California Nurses Jolt Hospitals with Massive, Unprecedented Strike

On Sept. 22, California hospitals felt the Big One. Not your typical earthquake, but 23,000 CNA/NNU registered nurses making history by mounting a one-day walkout at 34 Northern and Central California facilities run by Sutter Health, Kaiser Permanente, and Children’s Hospital of Oakland—the country’s largest-ever RN strike.

Sutter Health and Children’s Hospital continued to lock out nurses for an additional four days, and one hospital another seven days, even though nurses were ready to return to work Friday morning, thereby preventing highly experienced nurses from being at the bedside while the hospitals continued to utilize replacement nurses. RNs on Sunday, Sept. 25 held a candlelight vigil for an oncology patient at Summit Hospital in Oakland who died during the lockout when her replacement nurse made a fatal medical error.

About 5,000 RNs with Sutter Health went on strike to protest the hospital chain’s all-out attack on their nursing practice and economic standards during this year’s contract negotiations. Though the takeaways vary by facility, the Sacramento-based chain is demanding a total of more than 200 concessions by the nurses, with some proposals rolling back provisions that have been in place for decades. Among the most outrageous demands by Sutter are calls for eliminating paid sick leave, which would encourage nurses to come to work sick and unnecessarily put patients at risk of infection, eroding nurses’ and retirees’ healthcare benefits, and restricting their ability to speak out for patients. At the same time, Sutter has cut unprofitable but needed patient services by threatening to close

From top: Sutter nurses on strike at Alta Bates Summit Medical Center walk the picket lines; AFL-CIO President Rich Trumka fires up the crowd; RNs raise their candles in memory of a patient who died under the care of a strikebreaking nurse; Kaiser RNs express sympathy for their colleagues
hospitals that serve low-income communities, closing birthing centers, eliminating psychiatric, acute rehab, and skilled nursing services, and even stopping early breast cancer screenings for women with disabilities. Yet according to state hospital financial data, the supposed “not-for-profit” chain has made $3.7 billion in profit over the past six years, pays 20 of its top executives more than $1 million a year with the CEO, Pat Fry, making almost $4 million, and has made million-dollar donations to sports teams.

“We staunchly refuse to be silenced on patient care protections,” said Sharon Tobin, a 24-year RN at Sutter Mills-Peninsula Health Services in Burlingame. “A common theme throughout management’s proposals is removing our presence on committees that address important patient care issues and nursing practices. As nurses, we speak up, and we insist on standards that safeguard our patients, but Sutter doesn’t want to hear about anything that might cut into their huge profits.”

For the more than 17,000 Kaiser RNs, the strike was about showing sympathy and support for hospital coworkers, social workers, optometrists, psychologists, and other direct-care providers, who are also facing big reductions in healthcare coverage and retirement benefits with the giant healthcare corporation. Kaiser, though also classified as a nonprofit, has raked in record profits over the past few years, netting $1.9 billion last year alone.

“When we are all struggling to keep our head above water it is unconscionable for Kaiser Permanente to attempt to extract cuts from frontline healthcare workers,” said Catherine Kennedy, who is a neonatal intensive care nursery RN at Kaiser Roseville. “If Kaiser wants to cut, it should be from the 14 Kaiser executives who are making over $1 million dollars a year, not the healthcare employees who have devoted themselves to the patients and the community.”

For the more than 700 Children’s Hospital nurses, September’s strike was their third in a year over healthcare and staffing issues. They are holding the line against healthcare takeaways that would sharply increase what they would pay out of pocket, restrict choice, and also make it prohibitively expensive to bring their own children to their workplace for care. Children’s also refuses to provide break relief nurses and refuses to agree that charge nurses should not have patient assignments in order to focus on coordinating care on the floor. Together, registered nurses on Sept. 22 reminded their employers that hospitals cannot run without their hard work. When the strike started at 7 a.m., hundreds of RNs just coming off their night shifts poured out

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**Florida**

Nurses at Oak Hill Hospital in Brooksville and Fawcett Memorial Hospital in Port Charlotte staged informational pickets in September to call attention to understaffing and patient care protections at their facilities. Management at both hospitals, which are affiliated with HCA, have refused to convene a task force of RNs at the hospital to review and recommend solutions to staffing and patient care issues. RNs at both hospitals have submitted hundreds of formal complaints, assignment despite objection forms, to document instances where nurses believe the patient assignment compromises safe patient care. At Oak Hill, for example, critical care nurses are often assigned three patients, whereas many other facilities and the California ratio law limit the maximum to two. At Fawcett, the spine-orthopedic RNs often have seven patient assignments, though standards elsewhere call for a maximum of four. “There is overwhelming consensus among RNs that Oak Hill needs to do more to resolve systemic issues related to staffing,” said Barbara Hart, RN and member of the bargaining team. “The existing systems are not enough. An RN task force can turn around recommendations and start implementing solutions with management. This is the bedrock of patient care.”

