

Striking nurses in Joliet, Illinois denounce unsafe conditions at AMITA hospital

By Benjamin Mateus
7 August 2020

More than a hundred nurses picketed AMITA St. Joseph Medical Center in Joliet, Illinois Tuesday on the fourth day of the walkout by 700 nurses who are demanding adequate staffing and safe conditions for their patients as the COVID-19 pandemic continues to rage throughout the US.

Despite the brutal heat and humidity, striking nurses, wearing facemasks, enthusiastically chanted as passing cars honked in support. Among the handmade picket signs nurses held up high were: “Patients before profits,” “AMITA: In sickness and wealth,” and “Some cuts never heal.”

Nurses, who have been working without a contract for two months, told WSWs reporters that their primary concern was for patient safety. While they are certainly concerned with earning living wages, the nurses denounced the corporate media for claiming that salaries were the central issue in the strike. In fact, the pandemic has only worsened conditions for nurses and their assistants that have been deteriorating for decades.

Nurses who spoke to the WSWs requested anonymity to protect them against retaliation. Therefore, the WSWs has changed their names and limited details of their exact responsibilities.

Diane and Marianne said that AMITA does not value the nurses and frontline workers who have been exposed to COVID-19. On the issue of staffing ratio, they explained that hospital negotiators, concerned with costs, were not even discussing the issue. “But that’s the critical part of the fight,” Diane stated emphatically, “That’s the most important part.” On the question of their wages and recent counteroffer made by AMITA, Marianne said, “We heard last night that they would give 1.5 percent.” Diane interjected, saying this “has gone down since the last offer they gave us. That’s not even inflation.”

Marianne explained that she could be assigned up to five patients. Since May, elective surgeries have been rebooked and cases were up until the last few weeks when AMITA began preparing for the strike. Asked if the hospital was sending patients to other AMITA facilities in the area, she replied, “I don’t know if they’re sending surgical cases to another. I think they are going to continue to do emergency cases, but as far as elective type surgeries, they’re putting them off again.”

Marianne explained that the nurses were prepared to “strike as long as it takes.” The nurses openly expressed that striking raises conflicting feelings, but ultimately, they understand that the strike is conducted for their patients. “We’re doing it to improve conditions for our patients.”

Colleen and Kathy were seated in the shade of a pitched tent to stave off the heat. Colleen, a nurse for many years at AMITA, spoke thoughtfully and deliberately to the issues raised. “We are fighting for safe patient care. That’s the main thing. But they keep reporting that it is because we want the money. I’d forgo pay if we could take care of our patients safely.”

Asked by WSWs reporters how the hospital prepared for the pandemic, the nurses spoke about procedures and nurse-to-patient ratios. “On a COVID-19 unit before I left it was supposed to be two-to-one [nurses to patients] because you are donning and doffing gowns. Every time you are going in you are putting on your PPE, and sometimes we did not have the PPE. Now they are taking care of one to two patients.”

Nurses used to have spotters and runners to assist nurses with patient care, but these were quickly dispensed with, Colleen explained. The hospital’s COVID-19 cases remain considerable largely because of the local prison population in Joliet.

Even as nurses face fatigue and anxiety over contracting the disease and taking it home to their families, the hospital administration is taking away paid time off (PTO) and other rights. “The administration keeps taking things away,” Colleen said. “They are taking our PTO and sick time away. We are working with COVID-19 patients and they want to take our sick time away. But that is not getting out there. It's not about our pay, but we want to keep our community safe.”

Kathy said, “they have a convenient excuse” to take things away now. Colleen responded, “Right! I am sure if someone dug into it, they got government money. We did not get hazard pay. McDonalds got hazard pay and we did not get anything. And we jumped right in and started taking care of these patients and risked our families. But we didn't get any hazard pay. They have always been wanting to do this before and are using the COVID-19 to just get done what they have been wanting to do.”

Kathy explained that she knew some nurses had become infected but didn't have the numbers. “That's not something they share with you. They actually hide those numbers. It's important to know, but they won't tell us.”

In response to the status of negotiations and wages, Colleen added, “There wasn't any serious offer put on the table. They keep taking. They are not negotiating in good faith like they are supposed to. We counteroffered but we have not heard from them.” Nurses, she said, were prepared to strike “as long as it takes.” She added, “I was here for the last strike, but people crossed. We must stand united. If you do not stand united, corporations are going to win.”

In a discussion with Jamie and Mildred who were raising their placards and waving to passersby, they agreed that expanding the strike with other nurses in other health systems would be critical. “Our money issues are so that we can't recruit other nurses to come work here. If we can't attract other nurses, we will always be short staffed and have unsafe numbers. We don't want the raises or need them for ourselves. So many nurses have already left because of the staffing issues. How are we going to attract other nurses and fix this problem?”

Stacy explained that when the pandemic first hit Joliet, the nurse-to-patient ratios were supposed to be

one-to-one. But it quickly fell aside getting up to four patients to one nurse. “You're gowning and ungowning, onej room, to the other, and back ... In the ICU, it's supposed to be one-to-one but then they had patients that weren't intubated so they put them in 'step down units' - they called them 'step down units' so they could have a nurse take more patients. But they were extremely sick, and they were just as difficult to take care of, just as heavy.” Mildred echoed, “even more so!”

“What did the administration and chief nursing officer have to say [about COVID-19 conditions and shortages]?” Mildred blurted out, “They said, ‘wear your mask till they drop off!’ That tells you how they thought. They claimed there was a class that you could take. But we were so short staffed we barely had enough staff that could cover the floors.”

AMITA Health has reportedly spent \$5 million to recruit nurses through strikebreaking staffing agencies. Some replacements are coming from Colorado, Mississippi, Georgia, North Carolina and other states where COVID-19 spikes are currently occurring. However, none of the strikebreakers are from these hard-hit areas are being quarantined for two weeks. While the hospital is paying their air travel, meal, hotel, and bus transportation, striking nurses told the WSWS that the Illinois Nurses Association (INA) was not paying them strike benefits.

The courageous nurses need the support of the entire working class. However, the isolation of the strike imposed by the INA—a tactic used by the United Auto Workers, the International Association of Machinists and other trade unions—must be broken. To fight for this nurses should form a rank-and-file strike committee to reach out to the tens of thousands of nurses, health care workers and other workers throughout the state and beyond, to carry out a common fight to protect lives and end the subordination of public health to private profit.

To contact the WSWS and the
Socialist Equality Party visit:

<http://www.wsws.org>