

# Long Beach Medical Center nurses vote overwhelmingly to strike against layoffs

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In balloting held between April 24 and the 26, nurses at MemorialCare Long Beach Medical Center and Miller Children’s & Women’s Hospital (MCWH) voted overwhelmingly to authorize a strike.

Just days later, on May 1—May Day, also known as International Workers’ Day—MemorialCare provocatively responded by announcing even more layoffs. While this should have triggered an immediate response, the bureaucracy of the California Nurses Association/National Nurses United have refused thus far to call a strike.

Last week’s layoffs—targeting vital departments such as outpatient clinics, the blood donor center, general pediatrics, and radiology diagnostics—comes on the heels of previous attacks. In February 2024, 72 employees were axed, and the outpatient pharmacy was shuttered. In March of this year, another 60 layoffs were announced, set to take effect from April 14.

Now, just weeks later, MemorialCare is slashing deeper into departments that are essential to patient flow and safety, paving the way for catastrophic backups in care delivery. Compounding the crisis, expected cuts from the Trump administration at the VA will funnel even more patients into MemorialCare’s already strained system, magnifying pressure on an exhausted nursing staff.

This crisis is part of a broader attack on public health, spearheaded by the Trump administration and anti-science quacks like Robert F. Kennedy Jr. and Dr. Mehmet Oz. Under the guise of “health freedom,” these figures have fronted policies that slash public health funding, dismantle regulations, and push hospitals toward ever more ruthless cost-cutting.

The firing of 20,000 federal science employees has accelerated the erosion of healthcare infrastructure, leaving frontline workers and the public dangerously

exposed.

MemorialCare brands itself as a nonprofit integrated health system, but in practice, it and other “nonprofit” hospital networks operate no differently than profit-driven corporations. With four major hospitals, a network of award-winning medical groups spanning more than 200 sites and a medical staff of over 2,000 physicians, MemorialCare’s reach is vast across Southern California, particularly in Orange and Los Angeles counties.

Its flagship Long Beach Medical Center and MCWH are critical pillars of care for the Long Beach community and surrounding region, underscoring that any significant labor action at these facilities would ripple throughout the entire system.

In 2017, *Becker’s Hospital Review* even lauded MemorialCare as one of the “50 Great Health Systems to Know in the United States.” In other words, nurses are fighting against a significant player in the American profit-dominated healthcare system.

Massive job cuts and facility closures are taking place throughout the country. Recently, a hospital network in southeast Pennsylvania closed two hospitals after its private equity firm owners declared bankruptcy. Over 2,600 jobs and 75,000 patients are affected.

The nurses’ grievances are well-documented: demands for safe staffing levels, protection from workplace violence, and basic workplace safety have been consistently ignored. Understaffing is a systemic assault on both patient care and nurses’ well-being.

Repeated submissions of “assignment despite objection” forms shows that nurses are constantly forced under protest to work in unsafe situations, and are stretched thin across too many patients without adequate support. Poor equipment, lack of supplies, and broken systems deepen the hazard, and nurses face an

increasingly violent workplace. Last December, a patient brought a gun into Long Beach Memorial.

Rather than confront these escalating dangers, the CNA/NNU bureaucracy has once again sought to defuse rank-and-file militancy instead of seriously challenging hospital management. The union's response to MemorialCare's determination to quash workers was a meek Facebook post declaring, "We don't want to strike but, if necessary, we will."

This is not the language of an organization prepared to wage a serious fight. It is the language of surrender and collusion—a strategy aimed at placating angry members while carefully avoiding any meaningful confrontation with corporate power.

The nurses' strike vote was treated by the union leadership as little more than a pressure valve, designed to let off steam while continuing backroom negotiations. In March, a month before the vote, CNA/NNU was already boasting about tentative agreements on procedural matters such as grievance meetings, unpaid leave, and expedited arbitrator selection—trivial concessions that do nothing to address the core demands of nurses.

The emphasis on arbitration is especially telling: instead of empowering nurses to decide their fate, the union is laying the groundwork for yet another sellout contract to be dictated by a state-appointed arbitrator, just as has happened in this year's postal workers' struggle. After USPS workers rejected a contract by 70 percent, the same deal with tiny changes was rammed down their throats through arbitration, robbing them of even the right to vote on their own contract.

In 2022, when Long Beach nurses courageously struck against unsafe conditions, the CNA/NNU leadership moved swiftly to sabotage their efforts, calling a vote on a sellout agreement just as the strike was building strength. Time and again, this bureaucracy has proven its loyalty to hospital administrators, not its members.

At Kaiser Permanente, for instance, CNA/NNU has overseen the restructuring of the workforce, replacing registered nurses with lower-paid, less-trained telehealth staff while imposing new burdens on remaining nurses—effectively turning them into supervisors of an underqualified, overworked "generic workforce."

The recent 48-hour strike by 55,000 Los Angeles

Countyworkers—including many healthcare staff—offers a revealing parallel. Though these workers showed immense determination to confront unsafe staffing, low wages and austerity measures, their struggle was curtailed by the Service Employees International Union (SEIU) bureaucracy. SEIU limited the action to a tightly-controlled, symbolic strike, ensuring minimal disruption and quickly steering workers back to work without real gains.

Meanwhile, California's Democratic Party-controlled state government has gutted safe staffing laws and prioritized hospital profits over worker protections. The CNA/NNU, deeply tied to the Democrats, has done nothing to oppose these attacks, leaving nurses to fend for themselves.

The same political forces that gut healthcare at home also wage war abroad. Nurses at MemorialCare have shown solidarity with their brothers and sisters of Gaza, recognizing that the fight for health and safety is global. There is a deep connection between the ruling class' profit-driven attacks on the working class at home and its wars of conquest abroad.

Nurses must break free from the dead-end strategy of the CNA/NNU, whose overriding goal is to secure its place at the bargaining table and preserve the status quo, not to win a real victory for its members. Independent rank-and-file committees are essential to wrest control of this struggle from the bureaucracy and transform it into a genuine political fight against war and authoritarian rule.

These committees must reach out to all sections of the working class—hospital technicians, service workers, teachers, transit workers, and beyond—to carry out a united struggle against austerity and corporate greed.



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