

Strike by 31,000 Kaiser nurses continues, as strike looms for thousands of pharmacy and lab workers

Kimie Saito, Liz Cabrera, Marc Wells
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Friday marked the fifth day of an open-ended strike by 31,000 Kaiser Permanente healthcare workers in California and Hawaii. The strike is part of a broader upsurge of social struggles, including nationwide protests Friday and Saturday against the ICE rampage in Minneapolis, as well as a three-week strike by 15,000 nurses in New York City.

Healthcare workers are being driven into direct confrontation not only with corporate healthcare giants like Kaiser Permanente, but with the entire political and economic framework that subordinates human life to profit, repression and state violence.

Next month, thousands of pharmacy technicians, clinical laboratory scientists and medical laboratory technicians (CLS/MLT) across Southern California are scheduled to strike. Pharmacy technicians have been without a contract since November 1, 2025, while CLS/MLT contracts expire on February 1, 2026, affecting workers in Los Angeles, Orange, San Diego, Riverside, San Bernardino, Ventura, Kern and Imperial counties.

Under intense pressure from the rank and file, multiple UFCW Southern California locals (UFCW 770, UFCW 324 and UFCW 135) were compelled to issue a unified 10-day unfair labor practice (ULP) strike notice to Kaiser, set to begin February 9 at 7:00 a.m. across the region. Workers are demanding across-the-board raises, retroactive pay, wage equity, especially for low-paid workers in Kern County, safe staffing, aligned contract expiration dates, an improved Performance Sharing Program, no concessions and caregiver input into patient care.

Workers in UFCW Local 324 voted overwhelmingly to strike in October. In spite of this, no strike was called, and workers have been kept on the job without a contract since November 1.

At Kaiser, the UNAC/UHP union accused management of “anti-union escalation” in a statement Thursday, for hiring thousands of temporary workers and filing lawsuits to end national bargaining and prioritizing profits over patient care.

In spite of this, the union has not called for broader action, even when the conditions are emerging for a powerful national movement in defense of public health.

On January 21, Kaiser filed a federal lawsuit in the U.S. District Court for the Central District of California against the Alliance of Health Care Unions, seeking to weaken or dismantle the national bargaining framework established under the 1997 Labor-Management Partnership (LMP).

The legal maneuver amounts to giving the union bureaucracy its marching orders to shut down the strike or risk getting cut off from tens of millions in corporate funding. The LMP is a corporatist body set up with the explicit goal of preventing strikes. Its founding agreement calls on Kaiser management and the unions to “unite around our common purposes and work together to most effectively deliver high quality health care and prevail in our new, highly competitive environment.”

But the defense of healthcare requires a movement of the working class against oligarchy and inequality, not “partnership.” Such a movement has to be built through independent action from below by nurses themselves, enforcing democratic control over the struggle and establishing contact with healthcare and other workers across the country in order to prepare for a general strike.

This means forming networks of rank-and-file committees, transforming growing working class resistance into a conscious movement capable of challenging corporate power and defending democratic and social rights.

While a series of major strikes have taken place at

Kaiser over the past several years, each one of these has been shut down prematurely by the trade union apparatus before workers' demands, particularly those relating to safe staffing ratios, were met.

The *World Socialist Web Site* spoke with Kaiser workers in the Los Angeles area.

Linda, a nurse, described chronic understaffing. "We have very high-acuity patients, but not enough resources, not enough nurses to be able to care for the patient safely," she explained. "It can be very overwhelming and a disservice to patients." Recalling her time on telemetry, she said staffing levels were "four patients-to-one nurse. I mean, really bad. We don't have nurse assistants. We don't have licensed vocational nurses to help out the fellow RNs."

Asked about the killing of Alex Pretti, she became visibly shaken. "It's horrible. I really don't know where to even start. He was one of our own," she said. "And he was doing what I think every nurse would do: stand up against what's wrong." She emphasized the ethical commitment of nurses: "When we take the oath to be nurses, we don't look at people's race or who they are, how they identify, we just look at them as a whole person and we stand up for what's right."

Addressing nurses striking in New York, Linda declared, "We're there with you guys, our brothers and sisters! We hope for a fair contract for all of us and for nurses like Alex Pretti to never be forgotten."

Jane, a nurse with 10 years of experience, echoed these sentiments. "It's so unfortunate that he had to die and other people, innocent people, have to die just to stand up for other human beings," she said. "We should all see each other as human beings and not a legal status."

Learning that Alex Pretti and Renee Good were reportedly placed on a federal database, Jane responded with alarm. "That's really bad, because now people that are standing up are being targeted just for standing up for other people that don't have a voice," she said. "We have freedom of speech, and we shouldn't be targeted for speaking up or trying to defend our brothers and sisters."

She described the crushing cost of living in Los Angeles and the impact on patient care. "Since COVID, we've been working short-staffed, even in the outpatient setting—one nurse doing the job of three people," she explained. With no additional personnel, providers are overbooked and patients face months-long waits. "It's not fair for patients. It's not fair for us. It has gotten to a point that it's a safety issue now."

Jane expressed outrage that Kaiser has reportedly

invested in CoreCivic, a private prison and ICE detention company. "Separating families is not for someone's well-being," she said. "Instead of investing in this type of place, they should invest in getting the hospital staff well so that we can prevent near-death situations or risk for patients."

Asked whether she supported a general strike against the Trump administration, Jane responded emphatically: "Yes, of course, of course, of course."

Susan, a Kaiser nurse for more than 25 years, described being forced to perform multiple roles simultaneously. "When I come in, I am the tech, I am the secretary, I am the IT, I am the lead person on the floor," she said. "By the end of a 12-hour shift, you are tired, exhausted, and can't give anymore."

She explained that she cannot afford to live near her workplace. "I drive an hour and a half to come into Kaiser West L.A. to work," she said. Despite holding a master's degree, she must work two jobs, as both an RN and a nurse practitioner. "Our wages and our job are not enough to support a one-bedroom at \$2,500-plus," she said. "Kaiser says they're giving us the top rates. That's not the case."

On Pretti's killing, Susan was unequivocal. "He didn't need to die. He didn't have to die," she said. "He was trying to defend someone, and this is what we do. We're nurses. We're always working, whether we're at the job or whether we're out on the street."

Susan expressed strong support for broader collective action. "I think a general strike would be a great way for us to have our voices heard," she said. On the formation of rank-and-file committees to link workers nationally, she added, "That would be a great idea. I would like to participate."



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