

Kaiser Permanente mental health workers speak out on third day of strike

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Are you on strike at Kaiser, or a supporter of the strike? Contact the WSWS to give us a statement about what you're fighting for or why you back the strike. All comments will be kept anonymous.

The strike by 2,000 Kaiser Permanente mental health care workers continued Wednesday at facilities across Northern California. Psychologists, therapists, chemical dependency counselors and social workers are striking over wages and understaffing that have led to unsafe, long wait times for patients.

Many have said that their primary concern in this strike is the safety and well-being of their patients. Understaffing has created conditions in which patients cannot be seen regularly, allowing health issues to spiral without proper maintenance. Often patients are able to be seen promptly for their first visit but then must wait upwards of six to eight weeks to be seen again.

Reporters from the *World Socialist Web Site* spoke with workers at Kaiser Santa Clara, a medical center in the California Bay Area.

Regan, a Licensed Marriage and Family Therapist who works in an addiction medicine outpatient clinic at Kaiser Santa Clara, told reporters, “When the pandemic began, our department was immediately inundated with patients, and we had a very hard time providing care with limited resources. We saw a lot of people get much worse.”

She said that she and her coworkers have been fighting to keep up with the demand at the expense of their own well-being. “We just have no time. There isn’t enough time for patients, but there also isn’t enough time to check in on each other. We also had a lot of older staff retire as they were suddenly pushed to move their entire practice online without a lot of guidance.

“I’m frustrated,” Regan said. “I’ve worked for Kaiser for eight years, and in that time we’ve never had a contract without a strike.”

Claudia, a Licensed Clinical Social Worker, works in child psychiatry at Kaiser Santa Clara. She explained to reporters why she wanted to strike. “I’m advocating for patients to

have increased access to care. Kaiser continues to put profits over patient care, and the insurance companies keep selling policies when they know the care doesn’t exist in order to make more money.”

She painted a picture of the particular stress and mental health issues faced by children today. “Kids are going back to school, and it’s still the pandemic, so it’s a complicated transition. We know that kids struggle with transitions, they have a lot of anxiety with change. Throughout the pandemic we’ve seen more stress, more panic from kids. It makes sense. When there are so many unknowns, then kids fill in the blanks with the worst case scenario.

“And it’s not just the pandemic. There are increased school shootings, families are losing their jobs, there’s so much economic stress. This is all tied together.”

Claudia also spoke on the difficulty of living in the Bay Area, where rent and cost of living is extremely high. “I’m lucky to be able to live close to work. Our economic compensation at Kaiser is pretty good, but with the cost of living in this area it’s not good enough.”

The National Union of Healthcare Workers (NUHW) was compelled to call this strike in response to the growing anger and frustration from the membership after being kept on the job for almost one year under the previous contract that expired in September 2021.

Kaiser mental health workers went on strike in 2015 and 2019 surrounding contract negotiations over the exact same issues. In response the NUHW has prepared sellout contracts that do nothing to improve conditions for workers or their patients. The union itself described the last contract from 2019 as “[falling] short of what members had hoped to achieve in terms of economics and patient care protections.”

The NUHW is continuing its well worn strategy, isolating its members in an effort to weaken their struggle and make room to push through a sellout contract. The NUHW has done nothing to mobilize its 16,000 health care worker members across California and Hawaii who share the same conditions and struggles of the Kaiser mental health workers.

Moreover, NUHW has kept its 4,000 Kaiser mental health workers divided between Northern and Southern California, reaching an agreement for 2,000 mental health workers at Southern California Kaiser facilities earlier this year.

"I believe at one point NorCal and SoCal were going to strike together, but then SoCal settled with a contract. I don't know much about the contract, but I think it doesn't contain any real patient care issues, which is what we are really fighting for here," said Melody, a psychologist who has worked at Kaiser for 22 years.

The Southern California Kaiser contract should serve as a warning. According to a March 2022 NUHW press release, wage increases included 3 percent retroactively for the first year of the contract followed by a 2 percent increase and 2 percent lump sum payment in both years two and three of the contract, an effective pay cut in the context of 8.5 percent inflation rates.

On staffing needs, the contract offers nothing concrete, instead stating that Kaiser will recognize licensed professional clinical counselors, a classification not previously hired by the health care organization. The NUHW also says that it will continue to pressure Kaiser to comply with state laws that require timely follow-up for appointments and will continue the process of auditing Kaiser for failed compliance with various state regulations.

Melody continued by describing the issue of understaffing and Kaiser's cuts to administrative time. Administrative time, Melody explained, is time not spent in direct patient care and is used often for writing notes and patient follow-up. "The hospital keeps reducing our administrative time as Kaiser is concerned most with the amount of patients we see. We used to have five hours a week but now it's a ratio of time. ... Some coworkers tell me they only are able to find about three hours a week outside of patient care."

She continued, "Kaiser will push us to keep taking on new patients even if we are full. We have to meet a quota of new patients each week regardless of our current caseload which creates an issue with return access." Return access is the ability for a patient to have the ability to schedule appointments easily with the same provider after the initial visit.

Melody also spoke about the rapid turnover rates experienced at Kaiser in response to untenable working conditions. According to the NUHW, 850 practitioners left Kaiser over the past 18 months. "People used to stay forever. It used to be hard to find a job here. Now some people stay less than a year because the workload is insane. We're expected to just keep taking on more patients, to book people after hours, to just find a way to make it work. People get health care through their jobs, and they're told they'll have access to mental health care, but in reality they

don't."

She described her own specialty working with patients with eating disorders and described the danger these patients face when their care is delayed. "During the pandemic the incidence of eating disorders tripled. People felt out of control, people were isolated at home. These are patients with a very serious illness who require complex care, and we didn't have the ability to care for them properly."

"Eating disorders have the highest mortality of all psychiatric illnesses. The biggest risk in delaying their care is that they die. Also, the longer the illness develops without care the worse it can get and the more chance the patient has to develop serious, long lasting health issues."

Melody also said that an outpatient eating disorder clinic in nearby Redwood City closed permanently last week due to low staffing, which she noted may mean more patients will have no choice but to wait until they are in crisis to receive care in a hospital emergency department. She concluded, "Lately we aren't preventing anything. We are just putting out fires."

In contrast to the division of workers on the part of the trade unions, health care workers across the country are united in their desire to wage a fight against unsafe conditions, greatly exacerbated by the COVID-19 pandemic, that plague hospitals across the United States.

Earlier this year, nurses around the country founded the National Health Care Workers Steering Committee to assist in the building of rank-and-file committees at every hospital and workplace to defend nurses and health care workers, independent of the union officialdom, to fight for patients and health care workers against the for-profit health care system.



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