

GOING PUBLIC

Nurses working for the public sector meet to discuss challenges, explain what they do to community



[CALIFORNIA]

IN THE MEDIA, among corporate executives, and by the Right, public workers are being treated more as public enemies than the dedicated public servants they are. So nearly 200 registered nurses working for publicly controlled facilities in California convened March 8, the 100th anniversary of International Women's Day, in Oakland to gain a better understanding of what's happening in their sector of the

healthcare to make money just didn't make sense to me," said Hector Sanchez, an operating room RN for 25 years at Arrowhead Regional Medical Center, the San Bernardino County hospital. "People don't get sick so that you can make money off of it. This is a valuable service that needs to be provided. A lot of these people are one paycheck away from being insured."

With states and counties across the country facing severe deficits due to plummeting tax revenue and more uninsured

workforce and learn what they can do on an individual, group, and societal level to combat the assault on their rights, working conditions, benefits, and, ultimately, their patients.

Attending nurses included RNs working for district-owned acute-care hospitals, county acute-care hospitals, public health programs, and correctional facilities. Though their practices can vary widely, they share a couple of things in common. First, their patients are typically uninsured and coming to them as a last resort. Second, they are proud to fill this critical role serving the neediest of patients.

"I don't think it was totally conscious, but when I originally started, the thought of

patients due to layoffs, many public hospitals, jails, and programs are facing drastic budget reductions. RNs also learned about the context for this current crisis: The cuts are not inevitable, but rather the result of decades of public policy that has shifted wealth toward corporations and the richest segments of society.

These budget cuts translate into understaffing and violations of safe staffing ratios, clinic and program closures, bigger case-loads, furloughs, layoffs, and major take-away proposals at the bargaining table when RNs negotiate expired contracts.

"We serve a very diverse patient population and have high numbers of uninsured," said Sue Phillips, chief nurse rep for RNs working for the Palomar Pomerado Health district in north San Diego county. "Our ER is bursting at the seams everyday. They are skirting the ratios and squeezing us on equipment." Meanwhile, said Phillips, the district has made some costly errors in the brand new hospital it is building on top of the hill.

Public health nurses, many of whom are charged with promoting and protecting the health of society's most vulnerable, children and seniors, report that so many programs are being cut left and right that they are having a difficult time finding help for their clients. By monitoring and preventing minor medical conditions from mushrooming into critical problems that need to be treated at an emergency room, investing in more public health nurses and programs saves taxpayers money. "We keep trying to tell [the county managers] that you not spending \$10 here is going to cost you \$200 later," said Lynda Perino, a public health RN in Stanislaus County.

RNs brainstormed about how to counter these attacks on themselves and their patients, including thinking strategically about public-sector nurses' secret weapon: the ability to elect the bodies that govern their facilities. "We are in a unique position; we can elect our bosses," said Desi Murray, a labor representative leading the public-sector division for the California Nurses Association. "They know that but sometimes I think nurses forget that."

Many goals resulted from the conference, but the main ones included better educating the public about how public-sector nurses serve their communities; better organizing among nurses, particularly through strong professional practice committees (PPCs), to challenge cuts; and participating in the political process to influence the governing bodies of their facilities. —Lucia Hwang