

Kaiser Permanente mental health workers in California continue strike to improve patient care and secure pensions

Our reporters

11 November 2024

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The strike by 2,400 Kaiser Permanente mental health workers in Southern California has entered its fourth week. Workers, who have been without a contract since the end of September, are demanding more time in between appointments to prepare for patients, in addition to wage increases and pension benefits.

Kaiser mental health clinicians in Northern California held a ten-week strike two years ago to obtain some of these minimal improvements. But Kaiser is resisting the slightest concessions to their counterparts in southern California.

By its own admission, the National Union of Healthcare Workers (NUHW) bureaucracy has accepted a two-tiered mental health care system at Kaiser in which NUHW members in Northern California have a pension while members in Southern California have gone without a pension for over a decade. While the union says it is fighting to increase patient care time, provide fair pay and restore pensions, the NUHW leaders have blocked an all-out strike and limited the walkout to only a few select days and locations.

Healthcare, and especially mental healthcare, has suffered from severe understaffing since well before the outbreak of the COVID-19 pandemic. Healthcare workers are known to work long hours, where shift lengths are typically 12 hours, before any sort of overtime. This has contributed to a staffing crisis where many workers—even those who have been in the field for decades—have left in search of less stressful careers.

As has been the case with many other healthcare strikes, workers are pointing to their patients' conditions as one of the driving causes for their struggle. In this regard, the issue of having more time to prepare for patients is particularly significant. As one striking psychiatric counselor told the *Los Angeles Times*, "It's really hard to stay a good therapist

in this system. We have to make choices like, 'Do I make eye contact, or do I finish this note?'"

One year ago, Kaiser agreed to a \$200 million settlement with the state of California over excessive wait times for therapy. Part of the settlement included Kaiser agreeing to address labor shortage issues, and increase spending over the next five years to improve its mental health services.

While Kaiser management formally agreed to those terms, it has made efforts to combine patient time and "indirect patient care"—which includes everything from noting, to session planning, to paperwork. Forcing workers to do both tasks at the same time is, in effect, the mental healthcare equivalent of speedup on the factory floor.

WSWS reporters spoke to strikers on the picket line at the Kaiser Permanente Los Angeles Medical Center.

Referring to the workers' demands for more time to prepare for patients, William Johnson, a marriage and family therapist and union steward with the NUHW said, "That is so we can have adequate and protected time that is indirect from our patient care. Everything that we have in face-to-face therapy is within that one hour per person. Outside of that, whether it is case documentation, calling back patients, treatment planning, making mandated reports for adults or children, all of that is our indirect patient care time that we need. And Kaiser currently has that where they are able to access and book other patients into it, sometimes new patients who aren't on our caseload. So, what we're asking for is exactly what Northern California has, seven protected hours of that, and that way we have access to our patients indirect care time."

Jeremy Simpkin, a case manager in the South Bay psychiatry department, spoke about his experience dealing with patients with serious mental illness. "We're a specialized program that work with people living with severe mental illness. I see a lot of people who escalate to this level of being hospitalized or being at risk of hospitalization because they aren't getting adequate care at

the basic level. They come into Kaiser saying, ‘I need help.’ They have to wait. They get bounced around between therapists. They don’t know who to talk to. They end up in crisis and then end up in the emergency room. Time and time again, when I see somebody coming out of the hospital, I’ll look through their chart and see, oh wow, this person really could have prevented this crisis if they had care up front and they didn’t have it,” Simpkin said.

He added, “They’re seeing their therapist once a month, once every six to eight weeks, even longer for some patients. They have to wait, and that’s not therapy, right? When they are going into crisis, they reach out to their therapist who doesn’t have time to see them. And so then they end up going to the emergency room. The other side of it, when people are coming out of the hospital, we can get them into a short-term program for some help to stabilize. But once they come back to the clinic, there’s nowhere to send them. Once they’ve been hospitalized, we can’t send them externally to Kaiser’s network because they only take mild to moderate cases. So all of the severe cases have to stay at house.

“So then somebody who’s been hospitalized for a suicide attempt is seeing a therapist once a month. Why do they see a therapist only once a month? Because we’re so understaffed, right? And this is, my department is at quote un-quote full staffing, right? So that’s what Kaiser sees as adequate to deal with their thousands and thousands of patients in this region. They think, you know, having just a few therapists to see all of these patients with very high needs is fine. But it’s not.”

Simpkin concluded with the following: “It’s going to take more, not kind of following a standard leadership model that’s based on the capitalist structure. It does take us standing up, and I hope that that continues to kind of percolate, and it may. I think we’re moving into a time when people are going to really be struggling. We’re going to struggle even more. And it takes adversity to stimulate change, right? I think that’s my biggest hope. I’m really worried about where we’re going as a world, but I also have some room for hope that this is actually the conditions that will promote change.”

NUHW officials have limited the scope of the strike and have not raised any serious demands to guarantee adequate and safe staff-to-patient ratios or any additional safeguards against continuous waves of the Covid-19 pandemic, which continues to wreak havoc on healthcare systems worldwide.

In a statement in July, the NUHW endorsed Kamala Harris boasting that they had “two decades of experience working hand-in-hand with Vice President Harris to improve the lives of California’s working families.”

In fact, the Democrats who control every level of the government in California have ensured that the state is the

most unequal one in the US. Throughout Harris’ campaign, rather than make any appeal to the working class, the Democrats attempted to outflank the Republicans from the right, doubling down on their orientation to the elite and major corporations and guaranteeing the electoral victory of the fascist candidate Donald Trump.

Since the outbreak of the pandemic in 2020, health care workers have suffered a massive decline in living standards and working conditions, along with the loss of lives and debilitation from Long Covid as the Biden-Harris administration dismantled whatever pandemic mitigation measures remained.

Mental health workers are not just up against Kaiser, they are up against an entire political system which is driven by corporate profit and completely opposed to the needs of health care workers and public health. The incoming Trump administration will seek to destroy whatever means health care workers have to collectively defend themselves.

If the current struggle is not to face the same fate as previous betrayed strikes, mental health care workers must take the fight into their own hands through building a rank-and-file strike committee. The committee should outline workers’ non-negotiable demands, including inflation-busting wage increases, fully paid pensions and health benefits, and enforceable limits on patient ratios.

The fight for quality healthcare is not just an economic struggle, but a political struggle against both corporate-controlled parties. The aim must be taking profit out of medicine and establishing a socialist health care system as part of the socialist reorganization of economic and political life. An understanding of this must be brought into the strike at Kaiser.

To get more information about rank-and-file committees, fill out the form below.



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