

Tens of thousands of health care workers at Kaiser Permanente set to strike

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Workers in multiple unions have voted overwhelmingly in the past month to authorize a strike at multiple Kaiser Permanente hospitals. This includes a possible open-ended strike planned for November 15 by nearly 32,000 Kaiser Permanente workers. Announcements on the impending strike were made by the unions involved: United Nurses Associations of California/Union of Health Care Professionals (UNAC/UHCP), the Oregon Federation of Nurses and Healthcare Professionals (OFNHP) and United Steelworkers (USW) Local 7600.

The unions have submitted 10-day notices to Kaiser, and the strike could impact 366 facilities in Southern California alone. OFNHP Local 5017 members include 3,400 nurses and other medical staff. UNAC/UHCP has 24,000 members, including nurses, midwives, pharmacists, physician assistants, optometrists and occupational therapists.

On November 4, both the OFNHP and UNAC/UHCP announced a strike set for November 15. While each union is set to strike on the same date, the OFNHP has remained ambiguous about its plans, saying that it will strike “unless negotiations improve,” giving it the option to delay striking until after the potential UNAC/UHCP’s strike concludes or to call off the strike.

While not yet submitting their 10-day notice, the United Food and Commercial Workers (UFCW) Local 1996, with 2,450 members—including nurses, pharmacists and other health care workers—also voted by 96 percent November 1 to authorize a strike at Kaiser. However, the local has declared that it does not intend to strike even if the other unions do, saying “this strike notice only impacts certain local unions on the West Coast and does not impact UFCW Local 1996 in Georgia.”

The demands of health care workers at Kaiser include the institution of safe staffing ratios, wage increases, as well as the prevention of the two-tier wage and benefit system Kaiser is fighting to impose. The health care giant is proposing an insulting 1 percent annual raise, well below the rate of inflation, despite accumulating \$11.4 billion in profits during the pandemic.

According to a 2002 JAMA study, for every extra patient added that exceeds a safe staff-to-patient ratio, mortality is increased by 7 percent. In demanding safe staffing ratios and wage increases, nurses are demanding life-saving patient care.

The insurgence of health care workers points to a health care system that has reached a breaking point, due primarily to staffing issues. Short staffing is resulting in dangerous substandard care; nurses are going entire shifts without eating or going to the restroom. Throughout the pandemic, nurses on the frontlines of the pandemic have been denied basic personal protective equipment.

The COVID-19 pandemic has taken a punishing toll on all health care workers. Since the beginning of the pandemic, these workers have witnessed death on a near-daily basis. Nurses routinely suffer from diseases such as PTSD, a disorder usually associated with combat veterans, and are quitting in droves. Health care workers, who have lost their lives in the pandemic in tragic numbers, are given impossible patient loads that make good outcomes difficult to impossible.

According to a September survey by the American Association of Critical-Care Nurses, two-thirds of ICU nurses have considered leaving the profession entirely. A private health care system driven by profit, with a particularly damaging impact on staffing, is driving a mass exodus of nurses. But this has not prevented Kaiser or any other employer from demanding greater concessions, 1 percent “raises,” or from imposing a punishing two-tier system, further pushing nurses out of the profession.

Of the 15 US states that have some form of safe staffing laws, California is the only state with mandated staffing ratios, though these are broken daily in every hospital. Governor Gavin Newsom has given a green light during the pandemic to open violations of ratios, and workers are now demanding that the laws be enforced.

The horrors faced by nurses and other health care workers have taken place under the noses of all the official trade unions, who over the past 50 years have become open appendages of the corporations. In a revealing act of hostility, the UNAC/UHCP called on its members to cross picket lines when hospital engineers in the International Union of Operating Engineers (IUOE) struck in Northern California last month.

