



## Media Backgrounder For St. Vincent Nurses Strike

To arrange interviews with nurses at the hospital or for more information call or email

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You can also visit the St. Vincent Nurses Strike Page: [www.massnurses.org/StVincentNurses](http://www.massnurses.org/StVincentNurses)

The 800 nurses at St. Vincent Hospital, who are represented by the Massachusetts Nurses Association (MNA), are waging an open-ended strike against Dallas-based Tenet Healthcare, which began March 8 at 6 a.m., after a two-year effort by the nurses to convince their employer, Dallas-based Tenet Healthcare, to implement desperately needed staffing increases to improve the patient care conditions at the facility, poor conditions that have only been exacerbated by the pandemic.

On June 20, the nurses marked their 105<sup>th</sup> day on strike, making it the second longest nurses strike in Massachusetts history and the longest nurses strike nationally in more than a decade. As of that date, Tenet had spent an estimated \$75 million to prolong the strike -- all to avoid being held accountable for providing safer patient care.

The sole issue behind this strike is the failure by Tenet Healthcare to provide nurses on nearly every floor and department in the hospital with the level of staffing the nurses need to provide the care their professional license and their professional standards of practice dictate to ensure the safety of their patients. For the nurses, the most important factor determining their ability to deliver appropriate care is the size of their patient assignment, i.e. the number of patients they are required to care for at any given time during their shift, which dictates the amount of time they have to monitor, assesses and interact with their patients. This includes the time to deliver medications, manipulate the technology attached to each patient, to provide wound care, to educate patients about their conditions (nurses are the teachers in the health care system) and finally, to provide the emotional support patients (and their families) need to cope with and manage their condition. The science is clear: the most important factor determining a patient's safety in the hospital, and their ability to leave the hospital with a positive outcome is the number of patients assigned to their registered nurse. For a review of the volumes of research on this subject click [here](#).

The strike is the second strike by nurses at St Vincent Hospital against Tenet, as the nurses waged a successful 49-day strike in 2000 to achieve their first union contract. That strike ended with a settlement reached in the DC offices of Senator Edward M. Kennedy, where the nurses achieved landmark provisions to limit the use of mandatory overtime as a staffing tool, one of the first settlements in the nation to provide such a protection.

Below we provide information on the history of negotiations with Tenet, the state of patient care at the hospital, the steps nurses have taken to move Tenet to respond to the crisis, the specific proposals the nurses are seeking to prevent the strike and improve patient care, and information about Tenet's extensive financial resources to support the changes the nurses are seeking in their new contract.

### Status of Negotiations

The nurses and Tenet began negotiations for a new union contract in November of 2019. To date, 33 sessions have been held between the parties, with the last several involving a federal mediator.

The nurses voted overwhelmingly on Feb. 10 to authorize the strike, and on Feb. 23 they issued the required 10-day notice to conduct an open-ended strike beginning at 6 a.m. on March 8.

The planning for the strike intensified following failed negotiations on March 3, when Tenet walked away from the table, having once again refused to address the nurses' longstanding call for desperately needed staffing improvements to ensure safer patient care. It is important to note that it wasn't until a session on Monday, March 1, that Tenet for the first time made any proposal to address nurses' key issue driving them to strike, which was staffing. Unfortunately, their proposal only addressed staffing on two units, with no changes to dangerous staffing conditions on 10 other units where the majority of patients are cared for, including the critical care units, emergency department, maternity, behavioral health and other medical surgical floors. The proposal also failed to include any increases in support staff, such as secretaries and patient care assistants on the units, as well as patient care observers to watch over patients at high risk for a fall so that nurses can focus on providing care to acutely ill patients.

"It is clear from Tenet's hardline stance on staffing that they are intent on forcing nurses to strike," said Marlena Pellegrino, RN, co-chair of the bargaining unit. "We are sad to see that Tenet holds so little value for our patients, yet we are resolved to do whatever it takes for as long as it takes to protect our patients, as it is safer to strike now than allow Tenet to continue endangering our patients every day on every shift. As we prepare for a strike, we are always ready to get back to the table to negotiate whenever Tenet is ready to do the same."

