

# Long Beach Medical Center nurses hold vigil against layoffs, appalling conditions

Marc Wells, Liz Cabrera  
18 June 2025

On Monday, nurses held an informational picket to protest catastrophic staffing shortages and mass layoffs that are gutting healthcare delivery at Long Beach Medical Center in southern California.

This takes place amid a growing wave of working-class resistance and a political context marked by the extreme rightward trajectory of the ruling class. Donald Trump's escalated attacks on immigrants and democratic rights, his glorification of RFK Jr.'s anti-scientific lunacy, and the looming threat of world war are sharpening the class struggle in the US.

The field is ripe for mass collective action, as seen in the massive nationwide demonstrations on June 14. The struggle of Long Beach nurses must be understood as part of this broader awakening of the American working class.

Between April 24 and 26, nurses at MemorialCare voted overwhelmingly to authorize a strike, a clear signal that they were prepared to fight. The response from hospital management was swift and provocative. On May 1—May Day—MemorialCare announced a fresh round of layoffs, targeting essential departments like outpatient clinics, the blood donor center, general pediatrics and diagnostic radiology.

Earlier, 72 employees were fired in February 2024 as management closed the outpatient pharmacy. Another 60 layoffs were announced in March of 2025, effective from April 14.

Then came a triple blow: 115 employees laid off on May 2, 24 case managers axed on May 30 and 58 more workers let go in early June. These included interpreters, respiratory therapists and other critical staff. Three full-time positions were downgraded to part-time.

Instead of launching a full-scale strike in response to this jobs bloodbath, the California Nurses Association (CNA) waited until May 22 to even announce a measly one-day strike. Then, following weeks of silence as the crisis deepened, it orchestrated a candlelight vigil on June

16, a performative gesture designed to defuse anger.

The conditions for a broader movement of healthcare workers are emerging.

- At Butler Hospital in Rhode Island, over 800 workers have been on an open-ended strike since May 15.

- In Michigan, 350 nurses struck at Henry Ford Rochester Hospital from June 9 to 14.

- A five-day strike hit UnityPoint Health-Meriter in Wisconsin on May 27.

- In California, West Anaheim Medical Center workers walked out May 26.

- Nearly 1,000 nursing home workers in Western New York struck for seven days starting May 20.

- In Louisiana, University Medical Center nurses struck on May 1.

- In Atlanta, CDC employees protested RFK Jr. and mass staff dismissals on June 10.

- In Washington, D.C., a coalition of health workers rallied June 11 against Medicaid cuts.

In this context, the CNA's refusal to call a real strike at MemorialCare expresses its role as an agent of management. A real fight requires workers organize themselves in rank-and-file committees to impose their democratic will and transfer initiative from union officials to nurses themselves.

WSWS reporters spoke to some of the Long Beach Memorial nurses. Lorena, a nurse with 24 years of service at MemorialCare, captured the daily nightmare workers face:

"I'm just so sick of working short. It's unsafe for us. We're working short with RNs, we don't have a meal break and we're short on Patient Care Assistants (PCAs). They're laying off the other ancillary supports that we work together with, so I'm just tired."

She described how laid-off secretaries and case managers provided critical support, preparing paperwork and discharge charts. Their absence has left nurses

scrambling: “We’re short of PCAs as well. So that adds... I would have to empty the bedpan, the urinal, get ice, walk patients to the restroom and then we’ll have a fall and they say, why was there a fall? That’s because we’re short staffed. I’m walking someone else to the restroom. I can’t attend to that bed alarm that we set.”

Lorena expressed frustration at the CNA’s decision to limit the struggle: “So having a one-day strike? I don’t think it’s going to work. This is my third time going on strike. I feel like we should do another one. The hospital’s not budging. They’re saying it’s budget, budget, and so they’re laying off people.”

She also pointed to the obscene salaries of union executives like CNA Executive Director Bonnie Castillo, who took home over \$370,000 in 2024: “That’s a lot of money. I mean, we’re all in the business of making money. But she is making a lot of money off of us.”

When asked about forming a rank-and-file committee to take the fight into their own hands, Lorena responded: “That would work, but we need someone to lead that. I don’t know anyone amongst us. I think we need like a group of people that’s going to lead. We don’t even have a union rep as of now. No one is doing that.”

Stacey, a 15-year veteran in the Neonatal Intensive Care Unit, highlighted the human cost of these layoffs:

“We’re distressed about the ongoing layoffs. Our support team, our nurses, RTs, interpreters, social services, educators, laboratory staff, pharmacists are all the backbone of this facility and letting us operate and take care of the patients in the best way possible. And when they’re letting those people go or laying those staff off for profit then it becomes a serious concern...”

She spoke about the dangerous consequences of laying off educators: “Our RN educators are training the next generation of nurses. When you’re laying them off the education slips through the cracks and you’re not able to keep up with the demands of those new staff members that are coming in and needing education.”

On interpreter cuts, she warned: “Now we have to use a phone line that’s sometimes not accurate... [for example] when you have a very sick infant and you’re trying to communicate properly with the family.”

The short-staffing crisis extends into the pharmacy, creating conditions for medical errors:

“Pharmacy, when they’re not staffed the way they need to be staffed, are they checking their medications correctly? The nurse is the last line in medication administration... if [pharmacists are] not there to do it, it puts more stress on the nurse.”

Ultimately, she underscored how the cuts have created a situation where patient safety is openly endangered:

“When you’re having to cover each other in hallways or watch each other’s patients at that moment you are out of ratio... they’re not having the staff available because of shortfalls and cuts to cover those breaks appropriately.”

The actions of MemorialCare management are part of a conscious policy of cost-cutting and labor discipline being carried out across the healthcare industry. They are emboldened by the far-right political climate, where workers are told to sacrifice for the sake of profit, war, and nationalism. Trump’s return to the political stage, the bipartisan gutting of public services, and RFK Jr.’s anti-scientific crusades have created a toxic atmosphere for healthcare workers and patients alike.

The only way forward is through the independent self-organization of workers. Nurses and healthcare staff must break from the suffocating grip of the CNA and establish their own rank-and-file committees. These committees must link up across hospital systems, states and job categories to prepare for joint strike action and a nationwide movement against the healthcare austerity regime.

The working class is more than capable of waging such a fight. The powerful demonstrations of June 14 show the readiness to resist. But this energy must be organized, armed with a socialist perspective that places the needs of the working class above the profits of the health insurance giants and hospital executives.



To contact the WSWS and the  
Socialist Equality Party visit:

**[wsws.org/contact](https://wsws.org/contact)**