The unions now act as corporatist agents of management. Following a health care workers’ strike in 1997, Kaiser Permanente and a collection of unions founded the Labor Management Partnership (LMP), a class collaborationist

organization. According to the LMP website, the LMP “emerged from mounting strife between Kaiser Permanente and its unions that threatened to derail the organization. Instead of continuing a traditional approach and launching a campaign against KP that ultimately could damage the organization—and the workers it employed—the Coalition of Kaiser Permanente Unions (CKPU) approached KP leaders with an idea for how to do things differently.”

Instead of uniting the membership, the unions have made an appeal to Kaiser and committed themselves to achieving the goals of the hospital owners by acting as low-level management. Their idea for “how to do things differently” is summed up by a recent statement from the UFCW on their negotiations with Kaiser: “Now Alliance and KP negotiators are back at the bargaining table meeting in subgroups tackling specific issues. *Union leaders are trying to settle this without a strike—if possible.*” [Emphasis added]

After bearing the brunt of the suffering caused by the ruling class response to the pandemic, the working class has now responded with a strike movement that has swept across the country. Teachers, autoworkers, miners, transport, telecom, steel workers and many others have mobilized to fight against low wages, understaffing and unsafe working conditions.

Regardless of their employer or industry, workers have come up against the resistance and treachery of the unions. Although workers across industries face the same problems and the same class enemy, the unions have done everything in their power to keep workers’ struggles separate in an effort to prevent workers from linking up and building a broader movement. None of the unions involved in the potential strike at Kaiser have made anything beyond a passing mention of the strikes at John Deere, Warrior Met Coal, Kellogg’s or other struggles.

The unions have politically aligned themselves with the Democratic Party, the preferred party of Wall Street. OFNHP Local 5017 is an affiliate of the American Federation of Teachers. AFT President Randi Weingarten, a longtime Democratic Party operative, directed the sabotage of the wave of teachers strikes in 2018-19. Along with the AFT, the UNAC/UHCP and the UFCW contribute tens of millions of dollars annually to the Democrats and defend them politically.

The imminent strike by Kaiser workers is part of a growing movement of health care workers to fight back. In Western Washington on November 3, health care workers at three separate Kaiser Permanente locations picketed against short staffing and for better wages. In Vallejo, California, over 700 Kaiser Permanente workers, members of the International Union of Operating Engineers (IUOE), have been striking since September 18 against an insulting 2 percent wage increase and chronic understaffing. The UNAC/UHCP is openly scabbing on this strike. On October 3, 350 health care workers at Sutter Delta Medical Center in neighboring Antioch, California, went on a five-day strike against unsafe staffing ratios.

Workers at Mercy Hospital in Buffalo, New York, have been

on strike for over five weeks over safe staffing ratios and opposition to a two-tier wage system. On November 4, the Communications Workers of America (CWA) ended the strike, saying that it has reached a tentative agreement and calling off picket lines.

The strike by over 700 nurses at Tenet Health’s Saint Vincent Hospital in Worcester, Massachusetts is heading into its eighth month. The Massachusetts Nurses Association has kept the nurses isolated from other MNA members in the state and nurses nationally and refuses to call on its membership to protest the permanent replacement of nurses at the hospital.

The Coalition of Kaiser Permanente Unions, a group of local unions headed by the Service Employees International Union (SEIU) with over 85,000 members, has not rallied or mentioned any support for these strikes in their newsletter. They have only drafted a petition that asks Kaiser to stop the two-tier wage and benefit system that affects some of the locals in their alliance.

Kaiser health care workers are in a powerful position as part of a growing movement of workers who are saying: Enough is enough. But they confront not only their unions and their employers, but the entire capitalist system that controls the delivery of health care in the US. In opposition to their unions and the Democratic Party, Kaiser workers must begin organizing their own independent organizations. This requires breaking from the stranglehold of the trade union apparatus and building rank-and-file committees, democratically run in the interest of workers, not the health care behemoths. Kaiser and all health care workers interested in building a rank-and-file committee in your hospital or workplace should contact the *World Socialist Web Site* today.



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