**The first negotiating session between the parties during the strike occurred on April 25**, where once again Tenet came to the table without addressing the nurses call for safer staffing standards that the nurses had raised prior to the strike. The only change to Tenet's pre-strike proposal was to call for the creation of a "committee" to review the current insufficient staffing levels every quarter, with no commitment to actually improve conditions to ensure safer patient care as proposed by the nurses prior to the strike. After the session the nurses reviewed the hospital's proposal with the membership via zoom and the members voiced strong opposition to what was offered. The nurses responded that they have no interest in another committee. They need actual safe and enforceable limits on nurses' patient assignments on the medical surgical floors, the addition of resource nurses and other staff on a variety of units to provide the care that reflects the level of illness of today's hospitalized patients. As one of the nurses told the media after the session, "We don't need a committee to tell us how unsafe the conditions are," Pellegrino said. "We have been living it and working it for the past 10 years, and our patients have been on the receiving end of it for over two years."

**Talks resumed on May 1, with a follow up session on May 5.** While Tenet did make some improvements in their last proposal on May 1 and 5, they once again showed their true colors and intent. In fact, the hospital's proposal included a poison pill, which was a demand that the nurses do away with their contractually enforceable staffing guidelines built over the last 20 years. In doing so it would not improve the inadequate RN staffing that currently exists on many units, it would also remove the requirement for appropriate support staff that allows the RNs to provide nursing care.

The nurses staffing guidelines are the foundation of the nurse staffing plan at the hospital. For each unit, the guidelines delineate the number of RNs and support staff based on each census point, and currently include a mix of four and five patient assignments. These guidelines provide a baseline of staffing levels for each unit that provide accountability for Tenet management. Their demand that the nurses do away with their established staffing guidelines removes any means of holding Tenet accountable for maintaining current staffing, not only for nurses, but also for support staff who are mandated in those guidelines. In this administration's hands, we fear they would continue their same staffing practices, and worse still, be free to cut ancillary staff, further undermining the safety of patient care.

Further Tenet proposed changes to the nurses' floating language that would allow them to place nurses on any unit with the expectation that they can take an assignment though they may have little or no experience with that patient population.

For our part the nurses did attempt to work within the framework of their last proposal and made a counter proposal that included a modified staffing demand that would allow for some five patient assignments, but placed guardrails in the language that limited those assignments, and would ensure that patients who needed more attention, and nurses who needed a lower patient assignment, could be afforded that standard of care.

In response Tenet abruptly ceased negotiations and are now threatening to permanently replace the nurses.

## **Background on Staffing Crisis**

For two years nurses have been struggling to care for patients without appropriate staffing levels for both nurses and support staff, inadequate supplies and equipment, with an administration that has shown no interest in working with the nurses to improve these deplorable conditions. And the situation has only become worse during the pandemic where in addition to the lack of staff, nurses have lacked adequate personal protective equipment and seen Tenet furlough staff that could have been allocated to better care for the influx of patients with COVID-19.

**In the last year alone, nurses have filed more than 600 official "unsafe staffing" reports (more than 110 such reports have been filed since Jan. 1, 2021) in which nurses informed management in real time that patient care conditions jeopardized the safety of their patients.** The nurses also report their patients in Worcester are experiencing an increase in patient falls, an increase in patients suffering from preventable bed sores, potentially dangerous delays in patients receiving needed medications and other treatments – all due to lack of appropriate staffing, excessive patient assignments, and cuts to valuable support staff. Nurses also have sent personal emails to management and confronted the hospitals' recalcitrant CEO with their concerns on her visits to hospital units.

Other efforts to move Tenet to improve care include:

- Last February, more than 70 percent of nurses signed and delivered a petition to Tenet administration calling for safer staffing levels and an end to management's punitive treatment of nurses, and this was before the onset of the pandemic.
- In March, again, prior to the first surge in the pandemic, more than 200 nurses from every unit and every shift attended a negotiation session with management to provide alarming personal testimony about the impact current staffing levels were having on patient care, with numerous nurses describing conditions at the hospital as a "travesty...disgraceful...and shameful." They described numerous patient falls, the onset of serious preventable complications, suicidal patients being left without one-on-one monitoring, and even preventable deaths directly attributable to inadequate staffing levels and unsafe nurse patient assignments.
- In May, after management implemented a furlough of staff, and daily staffing cuts (a process referred to as flexing staff) and other negative staffing practices, the nurses cast an overwhelming vote of "no confidence" in hospital CEO Carolyn Jackson and her management team. No action was taken to address the concerns.
- During the last 10 months alone, as a result of these conditions, more than 100 nurses have left the facility for other hospitals, specifically UMass Memorial, with better staffing, pay and benefits.
- In December, more than 400 nurses participated in an informational picket to call for public support for safer staffing, particularly in light of the growing second surge of the pandemic.

- And starting in January, dozens of nurses participated in daily informational picketing in an effort to move Tenet to address their number one concern – safe staffing.

