Presbyterian in either of these two legal cases. The system's willingness to ask the Supreme Court to uphold its firing of Tyo "has a really chilling effect on the workforce," Pat Kane, executive director of

NYSNA, told the *New York Times*. But the union is content to confine the dispute to the courts, which favor the interests of capital, rather than organizing a walkout to demand Tyo's reinstatement.

Similarly, NYSNA has allowed New York-Presbyterian to resist the arbitrator's imposition of a \$270,000 penalty and drag out the dispute for months. This long process was established in the current contract, which the union trumpeted as a victory for nurses. NYSNA claims that safe staffing can be achieved through agreements that provide arbitration processes to enforce it. In reality, these contracts institutionalize understaffing, as the current experience shows.

Nurses at Mount Sinai Health System, who also are members of NYSNA, face the same problems. Mount Sinai has now been fined at least eight times for persistent understaffing since the current contract was approved in January 2023. The fines clearly are not an effective deterrent for Mount Sinai. Nor do the awards granted to nurses provide sufficient compensation for the periods of overwork and stress that they endure. Rather than organizing workplace actions to fight Mount Sinai's violations, NYSNA leaders have simply asserted that this ineffective contract must be enforced.

As nurses have grown frustrated with this process and angry with the hospitals' intransigence, NYSNA has organized "speak outs" and appeals to New York state's government, which is controlled by the Democratic Party, for safe staffing. But New York state already has a law that requires hospital administrators to collaborate with workers in setting annual staffing standards. New York-Presbyterian, Mount Sinai and Albany Med Health System are among the many systems that have violated these standards since the law was enacted more than three years ago. On occasions when the health systems cannot avoid fines, they see them as a cost of doing business, and not an incentive to hire more nurses.

NYSNA's response to the attacks by New York-Presbyterian and other health systems clarifies its social role. The union apparatus protects the health systems' profits by endorsing contracts that do not satisfy nurses' most basic needs, including safe staffing and adequate salaries. It avoids strikes whenever possible, instead allowing nurses to let off steam through informational pickets.

NYSNA, like the other trade unions, also prevents nurses from establishing their political independence and does everything possible to keep nurses under the sway of the Democratic Party. But this party, the oldest capitalist party in the world, represents the interests of Wall Street and the intelligence agencies, not those of healthcare workers. The Democrats' priority is not to enforce safe staffing, but to support Israel's genocide (which entails the deliberate destruction of the entire healthcare system in Gaza) and escalate the NATO war against Russia, which threatens to become a nuclear conflict.

To defend jobs, achieve adequate staffing levels and win salaries that keep pace with the rising cost of living, nurses will need to form rank-and-file committees that are independent of the trade unions and of both capitalist parties. Through these committees, nurses will be able to formulate their demands, develop a strategy to fight for them and reach out to other workers for support. At bottom, nurses' workplace struggles are inseparable from the fight to end the profit-based healthcare system and establish socialized medicine.



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