

# Portland nurses strike at crossroads as Providence states it is prepared to resume bargaining

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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 and the COVID-19 pandemic.*

After a week out on strike, the 5,000 nurses, doctors and midwives who walked out against the Providence healthcare network in Oregon are reaching a critical turning point in their fight.

On Tuesday, Providence issued a statement that it is “ready to discuss resuming mediated negotiations” at the eight hospitals, including the Providence Portland Medical Center and six clinics across the state that are on strike. The nurses’ union, the Oregon Nurses Association (ONA), responded that it is prepared to “move this process forward in order to reach a fair contract and end the strike.”

There is an enormous drive by rank-and-file nurses and other healthcare workers to ensure their demands are met. Similar to every struggle of healthcare workers in the past several years, Oregon nurses are fighting for improved staffing levels, wages that match similar work at other medical institutions in the state and better health benefits. A recent transition to a new health insurance company has meant many workers have had to switch medical providers or suffer out-of-network costs.

The strike has also made a definite financial impact. News reports indicate that Providence is losing more than \$25 million a week on the strike with the hiring of scabs alone.

The fight for these demands, however, immediately poses the need for a broader industrial and political struggle against the subordination of healthcare to corporate profit, supported by both the Republicans and the Democrats.

This struggle must be developed independently of the

ONA bureaucracy, which bear responsibility for the conditions nurses face. Striking healthcare workers must build a rank-and-file committee to outline their own non-negotiable demands, including large pay raises, improved health benefits and, above all, real and enforceable nurse-to-patient ratios.

The committee must launch an immediate campaign to unite strikers with medical workers at Kaiser Permanente and PeaceHealth, both of which have facilities in Portland and across the Pacific Northwest, for a joint struggle to meet workers’ collective demands.

Union officials, working with state Democrats, promoted the claim that the passage of the Oregon Safe Staffing law in August 2023 would end chronic understaffing. Instead, the toothless bill has only expanded the already existing labor-management staffing committees, which bow to corporate demands and allows hospital chains to continue to violate safe staffing levels.

The Democratic Party-sponsored bill was actually drafted by the ONA, and then passed with higher nurse-to-patient ratios at the insistence of the hospitals. As a report in the Washington State Nurses Association publication admitted:

The final language of the bill reflected agreement among ONA and other unions—the Oregon Federation of Nurses and Health Professionals (OFNHP), Service Employees International Union 49, and Oregon American Federation of State, County and Municipal Employees—with the Oregon Association of Hospitals and Health Systems, representatives of Oregon Health and Sciences University, Providence, and Salem Health.

Hospitals have used certain provisions in the law, which went into effect on June 1, 2024, to claim that nurses needed to take the maximum patient assignment possible, often increasing their workload rather than decreasing it.

The strike by over 5,000 nurses, doctors and midwives against the Providence healthcare network in Oregon entered its second week on Friday. The strike is the first major strike in the US this year, and the largest healthcare strike in the state's history.

Genuine safe staffing can only come from the workers themselves. Rank-and-file committees must be established by healthcare workers on the hospital and clinic floors to enforce proper ratios, as well as ensure against any attempt by the ONA apparatus or hospital management to violate measures needed to properly care for patients.

These committees must also be developed to lead the current strike itself. Rather than subordinating the strike to the Democratic Party—a capitalist party which defends the for-profit health system and has overseen ever-greater social inequality over the last four years—the strike must become the catalyst for an industrial and political counter-offensive against both corporate-backed parties.

ONA officials have been working closely with federal mediators sent by the Biden administration to come to an agreement ahead of the inauguration of President-elect and fascist Donald Trump. There is a deep concern that an ongoing strike when Trump takes office will impede Trump's efforts to be a dictator on "day one," including beginning rounding up millions of immigrants, many of whom live in Portland.

In other words, these same bureaucrats do not share the interests of the rank and file. The fact that workers across Oregon are again striking, after a strike at Providence St. Vincent in June 2024, a strike at Providence Portland Medical Center in 2024 and a supposed "victory" on a contract at St. Vincent in 2022, all on the same issues, is itself an indication that workers must develop new forms of struggle.

This has emerged within multiple industries, both across the US and in the Pacific Northwest in particular. The American Federation of Teachers, with which the ONA is affiliated, is infamous among educators for playing a critical role, as it has recently in Chicago and Seattle, sanctioning the closure of schools and forcing higher teacher-to-student ratios. The United Auto Workers did everything it could to isolate and cripple last year's strike by graduate workers at the University of California against the Gaza genocide.

And at Boeing, the International Association of Machinists worked to shut down a powerful strike of 33,000 Boeing machinists the day before the November election, again to ensure the "smooth transition of power" touted by Biden. The unions work hand in hand with the Democrats, as well as the Republicans, as in the case of International Longshoremen's Association President Harold Daggett, to keep workers on the job and to isolate strike activity.

A key aspect of such campaigns is played by publications such as the pseudo-left *Labor Notes*, which recently wrote on the Oregon nurses strike. While it acknowledged some of the many issues nurses and other medical workers face, it made no mention of the role of the ONA bureaucracy in acquiescing to these issues in the first place. Instead they tout that strikes in which workers' demands are not met are "successful."

The only way for the ongoing strike at Providence to be genuinely successful is for workers themselves to abolish the artificial divisions enforced by the unions, especially the different contracts of different lengths at each individual hospital and workplace. A united struggle must be waged to purge the profit motive from the health care system as part of the broader socialist transformation of society.

This involves setting up rank-and-file committees, organizations where workers can democratically discuss their demands and set out plans to enforce their will. These committees would act under the umbrella organization of the International Workers Alliance of Rank-and-File Committees (IWA-RFC), to communicate with and unite with healthcare workers around the world who face the same struggles.

Nurses and healthcare workers looking to wage such a struggle should contact the *World Socialist Web Site Health Care Newsletter*, which will provide all possible support for such a fight. For more information, fill out the form below.



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