

University of California's medical workers to hold strike vote

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Thirteen-thousand patient care workers in the University of California's (UC's) medical system, who are represented by the American Federation of State, County and Municipal Employees (AFSCME), will be voting on a possible strike from April 30 to May 2. The vote comes after 10 months of negotiations between UC management and the unions.

Workers' grievances pertain to dangerous conditions of understaffing, with detrimental consequences for patients, and an assault on their wages, especially in the form of higher pension contributions. In the last few years, similar conditions have become common. In California, strikes among nurses and other health care workers have become more common, as in the case of the health care giants Sutter Health and Kaiser Permanente.

The UC management is being accused of lowering quality of care at its centers in order to bolster its profit margins at the expense of patients' health. Under the guise of efficiency, short staffing, overbooking of surgery rooms and "VIP" priority treatments have become common practice. Safety of patients has therefore become a serious concern.

The Ronald Reagan UCLA Medical Center received an "F" in a patient safety survey. The rating reflects the high risk that patients will suffer from a preventable medical error, injury, or infection while in the hospital.

Numerous cases of blatant malpractice are well documented. Such cases at UC San Francisco Medical Center include a preterm baby receiving an overdose of a blood-thinner, clips and sponges left inside a patient during brain surgery, and surgical incisions made on the wrong area of the patient's body. A comprehensive survey uncovered problems in six areas of operation at UCSF.

Short staffing is fueling a rise in "pressure sores" on

patients who are unable to turn themselves over: The staff is overwhelmed and unable to turn patients on a regular schedule.

UC hospitals have also seen a troubling rise in urinary tract infections. Significant percentages of patients, especially females and the elderly, acquire urinary tract infections during their stay in UC hospitals. Between 2009 and 2011, the rate of infection was 52 per cent higher than expected.

Patient care workers are overloaded with tasks, compromising their ability to properly sterilize patient care facilities in time. One doctor is cited on seeing dried blood and other fluids in the crevices of the operating table month after month.

Staff shortage takes a toll on the medical workers, who are forced to handle crushing workloads. Marlon Glian of the UCLA Medical Center said, "Many new hires don't get past probation because they get overwhelmed by the workload."

Another employee, Campos Ochoa, complains that "There is no day where you get there in the morning and you have all the tools you need working. It's over and over, calling, calling. For computers, oxymeters. There were three computers that weren't working, and these are computers we need for surgical cases."

Annette Norwood Dunlap of UCLA described the practice of preferential treatment for supposed VIPs, such as Hollywood celebrities, donors, and friends of UC administrators at the hospital: "I'm often interrupted while helping one patient to help a VIP patient because they come first. They say, 'Well this person is VIP, so we have to give them special treatment.'"

Brenda Sweeney of UC San Diego described similar procedures: "I've seen them move a patient out of a room so they could make a suite for a VIP, and it really

ticked me off. And when a VIP comes in, we're all told about it.... Staff is told that the VIP's requests should be expedited above others. I've never thought that was right. I hate it."

The union has called for increased funding from UC for low-income patients, yet supports the maintenance of a system of meager handouts instead of a rational organization of resources. With the implementation of ObamaCare, rates and fines will continue to increase rapidly, while those who obtain care through these limited "charity" initiatives will receive substandard care.

The UC plans major cuts to staff. The UCSF Medical Center has announced it will fire 300 hospital workers—4 percent of its full time staff. The UCSF center has already been forced to ration respiratory care due to insufficient staffing.

At the same time, management costs have grown by 38 percent since 2009, adding an annual bill of \$100 million. Debt-servicing payments have quadrupled since 2004. These costs place pressure on the UC's profit margins, driving it to cut costs, lay off staff and degrade the quality of care.

AFSCME poses as the defender of workers, saying that "this is a problem of management priorities." At its heart, this is a problem of the profit system. The UC management's drive to cut costs does not result from malicious intentions, or wrong ideas about effective medical administration, but is the modus operandi of the profit system, which finds expression in the assault being waged against the living conditions and social benefits of the working class.

While the administration's policies have degraded the quality of care at UC centers, the union's response, a call for greater oversight, amounts to a proposal for more thorough surveillance of medical workers by the administration and its union lackeys. Despite its protests against management calls for greater efficiency, ultimately the surveillance measures advocated by AFSCME will be used against medical workers.

A report released by AFSCME, "A Question of Priorities: profits, short staffing and the shortchanging of patient care at UC medical centers," charges that the UC administration seeks to "re-align" Medicare and Medicaid patients to non-UC treatment centers, where they will be provided with lower-quality treatment.

The union's report points to the ongoing breakdown of California's medical system. Millions of Californians receive substandard care or no care at all, millions more pay dearly for standard care, while the providers are worked to the bone and their facilities are unclean due to personnel shortage.

Nevertheless, the report, issued by a powerful union that is utterly committed to the defense of the profit system and capitalist property relations, and fully supports both the Obama and Brown administrations, conceals the true source of the crisis in the health care system.

Last summer, AFSCME supported San Jose's Measure B, a ballot measure that imposed substantial pay cuts and increases in benefit premiums. Typically, while posturing as opponent of any pension reform, AFSCME funded Democratic candidates to the tune of \$87.5 million in 2010. Brown enacted a massive rollback of pension benefits at the beginning of this year.

AFSCME continues to push the lie that ObamaCare will improve health services for millions of Californians. The ObamaCare scheme involves precisely the further privatization of health care against which the union falsely postures.



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