

Protesting nurses speak out in Long Beach, California

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On Monday, June 24, some 450 nurses set up informational picket lines at the Long Beach Memorial Medical Center and Miller Children's and Women's Hospital. The 2,150 nurses employed by both hospitals have been working without a contract since December 2018.

In a statement announcing the pickets, the California Nurses Association (CNA) said that there had been no movement in negotiations with the hospitals since January.

The rally at the Long Beach hospitals was the first since the 24-hour strike on December 2011 that was part of a statewide nurses strike in California. At the time, management retaliated by punishing the nurses with a four-day lockout following their protest strike.

The two Long Beach hospitals are owned by MemorialCare Systems, the nominally nonprofit entity that owns other health care facilities in Long Beach and Orange County.

According to the union, the issues are staffing ratios, competitive wages, and whistleblower protections. In fact, nurses who spoke to the *World Socialist Web Site* elaborated on issues that go far beyond these demands, raising broader social and political concerns. They denounced the hospitals' cost-cutting policies that sacrifice patient care for corporate profits and have created dangerous conditions because of speedup and increased workloads.

Britney, a labor and delivery nurse, told the WSWS, "I think the most important issues for me are equal pay with other hospitals in Long Beach and safe staffing. We are getting hurt from having to handle heavy patients. In my case I injured my ribs."

Gabby, also a labor and delivery nurse, said, "I hurt my shoulder helping to lift a patient. We do not get paid more because we are short-staffed. We work 36-hour shifts, and we are subject to mandatory on-call hours, mandatory

8-hour shifts as needed by the hospital.

"As part of the new contract, management wants us to agree to mandatory arbitration, instead of being able to sue them in court in case of injuries."

"I had to have back surgery from moving patients around," said Janice, a medical surgery nurse. "The hospital eliminated a lift-assist program, a team assigned to help in lifting patients. Now the nurses have to lift the patients."

The increased workloads have taken a toll on nurses and patients. Karen explained, "The Split Hall policy has been going on for the last three years. Normally nurses are assigned to one hall. Then the hospital started saying maybe if a patient has less acuity, the ratio might be 3 to 1. Then, they would split one nurse over two separate halls.

"What's the result? Normally I walk about 8,000 steps a day if I'm in one hall. When I was assigned a split hall, I would be walking—and very quickly—almost 5,000 more steps a day. That's almost seven miles! I have to replace my shoes every six months. Many nurses complain of fatigue and having plantar fasciitis, which is very painful.

"Then patients in both halls get worse care. Even their families would notice this and comment about it.

"This is very dangerous. You might have one patient in one hall who is a 'fall-risk.' Then you have to leave that patient to get back to another one in another hall.

"Patients are not numbers! Maximum patients + minimum nurses = maximum profits! And the costs are passed on to the consumers and us.

"Also, Memorial doesn't recognize all specialty units. They don't recognize oncology or respiratory. So, the result is people are working in areas they're not trained in. There's something called Title 22 which addresses this."

Kathy, a cardiac nurse, spoke about the speedup on the job. "I used to enjoy working. Now every day I want to

retire!

“My biggest concern is micromanaging by the administration. The management team is out of touch with what goes on at the bedside and in the halls. They expect speedy responses. For instance, 45 seconds for bedside alarms, three minutes for patient calls. But it’s not like we are having coffee and doughnuts. They need to be in reality!

“Very often nurses are busy with paperwork that insurance companies demand for the hospitals to get paid. The hospital has to comply with the insurance companies. Their job is to enrich the insurance companies that care nothing about the patients, only profits!

“The same goes for the pharmaceutical companies. For many years they pushed opioid drugs, arguing for zero-pain standards. Before you know it, you’re an addict.

“Basically, the whole health care system needs to change. This hospital is nonprofit, but the insurance companies are in it for their profits. We need a big change from the top!”

Some nurses spoke about the impact of rampant homelessness and cuts to social programs. Elizabeth, who also works in medical surgery with 11 years as a nurse, said, “Acuity means how sick the patient is and, therefore, the intensity of the nurse’s workload. These days we have more people who are sicker than before. It’s because they don’t have insurance or not enough insurance. So they come here when they’re really sick.

“We have many diabetic patients on our floor. I usually have five patients; most nurses are responsible for four or five. A lot of times many diabetic patients don’t have their medications because they just can’t afford it. They get transferred to ICU [Intensive Care Unit], and then they get downgraded to our units, and they’re still very sick. Eventually they’re discharged, but they still can’t afford their medicine. So they’re back here again. It’s a vicious cycle.”

Lisa has worked 28 years as a nurse. “Recently the hospital brought in a new security firm called Allied. They have no experience working with patients. There’s no security on the weekends and they have poor skeleton crews.

“Some of our patients can get very explosive and disruptive. And it’s getting more and more like that because the social conditions are worsening. There’s more homelessness, more mental illness, precluding actual medical issues.

“So we are in the front lines, facing the violence of some of our patients acting out. It goes back over 15 years

ago when the government shut down so many rehabilitation centers.

“We as nurses are also taking care of the homeless. We provide them clothes, shelter and food before they’re discharged. And this all has to be documented. There was a new law that came out back in January that mandated this.”

Elizabeth said, “Security is an ongoing issue. Last November a visitor was held at gunpoint and robbed. A coworker’s vehicle was broken into, and all her things were stolen.

“We had a shooting in 2011. A coworker shot two other coworkers, and then he went to the back of the hospital and shot himself.”

As is the case with other cities in Los Angeles County, social conditions in Long Beach have sharply deteriorated while rising housing costs have made this area unaffordable.

The nurses’ protest is part of a worldwide struggle by nurses, doctors and healthcare workers, from New Zealand to Russia, Latin America and Africa. It comes in the wake of the sellout of the nurses strike by the UAW in Toledo, Ohio.

The California Nurses Association’s policy of limiting the struggle to pointless one-day strikes or protests is aimed at subordinating workers to the big business Democratic Party.

Nurses must take this fight into their own hands and build independent rank-and-file committees and link up the struggles of healthcare workers across the US and internationally, not through empty protests and one-day strikes, but in the fight to expropriate the health care industry and run it as a public utility under workers’ control.



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