

Tens of thousands of Kaiser Permanente healthcare workers vote overwhelmingly in favor of strike

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22 September 2025

Healthcare workers: Build a workers' movement for public health and against dictatorship! For information about rank-and-file committees, fill out the form below.

Tens of thousands of healthcare workers at Kaiser Permanente (KP) in California, Hawaii, Oregon and Washington state voted overwhelmingly in favor of authorizing a strike last week. The workers' current four-year contract, which is scheduled to expire on September 30, covers about 62,000 workers in the Alliance of Health Care Unions (AHCU).

Workers' primary demands include an end to under-staffing, adequate patient care, inflation-busting raises, the maintenance of defined benefit pensions and job protection, particularly as artificial intelligence is being introduced in the healthcare industry.

KP's most recent offer to the AHCU unions includes a 20 percent raise over four years. This is unacceptable to workers, not only because it fails to keep pace with inflation but because it lags behind the wages of Kaiser workers in the other major union coalition, the Coalition of Kaiser Permanente Unions (CKPU). The 90,000 members in this separate group are on a staggered contract schedule from the AHCU; they accepted a contract with 21 percent over four years in 2023. Management has also called for a new two-tier wage structure.

In total, over two-thirds of the workers in the AHCU voted to authorize a strike, including:

- Ninety-seven percent of over 30,000 workers in the United Nurses Associations of California/Union of Health Care Professionals (UNAC/UHCP);
- Over 8,000 workers in United Steelworkers (USW) Local 7600;
- Over 1,900 workers in the UNITE HERE Local 5 union;
- Ninety-seven percent of nearly 4,000 workers in the Oregon Federation of Nurses and Health Professionals (OFNHP), which is a local union of the American Federation of Teachers (AFT).

The vote is a show of determination by workers. But a real struggle is only possible through a fight against the AHCU bureaucrats, who have no intention of calling a strike.

United States federal law requires 10 days' advance notice

for a healthcare workers' strike. But as of September 22, none of the unions in AHCU have issued such a notice, meaning that they do not intend to call a strike when the contract expires next Tuesday.

Other unions in the AHCU, including pharmacists in various locals of the United Food and Commercial Workers (UFCW), have not held strike votes. For example, the Bargaining Update of UFCW Local 324 dated September 19 states, "From September 29 to October 1, we'll be back at the National Bargaining table," clearly indicating an intent to continue workers at their jobs under an expired contract.

As an insubstantial consolation to workers, the Bargaining Update urges workers to complete a "Strike Pledge" with no legal or practical effect. This type of performative "strike-ready" measure has become an increasingly common maneuver by union bureaucrats to create the impression that they are preparing to fight, while they work behind the scenes to organize sellouts.

A similar maneuver was used last month by the Philadelphia Federation of Teachers. After a contract was announced and ratified in a snap vote only days before the August 31 strike deadline, the school district announced a \$300 million deficit, setting the stage for huge cuts.

On September 8, over 1,300 nurse anesthetists, nurse midwives, physician assistants and acupuncturists held a one-day strike over unsafe staffing levels and related deficiencies in patient care. They have not had a contract since they joined UNAC/UHCP in 2023-2024.

Thus far, the union bureaucracy has kept them in separate bargaining units with separate strike votes, isolating them from the rest of the workforce. Similarly, over 2,000 KP workers in OFNHP are kept in separate bargaining units which, according to union officials, cannot strike.

Management is reportedly seeking to end defined benefit pensions in the new contract, which the unions have made relatively little noise about. Kaiser is one of the few large-scale private employers which still has this type of pension, as opposed to defined contribution 401(k) plans tied to the stock market.

Prior to 2025, KP unilaterally began hiring employees in certain bargaining units with defined contribution retirement plans. AHCU has proposed to restore defined benefit pensions for the bargaining units which had previously transitioned away from them.

Under conditions where KP is pushing for such huge concessions, workers at Kaiser must push for a national strike. But this is not only a fight against Kaiser but against the systematic attack on public healthcare by the entire ruling class, spearheaded by Trump.

Monday's bizarre press conference, in which President Trump rambled incoherently and claimed that Tylenol causes autism, shows that the administration wants to set back healthcare by *centuries* and attack the foundations of health science. The purpose is to lower the life expectancy of workers, freeing up resources currently "wasted" on retirement and healthcare for Wall Street and the military. The White House's positions mirror the "health" positions under Nazi Germany, which denied treatment to those persons deemed to be "life unworthy of life."

The fight at Kaiser Permanente must become the beginning of a broad movement fighting against the Trump dictatorship and for a vast redistribution of wealth from the oligarchy which Trump defends to fund healthcare, schools and other social needs.

But for years, both the AHCU and the CKOU have blocked strike action or limited them to toothless one- or two-day actions. This included strikes in 2021, 2023 (the largest healthcare strike in US history) and by NUHW workers in 2024-2025 (the longest mental healthcare strike in US history).

At online town hall meetings held by the *United Nurses Associations of California*/Union of Health Care Professionals last week, bureaucrats emphasized that there would not be any strike pay. Workers were admonished that taking sick leave during the strike would "cast doubt on our solidarity and willingness to sacrifice for each other."

Meanwhile, 57 UNAC/UHCP officials received over \$200,000 each in 2024, with one official receiving over \$300,000. The union paid out to rank-and-file members \$0 as strike pay in the same year.

As long as the initiative remains with the bureaucrats, literally joined to management through the Labor-Management Partnership (LMP) and other corporatist structures, the only possible outcome is another sellout.

The critical issue for workers at KP and throughout the healthcare industry is the necessity of organizing independently of the union bureaucracies by forming rank-and-file committees. These new structures will develop the means to maximize workers' initiative, enforce their democratic will to strike and prepare the ground for a broader fight, combining the defense of healthcare with a powerful movement in the working class against capitalist oligarchy. Such a committee at KP was first established in the fight against the 2021 sellout contract.

To prepare a really powerful movement uniting the whole working class, a strike must include both workers in the AHCU and CPKU. The union officials will predictably object that CPKU members are under contracts which include "no strike pledges" negotiated by themselves. But the issue goes beyond wages and staffing, as important as those are, but is one of life and death for the working class.

The WSWs calls upon KP workers to form rank-and-file committees on the basis of the following demands:

An immediate strike of all KP workers at the expiration of the contract on September 30, if a new deal is not in place which meets all of workers' demands, including inflation-busting pay increases and meaningful enforcement of safe staffing ratios, which KP and other healthcare groups presently flout at will;

All bargaining sessions must be open to the public and live-streamed, with rank-and-file representatives on hand to enforce nurses' demands and override any unauthorized concessions to management;

- **Rank-and-file control over picketing, including preventing KP from using scab labor, and sending "flying pickets" to hospitals, schools and workplaces to appeal for wider support;**

Measures to protect co-workers and patients from attacks by ICE and other government agencies being used by Trump to terrify and crush resistance;

- **The defense of vaccine and public health science, including the reinstatement of all vaccine mandates and the provision of COVID-19 vaccines and other vaccines at no cost to the public; and**

The expropriation of the healthcare conglomerates, which make billions through price-gouging and denial of care. Their resources must be used to create a high-quality public healthcare system under workers' control, to end needless suffering and death created by subordinating lives to profit.



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