Still, management has done little or nothing to address nurses' concerns. In fact, as nurses prepared for the second surge, the hospital refused to put in place standards of care, such as the creation of COVID specific units with strict limits on nurses' patient assignments to no more than three patients that were in place during the first surge. Now, to the shock and dismay of the nurses, the hospital is insisting on comingling COVID and non-COVID patients; and creating conditions that force nurses to take up to five patients at one time – a reckless practice that endangers both patients and nurses. They have also laid off secretaries and other support staff, thus exacerbating an already dangerous practice environment. When the nurses finally convinced management to meet with them to hear their concerns and recommendations, the chief nursing officer abruptly ended the meeting, refusing to address any of the issues raised.

“Our nurses have been sacrificing for our patients, family and communities throughout this pandemic,” said Dominique Muldoon, a nurse who worked on the COVID floor during the first surge and co-chair of the nurses local bargaining unit. “Nurses have moved out of their homes or isolated from loved ones. Our members have been exposed or infected with this virus in our efforts to provide care to these very sick patients. Our members have witnessed unbearable suffering and been the only ones with patients, or been the conduit of all communication with families as they watched their loved ones die. For nurses, this is our duty and our obligation, and all that we ask is to be treated with respect and to be given the resources to perform this noble work.”

### **Staffing/Patient Care Improvements Sought by Nurses**

The nurses have spent more than a year in negotiations with management for a new contract that would include the staffing improvements nurses need to provide safe patient care.

As stated earlier, Tenet has been forcing nurses on most floors, particularly on the medical surgical floors, telemetry floors and the emergency department, where most patients stay, to take on unsafe patient assignments nearly every day on every shift. Nurses on the medical-surgical floors and telemetry floors over the last two years have been assigned five patients at a time, a dangerous assignment. In the emergency department it is not uncommon for nurses to be assigned five and six patients at a time, with that assignment including critically ill patients waiting for an admission to an intensive care unit (where patients are part of a 1 to 2 patient assignment). This is a violation of contractual language stipulating that critical care patients receive the same level of care regardless of their location within the hospital.

Nurses are seeking an increase in staffing in these areas so that on most occasions nurses have a safe four patient assignment, while allowing for five patient assignments only when it is warranted. On all floors nurses are seeking what is known as a “resource nurse” without or with a reduced patient assignment. A resource nurse is a nurse assigned to manage the flow of patients on and off the unit, to respond to an unexpected increase in-patient admissions, to assist other nurses in completing care when the care needs of their patients necessitate or to serve as an extra pair of hands to assist a younger less experienced nurse with a complex case. This would provide the nurses the needed flexibility to assure the assignment matches the patient's needs and the ability for the nurse to meet those needs safely and effectively. The nurses are also seeking an increase in nurses in the emergency department to ensure they can provide safe emergency care, and so that critically ill patients waiting for an intensive care unit bed to open, have the level of care they need to be safe. Finally, nurses are seeking increases in support staff, such as unit secretaries and patient care observers to help watch over patients at risk for a fall, and to provide communication to physicians and families so that nurses can focus on their main job, which is providing direct observation of and care to acutely ill patients. Right

now, Tenet is staffing to the bare bones level, which allows for no flexibility to addressing changing patient care needs.

### **Tenet Can Afford Safe Patient Care**

While nurses call for improved staffing levels, adequate PPE and the pay and benefits they need to recruit and retain the staff they need to meet the challenges of the pandemic, Tenet Healthcare's focus has been on cutting corners and recouping revenue to boost their bottom line, expecting nurses and patients to pay the price for their decisions.

Tenet's greed and disdain for nurses and patients was made even more clear in the last year, as back in April of 2020, at the onset of the pandemic, their CEO was quoted in the [Dallas morning news](#) touting their plans to use staffing furloughs and funding from the CARES Act stimulus package to "improve their cash position." And that Tenet did, cutting staff and taking more than \$2.8 billion in taxpayer funding to post a [profit](#) during the pandemic year of \$414 million, with more than [\\$97 million in profits](#) for the first quarter of 2021. Tenet's stock value also nearly tripled, going from a low of \$21.76 per share at the beginning of the pandemic to a high of \$64.77 a share as of Friday, May 25.

