

# Sharp Healthcare nurses in San Diego, California to begin three-day strike

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More than 2,000 nurses working for Sharp Healthcare in San Diego, California are set to strike for three days beginning on Monday, after negotiations between the company and the United Nurses Association of California (UNAC) ended Friday without an agreement.

Earlier this month, an overwhelming 98 percent of nurses in the UNAC voted to reject the company's "last, best, and final offer." The UNAC responded by announcing a limited three-day strike.

Sharp Healthcare is the largest health care company in the San Diego region, with approximately 11,500 employees. The company employs more people than the city of San Diego and San Diego Gas & Electric, combined. It controls two medical groups, a health plan and seven hospitals, including the expansive Sharp Memorial Hospital in Kearny Mesa.

Sharp responded to the strike threat earlier this month by saying that it was mobilizing approximately 1,000 replacement workers and rescheduling elective surgeries and other medical procedures. By law, the replacements would work five days, possibly preventing the nurses on strike from returning to work until December 3.

Nurses are opposed to understaffing, high nurse turnover and low pay.

The union has said it is seeking a twenty percent pay increase for the 1st year of a three-year contract, followed by a twelve percent increase in the subsequent two years. Sharp has proposed a pay hike of 26 percent total, but this would only affect a fraction of all the nurses. Most nurses would get a much lower wage increase that could amount to a real wage cut given rising costs.

According to the UNAC, Sharp nurses are underpaid in comparison to other hospitals in the region, with

many receiving approximately \$8-\$16 less than their counterparts.

Understaffing at the hospital chain dramatically impacts patient safety. One recent report by the union found that Sharp has 350 fewer nurses than required to meet patient needs. Nurses complain of being overworked, often going without breaks and meals. California has a nominal minimum staff-to-patient ratio, but this minimum is not enforced at many medical institutions.

A few years ago, a mentally ill woman went missing at UCSD Medical Center and was found dead shortly after. Her death was a result of the elimination of "sitter" positions that are used to monitor patients who are mentally ill or high-risk.

While the nurses are motivated by a genuine desire to defend their rights and the interests of their patients, the aim of the UNAC is to secure the interests of union executives while isolating nurses, demobilizing opposition and preventing a conflict with the Democratic Party. The union has kept nurses on the job for months without a contract as it negotiates behind closed doors with hospital management.

The main concern of the union was made clear by its proposal that Sharp agree to a requirement that all new nurses pay union dues or be fired. The UNAC had indicated that if the company agreed to this, then the three-day strike would be called off pending further discussions.

The unions, particularly the nurses unions in California, have made a practice of using a short-term strike to isolate specific sections of nurses. Generally, those who are on strike return to work without securing any demands, while taking wage losses for the time they were off the job.

Last year, Los Angeles Kaiser Permanente nurses

struck over similar grievances. That strike, organized by the California Nurses Association and the National Nurses United, was used by the unions to secure dues-paying members when the National Union of Healthcare Workers lost official recognition at the Los Angeles Medical Center location.

This year, Minnesota nurses launched a six-week strike against Allina Health Care. After isolating the striking nurses, the Minnesota Nurses Association (MNA) rammed a contract through that increased health care costs and included paltry wage increases.

The conditions facing Sharp nurses raise basic political issues. Their struggle is bound up with the broader attack on health care, supported by both Democrats and Republicans, which is aimed at shifting costs onto patients as well as increasing the workload of nurses and other hospital workers.

In California, billions of dollars have been cut from medical services under both Democrats and Republicans. In 2004, Republican Governor Arnold Schwarzenegger slashed two billion dollars in health services, reducing or eliminating coverage for 110,000 Californians. Following the 2008 economic crisis, thousands of California medical workers lost their jobs due to budget restructuring. Just last year, Jerry Brown and the Democratic Party oversaw a reduction of 10 percent in Medi-Cal, the state-subsidized health insurance program.

As for the Obama administration, its principal domestic initiative, the so-called Affordable Care Act, requires workers to purchase subpar and high-cost health insurance, while encouraging companies to slash their own health care programs.

With the election of Donald Trump, the ruling class is planning to intensify the attack on the working class, with health care a prime target. Already there are discussions over the privatization of Medicare and major cuts to Medicaid. This will inevitably be accompanied by further attacks on the wages and benefits of nurses, along with an increase in workloads, particularly for hospitals in working-class communities.

The defense of the interests of nurses is inseparable from a fight against the entire system of corporate-controlled and profit-driven health care in the United States. For nurses to defend their interests, however, requires the formation of independent

rank-and-file committees, independent of the unions, and a political struggle against both big-business parties and the capitalist system that they defend.

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