

# California mental health care workers strike

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Kaiser Permanente has faced a series of partial strikes by 2,600 mental health workers across California since Monday. The central issue in the walkouts, which are being organized by the National Union of Healthcare Workers (NUHW), is staffing levels. Pickets are planned across the state all this week. However, the union has ordered workers to strike different facilities on separate days, undermining the effectiveness of the walkout.

The job actions follow a 2013 fine levied by the California Department of Managed Health Care (DMHC) against Kaiser for failing to meet standards requiring equal care for mental and physical health. The fine was the second largest in the department's history. In a March 2013 report the DMHC found that Kaiser did not provide "accurate and understandable" information about its mental health services and did not ensure that appointments were accessible or timely.

In September 2014, 83 percent of adult patients at Kaiser's San Francisco facility had to wait 10 days or more for their first appointment. In May, Oakland and Richmond facilities failed to see over 60 percent of first-time patients within 10 days. Overall, those two facilities failed to provide timely care to over 1,100 patients between October 2013 and May 2014.

Kaiser initially challenged the fine as excessive but dropped its objection last year and agreed to pay the fine in full. Despite this, the fundamental situation facing Kaiser patients and employees, the result chiefly of chronic understaffing, has not changed.

The NUHW, which is tied to the Democratic Party and accepts without question the domination of the health care system by powerful corporate and financial interests, is incapable of organizing any real struggle for jobs and improved care. Instead, the strikes are largely meant to let out steam—from workers who have been without a contract for four years and who are deeply angered over working conditions and the

erosion of living standards. It is also aimed at pressing Kaiser to bring in the NUHW as a partner in the streamlining of its operations and increasing the productivity of health care workers.

Kaiser made record profits of over \$3 billion in 2014 and is sitting on a reserve of \$30 billion. Despite being a "non-profit," it has not significantly increased its staffing levels. Kaiser's enormous revenues are primarily driven by the new members that have been enrolled under the Affordable Care Act (ACA), popularly known as Obamacare.

The ACA requires all Americans to purchase health insurance from a private provider or face a fine. As a result, Kaiser saw its customer base increase by 422,000 in the first nine months of 2014. Overall, total enrollees in Kaiser's health plan have increased by 10 percent over the past three years. Mental health workers have barely kept pace, with their numbers increasing by 11 percent in the same period while other supporting staff has declined. Kaiser has cut registered nurse and nurse practitioner positions by 2,046, about 10 percent, during the same period.

Kaiser currently has plans to outsource mental health care in Northern California to Value Options, a company that has been fined by DMHC. In New York State the company was ordered to pay millions in restitution to patients to whom it denied care.

The NUHW broke from the deeply discredited Service Employees International Union (SEIU) in 2009 and affiliated with the California Nurses Association (CNA) in January 2013. The NUHW has been in negotiations with Kaiser for a new contract covering mental health workers for the past four years.

Negotiations resumed briefly in December but immediately stalled over the NUHW demand for clinician-management committees to "determine adequate staffing levels and outsourcing need," with "help from a neutral, outside expert if the two sides

cannot agree,” according to an NUHW press release.

This demand amounts to nothing more than establishing labor-management committees to determine staffing levels. Kaiser’s failure to provide adequate services is not an accident to be corrected by joint committees or a “neutral” expert. It is result of the cost-cutting campaign embodied in Obama’s health care “reform” itself. By reducing labor costs and increasing the load on already overworked health care providers, the insurers and hospital chains will be able to rake in even more as the number of patients increases.

The problems of delayed and inadequate services and understaffing are endemic at other nonprofits like Sutter Health, where nurses went on a series of strikes in 2013. Wholly interested in gaining a “seat at the table,” rather than organizing a serious struggle, the NUHW has reduced the current strike to little more than a publicity stunt.

Although the NUHW calls the action a “week-long statewide strike,” it is actually a series of one and two-day piecemeal strikes affecting different facilities each day. The action is not even coordinated with the NUHW’s parent organization, the California Nurses Association (CNA). Kaiser nurses represented by the CNA are working without a contract and could strike on January 21 and 22, after the NUHW strikes have all ended.

There is nothing new in this. When the CNA called a strike at Kaiser over Ebola preparedness, the NUHW did not participate, claiming it was not informed. Despite being affiliated, neither the CNA nor the NUHW are interested in a combined struggle at Kaiser and elsewhere.

Rather than waging such a struggle against the Obama administration and the state and local Democrats who are spearheading the attack on health care workers and the services they provide, both unions continue to funnel money into the coffers of this big business party. A genuine fight for the rights of health care workers and patients requires taking the struggle out of the hands of the unions. Workers should elect rank-and-file committees to organize a united struggle by all workers against the health care corporations, the two big business parties and the profit system they defend.



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