

# Strike of California nurses ends

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Almost 6,500 nurses were on strike Thursday and Friday in Los Angeles and northern California. While the University of Chicago Medical Center was also scheduled to join the action, the strike was called off Monday in light of a tentative agreement, the details of which were not disclosed.

Nurses' grievances at Kaiser Permanente, Providence Health and Services and Sutter Health focused on understaffing, unsafe conditions, insufficient medical supplies, rotating shifts, wages and health care benefits.

The National Nurses United (NNU) coalition and the California Nurses Association (CNA) in particular, its essential core member, organized the strike. Despite the seriousness of nurses' grievances, the spineless action was called by the unions to gain credibility and acquire a new section of dues-paying workers.

This was evident in Los Angeles. Last February, Kaiser declared it "cannot recognize and bargain with a union [the National Union of Healthcare Workers or NUHW] it does not believe in good faith actually represents a majority of its bargaining unit members." Under federal law, the National Labor Relations Board will set a new election.

Three unions champed at the bit for official recognition: CNA, NUHW and Union of Health Care Professionals (UNAC). Although they share the same affiliation to the AFL-CIO, there is a history of rivalries and back room deals. Turf wars have emerged also between the CNA and the Service Employees International Union (SEIU), affiliated to the Change to Win Federation, which represents 150,000 health care workers.

Although there is an understood division of labor between these unions, the sudden withdrawal by Kaiser of its recognition of the NUHW opened a new potential base, hence the CNA intervention in organizing and controlling the strike.

The WSWWS spoke to several nurses at the Kaiser

Permanente Los Angeles Medical Center.

Sharon, a striking nurse, commented "We have a lot of patients and not enough nurses. We end up having to pick up tasks and that makes it unsafe. One of the major problems is they don't give us the tools and equipment we need. We find ourselves running around trying to find supplies we need to give quality care.

"We are also tasked with spending too much time charting on computers instead of taking care of our patients. We get pressure about it, while we need to be by the patient's bedside." Charting is part of a data collection program called "Kaiser Permanente HealthConnect" which handles the medical records of more than 9 million people.

Reflecting on Kaiser's increased profits in the last few years, Sharon said: "When Kaiser was making only millions, they actually treated us better. Now they're making billions. And we're not asking much, just to be treated fairly and with respect. The doctor is only as good as the nurse is.

"We're in this business because we love taking care of people. It's a calling. We dedicate our lives to this, spending more time here than with our families."

A nurse who asked to remain anonymous joined in commenting on social conditions. "Workers will accept whatever job they can get because there are no more jobs. You can't make it with \$10 an hour. Most average rent is \$1,200. You have to work three to four jobs just to make the rent."

Sharon added, "Imagine if you have children!"

Bill, a registered nurse, shared his first-hand experience emphasizing the importance of the patient-nurse relationship and the trust embedded in it. "Because of understaffing, nurses are reassigned to patients they are not familiar with. They have to take that responsibility, but without that personal knowledge you lose that trust."

Commenting on Kaiser's vast profits in the last few

years, Bill said: “They’ve fallen into: ‘let’s make as much profit as we can at the possible harm to the patient, then if we get caught, the fine we pay will be lower than the money we’ve made.’ When will limitations [to corporate greed] begin? Teachers are undergoing similar issues.”

Asked about the causes of a lack of unity among different sections of the working class, Bill commented: “The driving force is fear. They have forced people to believing they don’t have a voice anymore, even when they stand as a group against such large conglomerates. They’ve scared people into not organizing. That’s just false. I think it started in the 80s. We’ve seen it big with the 2000 election.

“Unless we begin to become involved, we’ll never be able to get the things we’re demanding. The spiral could easily get out of control. We’re all awake to the fact, but now we need to become enlightened and active in it.”

He concluded: “Ours is a very deserving job but we don’t go seeking recognition. We do it because we love what we do and we care for patients.”

A nurse who wished to remain anonymous said, “Now we officially don’t have a union. NNU is helping us. Kaiser sent us a letter saying that they don’t believe the majority of the nurses are represented by the union we selected [NUHW]. They notified the National Labor Relations Board about it and we will soon have an election to select a representing union, which will probably be CNA.”

Asked about his and his co-workers’ experience on a daily basis, he said, “A lot of times we are short-staffed—not enough RNs or nursing attendants or secretaries. Everybody else has to take up more work and that’s when it becomes unsafe. Other times they’ll ask nurses in our unit to float to other under-staffed units, leaving ours understaffed.”

In his personal experience, he told the WWS the how his unit was short-staffed with monitor technicians (workers checking patients’ EKG and other vital data). “Several times nurses have to watch their own monitor, which is not safe because we get busy carrying out sensitive tasks and nobody ends up watching the monitors. This is very dangerous for the patient’s life.”

The WWS asked this nurse what he thought of the recent agreement between Kaiser and the CNA last January, which was based on three principles, as

Kaiser’s spokesperson outlined: decreasing pension obligations, reducing comprehensive benefits and making layoffs easier.

The nurse replied that he hopes that once the CNA becomes their representative, it will prove “stronger than the NUHW [which previously represented them], based on its reputation of ‘militancy.’”

Alicia, a Neonatal Intensive Care Unit (NICU) nurse, expressed concerns about temporary workers who aren’t sufficiently trained.

“At any given time, we have some 10 temporary employees assigned to our unit. They rotate in and out on the basis of 13-week contracts. Upper management establishes the standard and they have a relationship with American Mobile Traveling Nursing [a temp agency for nurses].

“They are the primary people covering staff today and tomorrow [during the strike]. They get paid three days even if they work one. Plus they get one-to-one patient [ratio]. Why can’t we? They were brought in today and they were oriented to be here for one day. If anything happens, they’ll blame it on us, the employees.”

Alicia is from Ohio and was a United Auto Workers member until 2009. Discussing the UAW’s role in the wage-cutting of auto workers in 2009, she said: “It’s ridiculous. The demands are going up as well as the cost of living. Teachers are an example. They’re stuffed with 36 kids per classroom, they’re paid less than a 12-year-old babysitter and they’re subject to standards tests, which means children are learning nothing.”

Another nurse, who also wished to speak anonymously, said of the strike: “I see it as an effort not only for safe staffing, but also in the broader context of a fight for the middle class, for ordinary people who have been left out of this jobless recovery that seems to only have helped banks and CEOs, while the normal people still have to go to work two or three jobs. It’s important not just for our hospital, but for a broader mass.”



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