

California and Illinois nurses set to strike

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Close to 6,500 California and Illinois registered nurses (RN) are planning a one- or two-day strike on April 30 and May 1. The action will affect Kaiser Permanente's Los Angeles Medical Center, and Providence Health and Services hospitals in Santa Monica and Torrance in southern California, as well as five Sutter Health facilities in northern California and the University of Chicago Medical Center in Chicago, Illinois.

The strike is organized by National Nurses United (NNU), a coalition of three major unions—the California Nurses Association/National Nurses Organizing Committee (CNA/NNOC), United American Nurses (UAN), and Massachusetts Nurses Association (MNA). With a total membership of 185,000 nurses, the NNU is affiliated with the AFL-CIO.

Once again, nurses are protesting against understaffing, the decline in patient care quality and other unsafe practices such as rotation shifts and inadequate safety regulations. In the case of the University of Chicago Medical Center (UCMC), the hospital's proposal would eliminate charge nurses while tripling mandatory rotating shifts. Grievances also include demands for better health care benefits.

Conditions at the affected hospitals have only worsened in past years despite repeated struggles, while profits have consistently soared. Sutter Health announced an increase in net income of 34 percent in 2014 to \$402 million, with revenue of over \$10.1 billion. This is in large part due to an increase in patient enrollment following Obama's Affordable Care Act (ACA), known as Obamacare. In 2013, Sutter recorded a \$300 million profit with \$9.65 billion in revenue.

Similarly, in 2014 Kaiser Permanente reported a net income increase of nearly 15 percent, to \$3.1 billion, with revenue jumping 6.2 percent to \$56.4 billion and enrollment soaring by more than half a million, thanks to Obamacare. In 2013, net income was \$2.7 billion.

Despite unprecedented profits, the hospitals have ignored nurses' grievances in the last several years. Debra Bucculatto, an RN at Sutter Santa Rosa ER, said in comments posted on the NNU web site, "Sutter is trying to cut corners despite tremendous profits, but nurses deserve basic essentials, which, at the very least, consist of quality health coverage and safe staffing."

The lies behind Obamacare stand exposed. Far from improving health care standards and expanding coverage, ACA's objective was to restructure the US health care system in the interest of big business, creating a vast new customer base, reducing vital services in the name of cost-cutting and "efficiency," and imposing fines on working people.

In the last few years, strikes in the health care sector have become a "new normal." In California, in 2011, Kaiser's assault on nurses' living standards marked a new stage in the attack on health care workers. November 2012 saw a continuation of one- or two-day strikes. In May 2013, nurses and technicians engaged in a weeklong strike over the same issues raised today, while last December nurses in San Bernardino engaged in a two-day strike over low wages and poor working conditions.

Other sections of health care workers in recent weeks have also taken similar action for similar reasons. Mental health care workers went on a weeklong strike last January, while University of California doctors engaged in a strike earlier this month, their second this year.

These struggles have two things in common. First, they are designed by the unions to have minimal impact. Hence the actions are isolated and last only a day or two. The often staggered schedule of the strikes further ensures their ineffectiveness.

In the second place the issues not only remain unresolved, conditions worsen. Short-staffing has reached the point that nurses are complaining about

“having to work double in order to give good care for our patient,” as an RN from San Leandro Kaiser commented.

The role of trade unions, including those under the NNU umbrella, has been consistent. They are hostile to strike action, or, if strikes cannot be avoided, they purposely cripple their potential by isolating the various struggles. These policies are ultimately used to defuse anger, demoralize workers and subordinate them to the dictates of big business.

The CNA is a case in point. Staunchly supporting Obama’s anti-worker policies, including Obamacare and continuous attacks on Medicare and Medicaid, it has overseen a process of job restructuring that seeks to replace higher-paid skilled workers with a low-paid workforce, without job protections or rights.

A perfect example of this is the recent agreement between Kaiser and CNA covering 18,000 nurses in northern and central California last January. The union boasted a 14 percent salary increase for the next three years, but this is more than offset by concessions in pensions and modifications to benefits. In addition, it does not affect 2,600 mental health care workers who were on strike at the same time the deal was being voted on.

The nature of the deal was revealed by Kaiser’s own statement. The agreement is built on three basic priorities: “slowing the growth of our long-term liabilities; offering comprehensive benefits to our nurses that are consistent with our commitment to affordability; and providing operational flexibility in the workplace.”

In plain English, the deal is compatible with Kaiser’s requirements, reducing pension obligations and benefits, as well as making it easier to fire workers and replace them with cheaper labor.

Also typical is CNA’s campaign for “Medicare for All.” While promoting a “single-payer” model, the union continues to support the Democratic Party, whose majority voted this month in favor of HR2, a bill praised by Obama as a “milestone” but which effectively begins the process of turning Medicare into a poverty program.

For her part, Rose Ann DeMoro, executive director for NNU and head of CNA, referred to the deal as “a new chapter in our interactions with Kaiser.” DeMoro, with her six-figure salary paid by CNA (in 2009 she

received nearly \$300,000), has worked hard to increase union membership by lowering labor costs to the employers.

For example, in the current struggle, NNU is demanding that Sutter pay a wage increase of up to 19 percent. At the same time, the health care benefit offered by Sutter would result in out-of-pocket expenses for nurses increasing from about \$85 annually to up to \$5,000.



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