

# Stanford nurses union announces sellout contract for 6,000 healthcare workers

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On Tuesday, the Committee for Recognition of Nursing Achievement (CRONA) union announced two three-year tentative agreements for the 6,000 nurses at Stanford Health Care (SHC) and Lucile Packard Children's Hospital. The TAs were announced in lieu of strike action, despite the mass support among workers to fight for their demands.

The new contract comes at a critical moment. Nurses at Stanford face severe understaffing that makes providing safe patient care increasingly difficult. Many cannot afford to live in the Bay Area, with some reportedly sleeping in their vans between shifts. Meanwhile, Stanford University sits on an endowment of \$37 billion.

Nationally, healthcare as a profession is under a full-frontal assault led by the Trump administration and anti-science quack Robert F. Kennedy Jr., who was installed by Trump as the head of Health and Human Services (HHS). The firing of 10,000 public health workers at HHS, along with a further 10,000 who were railroaded into accepting early retirement, is part of a broader campaign to dismantle health services in the US, giving way for the ongoing coronavirus pandemic to continue to kill thousands each week and to allow for even more dangerous pathogens, like the H5N1 bird flu to further cement themselves in humans.

The contract negotiations cannot be separated from Stanford University's broader role in promoting junk science. Figures like Jay Bhattacharya and Scott Atlas, who held positions at Stanford, were key architects of the "Great Barrington Declaration," which opposed lockdowns and other public health measures needed to prevent the spread of COVID-19.

Above all, the tentative agreements underscore the need for workers to organize themselves independently in defense of jobs and public health. The trade union

bureaucracies have repeatedly demonstrated that they either refuse to fight these attacks on workers, or in the case of UAW President Sean Fain and Teamsters President Sean O'Brien, working alongside the Democratic Party and actively collaborating with Trump.

The agreements presented to the Bay Area nurses are another example of this fecklessness. One of the "highlights" of both contracts are wage increases of 4 percent over the next three years. In reality, such wage increases fall well short of inflation over the past three years, much less the skyrocketing of costs of living that will emerge from Trump's trade war measures.

There is also no real enforcement of staffing ratios, a perennial demand of nurses across the country. Instead of establishing enforceable minimum staffing ratios, the SHC agreement merely requires that

staffing plans shall be available to the Nurses on that unit in electronic form and in hard copy.

Section 33.3.2 of the agreement states:

Staffing is determined by a combination of professional judgment, acuity and staffing plans/matrices. In meeting the staffing needs of the unit or area of practice the Resource Nurse is permitted to use judgment in adjusting staffing levels...

In both instances, the language gives management significant discretion in determining staffing levels. Moreover, the contract lacks concrete mechanisms for nurses to challenge dangerous understaffing situations,

offering undefined “transparency” instead of actual control.

CRONA also promotes the contract’s weekend staffing provisions as a win, highlighting that “confirmation that Nurses do not need to be scheduled to work every other weekend, that Nurses may be scheduled to work every third weekend.” However, the full contract language reveals the critical qualifier “if staffing permits,” making any such purported scheduling flexibility an illusion.

Nor do the contracts seriously address the question of workplace violence, which is an increasing concern among nurses. While appearing to address workplace violence, the contract’s protections contain significant limitations. It states that a nurse who has been assaulted or threatened should report to management, which “shall promptly offer a patient reassignment” but can be denied by “taking into account whether other qualified nursing staff are available to care of the patient.” This effectively subordinates nurse safety to staffing considerations, which remain under management control.

There is also increasing concern among healthcare workers that companies are turning to new and emerging technologies, especially AI, to replace nursing duties, which the contract does not seriously address. In particular, there is no enforceable protection against the replacement of nursing labor through technological means.

The absence of a serious fight by CRONA is a continuation of its role in suppressing the class struggle. Nurses raised essentially the same demands—inflation-busting wages, improved staffing ratios—during the 2022 strike, which was sold out by CRONA. At the time, the union hailed the contract as a “victory,” and yet three years later the same issues are even more critical.

Stanford’s role in promoting “herd immunity” makes the administration complicit in policies that contributed to an estimated 1.7 million excess deaths in the United States and 30 million excess deaths worldwide. Yet CRONA has never addressed these broader institutional issues, focusing only on individual working conditions while leaving untouched the university’s larger public health policies.

Stanford nurses deserve far better than this tentative agreement. The modest wage increases and incremental improvements in working conditions maintain management control over crucial aspects of nursing work, including staffing, scheduling and technological implementation.

The Stanford Nurses Rank-and-File Committee, formed

during the 2022 strike, represents a crucial alternative. At the time, the committee:

called for a rejection of the contract, the resumption of the strike which CRONA had summarily called off, and the removal of the bargaining committee and its replacement with one drawn only from the rank and file.

Nurses must organize independently to defend their interests and those of their patients. And this fight must be linked to the broader political struggle against the attacks on public health, democratic rights, and the efforts by the Trump administration to set up a dictatorship in the United States.

Stanford nurses must reject this inadequate agreement and demand a contract that addresses their real needs: substantial wage increases that account for the true cost of living in the Bay Area, enforceable minimum staffing ratios, genuine control over scheduling and working conditions and absolute protections for nurse safety.

Most importantly, they must take matters into their own hands rather than relying on a union leadership incapable of waging a serious struggle against Stanford and the broader US political establishment. Nurses must take the initiative themselves, building the Stanford Nurses Rank-and-File Committee under the broader umbrella of the International Workers Alliance of Rank-and-File Committees (IWA-RFC). They must link up with other sections of workers coming into struggle and direct their offensive against the underlying fundamental problem—capitalism.



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