

# Northern California Kaiser Permanente nurses to hold one-day strike during struggle over national contract renewal

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At Kaiser Permanente (KP) facilities in Northern California, over 600 certified nurse midwives (CNMs) and certified registered nurse anesthetists (CRNAs) are scheduled to hold a one-day strike on Monday, September 8. The walkout at 20 KP facilities is over “unsafe staffing, burnout, and the risk to patient care,” according to the United Nurses Associations of California/Union of Health Care Professionals (UNAC/UHCP), which is limiting the work stoppage to one day.

The *San Francisco Chronicle* has reported that over 1,300 workers will participate in the strike. This suggests that the number of “core strikers” of CNMs and CRNAs will be roughly equaled by physician assistants, acupuncturists and other sympathy strikers joining the picket lines. This points to a general mood of militancy among KP workers.

Jeff Cathcart, a CRNA at KP in San Francisco, is quoted in the union’s statement, “Regionally, we’ve had operating rooms sit empty because there weren’t enough nurse anesthetists to cover cases. That directly impacts patient access to care.”

Sanne Jacobsen, a CRNA at KP in Oakland and Richmond, was quoted by KRCB News saying, “It looks like having staff that’s come in that’s already worked 40 hours a week and that’s coming in for another 12 hour shift. And doing that chronically to the point where people are tired, they’re not at their best. They might be coming in when they’re sick and there’s no one to cover for them.”

The strike will take place under conditions of the sixth year of the COVID-19 pandemic, which has claimed over 1.5 million lives in the United States and is currently in its 11th wave, declining life expectancy,

and surging childhood mortality. Meanwhile, the Trump administration has launched an unprecedented war against science and public health, which most recently has involved steps toward the banning of vaccines.

These conditions compound the general crisis of healthcare in America, which is characterized by inadequate staff levels, acute shortages of nurses, excessive emergency room wait times, and various extreme manifestations of staff burnout. These conditions existed before the pandemic began and have only gotten much worse since.

Long before the strike will begin, affected workers have been divided organizationally by the union whose ostensible purpose is to unite them. While the involved workers are scattered across over 20 locations in Northern California, picketing is to take place between 7 a.m. and 7 p.m. at only two locations: Oakland and Roseville.

UNAC/UHCP is part of the the Alliance of Health Care Unions (AHCU), which is currently holding negotiations with KP over a national contract for about 62,000 workers, which will expire on September 30. The contract includes those workers set to strike on September 8, as well as tens of thousands more, mostly in California, but in several other states as well, including Colorado, Hawaii, Oregon, Washington state and scattered locations on the East Coast. Of all these, the largest contingent is within UNAC/UHCP and located in California and Hawaii.

Thus, Monday’s strike will involve only about 1 percent of the workers who are subject to the same national contract, even though most of those are also in California, and, among those in California, most are

members of the UNAC/UHCP.

In 2021, 96 percent of the more than 32,000 KP workers, most of whom are in the UNAC/UHCP, voted to launch an indefinite strike in relation to the previous version of the same contract. The unions called off the strike just before it was scheduled to begin, announcing an agreement which quickly proved to be a major sellout. At the time, workers reported being blindsided by the announcement of a tentative agreement.

UNAC/UHCP also has current, ongoing contract negotiations with Adventist Healthcare, AHMC Healthcare, Prime Healthcare, and Sharp HealthCare. While these workers are part of the same union, they are organizationally separated from workers at KP.

There is a vast chasm between rank-and-file healthcare workers and the union apparatus, which is allied with the Democratic Party and the for-profit medical system.

UNAC/UHCP President Charmaine Morales was paid \$293,282 by the union in 2024. The same year, the union held no strikes and paid \$0 in strike pay. UNAC/UHCP has not conducted an actual strike among KP workers since 1980. The union has dozens of bureaucrats on its payroll whom it pays six-figure salaries without naming them on its website.

A Northern California KP worker (not in UNAC/UHCP) said the issues which led KP workers in her union to strike in 2021 have only gotten worse since then. “Budget cuts, short staff, micromanaging. After the 2021 strike, everything was ‘Budget! Budget! Budget!’ Remote jobs removed, overseas tech support, more AI technology being utilized, hence budget cuts and layoffs.”

KP has laid off hundreds of workers in recent years—mostly admin and IT workers, and none of them unionized. However, in October this year, it plans to lay off 41 registered nurses and one art therapist at the San Rafael Medical Center in Northern California. The nurses are CNA members. On August 21, nurses held a protest outside the facility.

Kristen Waterson, a nurse who is subject to the layoff in San Rafael, is quoted by SFGATE. “The patients are ultimately the ones that are going to suffer. ... We as nurses, we want to take care of patients. That’s all we want. We will forgo a break. We’ll forgo our lunch breaks. We will stay late.”

KP, officially designated a nonprofit organization, earned \$13 billion in profit last year. However, it will not take any meaningful steps to address issues related to the acute understaffing in response to a one-day strike of a group of workers. This is a necessary conclusion from the KP mental health workers’ strike—the longest mental health workers’ strike in United States history. The walkout ended in May this year with the defeat of the workers’ primary demand for better staffing after seven months of union-imposed isolation.

Systematic understaffing is a deliberate policy of the capitalist ruling class in every sector of the economy, not only healthcare. AHCUs, including UNAC/UHCP, entrust the resolution of staffing issues to a Labor-Management Partnership (LMP), a corporatist structure based on a fundamental denial of any conflict of interests between workers and the company which exploits them. They have repeatedly expressed their intent to expand such labor-management collusion in any new contract.

To protect their jobs, ensure adequate staffing, and meet their own basic needs, as well as the basic needs of their patients, workers must break free from the union-imposed conditions of division and isolation, which sharply contrast with the basic meaning of the word “union.” This is particularly urgent under conditions of the general crisis of the for-profit “healthcare industry,” the ongoing COVID-19 pandemic and the Trump administration’s implementation of a plan to dismantle the Constitution and transform the United States into a fascist dictatorship which will crush all workers’ struggles by means of criminal violence.

The way forward for workers in this struggle is to unite with other workers in a common struggle. This can be done through the development of rank-and-file committees, independent of the unions and the Democratic Party. KP workers have done so as recently as 2021.

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