OFNHP
AFT LOCAL 5017

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December 8, 2025

Dear Kaiser Foundation Hospitals Board of Directors,

My name is Sarina Roher. I serve as President of the Oregon Federation of Nurses and Health Professionals (OFNHP). I have been a registered nurse for 20 years, including 8 years caring for patients at Kaiser Permanente. OFNHP represents 4,800 Kaiser employees across six bargaining units in Oregon and southwest Washington, including technical and professional employees, lab professionals, dental hygienists, and registered nurses. We are an affiliate of the Alliance of Health Care Unions ("the Alliance"), but I am writing to you solely on behalf of OFNHP's membership.

OFNHP recently concluded a Vote of No Confidence in the Chief Executive Officer of Kaiser Foundation Health Plan, Gregory A. Adams. **Among OFNHP Kaiser members who participated, a super-majority voted—and more than 99% expressed that they do not have confidence in Mr. Adams' leadership or in his commitment to the values on which Kaiser was built.**

My request is simple: read this letter with curiosity and an open mind. Reserve judgment until you have a full account of the circumstances that led thousands of your employees to take this extraordinary step. I worry that Board members have been given a one-sided view of the facts and circumstances in national and local bargaining.

Yes, we are engaged in national and local bargaining with Kaiser Permanente, and it may be tempting to view this vote as nothing more than a bargaining tactic designed to apply pressure on Kaiser. But that interpretation would be short-sighted—and would obscure the deeper, systemic concerns that compelled our members to speak out so decisively.

Why OFNHP Members Voted No Confidence in Mr. Adams's Leadership

The demand to hold a vote came directly from our membership in response to Kaiser Permanente's directional drift away from its legacy of high-quality care rooted in uplifting and valuing the people who deliver that care. The Labor-Management Partnership should be understood as far more than a labor-relations strategy—it is a business strategy that harnesses the expertise of frontline professionals who know best what it takes to deliver the best care.

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At its core, the Labor-Management Partnership is a bottom-up model for care delivery—one that depends on decisions being made as close as possible to the work itself. At the same time, it recognizes that every unit is part of an integrated system charged with caring for the whole patient. That balance between local collaboration and systemwide coordination is what has made Kaiser Permanente a special place for employees and patients.

Yet it has become increasingly clear that Kaiser Permanente is moving in the opposite direction. Major operational and bargaining decisions have been pulled upward, away from the units where care is actually delivered. Partnership practices and committees have been sidelined or ignored. Management negotiators arrive at the table without the authority to make common-sense agreements, required instead to seek approval at the highest levels—often only with Mr. Adams's express authorization.

This kind of centralization dulls the organization's connection to the facts on the ground and leaves frontline professionals feeling unheard, undervalued, and unable to effect meaningful change. When decision-making becomes detached from the realities of the bedside, the risks to both care quality and employee morale become impossible to ignore.

1. **Mr. Adams directed local management to retract a cost-free tentative agreement.**

As former Kaiser CEO Bernard Tyson said, "your word is your bond… if you say something and commit to it, you deliver on it. And if you can't deliver on it, you owe the person the respect to explain why."

In July, we reached a tentative agreement with Kaiser on a modest, cost-free proposal concerning "successorship." Two of our six OFNHP units already have this language. We simply proposed adopting the same language for the remaining four. It was as straightforward and reasonable as a proposal can be.

Local management and the national HR leader who was at the table agreed. Then we were told that Mr. Adams personally overrode the agreement—and no explanation was ever provided. He neither stood by the agreement made by his own managers nor extended the basic respect of explaining why.

This zero-cost issue is now the only proposal standing between the OFNHP Lab Professionals unit and a full contract settlement. No one can provide a rationale other than: *this is what Mr. Adams wants.*

2. **Kaiser has repeatedly dismissed clear, verifiable facts.**

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Without a shared understanding of reality, common-sense agreements become impossible.

The clearest example: RN wages in the Portland metro area. Market data drawn directly from union contracts across the region show that KPNW RN wages in the Portland metro area rank 10 out of 10—dead last. By Kaiser's own stated philosophy of targeting the market average plus 5–10%, KPNW wages fall **18% to 21% behind**.

A full-time RN can earn $25,000–$30,000 more by taking a position just a few miles down the road. For many RNs, this is a life-changing wage increase.

Instead of engaging with the data, Kaiser has tried to discredit it while withholding its own consultant report. They have speculated—incorrectly—that our data must be incomplete or misinterpreted, even when confronted with clear evidence to the contrary.

Behind-market wages have predictable consequences for staffing: By Kaiser's own data, RN vacancies in the northwest increased from 170 in October of this year to more than 240 in November, an increase of more than 40% over a span of just one month. That number of vacancies translates into a vacancy rate of nearly 10% for KPNW RNs. With so many vacancies, KPNW has had to rely extensively on costly travelers and premium shifts to fill holes in the schedule, leading to unnecessary conflict between RNs and management regarding traveler usage and scheduling.

This is only one example. Similar market disparities exist for many other OFNHP professional and technical employees, which we have documented and presented repeatedly—only to be met with evasion rather than engagement.

