

Kaiser mental health workers in Northern California share their experiences as strike enters third week

Our reporters
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Monday marks the beginning of the third week of the open-ended strike by 2,000 mental health workers at Kaiser in Northern California. It is among the latest in the struggles of health care workers in the US and around the world demanding better working conditions and improved patient care.

As the strike reaches its third week, therapists at Kaiser Hawai'i will begin another open-ended strike with the same demands. And on Thursday, about 21,000 Kaiser nurses and nurse practitioners who have been working without a contract since September of last year will hold a two-hour picket at several Northern California facilities and at Hollywood Medical Center in Los Angeles.

The workers are demanding that Kaiser improve staffing and working conditions, both of which are preventing therapists from providing appropriate care to their patients. Due to understaffing, caseloads have ballooned, in some cases reaching 100 patients for a single therapist. Patients who must be seen every two weeks are asked to wait six to eight weeks for a repeat appointment. Moreover, Kaiser continues to pressure therapists to increase the number of patients they serve.

An Oakland therapist at the Intensive Outpatient Program (IOP), the unit which serves patients in crisis, told the *World Socialist Web Site*: “At the onset of a psychiatric crisis, it is somewhat possible to provide timely care. But scheduling the next session can take up to six to eight weeks. While we're able to provide timely care through IOP, as caseload increases in adult care [where patients are referred after IOP], it puts a lot pressure on us.”

He indicated that Kaiser has not complied with a recent California law, SB-221, which requires mental health providers to make appointments available at least every two weeks to guarantee adequate care for repeat patients.

This is nothing new. Kaiser has been regularly in violation of state regulations. In 2014, the health care giant was fined \$4 million after state regulators ruled it failed to provide its members with timely access to mental health care services. The new law punishes each violation with a fine of \$2,500. This amounts to pocket change for an institution that posted record profits of \$8.1 billion last year.

When asked what he thought about Kaiser's most profitable year yet, he said, “It is obscene. These funds should be going to paying our salaries and hiring more therapists. We are crisis based, we need to give appointments. But if you can only see a patient every six to eight weeks it is very difficult to provide good care. We know at large that Kaiser is barely adequate for patients in crisis. But it becomes completely inadequate for them after [their initial intake]. These are people dealing with suicide, divorce issues, domestic problems. Their issues don't go away after their time at the IOP and the follow-up support at Kaiser is completely inadequate. [Patients] need to talk about their suicidal thoughts, their divorce, their panic attacks. And Kaiser is woefully inadequate.”

He explained that COVID has compounded the stress that therapists face. “With the advent of remote therapy, clinicians are facing increased pressure. Before, you would get one or more no-shows a day. Now, no-shows have gone down. There's no time to catch up, no buffer for us. Therapists are burned up. When caseloads balloon, there's no cushion. We are super stressed because of that. Kaiser only gives us 15 percent of our time for IPT. The situation is obscene given the amount of profit Kaiser is making. The system's gotta change.”

A therapist at Kaiser San Leandro told the WSWs that Kaiser keeps reducing the time allowed to be spent on indirect patient care (IPC). This is a critical component of

patient care provided when the patient is not present. It consists of documentation of sessions, outreach and follow-up, responding to emails and communication with other patient caregivers. These tasks are particularly essential when a patient has a severe crisis. The limits on IPC have forced her to work through her lunch hour every day in order to follow up with her patients.

Another staff member with 30 years' experience at San Leandro agreed that a major problem was insufficient time allocated for IPC. He makes calls at night after his kids are asleep. He stated that the reason Kaiser wants to reduce IPC is because it is not billable. He stated that Kaiser, by increasing caseloads, has been whittling away at hours spent documenting and following up over the last few years. He also made it clear that because of continual turnover, Kaiser is losing staff faster than it is bringing in new hires. The new hires must accrue clinical hours in order to get a license, and this requires oversight from a senior staffer, reducing the effective hours achieved with new hires.

Because the National Union of Healthcare Workers (NUHW) has not provided strike pay in the two weeks so far, one striker reported that staff in each hospital have created their own strike funds. These are being financed through GoFundMe, Twitter and Facebook, as well as voluntary monthly contributions from each worker. He contrasted Kaiser's public commitment to "diversity" to their reduction of bilingual staffing—which causes difficulties in contacting the individuals who don't speak English—and their position on not making Martin Luther King Jr. Day a paid holiday. The latter has been a demand from staffers for years. Kaiser said in an announcement last year that they would be making it a paid holiday, only to withdraw the offer six months later, saying the announcement had been a mistake.

The NUHW is seeking to starve workers out on the picket line in order to force through a sellout. It is also focusing workers' attention on fruitless appeals to the Democratic Party. Last week, a petition was submitted by the union leadership to California Governor Gavin Newsom, asking him to increase his involvement in the strike.

This is absurd, considering the deep ties between Kaiser and Governor Newsom. In 2020, Kaiser was the top donor of payments made on behalf of the Governor with \$34.5 million in contributions. These so-called "behested payments" are a type of charitable donation that provides higher income tax deductions as well as anonymity. This helps avoid scrutiny when contributing on behalf of

politicians with whom they may be trying to curry favor.

In fact, \$25 million of those contributions were not reported by Kaiser in their state filings. Since 2019, more than \$100 million have been contributed by Kaiser. This February, Newsom awarded Kaiser a no-bid statewide contract for Medi-Cal services in a secret deal that was leaked by the media.

Continuing to appeal to the Democratic Party is another well-worn tactic, along with withholding strike pay and keeping the protests isolated, through which the union leadership continues to play a pivotal role in stifling and disorienting the working class.

The developments at Kaiser are reflective of the larger mood growing among health care and other workers. On August 15 in Minnesota, 15,000 nurses overwhelmingly voted to strike. 700 Kaiser engineers are still working without a contract after striking for three months last year.

Kaiser workers have powerful allies at hospitals around the country, but to unite requires that they organize themselves outside of the union bureaucracy. Building new organizations which are democratically controlled by workers and independent of the capitalist parties is crucial to winning their demands.

Earlier this year, nurses across the country founded the National Health Care Workers Steering Committee to "connect the struggle of nurses with the struggles of other sections of the working class, in the US and throughout the world." We urge the workers at Kaiser to found their own committee and affiliate with this growing national network.

To find out more about how to found a committee, fill out the form below:



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