Unfair portrayal of Queen of the Valley

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As an employee of Queen of the Valley Medical Center, I would like to provide a perspective from someone who is not part of the group represented by the California Nurses Association or a member of management. I am part of the silent majority that is being directly impacted by shenanigans being perpetrated against my workplace by the CNA and their supporters.

If you were to believe the propaganda being circulated, every Queen of the Valley employee who is not part of the bargaining unit is a lazy, good for nothing, slacker who doesn’t work hard and is probably unnecessary. I take offense at this characterization not only for myself but for the 700 dedicated people; from housekeepers to the technicans and everything in between that work to keep our hospital running. We are people that work very hard and care about you just as much as any RN.

Don’t get me wrong. I like most of the nurses who work here. Many of them are excellent caregivers. But I don’t like them enough that I am willing to take money out of my own pocket, lose my job, or see our hospital go out of business.

That being said, I do understand what is happening. An outside organization comes in and says, “How would you like to work less and earn more? We can do that for you because if your employer doesn’t do what we say we will bring them to their knees?” I can certainly see why any group of employees could be tempted to drink the Kool-Aid. Those that may have read some of my other pieces, such as my analysis on the constitutionality of “Obamacare,” know I am a person of fact, not propaganda. So read on and learn the truth.

The strike is about patient care: Whenever nurses go on strike they always say it is about “patient care.” That is because if they told you the truth, that it is mostly about working less and getting paid more, and people found out they wanted to push their average yearly compensation to more than $200,000 (almost as much as the average family physician) those cars that honked in support of the picketers might be more incline to run them over.

California nurses are the highest paid in the nation. While the rest of us have had one 2 percent raise in the past 3 years, they are asking for 14 percent (seriously), which would cost the hospital an extra $10,000,000 a year and require eliminating another 120–150 non-nursing jobs.

Nursing units are understaffed: Nurse staffing ratios, lobbied for by the CNA and now state law, are among the most stringent in the nation, yet they are asking the hospital to exceed even these standards. Experts disagree whether still higher levels of staffing would be advantageous, but experts do agree Americans are not willing to pay for it.

The hospital can pay for the higher nurse salaries and staffing and balance the budget by cutting executive pay: In the past few years, the Queen has already cut executive management positions by 50 percent. Thus any additional money will need to come at the expense of the rest of us.

I have gone through several staff reductions here and, because of the nurse staffing ratio mandates, the lion share of these cuts have been other than RNs. However, when those jobs get eliminated, the work remains, being divided up among the survivors. Our workloads far beyond what they were 5 or 10 years ago without any compensating increase in pay.

Management has little regard for nurses: The majority of hospital management is composed of nurses. Yes, nurses. These are people who started at the bedside as caring, compassionate professionals, worked hard, and then went on to graduate school on their own dime and time in order to advance their career and become a more valuable asset to their community.

But if you would believe the detractors, as soon as a good nurse crosses the line into management, Anakin Skywalker suddenly turns into Darth Vader. And that talk of management bonuses: pure fantasy.
Also, think about this: A week after the hospital announced upcoming major layoffs, while most of us were inside sweating whether we would be in the unemployment line in a few weeks, nurses were outside picketing and we knew damn well what they were picketing for a $20,000 raise. How incredibly insensitive and disrespectful.

**Nurses are unfairly forced to work overtime:** Nurses do occasionally need to work overtime when the hospital census suddenly rises significantly, but they are hourly employees who are paid premium rates for extra hours and overtime; rates that can translate to more than $130 per hour. I agree. That is so cruel. And if they are “on call” they can make $17 per hour while playing tennis or watching a movie.

Meanwhile, many of us salaried people typically work more than 40 hours a week and sometimes as much as 70. Do you know how much we are paid for those extra hours? Nothing. I am willing to bet if you divided the pay by the hours worked, many managers probably make less per hour than the nurses they supervise.

We are struggling because of mismanagement. We are in the same situation as most hospitals that serve cities such as ours. There is little population growth, reimbursement is declining, payor mix continues to erode, and costs continue to rise.

And do you know what a hospital’s greatest cost is? Labor — with the largest group being nurses who also happen to be among our highest paid employees.

The reality is that 67 percent of hospitals are losing money. The ones that are still profitable are typically University Medical Centers, nationally-recognized facilities (e.g. Mayo and Cleveland Clinics), major growth areas, and those that have made draconian cuts.

**The nurses were locked out:** When nurses strike, because of the mandated nurse staffing ratios, the hospital must hire temporary replacement nurses. These nurses come from all over the country. Naturally, they are not willing to fly across the country for one day’s work, so they have five-day-minimum contracts.

CNA knows this, so here is what they do: They strike for one day. If those nurses were allowed to return to work the next day, the hospital would be stuck paying for a full complement of regular nurses and a full complement of replacement nurses, which would be insane.

The union knows their people will be out for a week, which is what they intend to happen so they can go out to the community and cry, “Boo-hoo. We want to work but those meanies are locking us out.” This allows them to characterize hospital administration as callous and vindictive.

**The hospital is not bargaining fairly:** This is an easy one. Translation: The hospital will not give us everything we are asking for.

**The hospital was better run in the “old days”:** The healthcare world today is as different from those days as Mars is different from Earth. Nothing is like it was, and that is why hospitals are struggling. But one thing I do know, having been a friend of Sister Ann. She certainly would not have handed out $10,000,000 in raises while laying off staff.

In summary, in my long life I have been in hospitals from one end of California to the other. I have had great nursing care from many hard working compassionate people. I have also had care from nurses that need to find another profession. But someone has to speak up for us, the silent majority of hospital workers that also work hard and care.

It is clear to me that CNA’s agenda is about money and power with little regard for the community or the hospital, and they certainly don’t care if their gains come at the expense of the rest of us.

To give this minority anything special would be fiscally irresponsible, as well as unfair and disrespectful to us, and when they go on strike, that huge expense can only decrease the chance any of us will see a raise anytime soon.

If I sound angry, that is because I am mad as hell. It is very unfortunate our people have fallen victim to this organization and now we are all going to pay the price for that bad decision.

**Levin lives in Napa.**