

Kaiser mental health strike in Northern California enters fourth week

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Mental health workers at Kaiser have begun the fourth week of their strike over conditions and pay at Kaiser Permanente in Northern California. Facing overwork and chronic understaffing for over a decade, mental health workers are taking a stand demanding improved conditions so they can actually provide effective and timely treatment of patients. The National Union of Healthcare Workers (NUHW) announced it would return to the bargaining table on Thursday stating that Kaiser was willing to offer slightly more in wages but had not budged on staffing and patient access.

In these negotiations the NUHW has used its members as extras in photo-ops for one Democratic politician after another while opposing any measures to actually expand the strike. The NUHW struck separate deals for Southern California mental health workers at Kaiser and other professionals like dietitians, leaving Northern California workers isolated. Those deals included wage increases significantly below the current 8.5 percent inflation, amounting to a pay cut that will only exacerbate staffing issues.

Carlos Disdies, who has worked at Kaiser's intensive outpatient program for four years, described the difficult conditions workers confront. "Crisis patients are those that have been hospitalized and are coming out of hospitalization. So it's patients who may be going right back in if they don't get more intense interventions.

"But we don't have a cap on the number of patients that we can have. So each of us has a certain number of intakes per week. That's calculated around how many hours we work. And then the patients continue to come in every week, but there is really no cap on the amount. So if patients return, if I have a patient get well, and they go through treatment, they're doing well, so they

stop treatment, but in two weeks they get laid off at work, and now their depressive symptoms go up, they're going to return and be sent back to me. That will happen for patients that I have seen in the last two years. Everyone who returns in the next two years that I have seen has got to come back to me, whether I have enough patients or not. I just have to make space and time for them.

"You know the world we live in, from COVID to work stress and everything that's happened in society, people are suffering, people are going through a lot of loss, a lot of grief, so a lot of our patients are coming back. Kaiser hasn't made systemic changes to protect workers from burnout and give us the time and the space to be able to treat patients, as we have been trained and research says that we should. For example, trauma treatment should be done weekly plus a number of sessions. The current structure won't allow that. There's really not enough time, if you want to do ethical and effective work."

To deal with the surge in patient volume and meet legal requirements, Kaiser has been increasingly triaging patients, adding bureaucratic hurdles to ensure it only provides services when "medically necessary."

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Mario Raya, a licensed clinical social worker with 28 years' experience, described the process. "People enrolled in Kaiser have an impression that they're going to get mental health care. Many do, Kaiser hasn't completely failed across the board, but many don't. They're good at screening people out from the initial phone call and limit service to them. I guess technically it's legal if it's not medically necessary, which I never even know what that means, to be honest with you.

"Personally, I've never declined anyone's service.

They're here, I'm willing to assist. When they agree someone should get treatment but we don't have appointments, they've been referring them to outside vendors. Some have to wait for a very long time, and some haven't gotten any service at all. And the managers are okay with that. All the managers know what I'm telling you. I'm assuming the people in the Regional Offices should know. And they seem to be very okay with it."

The same basic issue of understaffing confronting mental health workers is at play for 22,000 nurses at Kaiser where the California Nurses Association (CNA) is negotiating separate contracts for Northern and Southern California. Instead of a joint strike, the CNA and NUHW are keeping their members divided and promoting the same politicians that have created disastrous conditions in health care.

Mental health workers are in a strong position to carry the fight forward, but only by expanding the strike and breaking free of the NUHW's efforts to channel them behind state Democrats. When the Alliance of Health Care Unions (which includes the NUHW and CNA) called off a strike of 32,000 Kaiser workers at the last moment, a courageous group of health care workers formed the Kaiser Workers Rank-and-File Committee to organize a no vote on the tentative agreement and build for a real struggle. That work must be built upon and expanded to defend the right to health care.



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