

SEIU cancels 5-day strike at KPC Health facilities in California

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A five-day Unfair Labor Practice (ULP) strike by California healthcare workers has been canceled by Service Employees International Union-United Healthcare Workers West (SEIU-UHW West). Around 1,600 workers at six Southern California hospitals operated by KPC Health were prepared to walk out on January 12, with workers voting 98 percent in favor of a walkout.

The SEIU-UHW West bureaucracy announced a tentative agreement on January 10 and called off the strike—just two days before 15,000 nurses in New York City launched what has become the largest nurses’ strike in the city’s history under the New York State Nurses Association (NYSNA). The timing of the cancellation is not coincidental. Healthcare workers across the country are fighting for identical demands: safe staffing ratios, wages that keep pace with inflation, fully funded benefits and protections against workplace violence. The objective conditions exist for a coordinated national movement in defense of public health and healthcare workers’ rights.

However, the union bureaucracies that claim to represent healthcare workers are actively working to prevent such coordination. In New York, despite near-unanimous strike authorizations, NYSNA canceled strike notices at all but four hospitals and negotiated last-minute, facility-by-facility tentative agreements designed to divide and isolate workers. In California, SEIU-UHW West has followed the same playbook, canceling what would have been a powerful demonstration of worker militancy at the exact moment it could have linked up with the largest nurses’ strike in New York City history.

The strike would have included respiratory therapists, nursing assistants, emergency medical technicians (EMTs), lab assistants and environmental services staff (cleaning/housekeeping) operating across facilities in Victorville, Menifee, Anaheim, Orange, Hemet and Santa Ana.

KPC Health is a for-profit healthcare system with \$750 million in annual revenue and \$10 billion in assets. Frontline healthcare workers face a myriad of workplace issues, including sub-inflation pay raises, skyrocketing turnover, unsafe staff-to-patient ratios, improper equipment and management intimidation.

“We are tired of being asked to do the impossible without enough staff, proper equipment or the support we need to do our jobs safely,” Jessica Meinert, a technician at Hemet Global Medical Center, said in a press release.

The contract will be voted on towards the end of January and will have to be approved and ratified by the membership before being implemented. So far, the SEIU-UHW West bureaucracy has released no substantive information on the January 10 tentative agreement to the public, and what contract language has been released remains ambiguous at best. This secrecy itself is damning—Workers are being asked to vote on an agreement whose terms they cannot properly evaluate.

Other healthcare union contracts have proven to leave current working conditions intact while exposing the pro-corporate ties between the union bureaucrats and healthcare management.

For example, a two-year contract last October for 4,700 workers at Sutter Health facilities across Northern California included a paltry 7 percent pay raise for each year of the contract and vague claims of addressing “critical issues around staffing and working conditions.”

For positions such as environmental and food service workers, certified nursing assistants (CNAs) and licensed vocational nurses (LVNs), which pay anywhere between \$20 and \$30 an hour on average, a 7 percent wage increase would only see an additional \$224 to \$336 a month for fully employed staff, who work 40 hours a week at Sutter Health.

This “pay raise” does not even come close to covering a monthly insurance payment, car payment or a week’s

worth of rent in Northern California, one of the most expensive areas to live in the US.

The Sutter Health contract addresses inadequate staffing through what the SEIU-UHW West bureaucracy calls “crisis incentive pay,” which offers additional compensation to workers when staffing levels fall below normal. However, with \$18.2 billion in revenue reported for 2024, this miniscule slap on the wrist will do nothing to prevent Sutter Health from keeping workers understaffed and overworked, ensuring that unsafe staffing levels remain the norm during their two-year contract.

A three-year contract reached last April for 4,700 nurses in the Committee for Recognition of Nursing Achievement (CRONA) at Stanford Health Care and Lucile Packard Children’s Hospital provided a roughly 12 percent pay increase over three years. This falls well short of the skyrocketing cost of living expenses in the California Bay Area. Staffing protections in this contract were weak and non-enforceable, leaving management in charge of real staffing levels.

Last November, 21,000 members of the University Professional and Technical Employees (UPTE-CWA) union ratified a four-year contract with the University of California (UC) healthcare system.

UPTE-CWA and the corporate press hailed the deal as a “historic win,” but the agreement enforced dismal pay increases that do not keep pace with rampant cost-of-living expenses. It enforced a two-tier employment system, which divides workers based on classification, seniority and title.

The announcement of this agreement was used by UPTE-CWA bureaucrats to prevent a unified strike with 40,000 UC workers from the American Federation of State, County and Municipal Employees (AFSCME) union.

By pulling UPTE-CWA members out, the agreement preemptively weakened the strike’s size and bargaining leverage—an outcome favorable to UC management and politically convenient for the Democratic Party establishment tied to the UC Board of Regents.

If rank-and-file workers at KPC Health do not take control of their fight against the pro-corporate healthcare industry, the union bureaucrats will isolate, sabotage and ultimately betray their struggle. The active sabotage of strikes and enforcement of sellout contracts by trade unions make clear that the struggle for wages, staffing and public services cannot remain in the hands of the bureaucratic apparatus.

The wave of healthcare worker militancy sweeping the country demonstrates that workers are ready to fight. The problem is not worker resolve but the stranglehold that union bureaucracies maintain over workplace struggles.

A coordinated national movement could force real staffing ratios, inflation-indexed wages, fully funded benefits and an end to the for-profit plunder of public health.

To carry out this fight, workers must organize independent rank-and-file committees that operate outside the control of the union bureaucracy. These committees would be democratically controlled by workers themselves, with elected and recallable representatives, full financial transparency and the power to make real decisions about when to strike, what demands to fight for and how to coordinate with workers at other facilities.

Through such committees, healthcare workers at KPC Health can take immediate action:

First, organize to override the cancelation of the strike behind workers’ backs. Workers should prepare to walk out until they have achieved their demands, and have had adequate time to study and discuss an agreement. Any attempt to rush through a vote without proper examination should be rejected.

Second, reach out directly to the striking nurses in New York and healthcare workers at other facilities facing similar conditions. The bureaucracies maintain their power through isolation—workers can break that isolation by building direct lines of communication across workplaces, unions and state lines. Social media, workplace committees and direct outreach make such coordination entirely feasible.

If you are a healthcare worker interested in building or joining a rank-and-file committee at your workplace, contact the World Socialist Web Site today. Workers across the country are taking the first steps toward independent organization—your participation can help build the national movement that the union bureaucracies fear and that healthcare workers desperately need.



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