

# Two hundred nurses at California hospital authorize strike

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Last week, around 200 registered nurses (RNs) at the Alhambra Hospital Medical Center, members of the California Nurses Association (CNA), voted 97 percent in favor of authorizing a strike. The nurses at the hospital, located just east of Los Angeles, joined the CNA in January 2017 and have been working without a new contract ever since.

The nurses have raised concerns over the unsafe nurse-to-patient ratio and the failure of the hospital to provide adequate “meal and break relief.” Nurses often work 12-hour shifts, making breaks essential for patient safety, but a nurse who already has a full patient load has to cover the nurse on break.

According to the CNA, nurses are also frustrated with the hospital’s non-functioning equipment, including battery issues with the computers used to store critical patient information. The hospital has also stalled on the union’s demand for a Professional Practice Committee (PPC), a labor-management body to discuss hospital procedures.

The Alhambra Hospital Medical Center (AHMC) is part of AHMC Healthcare, which owns and operates a group of for-profit, privately-held hospitals in southern California. In addition to Alhambra, AHMC Healthcare owns and operates the Anaheim Regional Medical Center, Garfield Medical Center, Greater El Monte Community Hospital, Monterey Park Hospital, San Gabriel Valley Medical Center and Whittier Hospital Medical Center. The company operates 12,000 beds and employs over 7,000 caregivers at its facilities.

As the strike authorization vote demonstrates, nurses are prepared to engage in a struggle to improve their working conditions and protect patient safety, but the success of this struggle depends on workers taking the conduct of the struggle out of the hands of the union and advancing their own independent strategy.

The CNA—along with its parent union National Nurses United (NNU) and the National Union of Healthcare Workers (NUHW)—has a long history of limiting strikes to a couple of days and isolating them from the struggles of other workers, even in the same workplace. These actions, which are aimed at allowing nurses to let off steam, have minimal impact and are inevitably followed by a concessions contract.

The CNA and NUHW called a one-day strike by 23,000 Kaiser Permanente nurses in 2011 in response to unsafe working conditions and cuts to health and pension benefits.

The CNA held another one-day strike in November 2012 at California healthcare facilities owned by Sutter Health, the sixth one-day strike staged by the CNA since September 2011. The workers received no strike pay. Management responded to the one-day strike with a five-day lockout. During the CNA contract dispute, the Service Employees International Union settled its own contract with Sutter making sure the struggles were not united.

Three weeks later, the CNA called a two-day strike against the same facilities. The CNA had already settled contracts at some of the smaller Sutter facilities, and this piecemeal approach weakened the collective power of the workers and isolated those still negotiating contracts.

In May 2013, the CNA called another strike by 3,100 nurses and technicians at Sutter Health hospitals, this one lasting a week. The CNA continued its separate contract approach, allowing Sutter to push through concessions at larger hospitals to set a precedent for the contracts at the smaller hospitals when they come up again. In 2014, the CNA and NNU staged a two-day strike by 1,200 nurses at the Arrowhead Regional Medical Center (ARMC) in San Bernardino.

In 2015, when the CNA reached an agreement with Kaiser Permanente covering 18,000 nurses that would increase salaries by 14 percent—offset by concessions on pensions and benefits—these raises did not apply to the 2,600 mental health workers who were members of the NUHW and were on strike when the CNA reached the deal. A two-day strike called by the NNU at the end of April 2015 was called off after the union reached a tentative agreement.

The CNA and NNU called a one-week strike at Kaiser Permanente’s Los Angeles Medical Center (LAMC) in March 2016. Despite the fact that nurses had been working there without a contract since 2010 and had seen their wages frozen since 2011, the unions called off the strike after announcing that they had reached an agreement that included higher wages and “restructured benefits” (benefit cuts that will offset the wage hikes). Nurses at the LAMC went on strike yet again in June, but the CNA and NNU halted the strike after only four days even though they had not yet reached an agreement.

In March 2018, 18,000 registered nurses at Kaiser Permanente facilities, members of the CNA, voted overwhelmingly in favor of authorizing a strike. The strike never took place and the new five-year contract ratified in April gave workers only a 2–3 percent annual wage increase, barely above the rate of inflation, and only 150 new RNs will be hired to address concerns over understaffing.

In response to the radicalization of the nurses and other health care workers, the NNU sought to provide itself a progressive veneer by supporting the presidential primary campaign of Bernie Sanders and his effort to refurbish the image of the Democratic Party. However, the assault on health care workers’ wages and conditions is entirely bound up with cost-cutting and the push for increased productivity contained in Obamacare.

Far from being a genuine reform, Obama’s signature initiative was drawn up by the insurance, pharmaceutical and hospital chain giants. Its aim was to shift the cost of health care from the large corporations and the government onto the backs of workers through increased out-of-pocket expenses and the greater exploitation of health care workers. This attack is now being accelerated by the Trump administration.

The struggles of nurses, like the struggles of teachers,

must be expanded, through the formation of rank-and-file committees, linking up nurses in different hospitals and different states. Workplace actions must be combined with the development of a powerful political movement of the working class against both big business parties, based on a socialist program, including taking profit out of the provision of health care.



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