**Minnesota**

Registered nurses on Sept. 13 approved a contract offer from Sanford Bemidji Hospital, ending nearly six months of contract negotiations that included informational picketing and a strike vote.

“It was a long, tough road, but we have an agreement in place that our nurses can feel good about,” said Peter Danielson, RN, chair of the Minnesota Nurses Association (MNA) bargaining team. “While to us this isn’t a perfect resolution, it is a compromise that helps put our patients first. This new contract takes some important steps by offering a specific timeline to help make management more accountable for improving unsafe staffing levels inside our hospital.”

The current contract between the hospital and 230 nurses represented by MNA expired on Feb. 28 and negotiations have been ongoing since early April. Nurses voted overwhelmingly on July 28 to reject Sanford’s “final” contract offer, instead authorizing bargaining team leaders to call for a strike.

Sanford Health, a growing corporate health giant that employs 18,000 workers across eight different states, recently bought Bemidji hospital—previously known as North Country Regional Hospital—and was negotiating its first contract with members of the Minnesota Nurses Association.

**Texas**

The Texas statewide RN union negotiating team met with negotiators for the five Texas HCA-affiliated hospitals and continues to make progress toward a first union contract, in September reaching tentative agreement on three issues: seniority, job vacancy and posting, and layoffs and recall. The language ensures that the most experienced nurses are retained and existing staff nurses are prioritized over temporary or outside nurses.

**Veterans Affairs**

NNU VA directors met July 9 to 10, in Niagara Falls for a productive meeting to discuss NNU-VA issues. The highlight of the weekend was a training on workplace violence, covering topics such as the varying levels of violence, how to anticipate it, and how to handle it. Nurses learned about model contract language addressing violence in the workplace and protection of staff RNs, valuable advice for the nation VA negotiating team to use at the bargaining table. VA nurses will be asking for a Nurse Practice Council at all of our hospitals as a direct result of this training. —Staff report

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of their facilities to join throngs of cheering coworkers who were waiting for them with picket signs and steaming cups of coffee. The strike lines were crowded and lively; nurses brought their kids, many younger nurses stepped up to lead chants on the bullhorn, and nurses showed up with endless trays of home cooked food to share. Strangers showed up with roses for the nurses, and the beeps and honks of motorists passing by filled the air with a kind of music. “When nurses are on the outside of the hospital, there’s something wrong on the inside,” said DeAnn McEwen, RN and member of the CNA/NNOC Council of Presidents. “As nurses, we stand up and speak with caring, compassion, and courage. When they say, ‘Cut back,’ we say, ‘Fight back!’”

Numerous labor leaders and local public officials stopped by the strike lines to show their support. California state Sen. Loni Hancock, whose mother was an RN, swung by to express her appreciation for nurses. AFL-CIO President Richard Trumka also took the stage at one of the strike rallies to encourage the RNs and let them know thousands of fellow union members were standing alongside them. “RNs are the hardest-working people in the country,” said Trumka. “You’re the last line of defense for patients and nurses are prioritized over temporary or outside nurses.”

Kaiser nurses returned to work the following morning, but some Sutter facilities and Children’s Oakland locked out their nursing staff. When about 50 Childen’s RNs scheduled to work reported at 7 a.m. on Sept. 23 to start their shifts, hospital administrators told them one by one that they had been replaced and were not needed. A large group of supportive coworkers yelled, “Locked out!” after each RN was turned away.

“Children’s administration has decided to spend millions of dollars on forcing nurses to strike rather than on employee benefits and safe staffing,” said Children’s RN Martha Kuhl. “They are taking advantage of the economic times and trying to roll back improvements we have won over many years through our contract. Everyone deserves healthcare and if nurses can’t afford healthcare, who will be able to?”

One of the enduring slogans of the day will be a message that hospitals, after this momentous joint strike, won’t soon forget: “You take on one of us, you take on all of us.” —Staff report