

3,000 pharmacy, lab workers join strike of 31,000 Kaiser healthcare workers

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11 February 2026

On Monday, more than 3,000 pharmacy and laboratory workers from the United Food and Commercial Workers Local 770 joined a strike by 31,000 nurses and other healthcare workers at Kaiser Permanente in California and Hawaii.

The Kaiser strike is unfolding alongside a widening movement of educators and academic workers across California and the country. Six thousand San Francisco teachers have walked out; Los Angeles teachers have voted to authorize strike action; and tens of thousands of graduate student workers at the University of California are currently voting on their strike authorization. These struggles share common roots in austerity, understaffing and the subordination of social needs to corporate profit, raising the objective necessity for a unified response across industries.

At the same time, the trade union bureaucracy is continuing to do what it can to disrupt this growing movement. The same day the Kaiser strike expanded, the New York State Nurses Association (NYSNA) has announced a sellout tentative agreement covering three of the four New York City hospitals whose nurses have been on strike for four weeks. The agreement includes 12 percent raises over 3 years instead of the 30 percent demanded by nurses and only 30 additional hires out of the needed 700 at Mount Sinai Hospital.

The betrayal provoked “rage” among strikers, one nurse told the WSWS. On Tuesday, the New York Healthcare Workers Rank-and-File Committee held an online meeting to discuss how nurses could fight back. Attendees passed a resolution calling on nurses to reject the contracts and organize to expand the strike, demand strike pay and replace the bargaining committee with one elected from the rank and file.

It also urged New York nurses “to unite with the 31,000 healthcare workers and 3,000 pharmacy and lab

workers on strike at Kaiser Permanente facilities in California and Hawaii. These struggles must become the spearhead of a nationwide movement to defend workers’ rights and end the subordination of healthcare to corporate profit.”

At Kaiser, a major issue is management’s attempts to eliminate national bargaining in favor of dozens of local contracts. Daniel, a psychiatric hospital worker with 20 years at Kaiser, warned bluntly about the implications. “They want to get rid of the National Alliance because it’s going to be easier to pick and choose with each local,” he said. Once management “gets their foot in the door,” locals will be pitted against each other: “How come this local’s getting this? Why is this one not getting that?” even though they’re on basically the same pay scale.”

Daniel described how Kaiser’s reliance on temporary and traveling staff, driven by cost cutting and understaffing, is creating dangerous conditions. “The money they’re paying for travel nurses is almost five times what staff nurses make,” he noted, including lodging and food. This churn of contingent labor undermines continuity of care and institutional knowledge.

In the pharmacy department, he explained, chronic understaffing has led to near-catastrophic incidents. Daniel recounted a case involving a newborn baby, in which an outside contingent pharmacist prepared a medication incorrectly, something that would have killed the child if administered. A pharmacy technician, not even a pharmacist, intervened and stopped it. “If that tech hadn’t caught it, that baby would have been fried—It would have killed the baby,” Daniel said. “This isn’t just about how workers are treated—it’s about patient care.”

Kaiser knows this, Daniel emphasized. Yet instead of

investing in staffing, “A lot of the CEOs and upper administrative people making seven or eight digits a year are business people,” he said. While Kaiser presents itself as largely non-profit, “when you’re making double-digit billions net, not gross, that matters.”

Daniel pointed to conditions in New York, where understaffing and burnout are rampant. Nurses and doctors are “maxed out,” leading to callouts, transfers and resignations. “You have to invest more money in staffing,” he said. “Instead, Kaiser is investing money in lobbying companies, including for ICE,” referring to its investment into private prisons and ICE detention centers.

Daniel then turned to the murder of Alex Petti, a VA hospital nurse, by ICE agents in Minneapolis. “Once someone is disarmed and on the ground, why do they have to shoot him?” he asked.

Claire, a nurse at Kaiser Downey, said that understaffing is not confined to one facility or region. “It’s happening across the nation, from East Coast to West Coast.” It “equates to safe patient care,” she said. Kaiser’s attempt to frame the dispute as merely about wages is a diversion. “It’s bigger than that, and it’s bigger than us,” Claire said. “I think it’s capitalism.”

Claire described Kaiser’s transformation into “more of an investment firm as opposed to hospital healthcare,” pointing to billions held in reserves and investments in ICE facilities. “Where does a nonprofit fit in all that?” she asked. Healthcare, she insisted, “is a human right.”

Like many workers, Claire sees the need for a broader movement. Asked about rank-and-file committees and the perspective of a general strike, she responded without hesitation: “That would be amazing.” Workers, she said, “don’t know each other’s struggles,” but “if the working class puts their hands in their pockets, we win.”

Ashley, a clinical lab scientist with 14 years at Kaiser, described how aging, malfunctioning equipment and chronic understaffing are crippling patient care. Lab workers are expected to troubleshoot failing instruments while processing samples and covering other departments. “At this point, we’re overworked and now underpaid,” she said. The delays ripple outward, increasing nurses’ workloads and worsening staffing ratios. “It’s affecting all of us.”

Sarah, a pharmacy worker at Glendale Kaiser, echoed these sentiments. After nine years on the job, “I’m barely making ends meet,” she said, explaining she is considering a second job just to survive in Los Angeles.

Sarah said the killing of Alex Petti made workers feel “attacked both in the community and at our job,” especially when Kaiser funds corporations tied to detention centers. Like others, she raised the idea of a general strike to “hit them where it hurts—money,” referring to the Trump administration and the corporate interests it represents.

“I don’t believe in the Democratic or the Republican Party,” she said. “It’s the same bird with two different wings.” Real change, she argued, requires independent organization. On rank-and-file committees, she said, “We just need somebody to actually step up and start it.”



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