

Health care workers prepare strike action at major hospitals, other facilities throughout California

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Over the next month, nurses and health care workers are set to strike at Cedars-Sinai Medical Center in Los Angeles, Stanford Health Care in the San Francisco Bay Area and 15 separate locations operated by Sutter Health in Northern California. The main demands of these workers are an end to the chronic understaffing, which has plagued the profession since well before the pandemic, and higher wages to keep up with inflation.

Measured by total inpatient discharges, Cedars-Sinai and Stanford Health Care are the two largest hospitals in the state. Both are also significant research centers and teaching hospitals, the latter being connected to prestigious Stanford University. While the 15 Sutter Health facilities are individually smaller, they collectively constitute a similar portion of the health care system as the first two.

Of the 14,000 workers employed at Cedars-Sinai, more than 2,000 nurses, CNAs, surgical technicians, service and transport staff and other health care workers under the SEIU-United Healthcare Workers West (SEIU-UHW) are set to walk out at some point in May. Workers voted by 93 percent in favor of the strike. The SEIU-UHW will announce a date for the strike at an informational picket at the hospital on April 20.

Cedars-Sinai reported total profits in 2021 of more than \$1 billion, which is more than a 200 percent increase from 2020. The “nonprofit” hospital used the windfall to give bonuses totaling over \$40 million to its leading executives and, as a “thank you,” a \$2 per hour wage increase to its employees—an increase that falls woefully short of keeping up with inflation.

For its part, Stanford employs approximately 5,000 registered nurses. Of those, 4,500 nursing staff voted by the same 93 percent margin to strike on April 25. The

fight at Stanford comes amid a contract fight at Stanford Health Care and Lucile Packard Children’s Hospital (Stanford’s children’s hospital).

The contracts between the Committee for Recognition of Nursing Achievements (CRONA) union and Stanford Health Care and Lucile Packard Children’s expired on March 31 and negotiations have been ongoing for more than three months. The last walkout at Stanford Health Care was in 2000, when nurses went on strike for 50 days.

The primary demands of nurses are for safer staffing ratios and wage increases that keep up with inflation. The hospital is currently making no changes to staffing plans and proposing 5 percent, 4 percent and 3 percent wage increases for each year of the new contract. CRONA had initially proposed an 8 percent increase for each contract year, but it has since lowered its demands to 7 percent, 7 percent and 6 percent.

Hospital management has recently announced to nursing staff that their health care benefits could be cut off on April 30. Legally the hospital can cut off hospital-funded benefits, forcing nurses to pay for federal COBRA health care insurance. The hospital has also been working on contingency staffing plans over the past year in the case of a strike and is currently hiring travel nurses as scabs. Nurses report that they have been informed by management that these nurses’ contracts will require five 12-hour shifts per week paying approximately \$13,000 per week.

Strike plans at the 15 Sutter Health facilities in Northern California come just half a year after a month-long strike by 700 stationary and biomedical engineers under the International Union of Operating Engineers (IUOE) at Kaiser, in which the predominant issues

were also pay and understaffing. Now, 8,000 nurses and health care workers in the California Nurses Association are holding a one-day strike on April 18 over safe staffing and safety precautions. In its press release, the CNA does not raise the issue of wages. Sutter workers have been without a contract since June 2021.

Nurses and health care workers have been deeply affected by the pandemic. While the profession was by no means well-supported before the pandemic—low wages and the nursing shortages predate COVID-19—it aggravated all the preexisting problems. Many former health care workers, burned out by long hours, the daily risk of contracting COVID-19, low pay and the frequent sight of death have since left the profession. As a result, the already strained health care system has been pushed to the brink.

Routine mistakes, whose frequency and degree are exacerbated by an overtaxed workforce, can have grave consequences. In the case of RaDonda Vaught, a Tennessee nurse who was recently convicted of negligent homicide for a medication error, these issues were unilaterally brushed aside during her trial. In addition to all of the above stresses, health care workers now face being scapegoated to cover for the “negligent homicide” of the major hospitals.

There is every reason for health care workers to strike, but the unions that purport to represent their interests are determined to prevent a real fight.

During the Kaiser engineers strike last year, the CNA mobilized only a one-day strike as a stunt but otherwise kept its members on the job while the engineers were out for a month. The CNA rejected out of hand a broader strike.

At Stanford, CRONA is seeking to isolate the nurses by not offering a cent of strike pay, even though Stanford and Lucile Packard nurses pay \$50 per month in union dues. In addition, CRONA email updates advise nurses on how to find other work during the strike and how to make a “strike budget plan” to cope with the complete loss of pay.

The conclusion of the Kaiser contract negotiations last November—which also coincided with the engineers strike—saw the Alliance of Health Care Unions at Kaiser (AHCU) call off strikes at the last minute and, like the CNA, isolate the striking IUOE engineers. The fight at Kaiser ended with the AHCU forcing through a

concessions contract that included direct payouts totaling about \$50 million from Kaiser into AHCU slush funds. In other words, the AHCU effectively accepted a large bribe from the company it was supposedly fighting in exchange for forcing through a sellout.

Revealingly, while opposing the UHW’s present pro-worker posturing, Cedars-Sinai has stated, “Cedars-Sinai has maintained strong working relationships with our SEIU-UHW-represented employees for years, and we are committed to strengthening those bonds.” Workers must learn from these previous struggles and draw the necessary conclusions about their nominal “representatives.”

Beyond those struggles, nurses have faced betrayals in Worcester, Massachusetts; Buffalo, New York; and at Kaiser in Southern California—all in the last six months. In every case, the struggles concluded with the nurses’ respective unions lying to, censoring and browbeating their memberships into accepting sellout deals.

Health care workers who want to fight for better conditions confront not only the major hospitals but also their “own” organizations. These workers are in a powerful position, but nothing can be won so long as their struggle is subordinated to these moribund and treacherous organizations and their political representatives in the Democratic Party. The WSWS calls on workers to build rank-and-file committees, independent of the unions and democratically controlled by the workers, to carry forward this struggle.



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