

# Los Angeles resident physicians vote overwhelmingly to strike

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In a two-week voting process that concluded on May 30, more than 1,300 resident physicians and fellows at several Los Angeles County facilities have voted by 99 percent to authorize strike action. A walkout at LAC+USC Medical Center, Harbor-UCLA Medical Center and Martin Luther King, Jr. Outpatient Center would be the first strike called by the Committee of Interns and Residents (CIR), an affiliate of the Service Employees International Union (SEIU), in 32 years.

CIR-SEIU officials have kept residents on the job since the expiration of their last contract in September 2021. Union officials admit contract talks have gone nowhere for months.

The struggle pits resident physicians in a direct conflict with the Democratic Party-run county government and its austerity measures. Resident doctors, like the rest of health care staff, have been at the frontline of the COVID-19 crisis over the last two and a half years. These young physicians practicing in public hospitals have selflessly provided essential medical care to some of the poorest and most oppressed sections of the working class. Many physicians work 80 hours a week, thereby hardly making minimum wage, with the constant fear and danger of getting infected.

Resident physicians' working conditions are similar to those of the other health care workers around the globe: staffing shortages, inhuman workloads, utterly insufficient benefits, dangerous working conditions, abysmal COVID-19 protection and poverty wages that do not keep pace with rising inflation in one of the most expensive urban areas in the country. The cases of burnout are extremely high. All these conditions inevitably affect performance.

Dr. Andrew Cai, second-year resident at Harbor-UCLA, CIR delegate and CIR-COPE boardmember, described the conditions he and other physicians confront. "A medical residency lasts between 3 to 7 years depending upon the specialty," he told the *World Socialist Web Site*. "It takes place in the period between graduating from medical school and becoming licensed and certified as a doctor."

Dr. Cai pointed to the 80-hour workweeks and explained

that residents' careers can be ended by a poor evaluation with little recourse. This oppressive work environment has become institutionalized to such an extent that he described it as the "last indentured servitude."

"The County is competing against private hospitals that pay their residents more and thus can out-recruit," he said. To level the playing field, the residents want the same pay and stipends as other residents in Los Angeles.

Commenting on the broader conditions of the communities served by these hospitals, Dr. Eugenio, Outgoing CIR RVP and Chief Resident, Family Medicine at Martin Luther King Hospital/Drew Hospital, told the WWS, "It is a very, very underresourced, underserved population, and that area in particular is in such dire need for more health care professionals."

She continued, "We have these physicians who are committed to serving these patients, committed to advocating for vulnerable communities. We want to continue to recruit and retain these kinds of quality physicians. So the reason that we're fighting so hard for a fair contract is so we can ensure quality care so that our physicians can focus on caring for our patients."

Speaking of the difficulties during the pandemic, Dr. Eugenio said, "Basically, the entirety of my residency training was in the middle of a global pandemic. Not only are we burning out because of the inherent nature of residency and the 80-hour workweek, but then there's also the burnout associated with the pandemic. We've seen our patients die from COVID, day after day, and then we come home and are not able to be with our loved ones because we have to protect them."

Dr. Camila Alvarado, a second-year resident at Harbor-UCLA, said, "We're doctors, and people see us with white coats, so they think we make what you would think a doctor makes. But in residency, if you divide by the number of hours we work, which is about 80 hours a week, we actually make about minimum wage, if not less than minimum wage."

Despite this stark situation, the union has only sought a 7

percent wage increase, well below the annual inflation rate of 8.3 percent.

Alvarado complained about the difficulty of finding affordable housing in Los Angeles, given the exorbitant rental costs, which greatly surpass a resident's wage. She also expressed concern for the future of whatever public health care still exists. "A lot of us who chose the hospitals that we currently work at, did so because of the patient population. We are working with the most underserved patients in Los Angeles. And that's exactly the type of medicine we wanted to be doing to help those that needed it the most."

The CIR/SEIU has given management a 10-day strike notice, delaying any action until June 13 and declaring it would end the work stoppage by June 15. This will give management plenty of time to hire strikebreakers and reduce any impact of the already limited three-day strike.

The CIR-SEIU is also planning to restrict any action to an Unfair Labor Practice strike. "For months, the County has failed to make movement on key union proposals and rejected them outright, repeatedly canceled scheduled bargaining sessions, and otherwise engaged in bad faith bargaining conduct," CIR-SEIU officials said in a recent statement.

The unions want physicians to look to the National Labor Relations Board (NLRB) and the Biden administration to resolve their struggle, rather than appealing to all health care workers and broader sections of the working class for collective action.

Even if the NLRB rules against the hospitals this will do nothing to resolve the pressing issues physicians confront. If the federal agency finds an employer committing an unfair labor practice, the NLRB will simply issue an order to the employer to "cease and desist" and take affirmative action to remedy the violation, according to legal experts.

This means that the issue can be "resolved" simply through the resumption of "good faith" bargaining that could continue to drag on even as physicians labor under impossible conditions and see their wages eaten up by skyrocketing fuel, food and housing costs.

The NLRB will not force state and county officials and hospital management to increase staffing levels, provide adequate COVID-19 protections or increase paltry wages. None of these gross violations of workers' rights are considered "unfair labor practices," as defined by the pro-capitalist labor relations system in the US.

Then why is the SEIU preparing to call an unfair labor practice strike?

The SEIU has a long and rotten record of collaborating with the austerity measures imposed by health care employers and state's Democrats and Republicans. In

exchange for imposing these conditions on their members, the SEIU is guaranteeing "bargaining rights" and the automatic deduction of dues from health care workers. In some cases, the SEIU signed sweetheart deals with nursing home companies, which included silencing criticism from rank-and-file workers over unsafe conditions, in exchange for employer "neutrality" during unionizing campaigns.

If the union calls a strike to allow physicians to blow off steam, it will isolate the struggle and end it as quickly as possible on management's terms. Last month, the SEIU signed a sellout agreement to block a strike by 55,000 LA County workers, leaving the physicians to fight their battle alone. The deal by SEIU Local 721 covering Los Angeles County nurses does not address the squalid working conditions and pay of the employees and has been denounced by rank-and-file county workers as concessionary.

The only way forward is for workers to break away from pro-corporate, pro-government unions and create their own organizations that will wage a genuine concerted struggle to win their demands. This can be best accomplished through the formation of a rank-and-file committee created and led by the physicians and fellows themselves. This is the route already taken by nurses and health care workers involved in struggle across California, the US and internationally.

The issues facing resident physicians are deeply rooted in the inability of the capitalist system to satisfy basic social necessities, such as health care for all. In the wealthiest country in the world, with unlimited resources for military budgets and criminal wars, the US shamelessly finds no resources to fund its public hospitals. That is why militant strike action by physicians must be combined with the fight for a political counter-offensive against both big business parties and the subordination of health care and every aspect of life to corporate profit.



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