California: 18,000 Kaiser Permanente nurses authorize strike

By Brian Dixon
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On Tuesday last week, 18,000 California registered nurses (RNs) represented by the California Nurses Association (CNA) voted in favor of a strike at 21 Kaiser Permanente medical centers and dozens of medical offices and clinics.

The CNA stated that the strike vote was primarily in response to Kaiser’s refusal to provide adequate staffing at its facilities, including charge nurses who provide bedside assistance and resource nurses who can support RN’s when they eat or take a break.

Nurses also oppose the replacement of the current GRASP database management system with a new one known as EPIC, the latter of which the union says encountered numerous problems when it was implemented at Sutter Health hospitals.

While Kaiser claims it is not proposing wage cuts, it is planning to lower the pay for new hires in Sacramento by 10 percent and those in Fresno and the Central Valley by 20 percent, saying that the pay cuts are justified by the lower cost of living in those areas.

Kaiser Permanente is the largest managed care organization in the United States. At the end of 2017, it had 11.8 million members, 39 hospitals and 682 medical office buildings. The not-for-profit organization, according to Kaiser Permanente’s most recent annual report, had $3.6 billion in net income in 2017, up from $3.1 billion the previous year. However, none of these funds have been used to address staffing and other issues that have driven nurses to authorize a strike.

The strike vote reflects an intense desire among rank-and-file nurses—who have been subjected to staffing shortages and inadequate pay for years—to engage in a genuine struggle to defend their livelihoods.

However, the union will work to ensure that the strike remains short and isolated from the struggles of other health care workers. The CNA has a long history of conducting demoralizing one- or two-day strikes that have inevitably resulted in concessions contracts.

In 2011, the National Union of Healthcare Workers (NUHW) and the CNA responded to attacks on the living standards of nurses by mobilizing 23,000 nurses for a one-day strike.

In November 2012, the CNA held a one-day strike at California facilities owned by Sutter Health, and three weeks later staged a two-day strike against the same facilities. The Service Employees International Union (SEIU) also represented workers at the Sutter Health facilities, but the two unions deliberately blocked any coordination between workers. After the SEIU settled its contract, the union did not call for a sympathy strike with those workers represented by CNA or direct its members to support the nurses’ struggle.

The CNA oversaw a strike by 3,100 nurses and technicians at Sutter Health hospitals in 2013. Prior to the week-long strike, the CNA had called eight one- or two-day strikes since contract negotiations began in 2011. The following year, CNA and National Nurses United (NNU), a coalition of three unions including the CNA, held a two-day strike at a San Bernardino hospital.

As part of an agreement reached by the CNA with Kaiser in January 2015 covering 18,000 nurses, salaries were increased by 14 percent over the next 3 years. However, this gain was offset by concessions on pensions and benefits, and the salary increase did not extend to the 2,600 mental health workers, organized in the NUHW, who were on strike at the same time the CNA reached the deal.

In the spring of 2015, the NNU organized a two-day strike at hospitals in California and Illinois, which was
called off after reaching only a tentative agreement.

The CNA and NNU subsequently called a one-week strike at Kaiser Permanente’s Los Angeles Medical Center (LAMC) in March 2016. Nurses there had seen their wages frozen since 2011 and had been working without a contract since 2010. The NNU called off the strike after announcing that there would be higher wages and “restructured benefits,” that is, benefit cuts that would offset the wage increases. In June of that same year, LAMC nurses went on strike yet again. However, after only four days, the CNA and NNU halted the strike and nurses returned to work, still without a contract.

These extremely limited strikes are designed to have minimal impact and have failed to resolve the issues that motivated the strike in the first place. Their purpose is to wear down workers so that they are willing to accept whatever rotten contract the union ultimately negotiates.

These are not really strikes in any real sense of the term but are simply used as a pressure valve to enable hospital workers to let off steam while the union and health care conglomerates prepare yet more attacks on the workers. As an attorney for the American Federation of State, County and Municipal Employees (AFSCME) recently argued in front of the US Supreme Court, “Union security is the tradeoff for no strikes.”

The unions operate as labor enforcers for corporations and the state, ensuring that strikes are rare, short and ineffective. For nurses to advance their interests and defend their livelihoods, they will need to break from the trade unions, form independent rank-and-file committees to coordinate their struggle, and appeal broadly to the working class for support—not to the Democratic Party, which the unions slavishly support.

The need to break with the trade unions was highlighted by the recent nine-day strike by West Virginia teachers, which was opposed and eventually shut down by the unions after they negotiated an agreement that provided a paltry 5 percent raise and failed to address the teachers’ primary concern over escalating health care costs.

“The West Virginia teachers strike,” the WSWS wrote, “indicates the trajectory of the developing movement. The resurgence of class struggle will bring workers into ever more direct and open conflict with the trade unions. Wherever a struggle begins, workers must be armed with an understanding of the role that the unions will play. They exist to defend capitalism and police the working class.”

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