3. **Kaiser is abandoning core Partnership principles by asserting unilateral "management rights" over patient scheduling templates.**

Scheduling templates are the underlying structure that determines how patient appointments are organized—how many slots exist, how long they are, what types of visits can be booked, how much planning time is allotted, and how patients flow through a clinic and ultimately across the continuum. They are not just administrative tools; they shape the daily workload, pace, and pressure that healthcare professionals experience. When scheduling templates are designed without frontline input, they can create unrealistic patient volumes, multiple back-to-back and double-booked appointments with no recovery time, and workflows that set clinicians up for burnout.

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At both the national and local tables, unions proposed collaborative processes—nothing more. Kaiser refused to bargain locally because a related issue was before national bargaining. But at the national table, Kaiser declared the matter exclusively a "management rights" issue and at one point a "non-starter."

Our proposal on the national table reads:

> *"Work schedules, scheduling templates, and workflows shall be established or modified through a collaborative process designed to balance and meet the needs of patient care, operational requirements, and employee well-being."*

It doesn't force agreement. It preserves management's final decision-making authority. It simply requires collaboration—the essence of Partnership itself.

Yet Kaiser called it a "non-starter," rejecting the foundational principle that those who deliver care should have a voice in how it is structured.

4. **Kaiser is attempting to eliminate the statutory role of RN Staffing Committees in approving staffing plans.**

Oregon law requires that hospital RN staffing committees—composed equally of direct-care nurses and management—**approve** nurse staffing plans. This is a legal safeguard designed to ensure patient safety, adequate staffing, and the professional judgment of bedside nurses.

Kaiser is proposing to strip these committees of their statutory role and convert them into advisory bodies with no approval authority. This is not a minor procedural change—it is a direct attempt to sidestep Oregon's staffing law and silence the nurses responsible for patient care.

Removing nurse approval would:

- Undermine patient safety standards set by Oregon statute
- Disregard the clinical expertise of bedside nurses
- Increase the risk of unsafe assignments, burnout, and turnover
- Erode trust in Kaiser's commitment to lawful staffing practices

After years of public scrutiny around staffing, Kaiser should be strengthening—not weakening—nurse voice in staffing decisions. This proposal represents yet another example of the organization's accelerating shift toward top-down control.

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5. Under Mr. Adams's leadership, Kaiser has seen record levels of labor conflict.

When Mr. Adams assumed the role of CEO in December 2019, Kaiser Permanente was nationally recognized for its labor-management partnership—a model celebrated across American healthcare as a blueprint for collaborative labor relations. Under his leadership, there have been record levels of labor conflict, including but not limited to the following:

- **2021**: Over 35,000 workers across multiple states authorized a strike in protest of management's two-tier wage proposal that was narrowly averted only after immense public pressure. It would have been one of the largest healthcare strikes in recent U.S. history.
- **2022–2023**: Mental health clinicians in Northern California and Hawaii went on strike for over ten weeks, citing dangerous understaffing and Kaiser's refusal to meet legal patient access standards.
- **2023–2024**: 75,000 Kaiser employees went on the largest healthcare strike in U.S. history.
- **2025**: Over 40,000 members of the Alliance of Health Care Unions struck over Kaiser's continued refusal to engage in good faith bargaining and uphold the principles of partnership.

These repeated conflicts under Mr. Adams' leadership are not isolated incidents—they reflect a systemic breakdown of the collaborative framework that once defined Kaiser Permanente, a direct result of his leadership style and disregard for collaborative labor relations.

Restoring Balance, Rebuilding Trust

I would not presume that every management decision can be laid at Mr. Adams' feet. But what is unmistakable is this: the relationship between local collaboration and systemwide oversight is fundamentally out of balance. Under his tenure, decision-making authority has increasingly been centralized at the top, diminishing the ability of frontline healthcare professionals to shape the decisions that form the foundation of patient care.

No one person can claim to have a monopoly on the truth. That is precisely why it is so important to seek out diverse perspectives, to listen to those closest to the work, and to create the conditions where disagreement can surface without fear. Organizations function best when leaders invite challenge, not when they insulate themselves from it.

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As the late Bernard Tyson said:

> *"One of the things I am working extremely hard on is to create an environment of transparency and the freedom of speech. I tell people: "You can say whatever you want to say in this office to me. Just understand that I also have the freedom not to agree, but I want to know what you're thinking. I want to know what's on your mind, because I want to make the best decision that's going to make this organization thrive."*

Accordingly, we respectfully request that the Board take the following immediate actions:

1. **Commission an independent investigation into Greg Adams's fitness to continue leading Kaiser Permanente.**
   The unprecedented level of labor unrest, the erosion of Partnership structures, and the consistent centralization of decision-making warrant impartial review to determine whether Kaiser's current leadership model aligns with the organization's mission, values, and long-term stability for Kaiser patients.

2. **Establish the oversight and accountability needed to ensure that Kaiser Permanente swiftly settles fair national and local contracts.**
   Kaiser must return to a model in which frontline expertise is respected, factual information is acknowledged, and managers at the table have the authority to resolve issues in good faith. Only then can Kaiser begin to rebuild trust with the workforce that delivers its care.

My hope is that you receive the results of the OFNHP Vote of No Confidence—and this letter—not as a personal attack on Mr. Adams, but as an earnest call for course-correction, accountability, and an opportunity to revive Partnership that once made this system thrive.

Respectfully,

Sarina Roher, RN
President, Oregon Federation of Nurses and Health Professional