

California: 700 health care workers at Santa Rosa Memorial Hospital on five-day strike

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Hundreds of health care workers at Santa Rosa Memorial Hospital began a five-day strike on Monday. Workers are protesting understaffing at the hospital, inadequate access to personal protective equipment (PPE), and management's proposal to slash their benefits. They have been working without a contract for over a year.

The 740 striking workers—nursing assistants, radiologic technologists, pharmacy technicians, diet aides, registrars and housekeepers—are in the National Union of Healthcare Workers (NUHW).

Healthcare workers in the US continue to lack adequate PPE. According to the count kept by *Kaiser Health News* and *The Guardian*, 836 health care workers have perished from COVID-19. In California, 22 health care workers have succumbed to the disease, while nearly 20,000 have been infected, according to the *San Francisco Chronicle*.

Despite the growing need for health care, hospitals and other health facilities have been closing, laying off or furloughing workers, and slashing wages and benefits.

Santa Rosa Memorial Hospital is planning to more than double the annual premiums for the most popular family healthcare plan from \$1,887 to \$4,609. It also wants to reduce the accrual of sick days for senior employees and has refused retroactive pay for the 12-month wage freeze they experienced while the contract was under negotiation.

“I would lose three sick days a year,” Tammie Campbell, a radiologic technologist with 12 years at the hospital, told the *Napa Valley Register*. “We’ve learned with COVID-19 that people are being forced to work when they’re sick and not having access to quality affordable health care. It’s not only bad for the person, it’s bad for society. And, in our case, it’s bad for our patients.”

In a vindictive response to the strike, the union says that the hospital will rescind one-third of a planned wage increase.

Meanwhile, management has tried to shame health care workers for striking amid the pandemic. Tyler Hedden, the CEO of Providence St. Joseph Health, of which the Memorial hospital is a part, told the *San Francisco*

Chronicle, “It is unfortunate that the union decided to do this during a pandemic” while other hospital representatives called it “deeply disappoint(ing).”

Hospital management denies that the problems which caused workers to strike even exist! “We never deny a caregiver PPE,” representatives told the *Chronicle*.

This claim was contradicted by numerous workers.

“There is chronic understaffing throughout the hospital,” Campbell told the *Register*. “We also do not have enough personal protective equipment. Now, we’re being asked to wear the same mask the whole day. We’re also being asked to wear the same N95 masks for a week unless something happens to it. Five months ago, you threw that stuff out after single use.”

An emergency room staffer and single mother, Taylor Davison, told the *Chronicle* that workers “are constantly putting ourselves at risk.”

The Santa Rosa Memorial Hospital is a 338-bed acute care hospital located in Sonoma County, about an hour north of San Francisco. The hospital serves over half a million people in the greater Sonoma County area and is the only Level II trauma center serving the surrounding counties.

While nominally a non-profit institution, the NUHW notes that the hospital’s operating margin (11.62 percent in 2019) is significantly higher than the California average of one percent. Over the past three fiscal years, the hospital has reported a total operating profit of \$201.7 million, pulling in \$72.8 million in 2019 alone.

The hospital is operated by Providence Health & Services, which is now the third largest nonprofit hospital system in the country and the ninth largest overall. Based in Renton, Washington, Providence supports 51 hospitals and 829 clinics in Alaska, Washington, Oregon, California, Idaho, Montana, New Mexico and Texas.

Elisabeth Rosenthal, a former ER physician and now editor in chief of Kaiser Health News, observes in her 2016 book *An American Sickness*: “Providence’s ‘tradition’ comprises a weird mix of Mother Teresa and Goldman Sachs: one day it is donating \$250,000 to help build a new

teaching hospital in Haiti to replace one destroyed by the 2010 earthquake, and the next its new offshoot, Providence Ventures, is announcing the launch of a \$150 million venture capital fund, led by a former Amazon executive.”

Drawing on annual financial disclosures, the NUHW notes that at the end of 2019 Providence had \$12.3 billion on hand and net profits of \$373 million. The company’s Wall Street investments can bring in as much as \$1 billion in a good year. Providence CEO Rod Hochman received \$10.8 million in total compensation in 2019.

Being classified as a “nonprofit” organization means that the health care provider is able to avoid paying almost all property or payroll taxes. According to Rosenthal, the value of this tax advantage in 2011 stood at \$24.6 billion.

While nonprofit hospitals historically had to do charitable work to fit this classification, in the 1960s the Internal Revenue Service (IRS) changed the standard to providing “charity care and community benefit.” Hospitals have increasingly sought to minimize the money spent on charitable activities in order to maximize their tax advantage.

A survey of 196 nonprofit hospitals conducted by the California Nurses Association (CNA), found that they received \$3.3 billion in tax exemptions, but only spent \$1.4 billion in charity care. The difference can then be spent on executive salaries, elaborate hospital lobbies that resemble posh hotels, or stock market speculation.

“Not-for-profit hospitals,” Rosenthal writes, “are now just as profitable as capitalist corporations, but the excess money flowing in isn’t called ‘profit’—it’s ‘operating surplus.’ Charity Navigator, a group that rates nonprofit organizations based on their governance and use of donated funds, doesn’t even rate not-for-profit health systems because they function on such a different model.”

Being flush with cash and investments, however, has not prevented Providence from accepting relief funds from taxpayers. According to the *New York Times*, Providence received at least \$509 million from the CARES Act, money that was supposed to help struggling healthcare providers.

The striking workers, however, face as their enemy not only a giant health conglomerate, but the NUHW.

The union is using the five-day strike as a pressure valve, while isolating the struggle. After stringing workers out on the picket line for a week, the union will send them back to work with none of the complaints that sparked the strike in the first place resolved.

As is standard practice during strikes among health care workers, the unions communicate with management the number of days they plan to strike, usually only one or two, allowing management to bring in scabs—who are generally not as prepared or qualified as regular hospital staff, placing

patients at greater risk—for the duration of the strike.

The trade unions have a long history of betraying workers struggles. In California, the NUHW, the California Nurses Association (CNA) and National Nurses United (NNU) regularly hold 1-2 day “Hollywood” strikes where workers protest for a few days until the unions are able to push through yet another concessions contract. This includes four strikes over the last decade at Kaiser Permanente, three strikes by the CNA at Sutter Hospitals, and many other strikes called off before they even took place.

Outside California the trade unions have followed the same script. For example, in May the SEIU blocked a strike of nearly 10,000 nursing home workers in Illinois. This past Monday, the Illinois Nurses Association (INA) managed to end a two-and-a-half week strike by nurses in Joliet, Illinois at the AMITA St. Joseph’s Medical Center without having resolved issues of understaffing. The fight by Joliet nurses was sabotaged by their union, which kept the strike isolated and laid the groundwork for its defeat.

If the strike is to succeed, workers need to take the struggle out of the hands of the union and form independent rank-and-file safety committees. These committees will represent and fight for the safety of workers in opposition to management and the profit principle, draw up detailed standards that will be monitored and enforced, and stop work when standards are violated. More importantly, such committees will break from the isolation imposed by the trade unions, reaching out to other sections of the working class, not just in the United States but internationally.



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