

What the so-called “best contract ever” at Cedars-Sinai Hospital contains

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Following a one-week strike at Cedars-Sinai Medical Center in Los Angeles in mid-May, the Service Employees International Union-United Healthcare Workers West (SEIU-UHW) ratified a concessions contract covering Clinical Partners, Certified Nursing Assistants (CNAs) transporters, technicians, environmental service workers, and other staff that will last for three years.

On their site, the union praised the deal by declaring “We Ratified Our Best Cedars-Sinai Contract Ever!” It could not be farther from the truth.

The main demands of the workers at Cedars-Sinai, as with health care workers across the country and the world, include the hiring of a substantial number of new nurses to address chronic understaffing and the national nurses shortage, an end to overwork and long hours which has resulted in undue stress and patient injury and death, adequate safety measures against the COVID-19 pandemic, and higher pay to offset both rampant inflation and the decades-long attack on wages.

Cedars-Sinai Medical Center was recently issued a hospital safety grade of “D” by the independent consumer health care watchdog “The Leapfrog Group,” a downgrade from its previous “C” in 2021, with factors of infections, problems with surgery, safety problems and practices to prevent errors receiving a score “below average.”

All of these fundamental problems have been raised incessantly by health care workers but go by and large unaddressed in the contract.

The SEIU-UHW released a bullet-point list of the provisions in the contract that deserves study. To begin, it declares that the contract will include an average wage increase of 17.46 percent over the life of the contract, and that no one’s wages will rise less than

11.2 percent.

According to the US Labor Department, the annual inflation rate as of this writing stands at 8.3 percent. This means that the average Cedars-Sinai worker can expect to make significantly less in real terms than they are now after three years.

Furthermore, the union boasts that the agreement protects health care benefits and promises certain COVID-19 protections, including access to personal protective equipment (PPE), testing and exposure notifications. But while the hospital took the egregiously punitive measure of cutting health care benefits to its striking employees, there was no indication that health care benefits were on the chopping block in the first place during negotiations, making this boast meaningless. As for the COVID-19 protections, while valuable, their effectiveness will be limited so long as the broader policy of “herd immunity” remains in place, making inevitable regular surges which overwhelm hospital systems.

Beyond this, workers will receive a \$500 ratification bonus. With the high cost of living in Los Angeles, this sum is only about one week’s worth of rent for most workers.

These are the parts of the contract that the union has summarized to promote it to the membership. Absent from these sugar-coated points is any mention of staffing, patient ratios or working hours.

Health care workers across the country confront inhuman workloads and dangerously high nurse-to-patient ratios (in some medical-surgical units, it reaches 13:1). When these conditions inevitably lead to medical errors, they are liable to be scapegoated and exposed to criminal charges, as took place with RaDonda Vaught.

The situation is so dire that last week about 40 nurses walked out at Orlando Regional Medical Center in

Florida to protest against an impossible workload that led to the suicide of a patient going unnoticed for several hours.

But workloads, the single most pressing issue for both nurses and patients, are not being addressed in the so-called “best Cedars-Sinai contract ever.”

This parallels the tentative contract recently reached by SEIU Local 721 for 7,000 Los Angeles County nurses. Local 721 President David Green similarly exalted it as a “historic agreement.” These nurses are set to receive slightly lower raises, at 15 percent over the next three years. The remaining 48,000 workers in the 721 bargaining unit will receive raises that are lower still, at only 12 percent.

In announcing this deal, the SEIU canceled a three-day strike set for June 1, which would have included walkouts at four hospitals and dozens of clinics in the county. At a time when the unity of workers under similar attacks needs to be developed and the call for a broader or even general strike facilitated, the union instead sought to segment workers and call off any serious action that would have given nurses enormous leverage.

The anger of health care workers is well justified. After two and a half years of working through the COVID-19 pandemic, they are exhausted. While hailed as “essential workers,” they have been made to carry the burden of the pandemic as official policy did nothing to prevent—and even encouraged—its spread. More recently, nurses like RaDonda Vaught and Michelle Heughins have been criminally prosecuted for medical errors that are themselves a result of the systemic failures of the capitalist health care system. This is all without even mentioning the decades of assault on working conditions and wages that the pandemic only compounded.

The same basic issues confront the entire working class, and workers everywhere are being thrust into struggle. Workers in all industries have had to deal with hostility not only from their own employers but also with the treachery of the unions that nominally represent them.

To carry out a genuine struggle, nurses must organize rank-and-file committees which they control, not the union bureaucrats. Recently, nurses around the country took the important step of creating a rank-and-file steering committee to oppose the scapegoating of

health care workers and to organize a counter-offensive of nurses and health care workers to fight for safe staffing ratios. We urge nurses at Cedars-Sinai to fill out the form below for more information about how to join the committee.



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