Tenet's executives appear to have used COVID-relief funds to boost the company's bottom line and to fund its expansion. During the pandemic, Tenet spent \$1.1 billion to acquire 45 ambulatory surgery centers from SurgCenter Development, thereby catapulting Tenet to its current position as the largest operator of such facilities in the nation. Tenet also used nearly \$500 million in cash to pre-pay debt that was not due for four years. It invested an undisclosed amount of cash in a highly speculative investment vehicle — a Special Purpose Acquisition Company (SPAC) — issued by a New York hedge fund that is also Tenet's largest stockholder. SPACs, known as "blank check" companies, are reportedly the subject of an investigation by the Securities and Exchange Commission. Tenet's executives also stockpiled cash, ending 2020 with \$2.5 billion in cash as compared to \$262 million one year earlier. Tenet's cash balance at the end of 2020 was more than double its cash balance during any quarter over the past ten years.

St. Vincent Hospital has been one of Tenet's most profitable hospitals, and St. Vincent is one of the most profitable hospitals in Massachusetts. In fact, St. Vincent Hospital generated more than \$355 million between 2014 and 2019. In 2019, the hospital posted record profits of more than \$73 million, a profit margin of 14 percent, four times the state average for hospitals and five times the profit margin for UMass Memorial Medical Center, a facility that provides the staffing levels the nurses at St. Vincent are seeking, while also paying their nurses significantly more and providing better health and pension benefits.

Nurses believe that Tenet can easily afford to provide the improvements the nurses are seeking, but the nurses see the decisions being made on the local level being driven by corporate heads in Dallas. Nurses view St. Vincent CEO Carolyn Jackson, a chemical engineer by training with no prior experience in caring for patients, as a willing tool for Tenet corporate management in Texas.

"Tenet is a for profit healthcare conglomerate, and we cannot stand by while they take advantage of a global pandemic to, in the words of their Dallas-based CEO. 'maintain a strong cash position.' The voices of our bedside nurses must be heard," explained Marie Ritacco, RN, a nurse in the Post Anesthesia Care Unit and Vice President of the Massachusetts Nurses Association. "We hold that patient care and the safety of the caregivers must be prioritized before profits going to Dallas and the shareholders. We will do everything in our power to shed sunlight on the decisions we believe fail to protect our patients, our community, and our families."

### **Nurses Receive Overwhelming Community and Political Support**

While the nurses strike, the support from their community has been constant and substantial. The entire federal Delegation, led by Senators Elizabeth Warren and Ed Markey, and Worcester-based

Congressman James McGovern have been behind the nurses from the beginning. In addition the Worcester Mayor, City Council and the entire state legislative delegation is behind the nurses. Here is a [letter](#) 32 federal, state and local public officials sent to Tenet on Friday demanding that they get back to the table and stop trying to replace these nurses.

“Nurses work hard to take care of us when it matters most and I stand with them in this fight. It is time for Tenet to return to the bargaining table and conclude negotiations so St. Vincent nurses can go back to doing what they do best – caring for our community,” said Senator Warren.

“Tenet already made an unbelievable \$97 million in profit this year. They have plenty of money to address the concerns of St. Vincent nurses, but they won’t. It’s just plain wrong,” said Congressman McGovern. “I know firsthand how amazing the nurses at St. Vincent are – they’ve cared for members of my own family with incredible skill, commitment, and love. They deserve to be respected, not replaced. Every day this strike goes on does more and more damage to the St. Vincent brand. If Tenet cares at all about this community, they will come back to the table right now so St. Vincent nurses can go back to taking care of our community.”

Tenet’s threat to replace the nurses has been met with outrage by the nation’s labor and community groups, as well as by Senators Warren and Markey, Congressman McGovern and 32 federal, state and local public officials who penned a [strongly worded letter](#) to Tenet’s Chairman Ron Rittenmyer in Dallas on May 28.

“There should be no discussion whatsoever to replace striking workers, especially after everything these nurses have gone through the last year. These actions are causing great harm to our community and undermine workers’ right to organize,” concludes the lawmakers letter.

Most moving, has been the support the nurses have received from the faith based community, with Worcester Interfaith, a coalition of 21 faith based organizations of every domination, rallying to the nurses cause, holding [three vigils](#) on the nurses strike line since the strike began and casting the nurses strike as a moral contest between nurses’ aim to care for the sick against Tenet’s desire to improve their bottom line. As the nurses strike, donations from other nursing groups, labor organizations, and residents throughout the state continue to grow, with workers of every stripe seeing the nurses strike as a universal fight by essential workers against corporate greed.

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Founded in 1903, the Massachusetts Nurses Association is the largest union of registered nurses in the Commonwealth of Massachusetts. Its 23,000 members advance the nursing profession by fostering high standards of nursing practice, promoting the economic and general welfare of nurses in the workplace, projecting a positive and realistic view of nursing, and by lobbying the Legislature and regulatory agencies on health care issues affecting nurses and the public.