

HPAE union pushes Newark, New Jersey nurses into ratifying new contract

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The Health Professionals and Allied Employees (HPAE) union pushed about 900 nurses into ratifying a tentative agreement with University Hospital in Newark, New Jersey, last week. It has not made the vote count or percentages public.

The union announced the tentative agreement on October 9 and held a vote only two days later, thus preventing the nurses from having enough time to study the agreement. HPAE used this rushed and undemocratic procedure to hide the agreement's loopholes and concessions from its membership. The nurses will soon find that their demand for safe nurse-to-patient ratios has not been satisfied and that they will need to take the initiative and continue their fight.

University Hospital is a Level 1 trauma center and the only public hospital in New Jersey. Newark is the largest city in the state, as well as one of the poorest. About half of its population is black, and more than a third of its population was born outside the United States. A significant section of Newark's residents works in low-income jobs.

The contract for the nurses expired on September 30, along with the contract for 500 social workers, laboratory workers, IT workers and clinical staff. The latter workers are also members of HPAE but belong to a different local. Not bothering to hold a strike vote, the union kept all 1,400 workers on the job and continued to negotiate with the hospital. As administrators acknowledged in a revealing public statement, HPAE has routinely prevented strikes and continued negotiations long after its contracts have expired.

At University Hospital, as at hospitals around the world, the nurses' main demand was safe nurse-to-patient ratios. Understaffing is a long-standing problem that has been exacerbated by the COVID-19 pandemic and the retirements and resignations that it prompted. It

is associated with higher workloads, increased stress and greater risk of burnout. In addition, understaffing leads to decreased quality of care and worse patient outcomes. Ample research has shown that reducing nurse-to-patient ratios is associated with better care and improved patient outcomes.

Instead of leading a joint struggle of all its University Hospital members, HPAE kept them divided. It reached an agreement for the nurses but announced that contract negotiations for the professional workers, who are fighting for better wages and benefits, would continue this week. This strategy has weakened the leverage that the social workers, laboratory workers, clinical staff and IT workers have, and puts the hospital in a better position to impose its demands. In essence, it pits workers in the same union against each other, in a violation of basic solidarity.

The nurses' new contract with University Hospital includes a 1:6 nurse-to-patient ratio for medical-surgical units and an ostensible commitment from the hospital to establish a 1:5 ratio by July 2026. The contract also establishes ratios of 1:5 in pediatrics and 1:2 in intensive care.

In addition, the contract provides for the establishment of a staffing committee, to include nurses and management, that will review compliance with these ratios. Other terms include a new wage scale that is individualized for each job title in a unit, and unspecified updates to benefits standards.

A nurse-to-patient ratio of 1:6 in medical-surgical units will place a heavy burden of work on nurses and may prove to be dangerous. It is unclear whether this ratio considers patient acuity, which affects the amount of attention and care that patients require. Postponing the establishment of a 1:5 ratio until 2026 simply provides the hospital time to develop a way to sidestep

this commitment. Moreover, staffing committees have been used not for their stated purpose, but to subordinate nurses to the needs of hospital administrators and to prevent nurses from fighting independently for safe staffing.

Debbie White, president of HPAE, is still encouraging nurses to call on the New Jersey legislature to enact a safe staffing law. White's appeal for this reform undercuts the union's claim that the new contract with University Hospital establishes appropriate nurse-to-patient ratios. The HPAE leadership has made the same claim about contracts at Englewood Hospital, Palisades Medical Center in North Bergen and Cooper University Health Care in Camden. At all these facilities, HPAE blocked nurses from striking and presented nurses with hospital-friendly agreements.

Moreover, safe staffing bills have been introduced in the New Jersey Senate for the past 20 years, only to die in committee. Were the bill to be passed, it would be poorly enforced. Nurses in California and Oregon can attest that hospitals face few consequences for violating those states' safe staffing laws.

In calling for such legislation, HPAE is attempting to keep vain hopes in the Democratic Party alive among nurses. The top priority of the Democratic Party is not to improve nurses' working conditions but to wage imperialist war. The party is bent on escalating the proxy war with Russia in Ukraine, which is on the brink of becoming a direct NATO-Russia conflagration, and aiding Israel as it expands its barbaric onslaught from Gaza to the West Bank, Lebanon and Iran. President Joe Biden has relied heavily on the trade unions to suppress workers' opposition to exploitation and war and to ensure the continued accumulation of corporate profit. The recent betrayals on the East Coast and Gulf Coast docks, and last year at the Big Three auto makers and at UPS, are only the most notable examples of this strategy.

HPAE and the other healthcare unions perform the same function as their counterparts in other industries. The nurses at University Hospital will not achieve scientifically grounded nurse-to-patient ratios, and the other workers will not be able to win salaries that are adequate to the rising cost of living, if they remain shackled to HPAE. These workers need a new form of organization that is independent of the union

bureaucrats, who preserve their comfortable lifestyles by collaborating with management. They must also break decisively from both capitalist parties, which are irreconcilably hostile to all workers. By forming rank-and-file committees, the University Hospital workers can overcome the division that HPAE has imposed on them and develop a fighting strategy. Ultimately, healthcare workers must attack the root of the problem, which is the capitalist subordination of health to profit.



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