

# Opposition mounts to sellout deal covering Kaleida Health workers in western New York

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6 October 2022

*Are you a health care worker? Fill out the form at the end of the article and tell us what you think of the contract and about the conditions you and health care workers across the country face in the fight for safe staffing and other improvements. All submissions will be kept anonymous.*

Opposition is mounting among nurses and other health care professionals to the tentative agreement between union officials and Kaleida Health, which covers 6,300 health care workers in Buffalo, New York, and the surrounding region. The vote on the tentative agreement is taking place “in the coming weeks,” said officials from the Communications Workers of America (CWA) Local 1168 and the Service Employees International Union (SEIU) Local 1199/United Healthcare Workers East.

Nurses, dietary workers, personal care attendants, maintenance workers and many others voted by over 96 percent last month to go on strike against Kaleida Health, which operates Buffalo General, Oishei Children’s Hospital, along with other area health facilities.

Workers are fighting for safe staffing levels and a substantial pay increase to make up for surging inflation. But CWA and SEIU officials ignored the strike vote and reached a deal, which meets none of the workers’ basic needs.

Full details of the contract have not been released and so far only partial summaries have been made available. But an examination on what is available shows this is a miserable sellout, which workers should overwhelmingly reject.

During negotiations, executives of the health care system admit they are short 436 full-time positions across their network just to meet state-mandated staffing requirements. Workers say the system needs to hire 800 more workers to make up for those who have left and to provide adequate care for patients.

The sparse summary of the bargaining session, available

on the CWA website includes a long list of ideal staffing ratios for each unit. While the union attempts to present these as a victory or a product of long negotiations, the ratios generally mirror New York State requirements and the union presents no concrete actions to enforce these ratios.

The tentative agreement also calls for the creation of various FTE (full-time equivalent) positions, but there are multiple caveats. The hiring of a full-time equivalent is not the same as the hiring of a full-time employee who works a 40-hour week. There are ways that the system can meet the FTE mandate with two or even several part-time hires, the hiring of workers through staffing and other temporary agencies, or working the current workforce overtime or what the contract mislabels as “Bonus Shifts.” Kaleida can even mix and match these in any way it sees fit. For example, a part-time CNA (certified nurse assistant) in a nursing home who works say 20 hours a week, a CNA who works three 3-hour bonus shifts and an agency staff who comes in one day a week can be combined to equal one FTE.

Rather than hire enough workers, the contract between Kaleida Health and the CWA Local 1168 and SEIU Local 1199 establishes “Bonus Shifts” to entice overworked and exhausted workers to take on additional hours on top of their already long shifts. This will only lead to greater burnout and medical errors.

Furthermore, workers who take the additional bonus shifts lose the added pay if they take time off during the same pay period.

The “raises” proposed in the agreement continue to fall behind inflation. Overall, the contract promises a 4 percent pay raise in each of the three years of the contract. This does not even make up for the nearly 16 percent rise in cost of living over the past three years, let alone protect workers from the more than 8 percent current inflation rate.

For workers on the lower end of the pay scale, the impact of inflation is even worse. According to recently published reports, the average family is spending \$460 more a month for basic living expenses than they did a year ago. These additional costs are impossible for many of Kaleida employees with jobs offering starting pay below \$17 an hour.

Workers expressed their anger and opposition to the agreement on social media.

“That’s a Nope from this CMA [Certified Medical Assistant],” wrote one worker on Facebook. “Why does every other unit have CMA ratios EXCEPT the Emergency Dept?” she asked, adding, “this is only 1 of the questions I have.”

“This is a no from me,” posted a registered nurse at Step 5. “My raise is lower because ‘new’ staff is needed? I guess my 10 years experience being brought into kaleida isn’t as good as a new grad then.”

A registered nurse, who worked for seven years for Buffalo General before retiring due to intolerable conditions, spoke to the *World Socialist Web Site* about the conditions health care workers confront.

“In the last two years, health care went from a career I loved, to somewhere I cannot tolerate being,” the nurse said.

Reflecting on the conditions health care workers confront throughout the country, she explained, “The situation nurses have been put in are unfair, unsafe, and catastrophic. Ratios of 13 patients to 1 RN on an acute surgical floor, higher level of care units refusing patients because they don’t have staff. ICU level patients in that 13:1 ratio.”

When the nurse confronted the administration about the conditions, she was told “that’s just how it works here.” She continued, “A career I once loved I walked away from due to liability and burnout. Not to mention, the extreme lack of pay and benefits for the knowledge and requirements of our jobs. I could make comparable working at a chain coffee shop these days.”

The TA is not the outcome of a collective struggle against the health care giant but backroom maneuvers between the corporate and union officials, along with local Democratic Party politicians. Everything has been done to prevent a powerful strike, particularly on the eve of the mid-term elections because such a struggle would further expose the anti-working class character of both big business parties.

First, the CWA and the SEIU union officials have kept Kaleida Health workers on the job for months since the

last contract expired at the end of April.

The unions are also keeping health care workers at nearby nursing homes, members of the same unions, on the job without a contract. The CWA and SEIU executives fear a broader movement when contracts for 30,000 nurses in the New York State Nurses Association start coming up in December and early 2023.

Kaleida Health workers must organize now to defeat this sellout contract. This means demanding the full contract immediately and having a full week to study and discuss it before any ratification vote. At the same time, rank-and-file workers must monitor the voting process.

The defeat of this deal will send a powerful message to all health care workers who are facing the same fight. At the same time, preparations must be made for strike action to win demands that workers need, not what the hospital executives say is acceptable.

That the current negotiating committee could come back with such a deal is only an argument for its replacement with a committee of genuine rank-and-file health care workers. At the same time, workers must fight to transfer power from the union apparatus to workers on the hospital floor, through the formation of rank-and-file committees, consisting of all health care workers. These committees should organize discussions in every department and develop a clear set of demands.

This should include a 30 percent pay increase and cost-of-living protection, a sharp increase in hiring and enforceable staffing standards, not more smoke and mirrors and bogus committees that maintain staffing shortages.

With total assets of \$1.2 billion, revenue of \$1.3 billion and COVID relief of \$110 million, the hospital chain has more than enough to meet these just demands.

Strike action must be combined with an appeal to health care workers throughout New York, the United States and beyond for a common struggle for a health care system based on human needs, not profit.

*Are you a health care worker? We want to hear from you. Let us know what are the conditions at your job? Do you want to form a rank-and-file committee?*



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