

# SEIU pushes through contract to end month-long strike by hospital workers in Huntington, West Virginia

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In voting Wednesday, Service Employees International Union (SEIU) District 1199 managed to secure the ratification of a concessions contract to shut down a month-long strike by over 800 workers at Cabell-Huntington Hospital (CHH) in Huntington, West Virginia. The union presented its members with the new proposal, which will impose high health insurance premiums and an effective pay cut after inflation, after negotiations finished with the hospital administration November 30, mere hours before the voting began at 7:30 a.m. December 1.

The terms of the newly proposed contract are little different than the initial CHH offer that prompted the walkout November 3. Workers will begin paying onerous health insurance premiums into the hospital-provided care plan, and they will be granted a paltry two percent annual wage increase, far less than the current rate of inflation of 6.2 percent.

One token change – a \$1,000 or \$500 “wellness discount” contingent on the hospital’s own assessment of an employee and his or her family’s health – was been presented by the union as a boon to workers. The reality is that the “discounts,” even if awarded to healthy employees, would barely offset the cost of the new insurance premiums for a single month.

Yearly, the cost of healthcare is set to rise by 10 percent for full-time workers and by 30 percent for part-timers. Thousands of dollars in insurance costs will make employment at the hospital untenable – a situation CHH intends, in order to drive out unionized and older workers, and permanently lower wages and revoke job protections.

Workers have maintained pickets in freezing and rainy weather for 29 days, facing hostility from scab

workers, from the administration and from the court system. For the past week, picketers have been under a temporary restraining order, accused of compromising the “healing environment” of the hospital with the honking of support from community members.

Before the vote, workers expressed frustration at the proposal on social media. “I hope everyone can see through that \$\$ and realize we are still getting screwed,” wrote one striking worker on Twitter. “I have lost more than \$1,000 in wages being on strike. They can do better.”

“I hope people really stop and think about the changes this will make to you and your families,” said another on Facebook. “I’m praying that we stand strong and do not let this divide us as we know that is exactly what the hospital wants. We all want to go back to work, we are all cold, stressed, and tired, but I’d rather stick it out a little longer than to give in and struggle for the remainder of my years here at Cabell.”

The nearly 900 workers in the strike included Licensed Practical Nurses, lab technicians, janitorial and maintenance staff, among others. Many of these positions start at \$14 to \$16 an hour. Hundreds of replacement workers, who were brought in the same day the workers walked out, have been paid upwards of \$7,000 a week – upwards of \$170 an hour.

While the SEIU 1199 staff went on strike, registered nurses in the SEIU were kept on the job by the union, thanks to a no-strike clause written into the contract they adopted in January of this year.

On Monday, RNs voiced concerns about the conditions under which they have been working since the strike began. Local television station WSAZ reported nurses said “what they are experiencing now is

‘100 times worse’ than what it was like at the height of the Covid-19 pandemic.”

Intensive Care Unit nurse Derek Bradley said lab result delays have compromised patient care. Bradley said he ordered a replacement catheter port for a patient from the hospital pharmacy that never arrived. “It has now been, I believe, eight days. I have requested it multiple times.”

Other RNs said it takes hours or days to get certain tasks done because the temporary workers have not been adequately trained. Patients waiting on lab results are suffering and anxious. “That makes the patients very frustrated, very scared. They’re lonely. They want to see their families,” said Stacey Bias, a nurse in the post-anesthesia care unit.

The RNs have been ordered to do housekeeping tasks, find equipment, man desks, and run all over the hospital. Any one of these burdens are an effective violation on the part of the hospital of the contract they work under and yet the SEIU has done nothing to stand up for their rights.

The situation inside and outside the hospital continued to deteriorate. On Monday, one scab was charged with felonious assault after stabbing another replacement worker in the CHH parking garage. The CHH drive-thru COVID-testing site has been severely delayed on returning test results, with patients being told by replacement lab workers that the test kits had been lost.

In other words, the SEIU shut down the strike at precisely the point when its impact was beginning to be felt. This is of a piece with the role by unions in healthcare and other industries nationwide, which have worked to limit and isolate strikes and ram through substandard contracts which do not keep pace with inflation or address staffing issues.

Next week, tens of thousands of workers at Kaiser Permanente are set to vote on a sellout deal which the Alliance of Health Care Unions announced last month as it canceled a strike by 32,000 workers in southern California only days before it was set to begin. The deal contains wage increases between 2 and 3 percent and no concrete commitments from management for staffing ratios, but does include tens of millions of dollars in corporate financing for the unions through various joint labor-management schemes. The cancellation of the strike isolated an existing strike by

700 stationary and biomedical engineers at Kaiser in northern California.

This points to the need for workers to form new organizations, rank-and-file committees democratically controlled by workers themselves, to oppose the betrayals of the unions, break the isolation of their struggles and fight for their own demands.



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