

Unions announce tentative agreement reached with Kaiser Permanente for 85,000 healthcare workers

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The Coalition for Kaiser Permanente Unions (CKPU) announced on Friday that it reached a tentative agreement with Kaiser Permanente. The agreement covers 85,000 healthcare workers across eight states and Washington DC.

In announcing the deal, the CKPU tweeted, “The frontline health care workers of the Coalition of Kaiser Permanente Unions are excited to have reached a tentative agreement with Kaiser Permanente. We are thankful for the instrumental support of Acting U.S. Labor Secretary Julie Su.”

That the unions would thank the pro-corporate Biden administration for its involvement in the talks can only mean that the contract is a sellout, although the full details have not yet been released.

The only details that have been officially released by the coalition are that the agreement would be effective October 1, that it sets a starting wage for Kaiser members of \$25 an hour in California and \$23 an hour elsewhere, and that there will be a total increase of wages by 21 percent over four years. Voting by healthcare workers on the contract is set to begin on October 18.

Even these highlights, which the CKPU is touting as a “victory,” are already a walk back from earlier proposals by the coalition. It originally proposed a 7 percent increase for the first two years of the contract and at a 6.25 percent increase for the third and fourth year, a total increase of 26.5 percent over four years. And even that earlier figure comes nowhere near what workers need to make up for years of declining wages and soaring inflation. Over the course of the 2019 contract, Kaiser workers’ wages in real terms fell about 4 percent.

Moreover, the “minimum wage” in California the union is claiming it won is actually just the new minimum wage for healthcare workers set by a bill recently passed in the state legislature and slated to be signed into law by Governor Gavin Newsom, which is itself far below a living wage. In particular, workers at healthcare facilities that employ 10,000 or more full-time equivalent employees will have a minimum wage of \$23 an hour starting in 2024 and \$25 an hour starting in 2026, the third year of the contract proposed to Kaiser workers by the CKPU.

The only further information about the contract has been posted by SEIU Local 105 in its “Key Points Summary.” It notes that the wage increases are 6 percent the first year and 5 percent the second, third and fourth years, in addition to a one-time bonus of \$1,500 to be paid out in March 2024.

Significantly, the summary makes no concrete points about staffing ratios at Kaiser facilities, one of the main demands of those on strike. Under the ‘Staffing’ section, all that is noted is that there will be “mass hiring events in every region with labor involvement.” Such language commits Kaiser to nothing. In plain language, it means that union bureaucrats will jointly oversee understaffing alongside hospital management.

What the summary does say is that the TA provides for vast increases in joint labor-management programs, which serve as the conduits for legal bribes from Kaiser to the union apparatus. It includes a 40 percent increase to the Education Fund and an additional \$100 million for the Futuro Health training center. Both the fund and the center are jointly administered by SEIU-UHW and Kaiser.

Thus, what the union coalition has brought to its

membership is a brazen sellout of the courageous struggle by Kaiser workers.

It is also a deal worked out behind closed doors involving the union heads, Kaiser leadership and the Democratic Party in the interests of the bureaucrats, corporate heads and politicians. The fact that the CKPU noted the “instrumental support” of Julie Su is further confirmation of the high level state involvement in the contract.

Su stepped into the role of Acting Labor Secretary in March following the departure of her predecessor Marty Walsh, who was instrumental in the White House’s intervention against the railroad workers. She was critical in working alongside the ILWU and Teamsters in forcing through sellout contracts for west coast dockworkers and UPS workers earlier this year.

The fact that Su was specifically called out by the CKPU also underscores why the many recent and ongoing struggles by healthcare workers, such as the five-day strike of Prime Health this week and the vote to strike Kaiser in November by healthcare workers in Seattle and northern Washington, have been separate from the larger strike of Kaiser workers last week. The Biden administration itself wanted to ensure that any action by healthcare workers was as fragmented and as disparate as possible, so as to minimally disrupt the predatory class interests of Wall Street and US imperialism.

The involvement of the Biden administration raises the fundamental question of who will control the healthcare industry. Under the control of the capitalist class, healthcare has suffered an immense decline over the past several decades. Even before the onset of the ongoing coronavirus pandemic, life expectancy in the US had largely remained the same throughout the 2010s. It has since fallen off a cliff as a result of the estimated 1.3 to 1.4 million excess deaths so far caused by the pandemic.

The question posed is whether the power over people’s lives will remain in the hands of corporate executives and billionaire financiers who, in their unquenchable thirst for greater profits, prevent safe staffing ratios and create healthcare models that ultimately sacrifice livelihoods and lives? Or will healthcare workers unite across hospitals, across states and even across countries to organize the fight for socialized medicine, and throw out the profit motive

from healthcare and re-establish it on the basis of human need?

Kaiser workers and all healthcare workers remain in a powerful position to do just that, to both win their demands and expand their struggle for vast improvements among healthcare more broadly. But to do so requires a political perspective that clearly lays out their class allies and enemies. There can be no faith in the CKPU, which focuses above all on its Labor Management Partnership with Kaiser, essentially a scheme in which bureaucrats are paid off by management to police any rank-and-file mobilization from below and contain it.

Instead, Kaiser workers must build rank-and-file committees of healthcare workers themselves, which will fight for demands based on what workers need, not on what Kaiser, the unions and the Democrats claim can be afforded. These committees must unite with others developed by other sections of workers and join up under the umbrella of the International Workers Alliance of Rank-and-File Committees (IWA-RFC) to coordinate the broadest possible fight to end the subordination of public health to private profit. In doing so, healthcare workers will be laying the foundation for the socialist reorganization of society, in which workers’ control over healthcare will establish public health as a social right.



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