

Providence healthcare strike in danger as Oregon governor intervenes to re-start talks

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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 on public health by the Trump administration.

On Wednesday, Oregon Governor Tina Kotek intervened in the nearly three-week long strike by 5,000 Providence nurses, physicians and other healthcare workers, in an attempt to shut the strike down.

According to a joint press release by the Oregon Nurses Association and Providence Oregon, “At the request of Oregon Governor Tina Kotek, [we] have agreed to have representatives from both sides re-engage in intensive, in-person mediation beginning today, January 29th, 2025, in an effort to end this strike.”

It continues, “Both sides are engaging in every effort to get this dispute resolved as expeditiously as possible and get people back to work.”

Medical workers in Oregon have been on strike against Providence Health and Services, a chain of healthcare facilities in the western United States, since January 10. For the past three weeks, it has been the largest ongoing strike in the United States and the first major action by the working class against the Trump administration.

While presented by both management and the union officials in neutral terms, the intervention by the governor is the “kiss of death” for the striking healthcare workers. The intervention is aimed at shutting down the strike with a sellout contract before it expands.

There is enormous potential for the strike to expand into a broader movement of the working class, including among healthcare workers at other hospital networks in Oregon and the broader Pacific Northwest, healthcare workers nationally and internationally, and the working class as a whole.

These include nurses at University Medical Center in New Orleans and nurses at Geisinger Wyoming Valley in Pennsylvania, who are due to strike next week. There are also contracts expiring on January 31 for 500 members of United Food and Commercial Workers at Seattle Children’s

Hospital and on March 31 at PeaceHealth’s St. Joseph Medical center in Bellingham, WA.

And on Saturday, 18,000 Costco warehouse store workers across five states are set to walk out, while thousands of King Soopers grocery store workers are voting on strike action.

In each of these struggles, the demands of the rank-and-file are the same: wages, retroactive pay, healthcare benefits and safe staffing. To fight for these demands inevitably poses the need for a political fight by the working class against the Trump administration, its attacks on public health and attempts to establish a dictatorship.

Among the latest of these maneuvers is the spending freeze, currently held up in the courts, which threatens funding for domestic violence shelters, food safety and Medicaid. Significantly, Kotek also intervened in the strike the same day as the confirmation hearings began for Trump’s pick for Health and Human Services, notorious anti-vaxxer Robert F. Kennedy, Jr.

This is why any genuine fight requires the immediate establishment of rank-and-file committees and every workplace to coordinate actions, share information and act as a mechanism to enforce the democratic will of the rank-and-file. These committees, organized under the International Workers Alliance of Rank-and-File Committees (IWA-RFC), would fight for workers control at hospitals, factories, offices and other workplaces, and all aspects of social and political life.

These committees must be built independently of the Democrats and the union bureaucracy. By attempting to demobilize the working class in the face of these threats, the latter are playing directly into Trump’s hands. Officials in unions across the country have signaled open support for Trump’s “America First” nationalism and attack on immigrants, while others have signaled a willingness to “work with” Trump. In the healthcare unions, officials have hardly said anything about Trump, in order to lull workers to sleep to dangers.

The bureaucracy’s sole concern is to keep the rank-and-

file under control while ensuring that their own institutional and financial interests, six figure salaries and close political connections will continue under Trump.

The working class, however, is determined to resist dictatorship and massive pro-corporate austerity measures, setting it on a collision course with the union apparatus. A rebellion against the pro-capitalist union apparatus is a necessary component of the fight to win the strike and defend the rights of workers everywhere.

Safe Staffing

A major consideration of these committees, especially in the healthcare industry, would be the question of safe working conditions and proper staffing. Establishing exclusive control by healthcare professionals themselves over staffing and hiring practices is the only way that safe staffing ratios can be enforced against open defiance of legal requirements by hospital administrators.

The most recent Oregon safe staffing law was passed in 2023, mandating ratios of 1:5 nurse-to-patient ratios in medical-surgical units and 1:3 in intermediate care units. According to the legislation, Certified Nursing Assistants are only allowed a maximum of seven patients on the day shift and 11 on the night shift.

Nurses have already reported, however, that hospitals are “in direct violation” of the mandated ratios. Moreover, the new law sets up a staffing committee at each hospital, comprised of an equal number of hospital nurse managers and direct care staff, which will create the staffing plan for that hospital. In the event that a plan is disputed, it will be sent “to the hospital or the CEO’s designee for final determination.”

In other words, the hospital itself, not the caregivers, has the final say if its staffing is “safe.” This is a clear case of the fox guarding the hen house.

California enacted the first Safe Staffing law in the United States in 1999 (it went into effect in 2004). Since then New York, Massachusetts, and Oregon have passed Safe Staffing legislation; bills are in motion in several other states. Numerous studies have shown considerable benefit to patients and staff when safe staffing ratios are actually followed, but hospital chains have bristled at such mandates and routinely ignore them.

In New York, for example, which has had such a law for three years, most hospitals fail to maintain the required 1:2 ratio of nurse to patients in critical care and intensive care units. Similar to the Oregon law, the only enforcement are impotent staffing committees, over which management has the final say.

These toothless laws have been passed in states traditionally dominated by the Democratic Party. In Oregon, the chief sponsors of the 2023 bill were Representatives

Travis Nelson (also a member of the pseudo-left Democratic Socialists of America) and Rob Nosse, and Senators James Manning Jr. and Deb Patterson. The law was also championed by the ONA.

It was also hailed by Randi Weingarten, president of the American Federation of Teachers, who claimed that the law made safe staffing “enforceable” thus promoting a “healthy work environment.” Weingarten is notorious among teachers for her role in forcing the unsafe reopening of schools during the height of the coronavirus pandemic, resulting in massive new outbreaks and countless deaths.

In addition to using “safe staffing” laws to further exploit nurses, hospitals are also considering how to use emerging AI technologies to cut jobs. In a December 2024 interview, then-President and CEO of Providence, Rod Hochman, stated that, “AI and digital tools will play a crucial role in streamlining operations, improving patient care, addressing workforce challenges and supporting health care professionals.”

There is also every possibility that executives look for ways to develop AI “caregivers” to further reduce nursing workforces while using their control of safe staffing committees to assert that such actions are compliant with the law.

A real fight must and can be waged for high quality healthcare in the United States and internationally. But it must break itself from the shackles of the trade union apparatus and the Democratic Party, both of which constantly conspire to keep the struggles of the working class contained and isolated.

Rank-and-file committees, under the leadership of the IWA-RFC, must be developed and coordinate with others across the world. Strike action at every hospital must be prepared to purge the profit motive from healthcare and place human lives above the bottom lines of corporate executives.



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