

Strike actions by 75,000 Kaiser Permanente healthcare workers to begin in early October

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24 September 2023

On Friday, the national bargaining team for the Coalition of Kaiser Permanente Unions (CKPU) issued a 10-day strike notice for more than 75,000 Kaiser healthcare workers across seven states and the District of Columbia. The unions told Kaiser that their members would take limited “unfair labor practices” walkouts from October 4 through October 7.

CKPU consists of four different unions, the largest being the SEIU-UHW (United Healthcare West), with 60,000 members, and the SEIU itself, with 12,000 members. Besides the two SEIU units, the coalition includes the Office and Professional Employees International Union and the International Federation of Professional and Technical Engineers.

If the unions proceed with the strike, which was authorized near unanimously by the rank and file, it would be the largest such action by healthcare workers in US history. Though it only affects dozens of KP facilities that include hospitals, medical offices and clinics, it would give a critical impetus for the millions of other healthcare workers across the country and internationally who faced years of understaffing, shortages and low pay even before their working conditions were upended by the COVID-19 pandemic.

Hence the call for a limited three-day strike, which is akin to the impotent “stand-up strike” called by United Auto Workers (UAW) President Shaw Fain. The union coalition is attempting to minimize the impact on the finances and operation of the healthcare system and prevent the potential of the strike escaping their grip, while allowing workers to vent their frustrations for the time being. This follows the rule book for all the corporatist trade unions, which seek to subordinate workers to the employers and the capitalist state.

It should be noted that the World Health Organization (WHO) estimated that by May 2021, between 80,000 to 180,000 healthcare workers had been killed by the coronavirus. COVID-19 continues to spread uncontrolled across communities and in healthcare settings, where all masking and testing has been essentially discontinued. This means that the overworked workforce, stretched thin,

continues to face the perils posed by reinfections and the risks of passing on these infections, particularly to frail and vulnerable patients.

Liz Grigsby, a respiratory therapist at Kaiser Roseville with 26 years with KP, recently gave a personal account to the *Sacramento Bee* of one of her harrowing experiences during the pandemic. She said, “A mother, she’s pleading for her life. She’s battling COVID just after giving birth. She had a desperate plea. ‘Please, Please Liz, don’t let me die!’ I worked with her for several days. She sought comfort and connection to a familiar face to anchor her during her fight. And that face was mine. I made a promise to her to stay by her side, to come back and provide the support she desperately needed it. But the painful reality of short staffing prevented me from delivering that promise.”

In tears, she continued, “When I came back, she had already died. She was a mother just like me. She needed someone in her darkest hours. And she never got to hear her baby’s voice. Yet, we, as respiratory therapists, were stretched thin, constantly dealing with the short staffing issues. Today, years later, the staffing shortage is even worse. We are currently short by 11 therapists, a shortage that forces us to triage patients, which makes for a difficult decision to determine who to attend to first; Who is in the waiting room? Do I check on the ED patient that is suffering from an asthma attack? Or do I go [to] the person who is in the ICU who is so short of breath? Or do I go [to] the NICU where the micro-premie [premature] that the mother just delivered? It’s a crisis that leaves our hands tied and our hearts heavy. Can you imagine a large hospital, a place of healing being understaffed?”

Alongside the abysmal conditions created by the staffing shortage crisis, healthcare workers have seen wages fall significantly behind inflation and loss of benefits.

However, the unions’ declaration of “unfair labor practices” (ULP) strikes is a technique that has a long history. It is used to prevent the rank and file from raising demands or making statements regarding their compensation and working conditions. The strike could be called off at any

time by the unions should they deem the executives at KP to have resumed “good faith” negotiations.

The CKPU’s economic proposal is for a four-year contract with annual pay increases of 7 percent in year one and two and then 6.25 percent in years three and four, with a minimum wage of \$25 per hour across the whole of KP. However, they do not demand that Kaiser address the staffing crisis that is making conditions dangerous for workers and patients in the healthcare system.

These demands do not even come close to alleviating the economic stresses that healthcare workers face. And even these demands proposed by the negotiating board will be reduced at the bargaining table and fall far short of what workers would need to earn anything close to a living wage. Many of these workers must drive more than an hour or two to reach their work. Many take on extra hours or other jobs to supplement their basic salaries. Many more are moving in with families to save on exorbitant rents.

The union bureaucracy is quite aware of the condition workers face. Caroline Lucas, executive director of the CKPU, said on August 24, during the announcement of a vote to authorize a strike, “The healthcare staffing crisis was already bad, but the COVID pandemic made it worse. ... Too many facilities are stretched to the brink. They are understaffed. The patients who are left, the people who are left to provide care [for them] are maxed. Our healthcare workers deserve raises that keep up with the cost of living. The rising cost of living has made it hard for healthcare workers, and many are leaving the field altogether. Kaiser used to be the industry leader, but they abdicated that role by failing to work with us to solve the staffing crisis, and we are all paying for it.”

David Reagan, executive director of 58,000 SEIU-UHW Southern California (Los Angeles), told his constituents and the press that KP, a non-profit healthcare system with 39 hospitals, 622 medical offices and 43 clinics, in addition to its millions of covered health plan members, which does not have to pay any taxes on its earnings, took in close to \$100 billion in revenue for the first time in history of the 75-year-old company. In the last six months it profited \$3.3 billion. Its net worth rose from \$50 to \$62 billion in one year, and it has an investment portfolio that exceeds \$120 billion. KP provided the CEO a \$17 million bonus last year.

KP’s recent statement on the Coalition’s strike notice made it clear that the company knows the difference between workers’ anger and determination and the real posture of the unions. It declared that “a strike notice does not mean a strike will happen.”

The letter acknowledged that “the Coalition unions are positioned to strike in October. However, for the last 26 years of our historic labor-management partnership, we have

reached agreements with the Coalition every time, with no strikes.” Kaiser continued, “Our top priority is caring for our members and patients, and we have plans in place to ensure we can continue to provide high-quality care should a strike actually occur.”

Clearly, this healthcare behemoth is not in the least threatened by the strike vote nor the strike, as long as it remains under the control of the union leadership. Meanwhile, the union leaders issue no warning about the management response, dismissing it as “Kaiser has lost its way,” or “They are forgetting about us” or “They are tone deaf.”

Such statements only serve to cloud the real fraud being played on workers. These corporations and the unions representing the employees are quite aware of the mood and perspective of workers who have faced in the last four years of the pandemic an assault on their democratic and social rights that includes an existential threat to their lives and those of their families and the patients they treat.

They are doing exactly what healthcare systems across the US who see healthcare as a business and as in every other company and industry, work diligently to suppress wages, the benefits they dole out, and ensure the maximum surplus labor is extracted from workers.

Access to free and comprehensive healthcare that includes a fully functioning and globally integrated public health infrastructure are essential social rights of every person on the planet. Healthcare workers, who have extensive training and commitment to their profession, must form rank-and-file committees to take over these systems and fashion them not according to the diktats of capitalist markets but in accordance with the social rights of humanity.



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