

Kaiser healthcare strike approaches 3rd week; 4,000 pharmacy and lab workers prepare to join the pickets

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The strike by 31,000 Kaiser Permanente healthcare workers is concluding its second week amid growing determination to escalate the struggle. On Monday, several thousand pharmacy and laboratory workers represented by the UFCW (United Food and Commercial Workers) are joining the walkout, many of whom have been kept on the job without a contract since last fall.

Their entry underscores both the breadth of opposition to Kaiser's demands and the growing recognition among workers that their fight is part of a broader struggle against inequality and exploitation.

The struggle is unfolding in a highly charged political climate. The arrest by the New York Police Department of 13 striking nurses has intensified anger, as has the growing assault on democratic rights under the Trump administration. Many workers have referenced the murder of Alex Pretti, an ICU nurse in Minneapolis by CBP, viewing it as part of an emerging dictatorship. Trump's persecution of immigrants is widely seen as inseparable from the corporate agenda, and many have stressed in particular particularly Kaiser's investments in CoreCivic, the for-profit corporation that operates ICE detention centers across the United States.

At the same time, UNAC/UHCP (United Nurses Associations of California/Union of Health Care Professionals) has returned to negotiations on Tuesday but only at the local level. This decision represents a conscious effort to dissipate the strike's strength, allowing Kaiser to settle contract provisions piecemeal while retaining maximum leverage. The union bureaucracy claims this approach is a "tactical" necessity to challenge Kaiser's public relations campaign while preserving legal standing. In reality, it is a concession to Kaiser's demand to abandon national talks altogether in favor of innumerable separate local deals.

Kaiser has proposed a 21.5 percent wage increase, which they have inflated 30 percent in public statements by including step increases and longevity adjustments already embedded in existing pay scales.

One of the recent points of conflict concerns Kaiser Permanente Downey Medical Center, which management

routinely cites as proof that understaffing complaints are exaggerated. Downey achieved Magnet designation in 2021 and was redesignated in 2026, a status Kaiser promotes as a "badge of honor" and evidence of clinical excellence.

UNAC/UHCP says that Downey's Magnet designation rests on what it calls a "leaner" staffing model than comparable facilities. Since the last contract, conditions have only worsened, an indictment of the union's inability and unwillingness to defend workers. Rather than challenging the use of Magnet status to normalize extreme workloads and relentless speedup, the union treats it as a managerial benchmark to be dealt with, not overturned.

Its proposals accept the framework imposed by Kaiser: a "joint task force to monitor whether staffing rules are being followed," extending the number of corporatist labor-management bodies that have integrated union officials with management, and an "internal pool of specially trained nurses who can work at different locations where help is needed." This is not a demand for mass hiring to meet patient needs but a plan to redeploy an already exhausted workforce, ensuring that understaffing is universalized and normalized across the system.

Gina, a nurse at Downey, rejected the use of Magnet status as a shield against workers' grievances.

"How can we trust that?" she asked. "How can we feel that Magnet status has any real bearing if all the nurses who earned that designation are outside the hospital right now?"

She explained that inside the facility are strikebreakers and unfamiliar staff "who don't even know how to call a fire alarm" and who lack training that regular Kaiser nurses receive "at every level." Basic safety protocols are being bypassed. "We have two unique patient identifiers that nursing developed for safety, and they're not even asking those questions anymore because they're so rushed, just trying to hold things together."

Gina described urgent care facilities seeing "over a thousand patients a day" while operating far outside normal procedures. Administrators are performing clinical tasks because, she said, "the scabs don't know how to work the system, how to use our

computers or how to review medical records.”

With pharmacy and lab workers joining the strike, she warned that Kaiser’s “one-stop shop model” is unraveling. “At every level, Kaiser is neglecting us—neglecting who we are as the foundation of what Kaiser is. That’s all being ignored for profit.”

Despite the union’s rhetoric, there is no strike pay for many workers. Gina emphasized the personal cost being borne by rank-and-file nurses.

“There’s no strike pay. I have to take money out of my retirement to be out here right now. This isn’t a party. This is a strike.”

She stressed that nurses are fighting not only for themselves but for patient safety. “We want the best for them. And the staffing ratios are wrong.”

Asked about the long-term implications of the contract being pushed by Kaiser and the union, Gina expressed outrage at proposals that would institutionalize inequality between current and future workers.

“They want us to sell future nurses and future staff down the river by signing something that says we’re okay with new nurses and new pharmacists being paid half of what we’re paid. How can we, in good conscience, sell future workers down the river just so Kaiser can hold on to more money?”

Both Kaiser and the union bureaucracy continue to invoke the language of the Labor-Management Partnership, founded in 1997 with the explicit goal of blocking strikes. Workers increasingly view this rhetoric with contempt.

“We’re going to get back in there and have a hard time listening to their BS about labor-management partnership after this,” Gina said. “They’ve got to meet us. We’ve got to meet at the table. We’ve got to feel it.”

Rather than demanding mass hiring, UNAC/UHCP has proposed another joint task force to “monitor” staffing compliance and an internal pool of nurses to be redeployed across facilities. These measures amount to formalizing understaffing and spreading exhaustion more evenly, while preserving management’s control over costs.

Susan, an in-patient nurse with five years’ experience, emphasized that patient safety is inseparable from staffing levels.

“For nurses in general, patient safety is our number one priority,” she said. “I think of fair and safe ratios. I think of adequate staffing, because that all goes hand in hand with providing optimal patient care.”

She described conditions in which nurses are “swamped,” taking assignments that are “not safe” and that “may jeopardize and compromise patient safety.”

Susan explicitly linked the struggle at Kaiser to a broader movement of the working class.

“Yeah, I’m all for a general strike,” she said. “Not just nurses here in California but also in New York and practically all workers across all lines of work.”

Addressing nurses on the East Coast, she added, “I support you 100 percent! I think we’re all fighting for the same thing—fair pay, adequate resources, and ultimately the ability to provide safe and competent patient care.”

Workers repeatedly returned to Kaiser’s financial priorities, particularly its investment in CoreCivic.

“I don’t understand how you can fund ICE but not provide resources and appropriate wages and benefits,” Susan said. “I think this should take priority over ICE—funding your employees and providing adequate resources for your patients.”

She rejected the diversion of healthcare revenue into police repression while frontline workers are told there is no money for staffing.

“I think [healthcare is] a human right,” she said. “Just like water, food and housing. Healthcare is a basic right.”

She described how nurses never consider a patient’s insurance status while providing care. “We’re just trying to make sure you’re okay, keep you alive.”

She rejected employer-based insurance and income-based access to care, concluding, “Everyone should be entitled to fair healthcare. It’s a universal right.”

Workers also condemned measures taken by Democratic and Republican officials alike to undermine strikes. Asked about New York Governor Kathy Hochul’s decision to allow out-of-state nurses to replace strikers, Susan warned that waiving licensing and training requirements “compromises patient safety” and places lives at risk.

“I don’t really know what to say when it comes to the Democratic Party,” she said, questioning whether such policies serve corporate demands rather than public health.

On the killing of Alex Pretti, she spoke with visible emotion.

“He was out there enforcing his right to protest,” she said. “He was a hard worker.”

The strike at Kaiser is part of a national and international confrontation between the working class and a profit-driven system that subordinates human life to corporate gain. The determination expressed on the picket lines points to the necessity of breaking from the union bureaucracy’s containment strategies and building independent rank-and-file organizations capable of unifying healthcare workers across regions and industries in a common struggle.



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