

The California Nurses Association and health care “militancy”

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Within the United States, health care workers have come under relentless attack by large hospital corporations, which have sought to slash benefits, reduce wages and increase workloads. This has been stepped up as mergers and acquisitions have led to a greater monopolization of the industry and staffing levels have been cut as part of the cost-cutting measures at the heart of President Obama’s health care overhaul, which goes into effect next year.

In California—the most populous state in the US—there are over a million health care professionals, technicians and support workers, including a quarter of a million registered nurses. Repeated budget cuts, implemented by Democratic governor Jerry Brown and his Republican predecessor Arnold Schwarzenegger have reduced access for low-income families and worsened conditions for health care professionals and other workers who provide medical care.

In addition to dumping workers onto cut-rate medical plans, a key element of the Affordable Health Care Act—like Obama’s restructuring of the auto industry and his administration’s attacks on public school teachers—is to replace higher-paid skilled workers with a generally low-paid workforce, without job protections or rights.

Unions, like the California Nurses Association (CNA) and Service Employees International Union (SEIU), have played a key role in facilitating this process and working to diffuse the growing anger of workers against the corporations and the Obama administration. Politically allied with the Democrats, the unions have collaborated to reduce labor costs and “improve efficiencies” for the hospital chains.

Although California law mandates minimum staffing ratios, nurses are forced to care for more patients than they can adequately and safely treat. The result is patients with bedsores and preventable infections, and nurses who are overworked and underpaid.

The bulk of these “cost savings” have been transferred to the bottom line of the major insurance companies and health care providers. “Nonprofit” organizations and hospitals frequently turn huge profits. For example, Sutter Health—a network of 25 hospitals in North California with some

50,000 employees—netted \$735 million in 2012.

In an effort to maintain credibility and allow their members to blow off steam, the CNA and other unions have called various partial strikes designed to have minimal impact on the employers. Meanwhile, a bitter turf battle has erupted between the CNA and the SEIU over who should “represent” nurses, i.e., collect their dues money.

This fight had its origins in a split in the AFL-CIO in 2005. The SEIU, then led by Andrew Stern, along with the Teamsters and several other unions, formed the Change to Win Federation. While the membership of the AFL-CIO declined by 800,000 over the prior decade, the SEIU had grown by 900,000, creating a power imbalance in the union federation.

The “growth strategy” of the SEIU was chiefly based on the sweetheart deals it signed with employers to gain union recognition. At nursing homes in California, the SEIU promised contracts with no-strike clauses that forbade workers from publicly criticizing their employers. The SEIU also pledged to support higher state funding for their operations and an employer-sponsored “tort reform” law that would limit patients’ rights to sue for negligence. The SEIU also agreed to oppose any legislation on staffing levels that did not meet employer approval.

In 2007, the secret deal between the SEIU-affiliated United Healthcare West (UHW) and California nursing home companies became public. This allowed the CNA to grandstand as an opponent of the SEIU’s anti-worker collusion. At the same time, Sal Rosselli, the president of SEIU-UHW, reversed his prior support for the backroom deals and postured as a trade union “reformer.”

Various pseudo-left groups like the International Socialist Organization (ISO) and the publication *Labor Notes* endorsed this self-serving criticism and hailed the supposed new dawn of “health care militancy.”

There is no doubt the SEIU was rotten to the core. But the CNA and Rosselli offered no fundamentally different program. On all of the most essential questions—support for American capitalism, the subordination of the working class

to the Democratic Party and the corporatist unions—Stern, Rosselli and CNA President Rose Ann DeMoro were and are all in agreement.

In January 2009, the SEIU put the SEIU-UHW into receivership, forcing Rosselli and other local bureaucrats to form the National Union of Healthcare Workers (NUHW). Sensing an opportunity to wrench some dues-paying members from the SEIU, the CNA gave the newly formed NUHW a \$2 million loan to build it up as a thorn in the side of the SEIU. “Left” commentators speculated the CNA and NUHW would quickly join forces to create a nationwide industrial union of health care workers.

Instead the CNA seized the opportunity to cut a deal with its weakened rival. The CNA would organize nurses, while the SEIU would organize other hospital employees. As part of that deal, the CNA agreed to stop funding the NUHW.

After the CNA began collaborating with the union, which it had previously denounced as nothing more than a “management surveillance team,” *Labor Notes* and the ISO made a somewhat embarrassed turn to promoting the NUHW almost exclusively. Rosselli has been a regular speaker at the ISO’s yearly conferences while maintaining his staunch support for Obama.

The stab in the back for the NUHW, however, did not stop the ISO from promoting Rose Ann DeMoro as a union “dissident” during the social upheavals that swept Wisconsin in February-March 2011. Once there, DeMoro and her fellow union bureaucrats—with the full support of the ISO and other pseudo-left groups—strangled the movement on behalf of the Democratic Party.

The dead end the CNA offers workers has been amply demonstrated in their labor negotiations with Sutter Health. By the end of August 2011, nine of the CNA’s 14 contracts at different Sutter facilities had expired. Since then contracts at three other facilities have come up for negotiation, but eight have been settled piecemeal. The CNA has negotiated separate contracts at smaller facilities in order to isolate the larger ones, like Alta Bates in Berkeley.

Both sides have presented each new contract as a “victory.” The CNA cites meager two percent annual pay raises at the California Pacific Medical Center, while Sutter officials point to concessions given by the union like an end to free health care for registered nurses at some facilities.

Since September 2011, the CNA has called a one-week strike, a two-day strike and seven one-day strikes. Each time Sutter has locked the strikers out and hired replacement nurses for at least five days. One of the “strikes,” called on November 1, had a calculatedly political character as the CNA gave two local Democratic politicians a platform to stump for Obama just days before the November elections.

Four years after their “revolt” against the SEIU—the

NUHW was in sorry straits. It had a membership of 10,000 workers, in contrast to the 150,000 members of the SEIU-UHW. Most of the NUHW members remained without contracts.

On January 3, 2013, the NUHW officially affiliated with the CNA—which had unceremoniously dumped them as part of the dues-sharing deal with the SEIU. The CNA began contributing \$1 million a month to the NUHW to support their campaign in last April’s representation election at Kaiser Permanente. In exchange the NUHW began handing over to the CNA a share of every member’s dues. The CNA had bought itself an auxiliary union on the cheap.

At stake in the Kaiser election were 45,000 members who were represented by the SEIU—and \$4 million a month in dues. The SEIU and NUHW spent roughly \$4.5 million each, but the SEIU won the election by a sizable margin.

The exploitation of health care workers, not only by the hospital giants but also the competing labor contractors of the CNA, SEIU and NUHW, raises critical questions. The defense of the right to health care—and of decent jobs and conditions for those who provide it—will not be accomplished through the reform of unreformable unions. Throughout the world, the unions, which are based on economic nationalism and the defense of the profit system, operate as the direct instruments of big business and the capitalist state.

The only way forward for health care workers is an independent political struggle to put an end to the subordination of health care to the capitalist profit system. New organizations of struggle—independent of the corrupt trade unions—must be built to unite health care workers and every section of the working class in a counteroffensive to defend the social rights of the working class.

Above all, the working class must organize itself as a politically independent force to fight to take political power in its own hands and reorganize economic life to meet human needs. This includes a socialist program to nationalize the banks, insurance companies, health care and other major industries under the democratic control of the working class. Only in this way can corporate-controlled health care be replaced with a genuine system of socialized medicine.



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