

University of California medical workers hold strike vote

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After 10 months of failed negotiations, 13,000 patient care technical workers at the five University of California medical centers are holding a strike vote. Negotiations have stalled between the UC administration and the American Federation of State, County and Municipal Employees (AFSCME), which bargains for 22,000 workers on all 10 UC campuses (see: “University of California’s medical workers to hold strike vote”). Management is pressing for concessions on pensions, health care, safety conditions and wages.

The strike vote will take place in the wake of hundreds of layoffs, transfers, and the elimination of unfilled positions at the UC San Francisco Medical Center and a slew of reports outlining chronic problems at UC’s \$6.9 billion medical system. This includes as understaffing, which results in harmful patient-care deficiencies, poorly sanitized facilities, increased bedsores, and a surge in the number of contracted preventable infections.

UC officials justified the layoffs as “necessary to prepare for the onset of health care reform and other challenges.” In a memo to employees regarding the layoffs, UCSF Medical Center CEO Mark Laret said, “As national health care leaders, [the medical centers] must strategically invest our dollars to improve care, grow our market share, plan for reduced payment increases and lower our total costs overall.” In 2011, Laret took home \$1.2 million including \$300,000 in bonuses.

The union is opposed to any serious mobilization of workers against this attack. Instead, in response to the layoffs, AFSCME officials held a civil disobedience stunt on April 4 at UCSF’s Parnassus Campus, involving 60 people, including many of those losing their jobs. Ten were arrested including a patient and a

lab technician when they refused to vacate the street.

The WSWS spoke to workers at the UC San Diego Hillcrest Medical Center about their struggle. Angie, a Registered Nurse (RN), said she had not known of the job cuts at UCSF, but could speak to the chronic understaffing she “experiences everyday.”

Angie has been working at the UC Medical Center’s Hillcrest Mercy location for eight years. She said, “Managers are budget focused. There is a pressure to clock out if you’re done or not. It used to be the case where you could take breaks outside and off-unit. It’s no longer realistic to take a break. I often decline my break so as not to make waves and endanger my job.”

Angie spoke to the stress level and rushed working environment, saying “Nurses don’t have time to give proper shift reports to HUSKS [administrative assistants] or nursing assistants. There is no time to communicate clearly to ancillary staff who are spread too thin. Even if the kitchens are short-staffed and running behind, we’ll have to run down and grab their meals. It’s a snowball effect. They make you feel like you are whining when you make a case for a patient who isn’t receiving proper care.”

Another registered nurse (RN) who wished to remain anonymous said fear of retaliation by the UC administration is very common among these workers. He was also unaware of the job cuts at UCSF, but stated, “they’re doing the same thing here.”

“We have had the longest issue with the five patients per one RN law. They’re using all sorts of headstands and flip flops to twist the law to have fewer nurses on the floor. They took away CCPs [nurses’ assistants] and they are replacing them with Licensed Vocational Nurses (LVNs). They’re staffing fewer RNs (Registered Nurses).”

The worker further elaborated, saying, “The plan is to

hire more LVNs than RNs. LVNs are like CCPs (nurse assistants), but with a little more education. They [LVNs] are not RNs, but are being used to replace RNs and their assistants. They are trying to weasel their way around the law using charge nurses to cover patients while RNs go on lunch breaks. It's illegal and they justify it by saying they're [the charge nurse] just covering the patient's IV."

Another worker, an RN for over 23 years including 7 at the UCSD Medical Center, said hospital staff who sit with high risk patients who need constant monitoring (aka "sitters") have now been replaced by video monitoring. Instead of one sitter per patient, the hospital now relies on one worker who will monitor multiple screens with live footage of patients' rooms and phone nurses remotely.

This is a cost cutting measure that puts patients' lives at risk. "We have had falls that could have been prevented if we had sitters. We get calls all the time saying 'Hello, you're patient is on the floor, or hello, your patient just pulled out their IV'."

The worker added that Margarita Baggett, the Chief Nursing Officer and financial officer handing down cuts to the hospital, has a poor understanding of patients' needs. He said "This whole time I've only seen her on the floor twice." In 2011 Margarita Baggett received a total compensation of \$317,000.

"They used to give bonuses for patient satisfaction reviews, but our unit hasn't been given any bonuses for a long time. Fewer staff and budget cutting means that patients aren't satisfied, so we don't receive high patient satisfaction, but this does not stop the management from getting their bonuses by meeting their goals. Their goals are to cut costs."

When asked how he felt about Governor Jerry Brown and President Obama, he said "All we see are state and federal programs being cut. I've seen a lot of dedicated good doctors leaving because they are fed up with all the protocols and so little direct communication with patients. UC prides itself on their great communication, but it's their biggest downfall. You can quote this: my name for UCSD is the 'University of Common Sense Deficiency'."

Our reporters also spoke to two female patient care workers at the UCSD Hillcrest Medical Center. "We are very vocal on our floor. When you speak out and complain about patient care, they make you a target and

wait for you to make a mistake so they can fire you."

"Everything they say we are over-budget on has nothing to do with patient care or the salaries of patient care workers." One of the workers also complained about the high salaries of the executives being prioritized over patient care and staff. "It's not like everyone's sitting at the table and they're telling us there isn't enough food for anyone.' No! They're telling us 'sorry there isn't enough food for you, but we're having steak and potatoes'."

Since 2009, managerial and executive positions have grown by 38 percent in the medical centers. These new positions add nearly \$100 million to the annual payroll cost of management. Between 2008 and 2011, the number of executives earning more than \$200,000 increased by 44 percent. The inequality is so pervasive that executives and their family and friends receive superior care in the form of private suites and a priority to "the most sought-after physicians" through a program called Medical Center's Concierge Services.

The other worker went on to add, "Patients fall and sometimes patients die because we are so understaffed." The worker described a recent incident in which a patient fell at another hospital and was transferred to the UCSD Hillcrest Medical Center where the patient eventually died. "They were supposed to have a sitter, no one was answering the phone, and a doctor just happened to walk in and realized [the patient's] vital signs. The person ended up dying." She whispered, "If I was the family, I would have sued the crap out of this hospital."

The agenda of the UC Regents is the same as any corporation. Layoffs, furloughs, facility and library closures have increased, while tuition and student debt continue to skyrocket. In response, protests by students and staff against the UC's austerity measures have also increased since the 33 percent fee hike of 2009.



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