

Kaiser healthcare strike enters second week as new walkouts loom nationwide

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The strike by 31,000 Kaiser Permanente healthcare workers has entered its second week. The walkout coincides with a three-week strike by 15,000 nurses in New York City. Meanwhile, several thousand pharmacy and laboratory workers in Southern California, members of the United Food and Commercial Workers (UFCW), have voted to authorize a strike beginning February 9 after being kept on the job for months without a contract.

The convergence of these struggles reflects a deepening militancy among healthcare workers nationwide, driven by intolerable working conditions, chronic understaffing, falling real wages and the indifference or outright hostility of corporate healthcare systems and the political establishment. It also highlights the need for a broad, working class movement in defense of public health, which the union officialdom is doing everything it can to prevent.

Despite expired contracts, the UFCW has deliberately prevented pharmacy and lab workers from joining their coworkers already on strike. A Kaiser nurse told the *World Socialist Web Site* on Monday that negotiations between UNAC/UHCP (United Nurses Associations of California/Union of Health Care Professionals) and Kaiser Permanente are expected to resume imminently. A top priority in restarting such discussions is to shut the strike down before the UFCW strike begins.

The urgency of unity is underscored by events in New York. Nurses at New York-Presbyterian, Montefiore and Mount Sinai are being threatened with mass firings if they do not return to the job in two weeks, and the union has issued a “streamlined” proposal to shut the strike down without nurses’ demands being met. Democratic Governor Kathy Hochul has strengthened hospital management by issuing Executive Order 56, declaring a state of emergency and suspending

licensing requirements for out-of-state nurses, effectively facilitating strikebreaking.

Kaiser is seeking through its legal team to reclassify the strike as an “economic strike,” narrowing its scope to wages. If successful, the company could permanently replace striking workers.

But Kaiser nurses are objectively positioned to unite with their counterparts in New York. Such unity cannot be entrusted to union bureaucracies with long records of isolating struggles and cutting deals behind workers’ backs. It must be organized through rank-and-file committees based on workers’ democratic control.

Solidarity must extend beyond symbolic gestures. What is required is the building of a national network of rank-and-file committees linking healthcare workers with broader sections of the working class to coordinate strikes, mutual aid and political strategy. This raises political questions, including the assault on democratic rights, extreme social inequality and war, demanding a unified working class response.

Meanwhile, the UNAC/UHCP have refused to distribute strike pay to prepare nurses for a protracted fight. Instead it has announced applications for limited “hardship grants,” restricted to members facing immediate crises, such as eviction or utility shutoffs. Combined with the risk that unemployment benefits may have to be repaid if a settlement includes back pay, these measures function not as support but as pressure mechanisms to force workers back to work on unfavorable terms.

Blanca, a registered nurse with five years at Kaiser Permanente Baldwin Park in the Los Angeles area, described the daily reality of understaffing and unsafe patient care. “We work with two nurses in the ambulatory care, one LVN and one RN, and you have 15 patients checked in,” she explained. “How do you

expect us to cater to all of you?” Patients often expect brief visits, she said, but appointments stretch to 45 minutes or an hour. “That is not good. So that is what we are fighting for.”

Management has ignored repeated demands to increase staffing. “Nobody wants to stay,” Blanca noted, pointing to a “big wage disparity” between Kaiser and other hospitals. Kaiser claims it pays above market rates, but Blanca recounted that even five years ago, a coworker working at a hospital in Bakersfield earned \$20 more per hour than she did in Los Angeles. “And Kaiser is saying that ‘we are paying you more and enough and above the market rate,’ which is not true.”

She also highlighted concessions made during the COVID-19 pandemic that were never reversed. Workers agreed to “a very low rate” with the promise it would be addressed in the next contract, “which is now,” Blanca said. “But Kaiser has not budged.”

Asked about the police killing of nurse Alex Pretti, she responded with visible anger and grief. “It was very unfortunate. He was a nurse. I don’t feel that it is right that people work against the citizens of the country. ... There was no need to kill and shoot the person.” She emphasized that Pretti posed no danger and could have been questioned or tried, not executed.

Addressing nurses in New York facing replacement threats, Blanca said, “We are here to support you, though we are far in the West. Still, we support you and go on striking until you get what you want.”

She also challenged Kaiser’s claims of financial constraint. “They have a lot of assets,” she said, referencing recent revelations. On January 14, 2026, the Department of Justice announced that Kaiser agreed to pay \$556 million to settle allegations of upcoding fraud. Earlier in January, Kaiser began notifying 13.4 million members about a \$46 million–\$47.5 million class action settlement over a massive data breach. “If they can pay out for all these, why can’t they support their staff?” Blanca asked.

Angie, another nurse, emphasized that Kaiser’s attempt to frame the dispute as primarily about wages is a deliberate distortion. “The workloads that we’ve been having here at Kaiser have been unsustainable. The nurses are burnt out,” she said. “Really the thing that puts fire in our bellies is keeping our patients safe.”

The narrow gap between Kaiser’s 21.5 percent wage

offer and the union’s 25 percent “demand” exposes how far the union has retreated from its initial 38 percent demand. On the soaring cost of living, Angie added, “It’s extremely hard to live in this area with the wages. A lot of my co-workers commute from very far.”

Karen, a vascular RN, was blunt when asked what kind of future capitalism offers workers. “Nothing,” she replied. “They want to take away from our pension, from our health benefits to make up for the wages they are offering.” On the New York nurses, she said, “I’m with them. ... I feel for them [also] because the weather there is horrible right now too.”

She linked deteriorating living conditions directly to the economic system. “The cost of living is going up and up, and we’re pretty much staying about the same,” she said. On Pretti’s killing, she added, “It is heartbreaking. ... It is pretty much a political thing: [It’s] the government, the corporate [executives] in Kaiser or any other hospital.”

Erin, a pharmacist, placed these experiences in a broader social context. “Everyone, especially healthcare workers, they’re kind of at their breaking point right now,” she said. “We’re underpaid, we’re understaffed ... especially after the pandemic.” She denounced the growing entanglement of major corporations with ICE, calling it evidence of “a lot of corruption with big corporate organizations.”

She stressed that these conditions affect all workers. “It’s just not one certain group or demographic. It’s becoming a problem for everyone.”



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